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<th>Trust Author</th>
<th>Author(s)</th>
<th>Year of Publication</th>
<th>Title</th>
<th>Citation</th>
<th>Langu age</th>
<th>Abstract</th>
<th>Publication Type</th>
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<tr>
<td>Alison Baird, Jenny Shaw, Isabelle M Hunt, Nav Kapur, Louis Appleby and Roger T Webb.</td>
<td>National study comparing the characteristics of patients diagnosed with schizophrenia who committed homicide vs. those who died by suicide.</td>
<td>2018</td>
<td>Journal The Journal of Forensic Psychiatry &amp; Psychology: Latest Articles</td>
<td>English</td>
<td>Associations between serious mental disorder and violence are well-documented, but there is little epidemiological evidence linking these disorders and homicide risk. The reported study was a national case series of male patients in England &amp; Wales diagnosed with schizophrenia and convicted of homicide during 1997–2012 (n = 168), and a randomly selected comparison group of male patients with schizophrenia who died by suicide and who were matched to the homicide case series by age (n = 777). There are different patterns of behaviour in people with schizophrenia preceding homicide and suicide. Homicide perpetraors have frequently disengaged with services whilst patients who die by suicide are often in recent contact. This is important knowledge for clinical services as it indicates a different preventive emphasis despite the existence of other shared characteristics.</td>
<td>Journal Article</td>
<td>Available from Taylor &amp; Francis Online (<a href="http://www.tandfonline.com">www.tandfonline.com</a>)</td>
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<td>George Crowther.</td>
<td>George Crowther, Cathy Brennan and Mike Bennett.</td>
<td>2018</td>
<td>Oxford Academic: Age and Ageing, 2018 (Published online ahead of print)</td>
<td>English</td>
<td>Introduction: psychological symptoms and delirium are common, but underreported in people with dementia on hospital wards. Unrecognised and untreated symptoms can manifest as distress. Identifying distress accurately therefore could act as a trigger for better investigation and treatment of the underlying causes. The challenges faced by healthcare professionals to recognise and report distress are poorly understood. Methods: semi-structured interviews with a purposive sample of 25 healthcare professionals working with older people in general hospitals were conducted. Interviews were analysed generating themes that describe the facilitators and barriers of recognising and caring for distress in dementia. Results: regardless of training or experience all participants had a similar understanding of distress, and identified it as a term that is easily understood and communicated. All participants believed they recognised distress innately. However, the majority also believed it was facilitated by experience, being familiar with their patients and listening to the concerns of the person’s usual carers. Barriers to distress recognition included busy ward environments, and that some people may lack the skill to identify distress in hypoactive patients. Conclusion: distress may be a simple and easily identified marker of unmet need in people with dementia in hospital. However, modifiable and unmodifiable barriers are suggested that reduce the chance of distress being identified or acted on. Improving our understanding of how distress is identified in this environment, and in turn developing systems that overcome these barriers, may improve the accuracy with which distress is identified on hospital wards.</td>
<td>Journal Article</td>
<td>Available from Oxford Academic (academic.oup.com)</td>
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<td>Niwan Dissanayaka.</td>
<td>Niwan Dissanayaka.</td>
<td>2018</td>
<td>The Lancet Psychiatry, February 2018, Volume 5, No. 2, pages 108–109</td>
<td>English</td>
<td>What have you done to my son? He is supposed to be here to get better, but just look at the state of him. I'm sorry but I have no choice. I'm going to discharge him. This is a conversation all too familiar to those of us who work on inpatient mental health wards, and one that frequently precedes painful legal and personal conflict between clinician and carer.</td>
<td>Journal Article</td>
<td>Available from The Lancet Online (<a href="http://www.thelancet.com/journals">www.thelancet.com/journals</a>)</td>
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<td>Anjula Gupta.</td>
<td>Elaine McMullan, Anjula Gupta and Sylvie Collins.</td>
<td>2018</td>
<td>Psychiatric and Mental Health Nursing, Early View (Online Version of Record published before inclusion in an issue) Feb 2018</td>
<td>English</td>
<td>Introduction: Mental health nursing (MHN) staff in acute settings work with voice hearers at times of crises when they experience high levels of distress. Previous research has focused on community mental health staff’s experiences and their service users views on exploring the content of voices. No studies have explored this from an acute mental health service perspective. Aim: This study therefore sought to explore the experiences of staff working with voice hearers in an acute mental health service. Method: Due to the exploratory nature of the research, a qualitative design was chosen. Three MHNs and five healthcare support workers (HJSWs) were interviewed. The data were analysed using Interpretative Phenomenological Analysis. Results: A group analysis elicited three master themes: “It’s quite scary really, not unlike a horror movie,” “I can only influence what’s in front of me,” and “Just chipping away.”</td>
<td>Journal Article</td>
<td>Available from Wiley Online Library (onlineibrary.wiley.com)</td>
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Max Henderson, Samuel B Harvey, Min-Jung Wang, Sarah Dorrington, Max Henderson, Ira Madan, Stephanie L Hatch and Matthew Hotopf. 2018 NIPSA: a new scale for measuring non-illness predictors of sickness absence Occupational & Environmental Medicine, 2018, Volume 75, Issue 2 English Objects We describe the development and initial validation of a new scale for measuring non-illness factors that are important in predicting occupational outcomes, called the NIPSA (non-illness predictors of sickness absence) scale. Methods Forty-two questions were developed which covered a broad range of potential non-illness-related risk factors for sickness absence. 682 participants in the South East London Community Health study answered these questions and a range of questions regarding both short-term and long-term sickness absence. Factor analysis was conducted prior to examining the links between each identified factor and sickness absence outcomes. Results Exploratory factor analysis using the oblique rotation method suggested the questionnaire should contain 26 questions and extracted four factors with eigenvalues greater than 1: perception of psychosocial work environment (factor 1), perceived vulnerability (factor 2), rest-focused attitude towards recovery (factor 3) and attitudes towards work (factor 4). Three of these factors (factors 1, 2 and 3) showed significant associations with long-term sickness absence measures (p<0.05), meaning a final questionnaire that included 20 questions with three subscales. Conclusions The NIPSA is a new tool that will hopefully allow clinicians to quickly assess for the presence of non-illness factors that may be important in predicting occupational outcomes and tailor treatments and interventions to address the barriers identified. To the best of our knowledge, this is the first time that a scale focused on transdiagnostic, non-illness-related predictors of sickness absence has been developed.

Lee Marklew 2017 Making sense of Community Treatment Orders: the service-user experience English Since their introduction in 2008, Community Treatment Orders (CTOs) have become an increasingly common feature of mental health treatment. Although compulsory community treatment is used in many countries, there is a lack of consistent evidence of its clinical effectiveness and a dearth of methodically robust studies. The international use of CTOs remains contentious based on the ethics of coercion and infringement of autonomy. Detailed understanding and interpretation of the experiential impact on service-users is necessary to inform the ongoing use and development of CTOs. Although some of the extant literature acknowledges the effect of historical and contextual influences on the implementation of CTOs, these influences have not been comprehensively evaluated. Existing exploratory studies reveal wide-ranging, often conflicting responses from service-users, describing mainly ambivalent reactions to a CTO. This indicates a need for rich detailed data and analysis of the service-users’ experience of CTOs.

This study aimed to investigate how service-users make sense of their CTO experience. Ten active CTO service-users were purposefully recruited from an Assertive Outreach Team caseload in the north of England. Each participant undertook one or two semi-structured interviews facilitated with photo-journals and diaries. A total of 18 interviews were completed and the data subject to Interpretative Phenomenological Analysis. Themes were generated and organised into three clusters: Pained and Powerless; Alignment and Reconnection; and Consolation and Compensation. Some participants felt powerless to challenge the ‘sentence’ imposed as therapeutic intent. Many participants described feeling disadvantaged, different and labelled, but were also committed to recovery and reintegration into the community. Some participants perceived that small interactions could combine to leave them feeling more secure, less anxious and, paradoxically, more in control. The study proposes a theoretical framework that may unlock the therapeutic potential of CTOs, improving lived experience without compromising their social significance or effectiveness.

Mark Norburn 2017 A Window into Supervision: An examination of the experience of Clinical Psychology Trainees and their Supervisors using Interpersonal Process recall and Grounded Theory Analysis English All clinical psychology trainees engage in supervision with their placement supervisors throughout training. We know much about the function of supervision, the supervisory relationship and that a great deal of learning and development takes place within the four walls of supervision. But what is less clear is how this process of learning and development takes place. This study focuses on key moments of learning in supervision for the trainee (from both the trainee and supervisor perspective). A qualitative design using Grounded Theory (GT) was adopted to develop a theory as to how such a shift occurs. Participants recorded a supervision session and Interpersonal Process Recall (IPR) was then used as the method of data collection, to capture the participants’ experiences. Six core themes emerged from the analysis – anxiety context; drivers behind trainee perspective, developmental context; drivers behind supervisor perspective, competency capability, developmental enactments, supervisory enactments and shift in perspective. The findings suggest that the overpowoverative nature of the supervisory relationship, the trainee’s anxiety and their reassurance/guidance seeking influences the learning and development that takes place. Supervisory enactments based on collaboration lead to a more profound shift in perspective. Enactments based on nurture still lead to a shift in perspective, but it takes longer to get there. The findings are discussed in relation to relevant theory and research. The implications for future research, theory and training are highlighted.
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<td>Rebecca Anne Tyrer.</td>
<td>2017</td>
<td>The impact of reformulation on insight and symptom change in cognitive analytic therapy</td>
<td>English</td>
<td>Objectives. This study aims to assess: clients’ responsiveness to the delivery of CAT-specific tools in order to gain a better understanding about which tools lead to therapeutic change; the impact of CAT upon insight; and clients’ perspectives on receiving CAT and how much they ascribe the process of change to CAT-specific tools. Design. A hermeneutic single-case efficacy design, repeated with a small number of participants, was used to assess whether CAT-specific tools stimulate therapeutic change. Mixed methods were used to generate data on change processes. Methods. The case-series comprised of six therapist/client dyads. Therapists were asked to keep a weekly record of their delivery of CAT-specific tools. Participating clients were asked to complete the recognition and revision rating scale, two corrective experience questions, the insight sub-scale of the Self-Reflection and Insight Scale and the Clinical Outcome in Routine Evaluation-10. Outcomes were supplemented with qualitative data taken from client change interviews. Template analysis was used to analyse the qualitative data. Results. For all but two participants there were no statistically significant changes on the CORE-10 in the session immediately or shortly after the introduction of a CAT-specific tool. Five themes emerged from the qualitative data: making links, breaking the links in patterns, experiences that disconfirm beliefs, working in partnership, and real world influences. CAT-specific mechanisms were identified by participants as helpful for bringing about recognition and revision of faulty patterns. Both CAT-specific and non-specific mechanisms of change were identified as being helpful. Conclusions. CAT-specific tools were seen to facilitate cognitive and emotional insight which was a necessary element of the process of CAT in bringing about behavioural change through revision. It was also found that a genuine therapeutic relationship is an important mechanism operating through, and strengthened by CAT-specific tools.</td>
<td>Available from White Rose eTheses Online (etheses.whiterose.ac.uk)</td>
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<td>Alice Stanford.</td>
<td>2017</td>
<td>Shared decision-making between people with experience of psychosis and mental health professionals: A discourse analysis.</td>
<td>English</td>
<td>Ideas about shared decision making (SDM) began to emerge in the 1970s as a challenge to the tradition of paternalism in healthcare. Theoretical models have focused on delineating this process and identifying discrete stages including exploration of service-user preferences, deliberation in relation to possible interventions and an emphasis on interactional, two-way communication processes that prioritise collaboration. There are particular challenges in terms of enacting the principles of shared decision-making with those with more complex mental health needs including experience of psychosis. Types of experience (unusual beliefs, intrusions, suspiciousness, changes to cognitive processes) along with issues of capacity, consent and the legal framework of the Mental Health Act (MHA; 1983) make it more challenging to implement these principles, even though they are laid out in best practice guidelines, and consistently correlate with positive outcomes for service-users. This study focused on the construction of SDM in routine clinical practice by video-recording consultations involving decisions between service-users with experience of psychosis and mental health staff in a community setting. This was with a view to moving beyond exploration of the experience of SDM to look at the enactment of these ideas in practice. Three separate clinical meetings were recorded, which captured seven decisions related to different aspects of care and treatment. The final sample comprised 3 service-users, 1 carer and 5 professionals. Participants then watched the recording with the researcher, and reflective interviews were conducted to facilitate exploration of their experience in the meeting. The study proceeded from a social constructionist perspective, drawing from the principles of Discourse Analysis, more specifically Discursive Psychology. Analysis focused on constructions of psychosis, key features of participant talk and discursive and rhetorical features in order to examine impact on SDM. The findings highlighted different ways of sharing opinions, directing or redirecting the dialogue, expressing agreement or disagreement and the challenge for staff in terms of promoting choice whilst also fulfilling legal and clinical responsibility. The findings also point to some important differences between physical and mental health SDM, and supported previous findings indicating that dominant discourses of psychosis impact collaboration at the micro-level of interactions between speakers in individual meetings. Based on these findings, I offer some reflections on implications for clinical practice, including consideration of idiosyncratic and decision-specific approaches to SDM with this population that account for the nuanced experience of psychosis. I also make some suggestions for directions for future research, including repeating the study in acute inpatient settings.</td>
<td>Available from White Rose eTheses Online (etheses.whiterose.ac.uk)</td>
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| Tom Hughes        | Johanna Taylor, Jan R Böhnke, Judy Wright, Ian Kellar, Sarah L Alderson, Tom Hughes, Richard I G Holt and Najma Siddiq. | 2017     | **A core outcome set for evaluating self-management interventions in people with comorbid diabetes and severe mental illness: study protocol for a modified Delphi study and systematic review** | **Background** People with diabetes and comorbid severe mental illness (SMI) form a growing population at risk of increased mortality and morbidity compared to those with diabetes or SMI alone. There is increasing interest in interventions that target diabetes in SMI in order to help to improve physical health and reduce the associated health inequalities. However, there is a lack of consensus about which outcomes are important for this comorbid population, with trials differing in their focus on physical and mental health. A core outcome set, which includes outcomes across both conditions that are relevant to patients and other key stakeholders, is needed.  
**Methods** This study protocol describes methods to develop a core outcome set for use in effectiveness trials of self-management interventions for adults with comorbid type-2 diabetes and SMI. We will use a modified Delphi method to identify, rank, and agree core outcomes. This will comprise a two round online survey and multistakeholder workshops involving patients and carers, health and social care professionals, health care commissioners, and other experts (e.g. academic researchers and third sector organisations). We will also select appropriate measurement tools for each outcome in the proposed core set and identify gaps in measures, where these exist.  
**Discussion** The proposed core outcome set will provide clear guidance about what outcomes should be measured, as a minimum, in trials of interventions for people with coexisting type-2 diabetes and SMI, and improve future synthesis of trial evidence in this area. We will also explore the challenges of using online Delphi methods for this hard-to-reach population, and examine differences in opinion about which outcomes matter to diverse stakeholder groups. |
| Duncan Raistrick. | Adejoke Obirenjeyi Oluyase, Duncan Raistrick, Elizabeth Hughes and Charlie Lloyd. | 2017     | **Prescribers’ views and experiences of assessing the appropriateness of prescribed medications in a specialist addiction service** | **Background** Mental and physical health problems are common in people with substance misuse problems and medications are often required in their management. Given the extent of prescribing for service users who attend specialist addiction services, it is important to consider how prescribers in this setting assess the appropriateness of service users’ prescribed medications. Objective To explore prescribers’ views and experiences of assessing the appropriateness of medications prescribed for service users coming in for treatment as well as the differences between prescribers. Setting A specialist addiction service in the North of England. Method A phenomenological approach was adopted. Semi-structured interviews were conducted with four nurse prescribers and eight doctors. Data were analysed using thematic framework analysis. Main outcome measure Prescribers’ views and experiences of assessing the appropriateness of prescribed medications. Results Assessment of the appropriateness of prescribed medications involved reviewing medications, assessing risk, history-taking, involvement of service users, and comparing guideline adherence and ‘successful’ prescribing. Doctors and nurse prescribers assessed the appropriateness of medications they considered to be within their competency. Doctors provided support to nurse prescribers and general practitioners (GPs) when dealing with issues around prescribing. Conclusion Assessment of the appropriateness of prescribed medications is complex. The recent reduction in medical expertise in specialist addiction services may negatively impact on the clinical management of service users. It appears that there is a need for further training of nurse prescribers and GPs so they can provide optimal care to service users. |
Amisulpride

Anuradha Menon

Background: It has been established that mental health-care planning does not adequately respond to the needs of service users and carers from the perspectives of multiple stakeholders. The primary outcome measure was the proportion of ‘responders’, using a criterion response threshold of a 20% reduction in total score on the Positive and Negative Syndrome Scale.

Methods: Fifty-four semi-structured interviews were conducted with participants and analysed utilizing a qualitative methodology.

Findings: Care plans and care planning were characterized by a failure to meet the complexity of mental health needs, including multiple relevant brain regions that are activated or deactivated in depression. This, he argues, is the target of therapeutic practice in CBT, where unconscious schemas are automatic, not repressed. It seems to the reader that in this dehumanised framework, grief and loss are merely ‘problems’ that face humankind

Objectives: The main objectives of the study were to establish the clinical effectiveness and cost-effectiveness of augmentation of clozapine medication with a second antipsychotic, amisulpride, for the management of treatment-resistant schizophrenia.

Design: The study was a multicentre, double-blind, individually randomised, placebo-controlled trial with follow-up at 12 weeks.

Settings: The study was set in NHS multidisciplinary teams in adult psychiatry.

Participants: Eligible participants were people aged 18–65 years with treatment-resistant schizophrenia unresponsive, at a criterion level of persistent symptom severity and impaired social function, to an adequate trial of clozapine monotherapy.

Interventions: Interventions comprised clozapine augmentation over 12 weeks with amisulpride or placebo. Participants received 400 mg of amisulpride or two matching placebo capsules for the first 4 weeks, after which there was a clinical option to titrate the dosage of amisulpride up to 800 mg or four matching placebo capsules for the remaining 8 weeks.

Main outcome measures: The primary outcome measure was the proportion of ‘responders’, using a criterion response threshold of a 20% reduction in total score on the Positive and Negative Syndrome Scale.

Outcome: The primary outcome was measured as the proportion of ‘responders’, using a criterion response threshold of a 20% reduction in total score on the Positive and Negative Syndrome Scale.

Background: When treatment-refractory schizophrenia shows an insufficient response to a trial of clozapine, clinicians commonly add a second antipsychotic, despite the lack of robust evidence to justify this practice.

Objectives: The main objectives of the study were to establish the clinical effectiveness and cost-effectiveness of augmentation of clozapine medication with a second antipsychotic, amisulpride, for the management of treatment-resistant schizophrenia.

Design: The study was a multicentre, double-blind, individually randomised, placebo-controlled trial with follow-up at 12 weeks.

Settings: The study was set in NHS multidisciplinary teams in adult psychiatry.

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Outcome: The primary outcome was measured as the proportion of ‘responders’, using a criterion response threshold of a 20% reduction in total score on the Positive and Negative Syndrome Scale.
The care programme approach (CPA) is a central part of UK secondary mental health services. It is a framework for the expansion of the care programme approach and treatment that is more effective than usual care. It is designed to help patients who have not responded to their first intervention and have been referred for their primary carers. Child-primary carer dyads will be recruited following a referral to, or re-referral within, the project. The aim of this paper is to publish the protocol of this feasibility trial. The objectives are: (1) feasibility of recruitment methods, (2) uptake and follow-up rates, (3) therapeutic delivery, treatment retention and attendance, intervention adherence rates, (4) follow-up data collection, and (5) statistical, health economy, process evaluation, and qualitative outcomes.
### LYPFT list of published studies

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<tr>
<th>Author(s)</th>
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<th>Abstract</th>
<th>Journal</th>
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<tr>
<td>Sarah Taiari and Alison Jane Stansfield</td>
<td>What is the association between ADI-R scores and final diagnosis of autism in an adult autism diagnostic service?</td>
<td>2017</td>
<td>The diagnosis of autism in adults often involves the use of tools recommended by NICE guidance but which are validated in children. The purpose of the paper is to establish the strength of the association between the Autism Diagnostic Interview-Revised (ADI-R) scores and the final clinical outcome in an all intellectual quotients adult autism diagnostic service and to establish if this in any way relates with gender and intellectual ability. Design/methodology/approach: The sample includes referrals to Leeds Autism Diagnostic Service in 2015 that received a clinical outcome. Sensitivity, specificity and positive and negative predictive values were calculated to establish ADI-R and the two-way interactions with gender and intellectual ability. Findings: ADI-R has a high sensitivity and low specificity and is useful to rule out the presence of autism, but if used alone, it can over diagnose: Restricted stereotyped behaviours are the strongest predictor for autism and suggests that the threshold should be increased to enhance specificity.</td>
<td>Advances in Autism, Vol. 3 Issue 4, pages 250-262</td>
<td>Available from Emerald Insight [<a href="http://www.emeraldinsight.com">www.emeraldinsight.com</a>]</td>
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<td>Barry Wright</td>
<td>Julie C Wilson, Barry Wright, Sandra Jost, Robert Smith, Helen Pearce and Sally Richardson</td>
<td>2017</td>
<td>Can urinary indolylacroylglycin e (IAG) levels be used to determine whether children with autism will benefit from dietary intervention?: Autism, gastrointestinal problems and IAG</td>
<td>Pediatric Research, volume, April 2017, Volume 81, Issue 4, pages 672-679</td>
<td>Available from Nature.com</td>
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<tr>
<td>Barry Wright</td>
<td>Natassia F Brennan, Anja Hiddinga and Barry Wright</td>
<td>2017</td>
<td>Intersecting Cultures in Deaf Mental Health: An Ethnographic Study of NHS Professionals Diagnosing Autism in Deaf Children</td>
<td>Culture, Medicine, and Psychiatry, September 2017, Volume 41, Issue 3, pages 431-452</td>
<td>Available from Springer Link [link.springer.com]</td>
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<td>Barry Wright</td>
<td>Jan Aldridge, Karen Shimmon, Mike Miller, Lorna Katharine Fraser and Barry Wright</td>
<td>2017</td>
<td>I can’t tell my child they are dying”: Helping Parents Have Conversations With Their Child</td>
<td>Archives of Disease in Childhood - Education and Practice 2017, Volume 102, Issue 4, pages 182-187</td>
<td>Available from BMJ Journals [journals.bmj.com]</td>
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<tr>
<td>Fiona Patterson, Fran Cousans,</td>
<td>The Predictive Validity of a Text-Based Situational Judgment Test in</td>
<td>2017</td>
<td>Academic Medicine</td>
<td>Sept 2017, volume 92, issue 9 pages 1250-1253</td>
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<td>Helena Edwards, Anna Rosselli,</td>
<td>Undergraduate Medical and Dental School Admissions</td>
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<td>Sandra Nicholson and Barry Wright</td>
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<td>Lucy Tindall and Barry Wright</td>
<td>Autism spectrum conditions affect preferences in valued personal</td>
<td>2017</td>
<td>Evolutionary Behavioral Sciences, Advance</td>
<td>Although autism has been characterised as a disorder certain selective advantages of</td>
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<td>possessions</td>
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<td>online publication, Aug 28, 2017</td>
<td>autism have been identified which may represent a selective trade-off for reduced</td>
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<td>‘folk psychology’ and provide a potential explanation for the incorporation of autism</td>
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<td>genes in the human evolutionary past. Such potential trade-off skills remain to be</td>
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<td>distant past however. Here we present the results of an analysis of the relationship</td>
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<td>between AQ (autism quotient) and attitudes to valued personal possessions on the</td>
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<td>basis of a study of 550 participants. We find that individuals with autism have a</td>
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<td>reduced tendency to value and preserve objects as reminders of relationships/attachment</td>
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<td>figures and place a greater value on the direct practical function of their personal</td>
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<td>possessions. The latter strategy may have been more selectively advantageous in certain</td>
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<td>contexts whilst less advantageous in others in the distant evolutionary past.</td>
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<td>Barry Wright, Penelope Spikins,</td>
<td>Depression is currently the leading cause of illness and disability in</td>
<td>2017</td>
<td>British Journal of Medical Psychology</td>
<td>CONCLUSIONS: Despite demonstrating that BA may be effective in the treatment of</td>
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<td>Barry Wright and Callum Scott</td>
<td>young people. Evidence suggests that behavioural activation (BA) is</td>
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<td>depression in young people, the review indicated a number of methodological problems</td>
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<td>an effective treatment for depression in adults but less research</td>
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<td>in the included studies meaning that the results and conclusions should be treated</td>
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<td>focuses on its application with young people. This review therefore</td>
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<td>with caution. Furthermore, the paucity of studies in this area highlights the need for</td>
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<td>examined whether BA is effective in the treatment of depression in</td>
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<td>further research.</td>
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<td>young people.</td>
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<td>METHODS: A systematic review (International Prospective Register of</td>
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<td>Systematic Reviews reference: CRD42015020453), following Preferred</td>
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<td>Reporting Items for Systematic Reviews and Meta-Analyses guidelines,</td>
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<td>was conducted to examine studies that had explored behavioural</td>
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<td>interventions for young people with depression. The electronic</td>
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<td>databases searched included the Cochrane Library, EMBASE, MEDLINE,</td>
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<td>CINAHL Plus, PsychINFO, and Scopus. A meta-analysis employing a</td>
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<td>generic inverse variance, random-effects model was conducted on the</td>
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<td>included randomized controlled trials (RCTs) to examine whether there</td>
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<td>were overall effects of BA on the Children's Depression Scale -</td>
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<td>RESULTS: Ten studies met inclusion criteria: three RCTs and seven</td>
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<td>within-participant designs (total n = 170). The review showed that</td>
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<td>the quality of the included studies meaning a variety of limitations</td>
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<td>CONCLUSIONS: Despite demonstrating that BA may be effective in the</td>
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<td>treatment of depression in young people, the review indicated a</td>
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<td>number of methodological problems in the included studies meaning</td>
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<td>that the results and conclusions should be treated with caution.</td>
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<td>Furthermore, the paucity of studies in this area highlights the need</td>
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OBJECTIVES: Computer-administered cognitive-behavioural therapy (CCBT) may be a promising treatment for adolescents with depression, particularly due to its increased availability and accessibility. The feasibility of delivering a randomised controlled trial (RCT) comparing a CCBT program (Stressbusters) with an attention control (self-help websites) for adolescent depression was evaluated.

DESIGN: Single centre RCT feasibility study.

SETTING: The trial was run within community and clinical settings in York, UK.

PARTICIPANTS: Adolescents (aged 12-18) with low mood/depression were assessed for eligibility, 91 of whom met the inclusion criteria and were consented and randomised to Stressbusters (n=45) or websites (n=46) using remote computerised single allocation. Those with comorbid physical illness were included but those with psychosis, active suicidality or postnatal depression were not.

INTERVENTIONS: An eight-session CCBT program (Stressbusters) designed for use with adolescents with low mood/depression was compared with an attention control (accessing low mood self-help websites).

PRIMARY AND SECONDARY OUTCOME MEASURES: Participants completed mood and quality of life measures and a service Use Questionnaire throughout completion of the trial and 4 months post intervention. Measures included the Beck Depression Inventory (BDI) (primary outcome measure), Mood and Feelings Questionnaire (MFQ), Spence Children’s Anxiety Scale (SCAS), the EuroQol five dimensions questionnaire (youth) (EQ-5D-Y) and Health Utility Index Mark 2 (HUI-2). Changes in self-reported measures and completion rates were assessed by treatment group.

RESULTS: From baseline to 4 months post intervention, BDI scores and MFQ scores decreased for the Stressbusters group but increased in the website group. Quality of life, as measured by the EQ-5D-Y, increased for both groups while costs at 4 months were similar to baseline. Good feasibility outcomes were found, suggesting the trial process to be feasible and acceptable for adolescents with depression.
<p>| Ahmed Hankir. | Ahmed Hankir, Philips Brothwood, Bethany Crocker, Maroong Lim, Isabel Lever, Frederick R Carrick, Rashid Zaman and Charlotte Wilson Jones | 2017 | A King's College London Psychiatry Society event to challenge the stigma attached to mental health problems in post-natal women. | Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 469-475 | English | BACKGROUND: On the 9th October 2000, Dr Daksha Emson, a London-based psychiatrist with bipolar affective disorder, tragically killed herself and her three-month-old baby daughter during a psychotic episode. An independent inquiry into Dr Emson's death concluded that mental health stigma in the National Health Service was a factor that contributed to her death. Despite the morbidity and mortality attributed to the stigma attached to post-natal mental health problems there are very few programmes that have been developed to challenge it. King's College London Undergraduate Psychiatry Society organized an event entitled, 'A Labour of Love': Perinatal Mental Health to address this issue. The event included a talk from an expert by experience, a mother who developed post-partum mental health problems. DESIGN: We conducted a single-arm, pre-post comparison study on participants who attended the KCL Psych Soc event. Validated stigma scales on knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes towards the Mentally Ill (CAMI)) and behaviour (Reported and Intended Behaviour Scale (RIBS)) were administered before and immediately after exposure to the event. RESULTS: 27/27 (100%) of participants recruited responded. There was a statistically significant difference in the pre-MAKS score compared to the post-MAKS score (p=0.0003), the pre-RIBS score compared to the post-RIBS score (p=0.0068) and in the pre-CAMI score compared to the post-CAMI score (p=0.0042). | Journal Article | Available from PubMed: <a href="www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a> |
| Ahmed Hankir. | Ahmed Hankir, Rashid Zaman, Maroong Lim, Isabel Lever, Philips Brothwood, Frederick R Carrick, Jamie Hacker Hughes and Charlotte Wilson Jones | 2017 | A King’s College London Undergraduate Psychiatry Society event to challenge the stigma attached to psychological problems in healthcare professionals and students. | Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 457-463 | English | BACKGROUND: There are higher levels of psychological distress in healthcare professionals and students compared to the general population. Yet, despite the availability of effective treatment, many in this group continue to suffer in silence. Fear of exposure to stigmatization has been identified to be a major barrier to accessing and using mental health services. King’s College London Undergraduate Psychiatry Society (KCL PsychSoc) organized an event entitled, ‘What does bipolar disorder even mean? Psychological distress: How can we challenge the stigma?’. Healthcare professionals who themselves recovered from psychological problems and a mental health advocate with first-hand experience of psychological distress were invited to deliver talks followed by an interactive question and answer session. DESIGN: We conducted a single-arm pre-post comparison study. People who attended the KCL Psych Soc event were recruited to participate. Validated stigma scales on knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes towards the Mentally Ill) and behavior (Reported and Intended Behavior Scale (RIBS)) were administered on participants before and immediately after exposure to the event. RESULTS: 44/44 of the participants recruited completed the study (100% response rate). There were statistically significant changes in the respondents’ scores for all 3 stigma scales (p value MAKS&lt;0.0001, p value CAMI&lt;0.0001, p value RIBS&lt;0.0011). | Journal Article | Available from PubMed: <a href="www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a> |
| Ahmed Hankir. | Ahmed Hankir, Rashid Zaman, Benjamin Geers, Gus Rosie, Graeme Breslin, Lilly Barr, Frederick R Carrick and Sal Anderson | 2017 | The Wounded Healer film: A London College of Communication event to challenge mental health stigma through the power of motion picture. | Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 307-312 | English | BACKGROUND: There is a preponderance of mental health problems in students on a global scale which can have a considerable effect on their academic performance and a profound impact on their quality of life. Many universities offer free counselling services however despite this a recent study in the US revealed that up to 84% of students who screened positive for depression or anxiety did not receive any treatment. There are many obstacles that students with mental health problems encounter that prevents them from receiving care, foremost among these is stigma. Film based interventions are showing promise at challenging stigma which can subsequently lower the barriers to accessing and using mental health services for students who need them. DESIGN: We conducted a single-arm, pre-post comparison study on arts students from the London College of Communication. Participants were exposed to the Wounded Healer film, a motion picture featuring a protagonist who is a doctor with first-hand experience of psychological distress. Validated stigma scales on knowledge (Mental Health Knowledge Schedule (MAKS)), behaviour (Reported and Intended Behaviour Scale (RIBS)) and attitudes (Community Attitudes towards the Mentally Ill (CAMI)) were administered on participants before and immediately after exposure to the intervention. RESULTS: 21/28 (78%) of the participants recruited for the study responded. The mean age of respondents was 22 years (Std Dev 2.20). There was an increase in the MAKS score after students viewed the Wounded Healer film indicating lower levels of stigma in mental health knowledge however this change was not statistically significant. | Journal Article | Available from PubMed: <a href="www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a> |</p>
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<th>Ahmed Hankir, Samara Linton, Ahmed Hankir, Saif Anderson, Frederick R Carrick and Rashid Zaman.</th>
<th>2017</th>
<th>Harnessing the Power of Film to Combat Mental Health Stigma. A University College London Psychiatry Society Event.</th>
<th>Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 300-306</th>
<th>English</th>
<th>AIMs: To conduct a pilot study on a motion picture based, anti-stigma programme entitled, “The Wounded Healer film” to measure if it is associated with any changes in stigma variables in healthcare students and if it encouraged care seeking in this group.</th>
<th>BACKGROUND: The 2008 Stigma Shout Survey of almost 4000 people using mental health services and carers revealed that healthcare professionals are a common source of stigma reported by people with mental illness. Psychological problems are common in medical students and doctors, however, the level of care seeking in this group is low. Fear of exposure to stigmatization is a crucial barrier to accessing and using mental health services. Recent research has revealed that film-based interventions can be used to challenge mental health stigma and encourage care seeking. METHODS: We conducted a single-arm, pre-post comparison study on students who attended the Wounded Healer film at a University College London Psychiatry Society event (n=11). Before and after exposure to the film, students were asked to complete validated stigma scales that measured mental health-related knowledge, attitudes and behaviours. Responses were on a Likert scale and participants also provided free-text comments which were subjected to thematic analyses. RESULTS: There was a statistically significant difference in the mental health-related knowledge pre-intervention score compared to the post-intervention score (p=0.0322). All participants either strongly agreed or agreed with the post-evaluation statement, “I feel inspired to raise awareness of the importance of mental health and to take action to challenge stigma.”</th>
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| Name          | Ahmed Hankir, Sajaad Khali, Gasim Wadood, Daanyaal Madarbukus, Habibah Aftah Yunus, Saleena Bibi, Frederick R Carrick and Rashid Zaman. | 2017 | The Federation of Student Islamic Societies programme to challenge mental health stigma in Muslim communities in Ireland: The FOSIS Dublin study. | Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 279-284 | English | BACKGROUND: Mental health problems are common in Muslim communities however due to fear of exposure to stigmatization many people in this group continue to suffer in silence despite the availability of effective treatment. The Federation of Student Islamic Societies (FOSIS) organized the first ever Muslim mental health conference in Ireland to challenge the stigma attached to mental health problems in Muslims and to encourage care seeking in this group. As far as the authors are aware there are no intervention studies on mental health stigma in Muslim communities reported in the literature. DESIGN: We conducted a single arm, pre-post comparison study on Muslims who attended the FOSIS mental health conference in University College Dublin, Ireland. Validated stigma scales measuring knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes towards the Mentally Ill (CAMI)) and behaviour (Reported and Intended Behaviour Scale (RIBS)) were administered on participants before exposure to the programme and immediately afterwards. RESULTS: 18/150 (12%) of participants completed the pre-post RIBS scale and pre-post MAKS scale and 16/150 (10.5%) of participants completed the pre-post CAMI scale. There were statistically significant differences in the pre-RIBS score compared to the post-RIBS score (p=0.0262) and the pre-MAKS score compared to the post-MAKS score (p=0.0003) but not in the pre-CAMI score compared to the post-CAMI score (p=0.0314). | Journal | Available from PubMed (www.ncbi.nlm.nih.gov/pubmed) | Article |
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<p>| Name          | Ahmed Hankir, Bruce Kirkcaldy, Frederick R Carrick, Acid Sadiq and Rashid Zaman | 2017 | The performing arts and psychological well-being. | Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 196-202 | English | Although psychotropic drugs have been hailed as ‘Uns of the success stories of modern psychiatry’ the prescribing of these medicines has not been without commotion, concern and controversy. Moreover, the President of the World Psychiatry Association Professor Dinesh Bhagua and colleagues, after conducting a recent large-scale study (n=25,522) on psychiatric morbidity in the UK, collectively issued the claim that, ‘The mental health of the nation was unlikely to be improved by treatment with psychotropic medication alone’. The provision of mental healthcare services may likely benefit from a holistic approach that includes a variety of treatment options that prioritizes patient safety and preference. The performing arts is gaining popularity among service users as an adjunctive form of treatment for mental illness. There is a growing body of evidence that provisionally supports the claim that art therapy, ‘Possesses the power to heal psychological wounds’. The North American Drama Therapy Association defines drama therapy as, ‘The intentional use of drama and/or theatre processes to achieve therapeutic goals’ and that it is ‘active and experiential’. This review article discusses and describes the merits of dramatherapy and how this treatment modality can contribute to a patient’s recovery from psychological distress. | Journal | Available from PubMed (<a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a>) | Article |
| Ahmed Hankir. Ahmed Hankir, Frederick R Carrick, Rashid Zaman, and Jamie Hacker Hughes | 2017 | Part II: Muslim perceptions of British combat troops. | Psychiatra Danubina, Sept 2017, issue 29 (Suppl 3) pages 173-178 | English | BACKGROUND: On the 22nd May 2017, suicide bomber Salman Abedi detonated an improvised explosive device (IED) in the Manchester Arena killing 22 people and injuring 116 others. Following the ‘massacre in Manchester’, the leader of the Labour Party, Jeremy Corbyn, linked UK foreign policy with terrorism on British soil. Controversial and contentious though Corbyn’s claims may be, the terrorists themselves have also reported that what motivates them to carry out their abominable atrocities are British military operations in Muslim majority countries. Indeed, on the 22nd May 2013, British serviceman, Lee Rigby, was brutally attacked and killed by Michael Adebolajo and Michael Adebowale near the Royal Artillery Barracks in Woolwich, southeast London. The perpetrators of this heinous act told passers-by at the scene that they wanted to avenge the killing of Muslims by the British Armed Forces. METHODS: We conducted a cross-sectional, mixed-methods study on Muslim perceptions of British combat troops and UK foreign policy. Participants were selected by purposive sampling. We crafted a survey that explored Muslim perceptions of the British military and the government’s foreign policy. Response items were on a Likert-scale and there was white space for free text comments which were subjected to thematic analyses. RESULTS: These inter-professional teams have a wealth of practical knowledge, information and experience to draw on when they receive is not well co-ordinated. In response many NHS and Social Care organisations have set up community-based services. The rise of radicalisation, the ‘demobilisation’ of Muslims in the media and the immigration crisis in Europe have all contributed and colluded to heightened levels of Islamophobia in the West. The stigmatisation of Muslims can and has resulted in negative outcomes in this group such as elevated levels of psychological distress and an increase in hate crime and terrorist attacks perpetrated against Muslims from members of the far-right. There are 1.6 billion Muslims on the planet and Islam is the fastest growing religion in the world. Now, more than ever it seems, is a critical time to learn about what the true message of Islam is and who the blessed prophet Muhammad peace be upon him (PBUH) was from reliable and authentic sources. This paper aims to challenge the stigma attached to Muslims through the following means: 1. It contains information to educate people about Islam, debunk myths and challenge negative stereotypes; 2. It utilizes the power of ‘story-telling’ to engage readers and to equip them with facts and the necessary skills to combat Islamophobia. Part I includes a brief introduction of Islam and concludes with a concise description and evaluation of an anti-Islamophobia programme that was piloted in Cambridge University (UK) and delivered as a Keynote Address at the Carrick Institute for Graduate Studies International Symposium of Clinical Neuroscience in Orlando, (USA). Our hope is that through this initiative we can create a critical mass and inspire and empower people, Muslims and non-Muslims alike to stand in solidarity and collectively challenge extremist in any of its many forms. Our hypothesis is that this will result in better outcomes such as reductions in radicalization and Islamophobia. | Journal Article | Available from PubMed. <a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a> | | Ahmed Hankir. Ahmed Hankir, Frederick R Carrick and Rashid Zaman. | 2017 | Part I: Muslims, social inclusion and the West. Exploring challenges faced by stigmatized groups. | Psychiatra Danubina, Sept 2017, issue 29 (Suppl 3) pages 164-172 | English | The barriers to accessing and consuming mental health services for Palestinians with psychological problems residing in refugee camps in Jordan. The Baqaa refugee camp is the largest in Jordan, home to some 104,000 Palestine refugees. Barriers to accessing and consuming mental health services in Arab refugees are well documented in the literature however few studies have been conducted hitherto to identify barriers for Palestine refugees with psychological problems residing in refugee camps in Jordan. AIM: To identify the barriers to accessing and consuming mental health services for Palestine refugees with psychological problems residing in Baqaa refugee camp in Jordan and to formulate policy recommendations to overcome those barriers. METHODS: 16 qualitative, semi-structured interviews were conducted with healthcare professionals working at health centres for Palestinian refugees in Jordan. All the interviews were recorded and transcribed and thematic analyses conducted. Ethical approval was granted by the University of Leeds and UNRWA. RESULTS: 16/16 (100%) respondents reported that resource and financial deficits were the most common barriers that contributed towards the treatment gap. Sex (15/16, (94%)), stigma and religion (12/16, (75%)) and culture (10/16, (63%)) were other major barriers identified. | Journal Article | Available from PubMed. <a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a> | | Callum McKell, Ahmed Hankir, Ishlawi Abu-Zayed, Raeda Al-Issa and Amjad Awad | 2017 | Barriers to accessing and consuming mental health services for Palestinians with psychological problems residing in refugee camps in Jordan. The Baqaa refugee camp is the largest in Jordan, home to some 104,000 Palestine refugees. Barriers to accessing and consuming mental health services in Arab refugees are well documented in the literature however few studies have been conducted hitherto to identify barriers for Palestine refugees with psychological problems residing in refugee camps in Jordan. AIM: To identify the barriers to accessing and consuming mental health services for Palestine refugees with psychological problems residing in Baqaa refugee camp in Jordan and to formulate policy recommendations to overcome those barriers. METHODS: 16 qualitative, semi-structured interviews were conducted with healthcare professionals working at health centres for Palestinian refugees in Jordan, 14 of which were in health centres at Baqaa refugee camp and the remaining two at the Field Office of the United Nations Relief and Works Agency (UNRWA) in Amman, Jordan. All the interviews were recorded and transcribed and thematic analyses conducted. Ethical approval was granted by the University of Leeds and UNRWA. RESULTS: 16/16 (100%) respondents reported that resource and financial deficits were the most common barriers that contributed towards the treatment gap. Sex (15/16, (94%)), stigma and religion (12/16, (75%)) and culture (10/16, (63%)) were other major barriers identified. | Journal Article | Available From The Lancet. Journal <a href="http://www.thelancet.com/journals">www.thelancet.com/journals</a> | | Vicky Ward, Paul Morrin, Vicky Ward, Allan House, Tessa Holmes, David Woodcock and Richard Graham | 2017 | Knowledge sharing across health and social care boundaries | University of Leeds website - Faculty of Medicine and Health - Mobilising Knowledge Across Health and Social Care Boundaries | English | More people than ever are receiving care and support from both health and social care services, but often the care they receive is not well co-ordinated. In response many NHS and Social Care organisations have set up community-based teams of health and social care staff who work together to support people living in the local area. These inter-professional teams have a wealth of practical knowledge, information and experience to draw on when they are trying to decide how best to support people with complex lives and needs. Sharing this knowledge can help them to come up with new and innovative ideas and solutions, especially when they are dealing with difficult situations where there are few clear or simple answers. Although we know that sharing knowledge is important, relatively little is known about what knowledge sharing looks like in practice and what can be done to encourage better knowledge sharing. This project was designed to address this by focusing on how people working in health and social care teams share knowledge with one another and how they can be supported to do so. | Project report | Available from the Faculty of Medicine and Health at University of Leeds. <a href="http://www.medhealth.leeds.ac.uk">www.medhealth.leeds.ac.uk</a> |</p>
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Miranda Thew, Fiona Bell and Eithne Flanagan
2017 Social prescribing: An emerging area for occupational therapy British Journal of Occupational Therapy 2017, Vol. 80(9) 523–524 English Social prescribing has been used in some form in the National Health Service (NHS) since the 1990s, but in recent years there has been increased interest and investment by the United Kingdom (UK) government to include a wider range of community interventions and activities (NHS England, 2014), in part to make the approach more sustainable (Dyson, 2014). Social prescribing links people, through general practitioner (GP), nurse or other primary care referral, to local non-medical and social welfare support agencies in the community that provide activities and social interactions that may benefit health. Social prescribing particularly targets populations facing significant social, economic or psychological risk factors that themselves contribute to many preventable diseases and conditions.

Often these populations experience lifestyle and social challenges, such as smoking, drug or alcohol misuse and unemployment, which in addition may exacerbate underlying ill-health and disease (Dyson, 2014). The kinds of interventions or activities that may already exist, but would now be eligible for referral by a GP, range from ‘knit and natter’ clubs, health promotional educational groups, arts, creativity, learning and exercise on referral, to fishing clubs (Dyson, 2014). Clinical Commissioning Groups (CCGs) within the NHS have been tasked to work with local social care providers, charities and other community groups to identify suitable projects for funding (NHS England, 2014). This clearly not only offers opportunities for all allied health professions (AHPs) but also meshes with related governmental drivers for AHPs to be more substantively involved in public health and the promotion of wellbeing (Public Health England and Allied Health Professions Federation, n.d.).

As one such example of promoting occupational therapy to a CCG, MSc students (authors Bell and Flanagan) on a role emerging placement at Leeds Beckett University were placed into a GP practice in a socio-economically.

Fiona Bell, Miranda Thew, Fiona Bell and Eithne Flanagan
2017 Effective Dementia Education and Training for the Health and Social Care Workforce: A Systematic Review of the Literature Review of Educational Research, October 2017, Volume 87, Issue 5, pages 966–1002 English Ensuring an informed and effective dementia workforce is of international concern; however, there remains limited understanding of how this can be achieved. This review aimed to identify features of effective dementia educational programs. Critical interpretive synthesis underpinned by Kirkpatrick’s return on investment model was applied. One hundred and fifty-two papers of variable quality were included. Common features of more efficacious educational programs included the need for educational programs to be relevant to participants’ role and experience, involve active face-to-face participation, underpin practice-based learning with theory, be delivered by an experienced facilitator, have a total duration of at least 8 hours with individual sessions of 90 minutes or more, support application of learning in practice, and provide a structured tool or guideline to guide care practice. Further robust research is required to develop the evidence base; however, the findings of this review have relevance for all working in workforce education.

Clare A Surr, Cara Gates, Donna Irving, Jan Oyedobe, Sarah Jane Smith, Sahidah Parveen, Michelle Drury and Alison Dennison
2017 What works in delivering dementia education or training to hospital staff? A critical synthesis of the evidence International Journal of Nursing Studies Volume 75, October 2017, Pages 172-188 English Background The quality of care delivered to people with dementia in hospital settings is of international concern. People with dementia occupy up to one quarter of acute hospital beds, however, staff working in hospitals report lack of knowledge and skills in caring for this group. There is limited evidence about the most effective approaches to training hospital staff on dementia.

Objective The purpose of this literature review was to examine published evidence on the most effective approaches to dementia training and education for hospital staff.

Design and review methods The review was conducted using critical synthesis and included qualitative, quantitative and mixed/multi-methods studies. Kirkpatrick’s four level model for the evaluation of training interventions was adopted to structure the review.

Data sources The following databases were searched: MEDLINE, PsycINFO, CINAHL, AMED, British Education Index, Education Abstracts, ERIC (EbscoHost), The Cochrane Library-Cochrane reviews, Economic evaluations, CENTRAL (Wiley), HMIC (Ovid), ASSIA, IBSS (Proquest), Conference Proceedings Citation Indexes (Web of Science), using a combination of keyword for the following themes: Dementia/Alzheimer’s, training/education, staff knowledge and patient outcomes.

Results A total of 20 papers were included in the review, the majority of which were low or medium quality, impacting on generalisability. The 16 different training programmes evaluated in the studies varied in terms of duration and mode of delivery, although most employed face-to-face didactic techniques. Studies predominantly reported on reactions to training and knowledge, only one study evaluated outcomes across all of the levels of the Kirkpatrick model. Key features of training that appeared to be more acceptable and effective were identified related to training content.
Ahmed Hankir, Hannah Pendegast, Frederick R Carrick and Rashid Zaman

2017 | The Federation of Student Islamic Societies programme to challenge mental health stigma in Muslim communities in Ireland: The FOSIS Dublin study | English | BACKGROUND: Mental health problems are common in Muslim communities, however due to fear of exposure to stigmatization, many people in this group continue to suffer in silence despite the availability of effective treatment. The Federation of Student Islamic Societies (FOSIS) organized the first ever Muslim mental health conference in Ireland to challenge the stigma attached to mental health problems in Muslims and to encourage care seeking in this group. As far as the authors are aware, there are no intervention studies on mental health stigma in Muslim communities reported in the literature.

DESIGN: We conducted a single arm, pre-post comparison study on Muslims who attended the FOSIS mental health conference in University College Dublin, Ireland. Validated stigma scales measuring knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes Towards the Mentally Ill (CAMI)) and behaviour (Reported and Intended Behaviour Scale (RIBS)) were administered on participants before exposure to the programme and immediately afterwards.

RESULTS: 18/150 (12%) of participants completed the pre-post RIBS scale and pre-post MAKS scale and 16/150 (10.5%) of participants completed the pre-post CAMI scale. There were statistically significant differences in the pre-RIBS score compared to the post-RIBS score (p=0.0262) and the pre-MAKS score compared to the post-MAKS score (p=0.0003) but not in the pre-CAMI score compared to the post-CAMI score (p=0.6214).

DISCUSSION: To the best of our knowledge, the FOSIS Dublin Study is the first intervention study on mental health stigma in Muslim communities to be published. The results of our study provide provisional support that a ‘bespoke’ Muslim mental health conference comprised of talks and workshops by experts in mental health, scholars in Islam and a lecture delivered by a Muslim with first-hand experience of a mental health problem are associated with reductions in stigma. More robust research with a longitudinal study design, larger sample sizes and a control group are needed to

Emily Peckham, Sally Brabyn, Liz Cook, Garry Tew and Simon Gilbody

2017 | Smoking cessation in severe mental ill health: what works? an updated systematic review and meta-analysis. | English | Background
People with severe mental ill health are more likely to smoke than those in the general population. It is therefore important that effective smoking cessation strategies are used to help people with severe mental ill health to stop smoking. This study aims to assess the effectiveness and cost-effectiveness of smoking cessation and reduction strategies in adults with severe mental ill health in both inpatient and outpatient settings.

Methods
This is an update of a previous systematic review. Electronic databases were searched during September 2016 for randomised controlled trials comparing smoking cessation interventions to each other, usual care, or placebo. Data was extracted on biochemically-verified, self-reported smoking cessation (primary outcome), as well as on smoking reduction, body weight, psychiatric symptom, and adverse events (secondary outcomes).

Results
We included 26 trials of pharmacological and/or behavioural interventions. Eight trials comparing bupropion to placebo were pooled showing that bupropion improved quit rates significantly in the medium and long term but not the short term (short term RR = 6.42 95% CI 0.82–50.07; medium term RR = 2.93 95% CI 1.61–5.34; long term RR = 3.04 95% CI 1.10–8.42). Five trials comparing varenicline to placebo showed that the addition of varenicline improved quit rates significantly in the medium term (RR = 4.13 95% CI 1.36–12.53). The results from five trials of specialist smoking cessation programmes were pooled and showed no evidence of benefit in the medium (RR = 1.32 95% CI 0.85–2.06) or long term (RR = 1.33 95% CI 0.85–2.08). There was insufficient data to allowing pooling for all time points for varenicline and trials of specialist smoking cessation programmes. Trials suggest few adverse events although safety data were not always reported. Only one pilot study reported cost effectiveness data.

Conclusions
Bupropion and varenicline, which have been shown to be effective in the general population, also work for people with severe mental ill health and their use in patients with stable psychiatric conditions. Despite good evidence for the effectiveness of smoking cessation interventions for people with severe mental ill health, the percentage of people with...
Effect of Available form The Journal

Background: Anxiety after stroke occurs frequently and can be treated with antidepressants or other anxiety-reducing

Importance There is little evidence to guide management of depressive symptoms in older people.

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

Design, Setting, and Participants Randomized clinical trial conducted from May 24, 2011, to November 14, 2014, in 32 primary care centers in the United Kingdom among 705 participants aged 65 years or older with Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) subthreshold depression; participants were followed up for 12 months.

Interventions Collaborative care (n=344) was coordinated by a case manager who assessed functional impairments relating to mood symptoms. Participants were offered behavioral activation and completed an average of 6 weekly sessions. The control group received usual primary care (n=361).

Main Outcomes and Measures The primary outcome was self-reported depression severity at 4-month follow-up on the 9-item Patient Health Questionnaire (PHQ-9; score range, 0-27). Included among 10 prespecified secondary outcomes were the PHQ-9 score at 12-month follow-up and the proportion meeting criteria for depressive disorder (PHQ-9 score ≥10) at 4- and 12-month follow-up.

Results The 705 participants were 58% female with a mean age of 77 (SD, 7.1) years. Four-month retention was 83%, with higher loss to follow-up in collaborative care (82/344 [24%]) vs usual care (37/235 [16%]). Collaborative care resulted in lower PHQ-9 scores vs usual care at 4-month follow-up (mean score with collaborative care, 5.36 vs usual care, 6.67; mean difference, −1.31; 95% CI, −1.95 to −0.67; P<.001), and treatment differences remained at 12 months (mean PHQ-9 score with collaborative care, 5.93 vs usual care, 7.25; mean difference, −1.33; 95% CI, −2.10 to −0.55). The proportion of participants meeting criteria for depression at 4-month follow-up were 17.2% (45/262) vs 23.5% (76/324), respectively (difference, −6.3% [95% CI, −12.8% to 0.2%]; relative risk, 0.83 [95% CI, 0.61−1.12]; P=0.29) and at 12-month follow-up were 15.7% (37/235) vs 27.8% (79/284) (difference, −12.1% [95% CI, −19.1% to −5.1%]; relative risk ratio, 0.65 [95% CI, 0.47-0.89]; P<.001). The proportion of participants completing all 12 60-minute telephone sessions relating to mood symptoms was ≥10% (176/208 [84%]) vs 13% (32/242) (difference, −4.8%; 95% CI, −9.3% to −0.3%; P=0.03). Participants in the collaborative care arm experienced significantly less nausea or palpitations compared with usual care (P=.02). Collaborative care resulted in lower PHQ-9 scores vs usual care at 4-month follow-up (mean score with collaborative care, 5.36 vs usual care, 6.67; mean difference, −1.31; 95% CI, −1.95 to −0.67; P<.001), and treatment differences remained at 12 months (mean PHQ-9 score with collaborative care, 5.93 vs usual care, 7.25; mean difference, −1.33; 95% CI, −2.10 to −0.55). The proportions of participants meeting criteria for depression at 4-month follow-up were 17.2% (45/262) vs 23.5% (76/324), respectively (difference, −6.3% [95% CI, −12.8% to 0.2%]; relative risk, 0.83 [95% CI, 0.61−1.12]; P=0.29) and at 12-month follow-up were 15.7% (37/235) vs 27.8% (79/284) (difference, −12.1% [95% CI, −19.1% to −5.1%]; relative risk ratio, 0.65 [95% CI, 0.47−0.89]; P<.001). The proportion of participants completing all 12 60-minute telephone sessions relating to mood symptoms was ≥10% (176/208 [84%]) vs 13% (32/242) (difference, −4.8%; 95% CI, −9.3% to −0.3%; P=0.03). Participants in the collaborative care arm experienced significantly less nausea or palpitations compared with usual care (P=.02). 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.

Conclusions Current evidence is insufficient to guide the treatment of anxiety after stroke. Additional well-conducted randomised trials are needed.
Purpose: Leeds autism diagnostic service is an adult autism diagnostic service for people of any intellectual ability which also offers consultation 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?

Approach
Theory-based data collection and feedback reports systematically targeted.

Tailored educational strategies. Negative (mis)perceptions should be similarly challenged and barriers around paper-and ease of use identified in this study should be promoted, including through messages delivered by senior staff and.

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.
Attachment theory occupies an integrative position between psychodynamic therapy and various perspectives within empirical psychology. Since therapy began, its way of thinking has been to interpret mental processes in relation to meaningful psychological objects between children and parents, partners, friends and within individual therapy.

The current volume appraises how attachment interprets by summarizing the research literature in developmental psychology in order to clarify conclusions that support practice. One aim is to promote the recognition of attachment processes as they occur between self and others in the moment. When it is possible to identify attachment in this way, implied events in clients’ lives can come into shared understanding.

Part I considers the received wisdom about attachment, and summarizes the literature and what it means for understanding relationships and defenses as part of development. Part II considers attachment in relation to emotional regulation and provides some examples. Part III applies the clarified understanding of attachment processes to inform assessment and therapy, and more broadly, mental health work in general. The ideas of Sigmund Freud and John Bowlby are used to reinvigorate psychodynamic practice.

Matthew Osborne and Claire Paul.

A smoking cessation intervention for staff in mental health services
Nursing Times (online) July 2017 / Vol.113 Issue 7 (22-24)
English
An NHS trust providing specialist mental health services has put in place a smoke-free policy and supported staff to either abstain from smoking while at work or stop smoking completely. This article describes the intervention, which was carried out by specially trained smoking cessation advisers, and discusses its outcomes so far. Among staff who had signed up to a four-week attempt at quitting, half achieved their goal. Critically, the intervention – which was offered to all staff, both clinical and non-clinical – reached nurses who can play a crucial role in persuading service users to try to stop smoking.

Jenny Shaw, Sarah Conover, Dan Herman, Manuela Jarrett, Morven Leese, Paul McCrone, Caroline Murphy, Jane Senior, Ezra Susser, Graham Thornicroft, Nat Wright, Dawn Edge, Richard Emsley, Charlotte Lennox, Alyson Williams, Henry Cust, Gareth Hopkins, and Caroline Stevenson.

Critical time intervention for Severely mentally ill Prisoners (CrISP): a randomised controlled trial
Health Services and Delivery Research, No. 5.8
English
Background: The transition from prison to community is difficult for prisoners with mental illness. Critical time intervention (CTI) is designed to provide intensive support to meet health, social care and resettlement needs through close working between client and key worker pre, and up to 6 weeks post, release.

Objectives: To establish whether or not CTI is effective in: (1) improving engagement of discharged male prisoners who have mental illness with community mental health teams (CMHTs) and (2) providing practical support with housing, finance and re-establishing social networks.

Trial design: A multicentre, parallel-group randomised controlled trial, with follow-up at 6 weeks and at 6 and 12 months. A subset of prisoners and case managers participated in a complementary qualitative study.

Setting: Eight English prisons.

Participants: One hundred and fifty adult male prisoners, convicted or remanded, cared for by mental health in-reach teams and diagnosed with severe mental illness, with a discharge date within 6 months of the point of recruitment.

Intervention: Participants were randomised to either the intervention or the control (treatment as usual). The intervention group was assigned a case manager who assessed mental and physical health before and following release, made appropriate links to health, housing and financial services and supported the re-establishment of family/pet contact.

Outcome: The primary outcome measure was engagement with a CMHT 6 weeks post discharge. Secondary outcomes included contact with mental health services at 6 and 12 months. A health economic evaluation was undertaken using service contact at the follow-up time points. We were unable to assess the intervention’s effect on reoffending and longer-term health-care use because of study delays.

Results: One hundred and fifty prisoners were recruited: 72 were randomised to the intervention and 78 were in the control group. The mean age of prisoners was 40.8 years, 85% were white, 85% had a diagnosis of schizophrenia or psychosis and 53% were of medium or high risk of reoffending.

Sarah Talari

Investigating a serious incident - a personal perspective
English
I am a higher trainee in psychiatry. Like most of my colleagues in the National Health Service (NHS), the very thought of a serious incident (SI) occurring at any time in my career fills me with unease. So when a helpful senior suggested that I could take part in an investigation to understand the process better, I eagerly accepted. Thus began what would become an eye-opening special interest session.

Correspondence
Available from BJPsych Bulletin (gb.rcpsych.org)
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, or already showing, a disorganised pattern of attachment.

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 parenting 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.

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 < 1.00, 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.
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: 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 purposively 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.

Photo elicitation study of a novel intervention to help people quit smoking

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 & Diks, 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 in their experiences.
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<tr>
<th>Author(s)</th>
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<tr>
<td>Jessica Broughton, Sarah Harris, Lucy Beasant, Esther Crawley and Simon Collin.</td>
<td>2017</td>
<td>Adult patients' experiences of NHS specialist services for chronic fatigue syndrome (CFS/ME): a qualitative study in England</td>
<td>BMC Psychiatry (online)</td>
<td>Available from BioMed Central (<a href="http://www.biomedcentral.com">www.biomedcentral.com</a>)</td>
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<td>Peter Taylor, Sarah Jones, Christopher Huntley and Claire Seddon.</td>
<td>2017</td>
<td>What are the key elements of cognitive analytic therapy for psychosis? A Delphi study</td>
<td>Journal article</td>
<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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**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.

**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.
### Background

People with schizophrenia are two to three times more likely to be overweight than the general population. The UK National Institute of Health and Care Excellence (NICE) recommends an annual physical health review with signposting to, or provision of, a lifestyle programme to address weight concerns and obesity. The purpose of this randomised controlled trial is to assess whether a group-based structured education programme can help people with schizophrenia to lose weight. Method: Design: a randomised controlled trial of a group-based structured education programme. Setting: 10 UK community mental health trusts. Participants: 396 adults with schizophrenia, schizoaffective, or first-episode psychosis who are prescribed antipsychotic medication will be recruited. Participants will be overweight, obese or be concerned about their weight. Intervention: participants will be randomised to either the intervention or treatment as usual (TAU). The intervention arm will receive TAU plus four 2.5-h weekly sessions of theory-based lifestyle structured group education, with maintenance contact every 2 weeks and ‘booster’ sessions every 3 months. All participants will receive standardised written information about healthy eating, physical activity, alcohol and smoking. Outcomes: the primary outcome is weight (kg) change at 1 year post randomisation. Secondary outcomes, which will be assessed at 3 and 12 months, include: the proportion of participants who maintained or reduced their weight; waist circumference; body mass index; objectively measured physical activity (wrist accelerometer); self-reported diet; blood pressure; fasting plasma glucose, lipid profile and HbA1c (baseline and 1 year only); health-related quality of life (EQ-5D-5L and RAND SF-36); (adapted) brief illness perception questionnaire; the Brief Psychiatric Rating Scale; the Client Service Receipt Inventory; medication use; smoking status; adverse events; depression symptoms (Patient Health Questionnaire-9); use of weight-loss programmes; and session feedback (intervention only). Outcome assessors will be blind to trial group allocation. Qualitative interviews with a subsample of facilitators and invention-arm participants will provide data on intervention feasibility and acceptability. Assessment of intervention fidelity will also be performed. Discussion: The STEPWISE trial will provide evidence for the clinical and cost-effectiveness of a tailored intervention, which, if successful, could be implemented rapidly in the NHS. Trial registration: ISRCTN19447796, registered on 20 March 2014.

### Stephens – A guide to Writing

Social Stories® are a widely used and highly effective intervention for supporting children on the autism spectrum, but it can feel overwhelming to follow all the rules put in place to create personalised stories. Developed with the input of parents and professionals, and informed by new Social Stories research, this is a comprehensive, clear, easy step-by-step guide to writing effective personalised Social Stories® that give children social information, creating many benefits for them. The book includes many examples of real Social Stories created for children by parents and teachers working together, and handy downloadable checklists that highlight the essential components of a Social Story, helping to ensure that each story you write achieves the best possible results.

### Journal Article

**Title**: Are there alternative adaptive strategies to human pro-sociality? The role of collaborative morality in the emergence of personality variation and autistic traits  
**Authors**: Barry Wright, Penelope Spinks, Barry Wright and Derek Hodgson  
**Publication**: Journal of Mind and Time and Mind  
**Volume**: 9, Issue 4, Pages 289-313  
**Language**: English  
**Year**: 2016  
**Funding**: The UK National Institute of Health and Care Excellence (NICE) recommends an annual physical health review with signposting to, or provision of, a lifestyle programme to address weight concerns and obesity. The purpose of this randomised controlled trial is to assess whether a group-based structured education programme can help people with schizophrenia to lose weight. Method: Design: a randomised controlled trial of a group-based structured education programme. Setting: 10 UK community mental health trusts. Participants: 396 adults with schizophrenia, schizoaffective, or first-episode psychosis who are prescribed antipsychotic medication will be recruited. Participants will be overweight, obese or be concerned about their weight. Intervention: participants will be randomised to either the intervention or treatment as usual (TAU). The intervention arm will receive TAU plus four 2.5-h weekly sessions of theory-based lifestyle structured group education, with maintenance contact every 2 weeks and ‘booster’ sessions every 3 months. All participants will receive standardised written information about healthy eating, physical activity, alcohol and smoking. Outcomes: the primary outcome is weight (kg) change at 1 year post randomisation. Secondary outcomes, which will be assessed at 3 and 12 months, include: the proportion of participants who maintained or reduced their weight; waist circumference; body mass index; objectively measured physical activity (wrist accelerometer); self-reported diet; blood pressure; fasting plasma glucose, lipid profile and HbA1c (baseline and 1 year only); health-related quality of life (EQ-5D-5L and RAND SF-36); (adapted) brief illness perception questionnaire; the Brief Psychiatric Rating Scale; the Client Service Receipt Inventory; medication use; smoking status; adverse events; depression symptoms (Patient Health Questionnaire-9); use of weight-loss programmes; and session feedback (intervention only). Outcome assessors will be blind to trial group allocation. Qualitative interviews with a subsample of facilitators and invention-arm participants will provide data on intervention feasibility and acceptability. Assessment of intervention fidelity will also be performed. Discussion: The STEPWISE trial will provide evidence for the clinical and cost-effectiveness of a tailored intervention, which, if successful, could be implemented rapidly in the NHS. Trial registration: ISRCTN19447796, registered on 20 March 2014.
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<td>Social stories in mainstream schools for children with autism</td>
<td>Barry Wright, Danielle Varley and Lisa Hackney</td>
<td>2016</td>
<td>BMJ Journals, Volume 6, Issue 8</td>
<td>Objectives: To assess the feasibility of recruitment, retention, outcome measures and intervention training/delivery among teachers, parents, and children. To calculate a sample size estimation for full trial. Design: A single-centre, unblinded, cluster feasibility randomised controlled trial examining Social Stories delivered within a school environment. Setting: 37 primary schools in York, UK. Participants: 50 participants recruited and a cluster randomisation approach by school examined. Participants randomised into the treatment group (n=23) or a waiting list control group (n=27). Outcome measures: Acceptability and feasibility of the trial, intervention and of measurements required to assess outcomes in a definitive trial. Results: An assessment of the questionnaire completion rates indicated teachers would be most appropriate to complete the primary outcome measure. 2 outcome measures: the Social Responsiveness Scale (SRS)-2 and a goal-based measure showed both the highest levels of completion rates (above 80%) at the primary follow-up point (6 weeks postintervention) and captured relevant social and behaviour outcomes. Power calculations were based on these 2 outcome measures leading to a total proposed sample size of 180 participant groups. Conclusions: Results suggest that a future trial would be feasible to conduct and could inform the policy and practice of using Social Stories in mainstream schools.</td>
<td>Available from BMJ Journals, Open (bmjopen.bmj.com)</td>
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<td>Does preoperative depression and/or serotonin transporter gene</td>
<td>Barry Wright, David Alexander, Assad Aghahoseini and the York Surgical</td>
<td>2016</td>
<td>BMJ Journals, Volume 6, Issue 9</td>
<td>Objective: To determine whether preoperative psychological depression and/or serotonin transporter gene polymorphism are associated with poor outcomes after the common procedure of laparoscopic cholecystectomy. Design: Patients undergoing laparoscopic cholecystectomy were genotyped for the serotonin transporter gene 5-HTTLPR polymorphism and assessed for psychological morbidity before and 6 weeks after surgery. The main outcome was postoperative depression; secondary outcomes included fatigue, perceived pain, quality of life and subjective perception about return to usual. Results: Full genetic and psychological data were obtained from 273 out of 330 patients consented to the study (82% female). Significantly fewer people with preoperative depression (Beck Depression Inventory (BDI) score &gt;5) had returned to employment (57% vs 86%, p&lt;0.001) or made a full recovery (11% vs 44%, p&lt;0.001) 6 weeks after surgery. Independent predictors for subjective return to usual after surgery included preoperative depression, body mass index and postoperative pain scores. Independent predictors of postoperative depression included preoperative antidepressant use and preoperative depression. SS genotype was associated with use of antidepressants preoperatively and higher anxiety levels after surgery. However, it was not associated with other salient postoperative psychosocial outcomes. Conclusions: Depressive psychological morbidity preoperatively, pain and body mass index appear to be important factors in predicting recovery after this common surgical procedure. There may be a place to include preoperative brief psychological screening to enable targeted support. Our results suggest that the serotonin transporter gene is unlikely to be a useful clinical predictor of outcome in this group.</td>
<td>Available from BMJ Journals, Open (bmjopen.bmj.com)</td>
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<td>Evolving the service model for child and adolescent mental health</td>
<td>Barry Wright, Sophie Roberts, Carol Redmond, Kath Davies and Danielle</td>
<td>2016</td>
<td>Journal of Hospital Administration, Volume 6, Issue 1, pages 34-42</td>
<td>A new model for a community mental health service for children and young people aged 0-18 years is described. This model has been formulated after multi-level consultation including extensive user/carer involvement. The proposed model is multidisciplinary and integrated with multiagency provision, with smooth access onto and through care pathways. This model brings voluntary and statutory agencies into an integrated collaboration. It reinforces that social and emotional development and psychological functioning is everybody's business and creates conditions where a child's needs can be addressed on a day-to-day basis rather than through a 'clinic-based model'.</td>
<td>Available from SCIEDU Press (<a href="http://www.sciedupress.com">www.sciedupress.com</a>)</td>
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Simon M Collin and Esther Crawley 2016 Specialist treatment of chronic fatigue syndrome/ME: a cohort study among adult patients in England BMC Health Services Research Volume 17, Issue 1, 14 July 2017, Article number 488 English Background: NHS specialist chronic fatigue syndrome (CFS/ME) services in England treat approximately 8000 adult patients each year. Variation in therapy programmes and treatment outcomes across services has not been described. Methods: We described treatments provided by 11 CFS/ME specialist services and we measured changes in patient-reported fatigue (Chalder, Checklist Individual Strength), function (SF-36 physical subscale, Work & Social Adjustment Scale), anxiety and depression (Hospital Anxiety & Depression Scale), pain (visual analogue rating), sleep (Epworth, Jenkins), and overall health (Clinical Global Impression) 1 year after the start of treatment, plus questions about impact of CFS/ME on employment, education/training and domestic tasks/ unpaid work. A subset of these outcome measures was collected from former patients 2-5 years after assessment at 7 of the 11 specialist services. Results: Baseline data at clinical assessment were available for 952 patients, of whom 440 (46.2%) provided 1 year follow-up data. Treatment data were available for 435/440 (98.9%) of these patients, of whom 175 (40.2%) had been discharged at time of follow-up. Therapy programmes varied substantially in mode of delivery (individual or group) and number of sessions. Overall change in health 1 year after first attending specialist services was 'very much' or 'much better' for 27.5% (115/418) of patients, ‘a little better’ for 36.6% (153/418), ‘no change’ for 15.8% (66/418), ‘a little worse’ for 12.2% (51/418), and ‘worse’ or ‘very much worse’ for 7.9% (33/418). Among former patients who provided 2- to 5-year follow-up (30.4% (385/1265)), these proportions were 30.4% (117/385), 27.5% (106/385), 11.4% (44/385), 13.5% (52/385), and 17.1% (66/385), respectively. 85.4% (327/383) of former patients responded “Yes” to “Do you think that you are still suffering from CFS/ME?”. 8.9% (34/383) were “Uncertain”, and 5.7% (22/383) responded “No”. Conclusions: This multi-centre NHS study has shown that, although one third of patients reported substantial overall improvement in their health, CFS/ME is a long term condition that persists for the majority of adult patients even after receiving specialist treatment. © 2017 The Author(s).

Hiroko Akagi and Jessica Yakeley, James Johnston, Gwan Ashhead, and Laura Allison 2016 The Oxford Specialist Handbook of Medical Psychotherapy Oxford University Press English 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 therapy, drama therapy, 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.

James Johnston, Jessica Yakeley, James Johnston, Gwan Ashhead, and Laura Allison 2016 The Oxford Specialist Handbook of Medical Psychotherapy Oxford University Press English 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 therapy, drama therapy, 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.

Duncan Raistrick Naish Fitzgerald, Kathryn Angus, Andrew Elders, Mansa de Andrade, Duncan Raistrick, Nick Heath, and Jim McCambridge 2016 Weak evidence on nalmefene creates dilemmas for clinicians and poses questions for regulators and researchers Addiction. 2016 Aug; 111(8): 1477–1487. English 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.
How useful are Deaf children Being a college tutor for psychiatry trainees

Prakash Hosalli

2016

Being a college tutor for psychiatry trainees

Advances in Autism, Vol. 2 No. 3 2016, pp. 118-130.

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, n=214. 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 36 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

Prakash Hosalli

2016

Being a college tutor for psychiatry trainees

Advances in Psychiatric Treatment, May 2016, vol./is. 22/3(201-202), 1355-5146;1472-1481 (May 2016)

College tutors for psychiatry 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.

Yvonne Beckford, Ilyas Vader, Lenka Novakova, Deborah Squibb, Joanna Hoskin, Ros Herman and Bernice Woll.

2016

Deaf children have language difficulties too

British Deaf News online post, March 1, 2016

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. When 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.
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<td>Tom Hughes, Federica Marino-Francis and Alice Locker</td>
<td>Unrecognised bipolar disorder among UK primary care patients prescribed antidepressants: An observational study</td>
<td>2016</td>
<td>British Journal of General Practice, February 2016, vol./is. 66/643(e71-e77), 0960-1643 (February 2016)</td>
<td>English</td>
<td>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 questioning.</td>
<td>Available from PubMed</td>
<td>February 2018</td>
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<td>Dr Amy M Russell</td>
<td>What to do when you have Type 2 diabetes: An easy read guide</td>
<td>2016</td>
<td>Diabetes UK, Resources, Learning Disabilities website</td>
<td>English</td>
<td>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.”</td>
<td>Available from Diabetes UK</td>
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<td>Julie Swallow</td>
<td>Understanding Cognitive Screening Tools: Navigating Uncertainty in Everyday Clinical Practice</td>
<td>2016</td>
<td>Emerging Technologies for Diagnosing Alzheimer's Disease Part of the series Health, Technology and Society pp 123-134</td>
<td>English</td>
<td>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.</td>
<td>Available from Springer Link</td>
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Last updated: February 2018 Next revised date: August 2018
John F Morgan, Nicholas Magill, Charlotte Rhind, Rebecca Hills, Elizabeth Goddard, Pamela Macdonald, John F Morgan, Jennifer Beecham, Urike Schmidt, Sabine 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.


English

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

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./iss. 20/6-1-186, xv-xviii), 1366-5278;2046-4924 (January 2016)

English

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 session followed by a manualised 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 outcome measures: Outcomes 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

David Protheroe

2016
SaFaRI: sacral nerve stimulation versus the FENIXTM magnetic sphincter augmentation for adult faecal incontinence: a randomised investigation.

International Journal of Colorectal Disease, February 2016, vol./iss. 31/2(465-472), 0179-1958;1430-1262 (01 Feb 2016)

English

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 followed-up at 2 weeks post-surgery and at 6, 12 and 18 months post-randomisation. The primary endpoint is success, as defined by device in use and >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
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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>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 anagolics (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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<td>Emily J Peckham, Tim Bradshaw, Sally Bratyn, 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, Jun 2016, 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 study 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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<td>Jo Ramsden, Alan Hiron, Lisa Maltman 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 Volume 28, 2017 Issue 2: Women in Secure Care</td>
<td>English</td>
<td>Abstract Intensive Intervention Risk Management (IIRM) services are commissioned under the Offender Personality Disorder strategy to contribute to a psychologically informed pathway by supporting individuals ‘through the gate’. This paper reports some of the learning from the first IIRM service for women and outlines how those involved have sought to understand the challenges that were faced by this project in its early days. This paper argues that these challenges help to clarify the role of IIRM services for women and that the ambition for these services should be to facilitate coherent, holistic management. We suggest that IIRM services for women offenders are likely to be most effective if they are well integrated and responsive to the social care e. 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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<td>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>English</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>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 (CCBT) 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>
<td>Design/methodology/approach The authors have presented a number of problems faced by the research team when conducting a randomised controlled trial (RCT) concerning adolescents with low mood/depression. Findings From examining the problems faced by the research team, the authors have provided key pieces of advice for prospective adolescent mental health RCTs. This advice includes developing clear project plans, setting strategies to encourage and maintain study information in the community and support recruitment, and keeping your organisation apprised of study needs and network and involve governance departments, IT and finance departments in these discussions early.</td>
<td>From examining the problems faced by the research team, the authors have provided key pieces of advice for prospective adolescent mental health RCTs. This advice includes developing clear project plans, setting strategies to encourage and maintain study information in the community and support recruitment, and keeping your organisation apprised of study needs and network and involve governance departments, IT and finance departments in these discussions early.</td>
<td>RCTs, particularly those focusing on child and adolescent mental health, can face a number of difficulties throughout its stages of completion (from protocol development to follow-up analysis). Studies involving the use of technologies add a layer of complexity to this. This review will be of value to researchers aiming to run a high-quality RCT concerning child and adolescent mental health.</td>
<td>Available from Emerald Insight (<a href="http://www.emeraldinsight.com">www.emeraldinsight.com</a>)</td>
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<td>Louise Burke</td>
<td>Pharmacological treatments for managing eating disorders.</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>Available from CINAHL (<a href="http://www.magonlinelibrary.com/doi/npre/current">www.magonlinelibrary.com/doi/npre/current</a>)</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>Psychology and Psychotherapy: Theory, Research and Practice, Apr 2015, (Apr 15, 2015), 1476-0835 (Apr 15, 2015)</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 aspects 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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<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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Understanding Available from The Lancet: Antidepressant Background: Many patients with major depressive disorder have treatment-resistant depression, defined as no improvement in 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 This study aimed to provide new 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-stage, sequential mixed methods design that 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 from other studies on youth suicide, those who had self-harmed and/or had a disability had an 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 transfobia; 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. Method: 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 25% (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.

Tom Hughes 2016 Antidepressant augmentation with metyrapone for treatment-resistant depression (the ADD study): A double-blind, randomised, placebo-controlled trial The Lancet Psychiatry, February 2016, vol.3, 12(2), 2215-0366:2215-0374 (01 Feb 2016) 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 antiglucocorticoid 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 serotoninergic 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 ≥18 and a Massachusetts General Hospital Treatment-Resistant Depression staging score of ≥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. Permutated 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 -0.51 points [95% CI -3.48 to 2.46]; 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.

Elizabeth McDermott, Elizabeth Hughes and Victoria Rawlings.
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<td>Mary Chambers, Xenya Kantaris, Fiona McAndrew, Paul Watts, Ben Thomas</td>
<td>The Therapeutic Computerised Engagement Questionnaire (TEQ): Leading Minds, (20 May 2016).</td>
<td>2016</td>
<td>Faculty of Health, Social Care and Education, Kingston University and St George’s University, London. South West London and St George’s Mental Health NHS Trust. It is important to make as explicit as possible the contribution made by registered mental health nurses to service user recovery. The development of a mental health nursing metric that measures the nurse–patient relationship and therapeutic engagement is vital and long overdue. If no attempt is made to capture the contribution of mental health nursing to the quality care agenda and its importance in enhancing the service users’ experience, we run the risk of doing a disservice to the profession and those that it cares for. The metric, which takes the form of a 20-item, multidimensional questionnaire measures both the atmosphere and environment of the acute clinical setting and 1:1 sessions with registered mental health nurses. The metric has been designed to produce data that will identify the nature of nursing interactions and the impact on service user recovery. It also indicates how service users are involved in the decision making and monitoring of their care and treatment. Information gathered by the Therapeutic Engagement Questionnaire (TEQ) will help to advise mental health nursing staff at all levels of seniority about the nature of therapeutic engagement experienced by service users. In addition, the data will be in a form that can be integrated into the key performance indicator (KPI) data bank of healthcare trusts thus enabling trusts to identify areas of good practice and to support those facing challenges. The metric has been developed and initially authenticated in collaboration with 4 NHS trusts across England. The study has brought together service users and registered mental health nurses who have co-produced this metric with the study team. We are currently authenticating the metric in a further 25 trusts across England and wide geographical spread. The study has been adopted by the UKCRN Portfolio. Available from MHLDNDL Forum (<a href="http://www.mentalhealthforum.org.uk/publications/">www.mentalhealthforum.org.uk/publications/</a>).</td>
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<td>Barry Wright and Lucy Tindall</td>
<td>Computerised cognitive–behavioural therapy for depression in adolescents: feasibility results and 4-month outcomes of a UK randomised controlled trial</td>
<td>2016</td>
<td>Computerised cognitive–behavioural therapy (CCBT) may be a promising treatment for adolescents with depression, particularly due to its increased availability and accessibility. The feasibility of delivering a randomised controlled trial (RCT) comparing a CCBT program (Stressbusters) with an attention control (self-help websites) for adolescent depression was evaluated. Design Single centre RCT feasibility study. Setting The trial was run within community and clinical settings in York, UK. Participants Adolescents (aged 12–18) with mild mood/depression were assessed for eligibility, 91 of whom met the inclusion criteria and were consented and randomised to Stressbusters (n=45) or websites (n=46) using remote computerised single allocation. Those with comorbid physical illness were included but those with psychosis, active suicidality or postnatal depression were not. Interventions An eight-session CCBT program (Stressbusters) designed for use with adolescents with low mood/depression was compared with an attention control (accessing low mood self-help websites). Primary and secondary outcome measures Participants completed mood and quality of life measures and a service Use Questionnaire throughout completion of the trial and 4 months post intervention. Measures included the Beck Depression Inventory (BDI) (primary outcome measure), Mood and Feelings Questionnaire (MFQ), Spence Children’s Anxiety Scale (SCAS), the EuroQol five dimensions questionnaire (youth) (EQ-5D-Y) and Health Utility Index Mark 2 (HUI-2). Changes in self-reported measures and completion rates were assessed by treatment group. Results From baseline to 4 months post intervention, BDI scores and MFQ scores decreased for the Stressbusters group but increased in the website group. Quality of life, as measured by the EQ-5D-Y, increased for both groups while costs at 4 months were similar to baseline. Good feasibility outcomes were found, suggesting the trial process to be feasible and acceptable for adolescents with depression. Available from BMJ Journals Open (bmjopen.bmj.com).</td>
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<td>Helen Chin</td>
<td>Exploring curiosity in nursing practice in the NHS</td>
<td>2016</td>
<td>This study set out to explore the lived reality of curiosity in nursing practice in the NHS. Narrative, in depth, unstructured interviews were conducted with six currently registered and practising NHS nurses, across two UK NHS Trusts. Purposive sampling was adopted. Data was collected across a 6 month period utilising an innovative rhizomatic approach and thematically analysed. The thesis suggests a nursing narrative on curiosity which is socially constructed, with curiosity acting as a liberator and antecedent to reflexive knowledge construction and construction. Nurses viewed their engagement in curiosity as a key asset for melding the various sources of professional knowledge required for the provision of person-centered care. However, curiosity is also lived within the tension afforded by organisational compliance discourse, which demands engagement with prescriptive, formulaic forms of knowledge and a felt dismissal of the need for professional nursing knowledge and curiously crafted practice. Acts of resistance to dominant organisational compliance discourse are evident, as nurses engage in curiosity on a moral but covert basis, in an attempt to preserve epistemic truths, subvert and circumvent compliance and prescription and thus exercise professional freedom. Concerns are raised as to ‘knowledge lost’, which may be generated from covert curiosity practices. Nurses lament a lack of discourse on curiously led practice, resulting in perceptions that curiosity is significantly compromised as a critical motive to engage with professional knowledge correspondence, practice improvement or innovation initiatives. Available from White Rose eTheses Online (etheses.whiterose.ac.uk).</td>
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<td>Alexandros Chatziagorakis and Gearoid Fitzgerald</td>
<td>Psychiatry Core Trainees' Perception of Homophobia in Psychoanalytic Psychotherapy: A Preliminary Survey</td>
<td>English</td>
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<td>Prakash Hosali, Tom Hughes</td>
<td>The Effectiveness of Pharmacological and Non-Pharmacological Interventions for Improving Glycaemic Control in Adults with Severe Mental Illness: A Systematic Review and Meta-Analysis</td>
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<td>Tom Isherwood</td>
<td>The Evidence for Easy-Read for People With Intellectual Disabilities: A Systematic Literature Review</td>
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<td>Mahbub Khan</td>
<td>A Qualitative Investigation of the Conceptualisation of Psychosis in People of a Muslim Faith</td>
<td>English</td>
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**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**

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

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<th>Name</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>
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<td>Alisson Jane Stansfield, Rebecca E A Walwyn, Amy M Russell, Louise D Bryant, Amanda J Farrin, Alexandra M Wright-Hughes, Elizabeth H Graham, Claire Hulme, John L O'Dwyer, Gary J Latchford, Alisson Jane Stansfield, Dinesh Nagi, Ramzi A Ajjan and Allan O House</td>
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<td>Tim Branton, Liam Trevithick, R Hamish McAllister-Williams, Andrew Blamire, Tim Branton, Ross Clark, Darragh Downey, Graham Dunn, Andrew Easton, Rebecca Elliott, Clare Ellwell, Katherine Hayden, Fiona Holland, Salman Karim, Jo Lowe, Colleen Loo, Rajesh Nair, Timothy Oakley, Antony Prakash, Parveen K Sharma, Stephen R Williams and Ian M Anderson</td>
<td>Study protocol for the randomised controlled trial: Ketamine augmentation of ECT to improve outcomes in depression (Ketamine-ECT study)</td>
<td>2015</td>
<td>BMC Psychiatry, 2015, Volume 15, Number 1, Page 1</td>
<td>English</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 impairments 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>Diane Naomi Agoro</td>
<td>The Experience and Meaning of Relationships for People with Psychosis in a Rehabilitation Service: An Interpretative Phenomenological Approach</td>
<td>2015</td>
<td>Journal of European Palliative Care, 2015, Volume 1, Issue 2, Page 1</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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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.

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Barry Wright

Hallucinations and illusions in migraine children and the Alice in Wonderland Syndrome.

Archives of Disease in Childhood, 01 March 2015, vol. 100 (3), pp. 296–298

Purpose: To describe the features of a small group of children with migraine who presented with unexplained hallucinations and illusions associated with or without an established diagnosis of migraine.

Results: The study identified 9 children with a combination of migraine and a variety of hallucinations and illusions, including illusions of size, time, colour, body shape, movement and visual and auditory hallucination. An average of 10 symptoms (range 7–15) were reported.

Conclusions: It is important to recognise these symptoms to enable appropriate history taking and diagnosis. These symptoms are common and currently seem to go unrecognised and may pose diagnostic difficulties if onset is before English

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Dominika Sierazska, Robert A Power, Daniel Freeman, Alastair Cardno, Frank G Dudbridge and Angelica Ronald

Hrability of Individual Psychotic Experiences Captured by Common Genetic Variants in a Community Sample of Adolescents.

Behavior genetics, Sep 2015, vol. 45, no. 5, p. 493-502

Purpose: The occurrence of psychotic experiences is common amongst adolescents in the general population. Twin studies suggest that a third to a half of variance in adolescent psychotic experiences is explained by genetic influences. Here we test the extent to which common genetic variants account for some of the twin-based heritability. Psychotic experiences were assessed with the Specific Psychotic Experiences Questionnaire in a community sample of 2152 16-year-olds. Self-reported measures of Paranoia, Hallucinations, Cognitive Disorganization, Grandiosity, Anhedonia, and Parent-rated Negative Symptoms were obtained. Estimates of SNP heritability were derived and compared to the twin heritability estimates from the same sample. Three approaches to genome-wide restricted maximum likelihood (GREML) analyses were compared: (1) standard GREML performed on full genome-wide data; (2) GREML stratified by minor allele frequency (MAF); and (3) GREML performed on pruned data. The standard GREML revealed a significant SNP heritability of 20 % for Anhedonia (SE = 0.12; p < 0.046) and an estimate of 19 % for Cognitive Disorganization, which was close to significant (SE = 0.13; p < 0.059). Grandiosity and Paranoia showed modest SNP heritability estimates (17 %; SE = 0.13 and 14 %; SE = 0.13, respectively, both n.s.), and zero estimates were found for Hallucinations and Negative Symptoms. The estimates for Anhedonia, Cognitive Disorganization and Grandiosity accounted for approximately half the previously reported twin heritability. SNP heritability estimates from the MAF-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.

Clinical effectiveness of a skills training intervention for caregivers in improving patient and caregiver health following in-patient treatment for severe anorexia nervosa: pragmatic randomised controlled trial (CASIS). BJPsych Open (2015) 1, 56-66. English 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 (WHQ-Quol: 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) was funded by the National Institute for Health Research (NHS Health Technology Innovation, Research and Development (HToaRd)).

H Donoghue, G Traviss-Turner, Allan O House, Helen Lewis and Simon Gilbody. 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. BMJ (Online), August 2015, vol./is. 351/ (8641-8166) (12 Aug 2015). English Citation: Journal of affective disorders, Mar 2016, vol. 193, p. 331-38, 1573-2517 (March 15, 2016) 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 (LEDIS) 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 LEDIS and a question exploring the subjective experience of the LTE-Q and LEDIS. 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=9 or 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 LEDIS (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. Exposure to recent adversity 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.

An investigation of the utility of the Addenbrooke’s cognitive examination III (ACE-III) in detecting early dementia in UK memory clinic patients aged over 75 years. Dementia and Geriatric Cognitive Disorders, September 2015, vol./is. 40/(222-232), 1420-8008-1421-9824 (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 81/100 (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.
LYPFT list of published studies

Gillian Tober, Helen Crosby and Duncan Raistrick

**ADAPTA: A pilot randomised controlled trial of an alcohol-focused intervention versus a healthy living intervention for problem drinkers identified in a general hospital setting**

*Drugs and Alcohol Dependence*, September 2015, vol./iss. 154(117-124), 0376-8716;1879-0046 (01 Sep 2015)

**Aim:** To examine the relative feasibility, acceptability, applicability, effectiveness and explore cost-effectiveness of a healthy living focused intervention (HL) compared to an alcohol-focused intervention (AF) for problem drinkers identified in hospital. Methods: A pragmatic, randomised, controlled, open pilot trial. Feasibility and acceptability were measured by recruitment, attrition, follow-up rates and number of treatment sessions attended. Effectiveness was measured using the Alcohol Use Disorders Identification Test score at six months. Additional economic and secondary outcome measures were collected. Results: Eighty-six participants were randomised and 72% (n= 62) were retained in full participation. Forty-one participants attended at least one treatment session (48%). A greater proportion in the HL group attended all four treatment sessions (33% vs 19%). Follow-up rates were 29% at six months and 22% at twelve months. There was no evidence of a difference in AUDIT score between treatment groups at six months. Mean cost of health care and social services, policing and the criminal justice system use decreased while EQ-5D scores indicated minor improvement in both arms. However, this pilot trial was not powered to detect differences in either measure between groups. Conclusions: While no treatment effect was observed, this study demonstrated a potential to engage patients drinking at harmful or dependent levels in a healthy living intervention. However, recruitment proved challenging and follow-up rates were poor. Better ways need to be found to help these patients recognise the harms associated with their drinking and overcome the evident barriers to their engagement with specialist treatment.

**Duncan Raistrick, Katie Iveson-Brown and Duncan Raistrick

**A brief Addiction Recovery Questionnaire derived from the views of service users and concerned others**

*Drugs: Education, Prevention and Policy* Volume 23, 2016, Issue 1

**Aims:** (i) To quantify support across five stakeholder groups for 20 recovery indicators previously generated from focus groups of service users and concerned others and (ii) To create a brief recovery questionnaire. Methods: Indicators were rated by stakeholders for their overall importance and the three most important ranked. The factor structure was determined by principal component analysis. Findings: The initial 20 recovery indicators covered the spectrum of substance misuse, social and psychological domains. Positive endorsement of each indicator by stakeholder group ranged from 53% to 74% of the maximum support possible with stronger support from service users and concerned others than from practitioners and commissioners. The greatest number of individuals in each stakeholder group, from 86% of combined problem drinkers and drug takers to 36% of specialist practitioners, rated abstinence as the single most important aspect of recovery and well-being was rated second most important. The indicators were refined to create a 12-item Addiction Recovery Questionnaire – the items have good independent evidence of importance to outcome to support their inclusion. Originality: The questionnaire is derived solely from the views of service users and concerned others – it is a brief tool with high face validity and suitable for routine use.

**John F Morgan, Aid Saadeh Saeidi, VA Mountford, A Brown, B Bamford, S Saeidi, John F Morgan and Hubert John Lacey

**BodyWise: Evaluating a Pilot Body Image Group for Patients with Anorexia Nervosa.**

*European eating disorders review* the journal of the Eating Disorders Association 23:1 2015 Jan pg 62-7

**Body image disturbance can be enduring and distressing to individuals with eating disorders and effective treatments remain limited. This pilot study evaluated a group-based treatment-BodyWise developed for use in full and partial hospitalization with patients with anorexia nervosa at low weight. A partial crossover waitlist design was used.**

**BodyWise (N = 50) versus treatment as usual (N = 40) were compared on standardized measures of body image disturbance. Results demonstrated significant improvement in the group compared to treatment as usual for the primary outcome measure (Eating Disorder Examination-Questionnaire Shape Concern subscale) and other manifestations of body image disturbance including body checking and body image quality of life.**

BodyWise appeared acceptable to participants, and was easy to deliver within the pragmatics of a busy eating disorder service. There is potential for its wider dissemination as a precursor to more active body image interventions.

**Duncan Raistrick, Duncan Raistrick

**Study presents limited assessment of pharmacotherapy for alcohol use disorders**

*Evidence Based Mental Health*, 01 February 2015, vol./iss. 18(116-16), 13620347

**What is already known on this topic**

In relapse prevention pharmacotherapies for the treatment of addiction problems, the effects on outcome are modest compared with other influences (such as patient characteristics, active follow-up and social stability) and complicated by the effects of psychosocial interventions that are always recommended alongside any prescribing.

**What this paper adds**

The analysis provides an update on disulfiram, naltrexone and acamprosate trials reporting on predominantly drinking categories by effect size and number needed to treat but without indicators of clinical meaningfulness. The analysis was for trials with an abstinence goal: the evidence supported, but could not differentiate between, naltrexone and acamprosate—it did not support disulfiram.

The paper identifies some small studies of new drugs, but Typically these lacked adequate data for analysis; moreover, only 8 of 123 studies were rated as low risk of bias, and the mix of psychosocial interventions added to uncertainties of effectiveness.

Unusually, numbers needed to harm are reported. The harms are generally mild: anxiety, diarrhoea and vomiting with acamprosate; …

**Gill Tober, Helen Crosby and Duncan Raistrick

**Available from Taylor & Francis Online**

**Duncan Raistrick**

**Available from BMJ Journals**

**Journal**

**Article**

**EMBASE** Available from Drug and Alcohol Dependence Journal (www.drugandalcoholdependence.com)

**Available through Prime Access at Unbound Medicine (www.unboundmedicine.com)**

**Article**

**Available from Taylor & Francis Online (www.tandfonline.com)**

**Article**

**Available from BMJ Journals (journals.bmj.com)**
Barry Wright

2015

Translation into British Sign Language and validation of the Strengths and Difficulties Questionnaire

Health Services and Delivery Research Volume 3, Issue 2, February 2015, DOI: 10.3310/hsdr03020

English

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 signing 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/verbal 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 HMSO 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. Commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research.

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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 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 outcomes in cohorts using a baseline reference standard, two studies were found with disorganised attachment at baseline, with one finding raised.

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 because of failure to record prior episodes of mania, not failure to identify hypomania.

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 because of failure to record prior episodes of mania, not failure to identify hypomania.


2015

A bipolar II cohort (ABC): The association of functional disability with gender and rapid cycling


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 (~16), 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 because of failure to record prior episodes of mania, not failure to identify hypomania.

Amanda J Edmondson, Cathy A Brennan and Allan O House.

2015

Non-suicidal reasons for self-harm: A systematic review of self-reported accounts.


Self-harm is a major public health problem yet current healthcare provision is widely regarded as inadequate. One of the barriers to effective healthcare is the lack of a clear understanding of the functions self-harm may serve for the individual. The aim of this review is to identify first-hand accounts of the reasons for self-harm from the individual's perspective. A systematic review of the literature reporting first-hand accounts of the reasons for self-harm other than intent to die. A thematic analysis and best fit framework synthesis was undertaken to classify the responses. The most widely reported non-suicidal reasons for self-harm were dealing with distress and exerting interpersonal influence. However, many first-hand accounts included reasons such as self-validation, and self-harm to achieve a personal sense of mastery, which suggests individuals thought there were positive or adaptive functions of the act not based only on its social effects. Associations with different sub-population characteristics or with the method of harm were not available from most studies included in the analysis. Our review identified a number of themes that are relatively neglected in discussions about self-harm, which we summarised as self-harm as a positive experience and defining the self. These self-reported 'positive' reasons may be important in understanding and responding especially to repeated acts of self-harm. Copyright 2016 The Authors. Published by Elsevier B.V. All rights reserved.
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<td>2015</td>
<td>Ghazala Mir, Shaila Meer, David Cottrell, Dean McMillan, Allan House and Jonathan W Kanter</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, involves using client values, was adapted for Muslim patients using a robust process that retained core effective elements of BA. The adapted intervention built on evidence synthesised 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>
<td>Journal Article</td>
<td>PubMed (<a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a>)</td>
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Burnout or heartburn? A psychoanalytic view on staff Burnout in the context of service transformation in a crisis service in Leeds

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 service devolution, 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 the concept 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.

Investigation Club drug use (CD) is increasing, but use in nonswinging heterosexuals and associations with sexual behaviour and STI prevalence is undocumented worldwide. Methods Sexual health clinic attendees aged >16 years were invited to complete a questionnaire on sexual behaviour and drug use for two weeks per quarter in 2013-14. CD use was compared with age, sexuality, sexual behaviour and STI rates to determine any associations. Results 2392 questionnaires were analysed; mean age 27 (16-81) years; 52% male; 75% white British; 82.6% heterosexual; 11% MSM. Lifetime CD use was 38%; 36% of these had used in the past 4 weeks (active use). CD use was higher in MSM than heterosexuals, in heterosexual males than females, and in those >25 years. Self-perceived risky sex was higher in MSM than heterosexuals using mephedrone (OR 4.38 p <0.0001), ecstasy, GHB and ketamine. MSM reported more difficulty in controlling their drug use (OR 1.6, p = 0.02). Lack of condom use in the past 12 months in heterosexual CD users and non-users was the same, but CD users were more likely to have >3 partners (OR 2.3 p = 0.0045). Heterosexual CD active users were more likely to have had anal sex in the past 4 weeks (OR 2.6, p = 0.0001); recent heterosexual anal sex was associated with chlamydia (OR 2.41, p = 0.0007). There were no associations between lifetime or active use of CD and STI prevalence in heterosexuals (lifetime OR 0.91, p = 0.54; active OR 1.02, p = 0.94) or MSM (lifetime OR 1.30, p = 0.35; active OR 1.21, p = 0.63). Conclusion This is the first sexual health clinic study in the UK to assess CD use in all sexualities. Lifetime use of CD was high. CD use in heterosexuals was associated with higher risk sex but lifetime or recent CD was not associated with a higher prevalence of STIs. STI acquisition is multifactorial and is not solely determined by CD use.
Comparative 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 Symptomatology—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 April 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 ([–4·89 to –0·49]; 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 ([–2·58 to 2·62]; p=0·931) for those receiving lamotrigine and folic acid.

Interpretation - 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>Dr Robert Baskind, Dr Joe Johnson and Anneka Tomlinson.</td>
<td>Neurocognitive deficits in adult ADHD: preclinical and clinical studies</td>
<td>2014</td>
<td></td>
<td>English</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=21) 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>
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<td>David Yeomans.</td>
<td>Clustering in mental health payemt by results: A critical summary for the clinician</td>
<td>2014</td>
<td></td>
<td>English</td>
<td>Mental health payment by results (PDR) is a disruptive new prospective payment system intended to replace National Health Service block contracts in England and provide a mechanism for opening up the mental health economy. Patients are allocated to one of 21 treatment clusters, each with a different price or tariff. Clinicians perform cluster allocation using the Mental Health Clustering Tool. The clustering process makes demands on clinicians’ time even with support from information systems. Clustering is novel and it is unclear how it will work in practice. The process is likely to be susceptible to gaming.</td>
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<td>William Hughs Jones and John F Morgan.</td>
<td>Balancing risk requires a balanced approach: Commentary on ‘Severe and enduring eating disorders: Recognition and management’</td>
<td>2014</td>
<td></td>
<td>English</td>
<td>Paul Robinson’s article provides an excellent summary of some of the challenges faced by clinicians working with patients with severe and enduring eating disorders (SEED) and outlines a robust approach to the recognition and management of this complex group of patients. This commentary expands on some of the points raised, adds some further views and suggests a tailored approach to establishing a therapeutic alliance with patients and carers.</td>
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<td>Barry Wright and Lucy Tindall</td>
<td>Computerised cognitive behaviour therapy for depression in adolescents: Study protocol for a feasibility randomised controlled trial</td>
<td>2014</td>
<td>BMJ Open, 2014, vol./iss. 4/10, 2044-0555 (2014)</td>
<td></td>
<td>Introduction: The 1 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 generic 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 participants and of participants to be randomised, recruitment rates, attrition rates and questionnaire completion 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>
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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 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.

Not available

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.

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 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.

Last updated: February 2018 Next revised date: August 2018
Clinical psychologists’ views of intensive interaction as an intervention for learning disability services.

Clinical Psychology & Psychotherapy, September 2014, vol./is. 21/5:403-10, 1063-3995;1099-0979 (2014 Sep-Oct) English

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 adopts a qualitative description/thematic analysis approach 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 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. Copyright 2013 John Wiley & Sons, Ltd.

David Protheroe

2014

Study design: Randomised investigation (SaFaRI)

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

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.

David Protheroe

R Burian, David Protheroe, R Grunow and A Diefenbacher.

2014

Establishing a nurse-based psychiatric CL service in the accident and emergency department of a general hospital in Germany.

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


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.

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


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.

Last updated: February 2018 Next revised date: August 2018
Duncan Raistrick 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.**

**Purpose**: 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)

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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.**

**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)

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Duncan Raistrick. 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.**

**Purpose**: Physical comorbidities of alcohol misuse are common and result in frequent attendance to hospitals with estimated £3.5bn 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 (LTHT) 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.

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Duncan Raistrick and Jan R Bohike, Rihan Gabe, Tim J Croudace, Gillian Tober and Duncan Raistrick.


**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)

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Duncan Raistrick, and Gillian Tober. 2014

**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 (LTHT) 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.
Objective: To determine the efficacy of 10 session body image therapy (BAT-10) in the treatment of anorexia nervosa with adherence to the methodological guidance for complex interventions. Method: Fifty-five adult inpatients with anorexia nervosa at two national centres received the group-based manualised body-image therapy (BAT-10). BAT-10 was refined, developed and manualsised over two decades, by using the mindfulness-based cognitive behavioural therapy, including mirror exposure. Outcomes were evaluated using Body Checking Questionnaire, Body Image Avoidance Questionnaire, Physical Appearance State and Trait Anxiety Scale, Eating Disorders Examination Questionnaire and Quality of Life in Eating Disorders. Participant experience was evaluated qualitatively by an interpretative phenomenological analysis. Results: Ten session body image therapy achieved highly statistically significant changes in body checking, body avoidance and anxiety, as well as shape-concern and weight-concern, compared to the control group. Patients at lower weights showed significantly more avoidance behaviours and less body image anxiety than those with anorexia at higher weights. No difference was seen in checking behaviours between these groups. Weight based differences in avoidance behaviours continued to exist even when the effects of anxiety were controlled for. Affective and behavioural aspects of BD should be considered in clinical practice at all stages of treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
Vanessa Huke, Saeideh Saedi and John F Morgan.  

2014  
The clinical implications of high levels of autism spectrum disorder features in anorexia nervosa: A pilot study  
European Eating Disorders Review, March 2014, vol./is. 22(2)(116-121), 1072-4133;1099-0968 (March 2014)  
English  
Objective This study examined autism spectrum disorder (ASD) features in relation to treatment completion and eating disorder psychopathology in anorexia nervosa (AN). Method Thirty-two adult women were recruited from specialist eating disorder services. Features of ASD and disordered eating were measured. Premature termination of treatment was recorded to explore whether ASD traits had impact on early discharge. A healthy control group was also recruited to investigate ASD traits between clinical and nonclinical samples. Results Significant differences were found between the AN group and the healthy control group in obsessive-compulsive disorder traits, depression and anxiety and ASD traits, with significant differences between groups in Social Skill and Attention Switching. The AN group reported no significant relationship between disordered eating severity and ASD traits. No significant effect was found between ASD features and treatment completion. Discussion Raw data on premature termination of treatment, despite no statistical impact, showed that seven out of the eight participants with high features of ASD completed treatment as planned compared with 50% of those with low ASD traits. Unexpectedly, this suggests enhanced treatment adherence in ASD. Copyright 2013 John Wiley & Sons, Ltd and Eating Disorders Association.

Paul Blenkron, A Brooks, R Dearden and J McVey.  

2014  
Use of the distress thermometer to evaluate symptoms, outcome and satisfaction in a specialist psycho-oncology service.  
General Hospital Psychiatry, November 2014, vol./is. 36(6)(607-12), 0163-8343;1873-7714 (2014 Nov-Dec)  
English  
OBJECTIVE: The National Institute for Health and Care Excellence recommends the use of structured tools to improve holistic care for patients with cancer. The Distress Thermometer and Problem Checklist (DT) is commonly used for screening in physical health settings. However, it has not been integrated into the clinical pathway within specialist psycho-oncology services. We used the DT to examine the broad clinical effectiveness of psycho-oncology intervention and to ascertain factors from the DT linked to an improved outcome. We also evaluated patients’ satisfaction with their care. METHOD: We asked 111 adult outpatients referred to York Psycho-Oncology Service to complete the DT at their first appointment. Individuals offered a period of psycho-oncology care re-rated their emotional distress, problems and service satisfaction on the DT at discharge. RESULTS: Median distress scores decreased significantly (from 6 to 4, Wilcoxon’s z=4.83, P<.001) indicating a large clinical effect size (Cohen’s d=1.22), Frequency of emotional problems (anxiety, depression and anger) fell significantly by 15-24% despite no significant change in patients' physical health or practical problems. Number of emotional problems was the best predictor of distress at discharge (beta=0.468, P<.002). Satisfaction was high and correlated with lower distress scores (r=0.42, P<0.005) and fewer emotional problems (r=0.31, P<0.04) at discharge but not with number of appointments attended. Qualitative thematic analysis showed patients particularly value supportive listening and advice on coping strategies from professionals independent of their physical care. CONCLUSION: The DT is an acceptable and useful tool for enhancing the delivery of structured psycho-oncology care. It may also provide evidence to support the effectiveness of specialist psycho-oncology interventions.  


2014  
Confirmatory Factor Analysis of Two Eating Disorder Questionnaires for Carers.  
English  
Objective: Caring for someone diagnosed with an eating disorder (ED) is associated with a high level of burden and psychological distress which can inadvertently contribute to the maintenance of the illness. The Eating Disorders Symptom Impact Scale (EDSIS) and Accommodation and Enabling Scale for Eating Disorders (AESED) are self-report scales to assess elements of caregiving theorised to contribute to the maintenance of an ED. Further validation and confirmation of the factor structures for these scales are necessary for rigorous evaluation of complex interventions which target these modifiable elements of caregiving. Method: EDSIS and AESED data from 268 carers of people with anorexia nervosa (AN), recruited from consecutive admissions to 15 UK inpatient or day patient hospital units, were subjected to confirmatory factor analysis to test model fit by applying the existing factor structures: (a) four-factor structure for the EDSIS and (b) five-factor structure for the AESED. Results: Confirmatory factor analytic results support the existing four-factor and five-factor structures for the EDSIS and the AESED, respectively. Discussion: The present findings provide further validation of the EDSIS and the AESED as tools to assess modifiable elements of caregiving for someone with an ED.
**John Roche, N E Kong, M Portman, C Phillip, J Roche and J Wilson.** 2014

**Sex, drugs and STIs**

HIV Medicine, April 2014, vol./iss. 15(14), 1464-2662 (April 2014)

**Background:** The link between club drug use and high risk sexual behaviour/ STIs in MSM is well documented. The Global Drug Survey 2013 studied links between drug use and sexual risk but links with STIs in homosexuals in the UK is undocumented. Aims: Study club 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 steroids 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 (<25 v >25 years), and sexuality except for GBL where use was significantly higher in MSM (OR 2.79; p=0.04) and bisexuals (OR 5.59; p=0.01) compared to heterosexuals. Heterosexuals reporting club drug use were more likely to have AI (OR 3.02; p=0.0001). Drug users were more likely to have unprotected sex and >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 6.15, 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.

**Louise Bergin, B J Pritchard, Louise Bergin and T D Wade.** 2014

**A case series evaluation of a guided self-help for bulimia nervosa using a cognitive manual.**

International Journal of Eating Disorders, 01 September 2004, vol./iss. 36(2/144-156), 02763478

**OBJECTIVE:** The current study examined the usefulness of a new, cognitive-based self-help manual for bulimia nervosa. **METHOD:** Twenty people were provided with assessment and six sessions of guided self-help using the manual. Participants were assessed for eating-related behaviors and attitudes and psychopathology at pretreatment, posttreatment, and at the 3-month follow-up. Assessment instruments included the Eating Disorder Examination, Symptom Checklist-90-Revised, Rosenberg Self-Esteem Scale, Screening Test for Co-morbid Personality Disorders, and The University of Rhode Island Change Assessment. Data from 15 people were available at posttreatment and from 13 people at follow-up. **RESULTS:** Using intention-to-treat analyses, binge eating, vomiting, four of the five eating attitudes and self-esteem significantly improved between pretreatment and posttreatment. At follow-up, there was continued improvement on all measures, with the exception of binge eating. **DISCUSSION:** Guided self-help using cognitive techniques is a promising first-line treatment for bulimia nervosa, with further evaluation required in a randomized, controlled trial with long-term follow-up.

**John F Morgan, Richard Sly, Victoria A Mountford, John F Morgan and Hubert John Lacey.** 2014

**Premature termination of treatment for anorexia nervosa: Differences between patient-initiated and staff-initiated discharge.**


**Objective:** To investigate treatment drop-out by comparing clinical indicators of patients whose discharge was initiated by staff with those who initiated discharge themselves. Method: Ninety participants with anorexia completed questionnaires at admission and four weeks into hospitalized treatment. Weight data was collected over this same period. At discharge, participants were categorized into completer (n = 38) or patient-initiated (n = 38) /staff-initiated (n = 16) premature termination groups. Results: Significant differences between staff-initiated and patient-initiated discharge groups were found at admission. Staff-initiated groups were on average older (p = .035), and more likely to have had prior compelled treatment (p = .039). At 4 weeks those in the patient-initiated group had put on weight at a faster rate (p = .032) and reported a decrease in alliance (p = .017). At discharge, staff-initiated discharge demonstrated greater time in treatment (p = .001), greater weight gain (p = .027), and a higher discharge BMI (p = .013). At discharge, staff-initiated drop-outs had comparable end-of-treatment outcomes to those who completed treatment as planned. Discussion: There are key differences between those who prematurely discharge themselves from treatment, compared to those who are prematurely discharged by clinical staff. Future research into drop-out needs to take into account and recognize these differences. (PsycINFO Database Record (c) 2014 APA, all rights reserved)
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<td>Noreen D Mdege, Graham Johnson</td>
<td>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 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)</td>
<td>2014</td>
<td>Journal of Substance Use</td>
<td>2014</td>
<td>10.1080/14659891.2014.962110</td>
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<td>Jo Ramsden, Mark Locquet, Emma Joyes</td>
<td>The purpose of this paper was to examine the impact of a highly structured, formulation focused consultation process on knowledge and attitudes towards personality disorder and on perceived confidence and competence in delivering supervision to each individual. Findings - The findings from this small pilot study would suggest that the structured format used by the Yorkshire PDS was helpful in enhancing the probation officers’ knowledge and understanding of personality disorder as well as their perceived confidence and competence in delivering supervision to each individual. Originality/value - The study indicates that the structured format used by the PDS is of value and may be applied to the support offered to probation Trusts across Yorkshire/Humber as they implement the community specification of the national Personality Disorder Offender Pathway. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</td>
<td>2014</td>
<td>Journal of Intellectual Disability Research</td>
<td>2014</td>
<td>10.1111/jidr.12187</td>
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**Objective:** To assess the effectiveness of a weighted-blanket intervention in treating severe sleep problems in children with autism spectrum disorder (ASD). METHODS: This phase II trial was a randomized, placebo-controlled crossover design. Participants were aged between 5 years and 16 years 10 months, with a confirmed ASD diagnosis and severe sleep problems, refractory to community-based interventions. The interventions were either a commercially available weighted blanket or otherwise identical usual weight blanket (control), introduced at bedtime; each was used for a 2-week period before crossover to the other blanket. Primary outcome was total sleep time (TST) recorded by actigraphy over each 2-week period. Secondary outcomes included actigraphically recorded sleep onset latency, sleep efficiency, assessments of child behavior, family functioning, and adverse events. Sleep was also measured by using parental report diaries. RESULTS: Seventy-three children were randomized and analysis conducted on 67 children who completed the study. Using objective measures, the weighted blanket, compared with the control blanket, did not increase TST as measured by actigraphy and adjusted for baseline TST. There were no group differences in any other objective or subjective measure of sleep, including behavioral outcomes. On subjective preference measures, parents and children favored the weighted blanket. CONCLUSIONS: The use of a weighted blanket did not help children with ASD sleep for a longer period of time, fail asleep significantly faster, or wake less often. However, the weighted blanket was favored by children and parents, and blankets were well tolerated over this period. Copyright 2014 by the American Academy of Pediatrics. | 2014 | Journal of the American Academy of Pediatrics | 2014 | 10.1542/peds.2013-3895 |
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James Johnston, Jessica Yakeley, Rob Hale, James Johnston, Gabriel Kirschuk and Peter Shoenberg. 2014 Psychiatry, subjectivity and emotion: Deepening the medical model. The Psychiatric Bulletin, June 2014, vol./is. 38(3/97-101), 2053-4868/2053-4876 (Jun 2014) 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 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. (PsychINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Paul Blinkron and David Protheroe. Michelle Collinson, David Owens, Paul Blinkron, Kayleigh Burton, Liz Graham, Simon Hatchet, Allan House, Katie Martin, Louise Pembroke, David Protheroe, Sandy Tuable and Amanda Farrin 2014 MIDSHIPS: Multicentre intervention designed for self-harm using interpersonal problem-solving: Protocol for a randomised controlled feasibility study Trials, May 2014, vol./is. 15/1, 1745-0215 (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 (ISRCTN654036115). 2014 Collinson et al.; licensee BioMed Central Ltd.

Saeideh Saedi, Vanessa Huke, Jeremy Turk, Saeideh Saedi, Andrew Kent and John F Morgan. 2013 The Clinical Implications of High Levels of Autism Spectrum Disorder Features in Anorexia Nervosa: A Pilot Study European Eating Disorders Review, March 2014, Volume 22, Issue 2 Pages 116-121 English Objective: This study examined autism spectrum disorder (ASD) features in relation to treatment completion and eating disorder psychopathology in anorexia nervosa (AN). Method: Thirty-two adult women were recruited from specialist eating disorder services. Features of ASD and disordered eating were measured. Premature termination of treatment was recorded to explore whether ASD traits had impact on early discharge. A healthy control group was also recruited to investigate ASD traits between clinical and nonclinical samples. Results: Significant differences were found between the AN group and the healthy control group in obsessive-compulsive disorder traits, depression and anxiety and ASD traits, with significant differences between groups in Social Skill and Attention Switching. The AN group reported no significant relationship between disordered eating severity and ASD traits. No significant effect was found between ASD features and treatment completion.

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 shores early intervention dental trial) British Journal of Psychiatry (online) Available from BioMed Central (www.biomedcentral.com) 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.
Psychiatry beyond the current paradigm.

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)

To the best of the authors' knowledge, this is the first study of psychotropic prescribing among people with a range of substance use disorders (SUD) who attend a specialist community addiction service. 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. 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.

More than half (56.1 percent) of people attending the service were taking prescribed antidepressants and anxiolytics at 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.

Anonymised data on newly referred people (n=1,537) with SUD attending a specialist community addiction service for an addiction service in England were used in primary care to detect substance misuse disorders. There is a long tradition in the additions 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) 2014 APA, all rights reserved)
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<td>Mahbub Khan</td>
<td>Mahbub Khan and Nigel Beail. Service user satisfaction with individual psychotherapy for people with intellectual disabilities.</td>
<td>2013</td>
<td>Journal of Peer Reviewed</td>
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<td>William Rhys Jones and Jon Morgan</td>
<td>Managing physical risk in anorexia nervosa.</td>
<td>2013</td>
<td>EMBASE</td>
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<td>Barry Wright, Naomi Hooke, Stephan Neupert, Chan Nyein and Suzy Ker.</td>
<td>Young people who cut themselves: Can the reasons guide the treatment?</td>
<td>2013</td>
<td>EMBASE</td>
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<tr>
<td>Gillian Tober.</td>
<td>Review of Motivational Interviewing: Helping people change.</td>
<td>2013</td>
<td>PsyINFO</td>
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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 psychological therapy 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 ratio (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 remind 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 subtitle 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 counseling 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)
Background: Individual, family and service level characteristics and outcomes are described for adult and adolescent psychiatric patients. That MPs are calling for an investigation into how psychiatric patients are detained doesn’t surprise me in the context of ongoing mental health service cuts. John F Morgan.

Available from PubMed

A multi-centre cohort study of short term outcomes of hospital treatment for anorexia nervosa in the UK.

Saeideh Saedi


Aims: To provide the first UK national picture of patients-detained and their outcomes. Methods: Data on patients admitted for short term hospital treatment at 14 UK hospital treatment units for anorexia nervosa over a period of three years (adult units N = 12; adolescent N = 2) (patients N = 177). Results: One hundred and seventy-seven patients with 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 the type and severity of the presenting illness. The potential economic impact of reducing inpatient stay needs to be explored.

Background: 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 ...

Available from the BMJ

That MPs are calling for an investigation into how psychiatric patients are detained doesn’t surprise me in the context of ongoing mental health service cuts. John F Morgan.

Available from National

A multi-centre randomised placebo controlled trial of metyrapone augmentation of serotonergic 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 antiguicocorticoid 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 antiguicocorticoid treatments. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Metyrapone is a synthetic glucocorticoid that is able to block endogenous cortisol production while sparing sex hormone synthesis. There are a number of potential mechanisms by which it may be effective in treating TRD and includes a pilot study of the cortisol synthesis inhibitor, metyrapone. The Antiguicocorticoid augmentation of anti-Depressants in Depression (The ADD Study) is a multicentre randomised placebo controlled trial of metyrapone augmentation of serotonergic 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 antiguicocorticoid 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 antiguicocorticoid treatments. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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Does the emphasis on risk in psychiatry serve the interests of patients or the public? Yes. John F Morgan.

Available from the BMJ

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BACKGROUND: Pimozide, formulated in the 1960s, continues to be marketed for the care of people with schizophrenia or related psychoses such as delusional disorder. It has been associated with cardiotoxicity and sudden unexplained death. Electrocardiogram monitoring is now required before and during use. OBJECTIVES: To review the effects of pimozide for people with schizophrenia or related psychoses in comparison with placebo, no treatment or other antipsychotic medication. A secondary objective was to examine the effects of pimozide for people with delusional disorder. SEARCH METHODS: We searched the Cochrane Schizophrenia Group’s Register (28 January 2013). SELECTION CRITERIA: We sought all relevant randomised clinical trials (RCTs) comparing pimozide with other treatments. DATA COLLECTION AND ANALYSIS: Working independently, we inspected citations, ordered papers and then re-inspected and assessed the quality of the studies and of extracted data. For homogeneous dichotomous data, we calculated the relative risk (RR), the 95% confidence interval (CI) and mean differences (MDs) for continuous data. We excluded data if loss to follow-up was greater than 50%. We assessed risk of bias for included studies and used GRADE to rate the quality of the evidence. MAIN RESULTS: We included 32 studies in total. Among the five studies that compared pimozide versus placebo, only one study provided data for global state relapse, for which no difference between groups was noted at medium term (1 RCT n = 20, RR 0.22 CI 0.03 to 1.78, very low quality of evidence). None of the five studies provided data for no improvement or first-rank symptoms in mental state. Data for extrapyramidal symptoms demonstrate no difference between groups for Parkinsonism (rigidity) at short term (1 RCT n = 19, RR 5.50 CI 3.03 to 101.28, very low quality of evidence) or at medium term (1 RCT n = 25, RR 1.33 CI 0.14 to 12.82, very low quality of evidence), or for Parkinsonism (tremor) at medium term (1 RCT n = 23, RR 1 CI 0.2 to 4.95, very low quality of evidence). No data were reported for quality of life at medium term. Of the 26 studies comparing pimozide versus any antipsychotic, seven studies provided data for global state relapse at medium term, for which no difference was noted (7 RCTs n = 227, RR 0.82 CI 0.57 to 1.17, moderate quality of evidence). Data from one study demonstrated no difference in mental state (no improvement) at medium term (1 RCT n = 23, RR 1.09 CI 0.08 to 15.41, very low quality evidence); another study demonstrated no difference in the presence of first-rank symptoms at medium term (1 RCT n = 44, RR 0.53 CI 0.25 to 1.11, low quality of evidence). Data for extrapyramidal symptoms demonstrate no difference between groups for Parkinsonism (rigidity) at short term (6 RCTs n = 186, RR 1.21 CI 0.71 to 2.05,low quality of evidence) or medium term (5 RCTs n = 219, RR 1.12 CI 0.24 to 5.25, low quality of evidence), or for Parkinsonism (tremor) at medium term (4 RCTs n = 174, RR 1.46 CI 0.68 to 3.11, very low quality of evidence). No data were reported for quality of life or global state relapse at medium term. GRADE quality of evidence: No evidence of publication bias. No study was classified as high risk of bias. AUTHORS’ CONCLUSIONS: Data are insufficient to support or refute the use of pimozide in people with schizophrenia or related psychoses. Evidence is too low quality to draw any firm conclusions about effects on extrapyramidal symptoms. The risk of sudden death is noticeable but well documented in the literature and the use of cardiac monitoring is recommended. Evidence is insufficient to support or refute the use of pimozide in people with delusional disorder.
<table>
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<tr>
<th>Author(s)</th>
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<th>Journal</th>
<th>ISSN</th>
<th>Available from</th>
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<tr>
<td>John F Morgan</td>
<td>Predicting premature termination of hospitalised treatment for anorexia nervosa: The roles of therapeutic alliance, motivation, and behaviour change.</td>
<td>2013</td>
<td>Eating Behaviors, April 2013, vol.,ls. 14/2(119-123), 1471-0153 (Apr 2013)</td>
<td>English</td>
<td>Journal, Peer Reviewed Journal</td>
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<td>Tariq Mahmood</td>
<td>Consanguinity multiplex and schizophrenia—the royal road to genes of major effect.</td>
<td>2013</td>
<td>European Psychiatry Volume 28, Supplement 1, 2013, Pages 1</td>
<td>English</td>
<td>Journal Article</td>
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**LYPFT list of published studies**
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<tr>
<th>Paper Title</th>
<th>Authors</th>
<th>Year</th>
<th>Study Design</th>
<th>Setting</th>
<th>Main Outcome Measures</th>
<th>Results</th>
<th>Discussion</th>
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<td>AESOPS: A randomised controlled trial of the clinical effectiveness and</td>
<td>Elizabeth Goddard, Laura Salerno, Rebecca Hibbs, Simone Raaker, Ulrike</td>
<td>2013</td>
<td>Empirical examination of the interpersonal maintenance model of anorexia</td>
<td>International Journal of Eating Disorders, December 2013, vol./is. 46(8):867-874, 0276-3478:1088:108X Dec 2013</td>
<td>Objective: A cognitive interpersonal maintenance model of anorexia nervosa (AN) was first proposed in 2006 and</td>
<td>There is clear evidence of the detrimental impact of hazardous alcohol consumption on the physical and</td>
<td>This pathway significantly predicted eating symptoms in patients. Discussion: The cognitive interpersonal</td>
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<td>cost-effectiveness of opportunistic screening and stepped care interventions for older hazardous alcohol users in primary care.</td>
<td>Naumann, Jon Arculus, Agnes Ayton, Nicky Boughton, Frances Connan, Ken</td>
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<td>nervosa.</td>
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<td>updated in 2013 (Schmidt and Treasure, J Br J Clin Psychol, 45, 343-366, 2006; Treasure and Schmidt, J Eat</td>
<td>maintenance model of anorexia nervosa (AN) was confirmed in part and suggests that interventions targeting interpersonal maintaining factors such as carer distress might impact on patient outcomes. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</td>
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<td>Grass, Hubert John Lacey, Bert Lazio, John F Morgan, Kim Moore, David</td>
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<td>Disorders, in press.). The aim of this study was to test the interpersonal component of this model in people with AN</td>
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<td>Robertson, Christa Schreiber-Koumine, Sonu Sharma, Linette Whitehead,</td>
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<td>requiring intensive hospital treatment (inpatient/daypatient). Method: On admission to hospital women with AN or eating disorder not otherwise specified (AN subtype; n = 152; P) and their primary carers (n = 152; C) completed questionnaires on eating symptoms (P), depression and anxiety (P, C), accommodation and enabling (C), and psychological control (C). Structural equation modeling was used to examine relationships among these components. Results: Carers' expressed emotion and level of psychological control were significantly related to carers' distress, which in turn, was related to patients' distress. This pathway significantly predicted eating symptoms in patients.</td>
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<td>Ulrike Schmidt and Janet Treasure.</td>
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<td>R &amp; D</td>
<td>Helen Crosby and Gillian Tiber</td>
<td>2013</td>
<td>R &amp; D</td>
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2013 - Caregiving and coping in carers of people with anorexia nervosa admitted for intensive hospital care. International Journal of Eating Disorders, May 2013, vol./is. 46(3-4), 346-354, doi:10.1002/1098-108X/MAY (May 2013) English 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 = 178) 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

2013 - Between the woods and frozen lake: a child psychotherapist’s experiences of developing a grant application for an RCT feasibility study. Journal of Child Psychotherapy, Volume 39, Issue 1, 2013, DOI:10.1080/0094517X2013.846575 English 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 Poyser and Nicola Guthrie.

2013 - Training care staff in intensive interactions. Learning Disability Practice, 01 December 2013, vol./is. 16(10/14-19), 14658712 English 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, 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(7/10-15), 14658720 English 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

2013 - A flexible and integrated approach to family interventions. Mental Health Practice, 01 May 2013, vol./is. 16(8/18-23), 14658720 English 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.

2013 - Managing eating disorders in the community. Nursing Times, August 2013, vol./is. 109(32-34/12-14), 0954-7762 (21 Aug 2013) English 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.

Last updated: February 2018 Next revised date: August 2018
**Victoria Betton**

**Saeideh Saeidi**,

2013

Benefits of social media for nurses and service users.


*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


*Practice Nursing, 1 October 2013, vol.14(10(510-514)), 09649271/09649271 (Oct 2013)*

*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 Nursing (magonlinelibrary.com)

**Barry Wright**

**Gary Green.**

2013

Neural correlation of successful cognitive behaviour therapy for spider phobia: A magnetoencephalography study.


*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* PsyINFO Available from Science Direct (www.sciencedirect.com)

**James Johnston**

**Graham Paisey.**

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- 8734/1474-9734 (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 psychotherapy professionals and professionals working in other disciplines and areas of mental health. Facilitating these groups often requires 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* PsyINFO Available from Taylor & Francis Online (www.tandfonline.com)

**Sandeep Deshpandem, 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.23(3(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* PsyINFO Available from Taylor & Francis Online (www.tandfonline.com)
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<th>Author(s)</th>
<th>Year</th>
<th>Title</th>
<th>Journal, Peer Reviewed</th>
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<td>Hilary Lewis</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>Journal, Peer Reviewed</td>
<td>Article (<a href="http://www.biomedcentral.com">www.biomedcentral.com</a>)</td>
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<td>Gillian Tober, Duncan Raistrick, Helen Crosby</td>
<td>2012</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. (ISRCTN47293972)</td>
<td>Article</td>
<td>EMBASE (<a href="http://www.biomedcentral.com">www.biomedcentral.com</a>)</td>
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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 which 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)
A National Deaf Child and Adolescent Mental Health Service (CAMHS) was launched in England in October 2009. This new service commissioned by the National Commissioning Group was centrally funded after a successful pilot between 2004 and 2009 that was evaluated positively by the Social Policy Research Unit at University in England using both qualitative and quantitative research. The new service has four main centres in London, York, Dudley and Taunton. Staff from these centres work into six additional local CAMHS centres to give good geographical coverage.

Eating disorders: Clinical features and the role of the general psychiatrist
A twin study of schizoaffective-mania, schizoaffective-depression, and other psychotic syndromes.
A twin study of behaviour change techniques used in interventions to reduce excessive alcohol consumption.

Eating disorders: Clinical features and the role of the general psychiatrist
A twin study of schizoaffective-mania, schizoaffective-depression, and other psychotic syndromes.
A twin study of behaviour change techniques used in interventions to reduce excessive alcohol consumption.
Spence is right: all doctors should challenge conventional wisdom to secure the best evidence based care for their patients.1 But attacking the National Institute for Health and Clinical Excellence (NICE) is unlikely to achieve this goal. Far from being an “opaque”...
Eructophilia in Autism

Background: Auditory vocal hallucinations, or ‘voice hearing’ experiences are a common trigger for referral into Early Intervention in Psychosis (EIP) teams. Their aetiology and significance is poorly understood. The aim of this study was to determine whether there were differential factors in those assessed by EIP teams when comparing those with and without auditory vocal hallucinations. Method: The assessment data of 109 consecutive new referrals to Leeds EIP service was analysed. The presence or absence of any auditory hallucinatory experiences was recorded, along with a variety of other clinical symptoms and environmental factors. Results: Of 109 referrals, 88 (89%) received an assessment. 48 (55%) had current or previous voice hearing experiences. 37 (77%) of the voice hearers were taken on to caseload compared to 28 (70%) of the non voice hearers. Chi-Squared analysis revealed that voice hearing tended to predict more psychiatric symptoms, although this didn’t reach statistical significance. voice hearers were significantly more likely to have experienced another hallucination other than voices (P = 0.043), delusions (P = 0.047) and a serious life event in childhood (P = 0.047) than non voice hearers. Conclusions: Voice hearing experiences may represent part of a broader ‘altered perceptual state’ which includes other hallucinations, and compensatory thoughts and behaviours. Life events may play an important role in their aetiology.

Journal: Conference Abstract
EMBASE: Not available

John F. Morgan, John F. Morgan.
2012
Weight and Eating-Related Issues in Liaison Psychiatry.

Seminars in Liaison Psychiatry provides an up-to-date review of this important psychiatric specialty. Packed with practical advice for clinicians carrying out psychiatric assessment and treatment in the general hospital setting, the second edition has been expanded to cover a wide range of common clinical areas at the interface between physical and psychological health. There are new chapters on alcohol and substance misuse in the general hospital, HIV and liaison psychiatry, palliative care, disaster management and psychosexual problems. For liaison psychiatrists involved in developing new services, there are chapters on service development and management, while trainees about to sit the MRCPsych examinations can test themselves using the multiple-choice questions (MCQs) and extended matching items (EMIs) provided.

Journal, Peer Reviewed Journal: PsychINFO
Available from: ResearchGate (www.researchgate.net)

William Hyys Jones and John F. Morgan.
2012
Ectoporphilia in bulimia nervosa: A clinical feature.

This report offers the first detailed description of repetitive eructation (belching) in a patient with bulimia nervosa. The case was a man in his 30’s with bulimia nervosa characterized by daily bingeing and purging behavior. Detailed assessment revealed repetitive eructation which was construed as a learned behavior precipitated and maintained by aerophagia (air swallowing) secondary to regular binge eating. Eructation was associated with a strong sense of "release" that shared a common phenomenology with other purging behaviors. Repetitive eructation was addressed as part of outpatient treatment using a cognitive therapy approach. Eructation became less frequent during outpatient treatment but the patient disengaged after six sessions. We define a new term “eructophilia” where repetitive eructation takes on an ego-syntonic, self-contained, and autonomous quality which serves as a reinforcing stimulus in itself. Issues of phenomenology and motivating factors are further discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal: PsychINFO
Available from: ResearchGate (www.researchgate.net)

Saeideh Saeidi and John F. Morgan.
2012
Understanding catastrophic worry in eating disorders: Process and content characteristics.

Background and objectives: The majority of people with eating disorders (ED) experience high levels of comorbid anxiety and depression, yet the maintenance processes of these in ED remain largely unknown. Worry, a defining cognitive feature and important maintenance factor of anxiety, has not been well-studied amongst people with ED. This is the first study to explore both the process and content characteristics of catastrophic worry in ED. Methods: Twenty-nine patients with anorexia nervosa (AN), 15 patients with bulimia nervosa (BN) and 37 healthy controls (HC) completed an interview assessing anxiety, depression, worry and eating disorder pathology. Catastrophic worry was assessed using the Catastrophizing Interview and catastrophic worry content was explored using qualitative Thematic Analysis. Results: Compared to HCs, ED groups had higher levels of anxiety, depression and worry and they generated a greater number of catastrophic worry steps. Worry was further found associated with depressive symptomatology in those with ED. Worry content for the ED groups included ED themes, but also themes reflecting broader inter and intrapersonal concerns. Limitations: The degree to which worry is driven by depressive versus anxious symptomatology remains unclear. The current study does not include an anxious or depressed control group, and results should be considered in the light of relatively small samples sizes. Conclusion: Findings indicate that interventions that target worry processes may be a useful adjunct to treatment for those ED patients with clinical worry levels. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal: PsychINFO
Available from: King’s College London Research Outputs (www.kcl.ac.uk/portal/royalcollegepublications/search.html)
Anne R Lingford-Hughes, S Welch, L Peters, D J Natt and the British Association for Psychopharmacology expert reviewers group. 2012  BAP updated guidelines: evidence-based guidelines for the pharmacological management of substance abuse, harmful use, addiction and comorbidity: recommendations from BAP. Journal of Psychopharmacology, 26, 7: 899-952  English  The British Association for Psychopharmacology guidelines for the treatment of substance abuse, harmful use, addiction and comorbidity with psychiatric disorders primarily focus on their pharmacological management. They are based explicitly on the available evidence and presented as recommendations to aid clinical decision making for practitioners alongside a detailed review of the evidence. A consensus meeting, involving experts in the treatment of these disorders, reviewed key areas and considered the strength of the evidence and clinical implications. The guidelines were drawn up after feedback from participants. The guidelines primarily cover the pharmacological management of withdrawal, short- and long-term substitution, maintenance of abstinence and prevention of complications, where appropriate, for substance abuse or harmful use or addiction as well management in pregnancy, comorbidity with psychiatric disorders and in younger and older people.  Journal Article  Available from Sage (journals.sagepub.com)

Vishal Sharma and Graham Firth. 2012  Effective engagement through intensive interaction. Learning Disability Practice, 01 November 2012, vol.12, Number 9, 159(20-24), 14658712  English  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.  Journal Article  CINAHL  Available from RCNi (journals.rcni.com)

Vishal Sharma and Graham Firth. 2012  Effective engagement through intensive interaction. Learning Disability Practice, November 2012, Volume 15, Number 9  English  Abstract  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.  Peer review  Available from RCNi (journals.rcni.com)

Rebecca West and Anita Savage Grange. 2012  A team approach to promoting recovery in assertive outreach. Mental Health Practice, 01 June 2012, vol.15, issue 9(20-24), 14658720  English  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.  Journal Article  CINAHL  Available from RCNi (journals.rcni.com)

Banny Wright, Ben Alderson-Day, Gareth Prendergast, Sophie Bennett, Jo Jordan, Clare Whilton, Andre Gouws, Nick Jones, Ram Attur, Heather Tomlinson and Gary Green. 2012  Gamma activation in young people with autism spectrum disorders and typically-developing controls when viewing emotions on faces. PLoS ONE, Electronic Resource, 2012, vol.7, issue 7(41326), 1932-6203(2012)  English  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 plot studied 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 induced 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 participants. Conclusions/Significance: These findings lend weight to previous suggestions that specific components of the early visual response to emotional faces is abnormal in ASD. Elicitation of the nature and specificity of these findings is worthy of further research. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)  Journal, Peer Reviewed Journal  PsyINFO  Available from Plos One (journals.plos.org/plosone)

Banny Wright, Ben Alderson-Day, Gareth Prendergast, Sophie Bennett, Jo Jordan, Clare Whilton, Irene Leon, Jenny Jardine, Nicola McCaffrey, Rob Smith, Ian Holbrook, John Lewis, David Goodall, Ben Alderson-Day 2012  A comparison of urinary mercury between children with autism spectrum disorders and control children. PLoS ONE, February 2012, vol.7, issue 2(2012)  English  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 uncorrected urinary mercury 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)  Journal, Peer Reviewed Journal  PsyINFO  Available from Plos One (journals.plos.org/plosone)
Levo
Seminars in Liaison Psychiatry provide an up-to-date review of this important psychiatric specialty. Packed with
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 schizoaffective 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 schizoaffective 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 (NNTB) and number needed to treat for an additional harmful outcome (NNTH) to indicate the direction of effect. For continuous outcomes, we calculated weighted mean differences (WMD).

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 -2.00, 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 3 CI 2 to 8), less antiparkinsonian medication (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 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.

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).

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**David Yeomans**  
2012  
**Psychiatry beyond the current paradigm.**  
English  
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)  

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<td>The British Journal of Psychiatry</td>
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**David Yeomans.**  
David Yeomans.  
2012  
**Care clusters and mental health payment by results [2]**  
English  
Comments on an article by Macdonald & Elphick (see record 2011-23647-003). The key to doing routine mental health outcomes well is to make them relevant, meaningful and available to practitioners, service users and managers. The Health of the Nation Outcome Scales (HoNOS) is now a front-runner for a general outcome measure since it is required for Payment by Results, a new contracting system for mental health care in the UK. Only one HoNOS rating is currently required in order to allocate patients to Payment by Results care clusters, so managers have little incentive to take the extra step and mandate more than one HoNOS rating to assess the effectiveness of interventions. The simplest way to introduce outcome measurement with HoNOS would be to mandate at least two ratings, one at the outset of an intervention and one at the close. Simply reporting outcome returns centrally would miss a huge opportunity to engage clinicians with outcomes, but still burden them with data collection. Outcomes information will create new challenges, for example the apparent ability to compare the effectiveness of teams and individual practitioners. For some, this could be intensely motivating or intimidating. The introduction of standard outcome measures should be done thoughtfully with ongoing input from service users, practitioners, managers and academics. (PsycINFO Database Record (c) 2012 APA, all rights reserved)  

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**Donna Kemp**  
Donna Kemp  
2011  
**Protecting children and supporting parents**  
Mental Health Nursing (Online); London volume 31 issue 1 (Feb 2011): page 22  
English  
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 multiagency 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.  

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**Jenny Lang**  
Noreen D Mdeo and Jenny Lang  
2011  
**Screening instruments for detecting illicit drug use/abuse that could be useful in general hospital wards: A systematic review.**  
Addictive Behaviors, 36, 1111-1119  
English  
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, DDS, NMALSSIT, SIPS-AD, SDSS, SMART- AID, SSI-SA, TICS and UNICOPF 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 in adult patients 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 hospital 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.  

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<td>John F Morgan.</td>
<td>2011</td>
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<td>Duncan Raistrick and Gillian Tober.</td>
<td>2011</td>
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<td>Cardno, Alastair</td>
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**LYPFT list of published studies**

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<td>Marian Lindsay, Hamshere, Peter Alan Holmes, Geraldine McCarthy, Lisa Jones, Kieran C Murphy, Robert D Sanders, Marion Y Gray, Stanley Zammit, Nigel Melville Williams, Nadine Norton, Hywel John Williams, Peter McGlinn, Michael Corlin O'Donovan, Nicholas John Craddock, Michael John Owen and Alastair G Cardno</td>
<td>Genetic factors are likely to influence clinical variation in schizophrenia, but it is unclear which variables are most suitable as phenotypes and which molecular genetic loci are involved. We evaluated clinical variable phenotypes and applied suitable phenotypes in genomewide covariate linkage analysis. We ascertained 170 affected relative pairs (168 sibling pairs and two avuncular pairs) with DSM-IV schizophrenia or schizoaffective disorder from the United Kingdom. We defined psychotic symptom dimensions, age at onset (AAO), and illness course using the OPCRIT checklist. We evaluated phenotypes using within sibling-pair correlations and applied suitable phenotypes in multipoint covariate linkage analysis based on 372 microsatellite markers at ~10 cM intervals. The statistical significance of linkage results was assessed by simulation. The positive and disorganized symptom dimensions, AAO, and illness course qualified as suitable phenotypes. There were no genomewide significant linkage results. There was suggestive evidence of linkage for the positive dimension on chromosomes 2q32, 1q26, and 20q12; the disorganized dimension on 8p21 and 17q21; and illness course on 7q33 and 22q11. The linkage peak for disorganization on 17q21 remained suggestive after correction for multiple testing. To our knowledge, this is the first study to integrate phenotype evaluation and genomewide covariate linkage analysis for symptom dimensions and illness history variables in sibling-pairs with schizophrenia. The significant within-pair correlations strengthen the evidence that some clinical variables within schizophrenia are suitable phenotypes for molecular genetic investigations. At present there are no genomewide significant linkage results for these phenotypes, but a number of suggestive findings warrant further investigation.</td>
<td>2011</td>
<td>American Journal of Medical Genetics Part B: Neuropsychiatric Genetics</td>
<td>156:929-940.</td>
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<td>Sophie Bennett, Sharon Geva, Sophie Bennett, Elizabeth A Warburton and Karalyn Patterson</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>Background: Patients with aphasia often complain that there is a poor correlation between the words they think (inner speech) and the words they say (overt speech). Aims: This study tried to characterise the relation between inner speech and overt speech in post-stroke aphasia. Methods &amp; Procedures: We tested language abilities, speech apraxia, and performance on inner speech tasks, including homophone and rhyme judgements, of 27 patients with chronic post-stroke aphasia. Outcomes &amp; Results: The patients with aphasia were distributed across the entire spectrum of abilities related to both inner and overt speech. For most patients, performance levels of inner and overt speech were similar. However, some patients had relatively better-preserved inner speech with a marked deficit in overt speech, while in others the opposite pattern was observed. Conclusions: The results are discussed within the framework of current models of language, and their implications for language therapy and aphasia diagnosis are outlined. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</td>
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<td>Barry Wright, Mini Pilsky, Ben Alderson-Day, Barry Wright, Chris Williams and Bron Unwin</td>
<td>There is relatively little evidence about the effectiveness of parent-training programmes for children with autism spectrum conditions (ASCs). Here we evaluate a programme developed to fill a gap in the provision of parent interventions after EarlyBird, which is only available for parents of pre-school ASC children. This programme (ASCEND) has now been running for five years. Questionnaires were used to evaluate seven consecutive 11-session programmes from 2004 to 2007, involving 79 parents representing 58 children. We measured satisfaction ratings in all seven groups; the latter five groups (59 parents representing 44 children) were given Developmental Behaviour Checklists (DBCs) and parental knowledge questionnaires pre- and post-course. Eighty-eight per cent of respondents found the course useful or very useful while parental knowledge and skills improved significantly across a range of learning outcomes. DBC scores showed significant changes post-course for total problem behaviours and disruptive/antisocial behaviours, with a trend towards reductions in anxiety as reported by parents. Changes in behaviour scores moderately correlated with specific learning items relating to improved skills in behaviour management. This preliminary evaluation suggests that the course produces positive outcomes in terms of parent satisfaction, parent learning and perceived changes in child behaviour, although further independent analysis is required in the form of a randomized controlled trial. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
<td>2011</td>
<td>Journal, Peer Reviewed</td>
<td>PsyCINFO</td>
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<tr>
<td>Rebecca Savage and Mahesh B Jayaram</td>
<td>Enhanced crisis planning for serious mental illness (Protocol).</td>
<td>2011</td>
<td>Cochrane Database of Systematic Reviews</td>
<td>This is the protocol for a review and there is no abstract. The main objective of this review is to evaluate the effectiveness of crisis planning in reducing/preventing relapse and readmission to psychiatric hospital services.</td>
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Carol Martin, Mary Godfrey, Bonnie Meskums and Anna Madill

Managing boundaries under pressure: A qualitative study of therapists' experiences of sexual attraction in therapy.

Counselling & Psychotherapy Research, December 2011, vol./is. 11(4):248-256, 1473-3145 (Dec 2011)

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, flirtation 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


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 2000. The authors are preeminent in their fields, yet wear their learning with a light touch. In particular, they avoid unnecessary medical 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 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

Wright, Barry and Greg Richardson

How 'Together We Stand' transformed the local delivery of mental health services

Health Service Journal, (published online 31 March 2011)

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

Barry Wright

Melatonin versus placebo in children with autism spectrum conditions and severe sleep problems not amenable to behaviour management strategies: A randomised controlled crossover trial.


Twenty-two children with autism spectrum disorders who had not responded to supported behavior management strategies for severe dyssomnias 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

Telling stories and hearing voices: narrative work with voice hearers in acute care.

Journal of Psychiatric & Mental Health Nursing, 01 November 2011, vol./is. 18(9):837-842, 13510126

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.
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<td>Tom Hughes, Federica Macro, and Alice Locker</td>
<td>The prevalence and importance of unrecognised bipolar disorder among patients prescribed antidepressant medication in UK General Practice [PAPP].</td>
<td>2011</td>
<td>National Institute for Health Research MHRN Scientific Meeting.</td>
<td>Background - Depression is a common problem presenting in primary care. Research from the USA suggests that 21-26 per cent of those who receive a diagnosis of depressive disorder in primary care actually have bipolar disorder. Research questions: 1. What is the prevalence of undiagnosed bipolar disorder among people being treated in UK primary care with antidepressants for depressive or anxiety disorder? 2. Do patients with undiagnosed bipolar disorder have more severe illnesses than people being treated for depressive or anxiety disorder who do not have undiagnosed bipolar disorder? 3. What is the accuracy of the Mood Disorder Questionnaire as a means of identifying bipolar disorder in UK primary care? Method - Cross-sectional sample of 348 patients aged between 16 and 40, registered with general practices in West Yorkshire and prescribed antidepressant medication, excluding certain conditions. Measures - A brief screening questionnaire for bipolar disorder, the Mood Disorder Questionnaire; a standardised psychiatric interview; the Schedules for Clinical Assessment in Neuropsychiatry; a Health Related Quality of Life measure (SF-36). Primary and where relevant, secondary care records will be examined. The accuracy of the screening questionnaire (MDQ) will be examined using the diagnostic interview as the validating criterion. Progress - Recruitment began in December 2010 and is now 15 per cent of the required sample.</td>
<td>Available from Wiley online.</td>
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William Rhys Jones and John F Morgan.

**Reproductive and sexual health needs of women with eating disorders**

Advances in Psychiatric Treatment, November 2010, vol./iss. 16(476), 1355-5146 (November 2010) - English

In their excellent article, Henschaw & Prout (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 ...  

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Duncan Raistrick.

**Initial preference for drinking goal in the treatment of alcohol problems: II. Baseline differences between abstinence and non-abstinence groups.**

Alcohol and Alcoholism, March 2010, vol./iss. 45(2)/128-135, 0735-4414/1644-3502 (Mar-Apr 2010) - English

Aims: To compare baseline characteristics of clients initially preferring abstinence with those preferring non-abstinence at the screening stage of a randomized controlled trial of treatment for alcohol problems (UKATT) and to identify predictors of goal preference from client characteristics present before the preference was stated. Methods: From discussions with clients entering the trial (N = 742), screeners noted whether clients were aiming for abstinence ‘probably yes’ or ‘probably no’. Differences between the two groups thus formed were explored by univariate comparison of baseline characteristics recorded at baseline assessment and by logistic regression analysis with pre-existing characteristics as independent variables. Results: Across all UKATT sites, 54.3% of clients expressed a preference for abstinence and 45.7% for non-abstinence. In univariate comparisons, clients preferring abstinence were significantly (P < 0.01) more likely to: (i) be female, (ii) be unemployed, (iii) report drinking more heavily but less frequently, (iv) have been detoxified in the 2 weeks prior to assessment, (v) report more alcohol problems, (vi) be in the action stage of change, (vii) report lower levels of social support, (viii) report lower mental and physical ill-health, (ix) report less social support for drinking and (x) be more confident of their ability to resist heavy drinking in tempting situations. In the logistic regression model, the strongest predictors of goal preference were gender, drinking pattern, recent detoxification and social support for drinking. Conclusion: The implications of these findings for service delivery are best considered in conjunction with findings from a companion paper reporting treatment outcomes associated with each goal preference. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)  

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Duncan Raistrick.

**Initial preference for drinking goal in the treatment of alcohol problems: II. Treatment outcomes.**

Alcohol and Alcoholism, March 2010, vol./iss. 45(2)/128-135, 0735-4414/1644-3502 (Mar-Apr 2010) - English

Aims: To compare treatment outcomes between clients preferring abstinence and those preferring non-abstinence at the screening stage of a randomized controlled trial of treatment for alcohol problems (the United Kingdom Alcohol Treatment Trial) and to interpret any differential outcome in light of baseline differences between goal preference groups outlined in an accompanying paper. Methods: Outcomes at 3 and 12 months’ follow-up were recorded both in categorical terms (abstinence/non-problem drinking/much improved/somewhat improved/worse) and on continuous measures (percent days abstinent, drinks per drinking day/dependence score). Results: Clients initially stating a preference for abstinence showed a better outcome than those stating a preference for nonabstinence. This superior outcome was clearer at 3 months’ follow-up but still evident at 12 months’ follow-up. The better outcome consisted almost entirely in a greater frequency of abstinent days, with only a modest benefit in drinking intensity for goal abstainers that disappeared when baseline covariates of goal preference were controlled for. Type of successful outcome (abstinence/non-problem drinking) was related to initial goal preference, with clients preferring abstinence more likely to obtain an abstinent outcome and those preferring non-abstinence a non-problem drinking outcome. Conclusion: The client’s personal drinking goals should be discussed in assessment at treatment entry and as a basis for negotiation. Clinicians should be prepared to identify and support goal change as an unexceptional part of the treatment process that need not jeopardize good outcome. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)  

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William Rhys Jones and John F Morgan.

**Obesity surgery: Psychiatric needs must be considered**

BMJ (Online), October 2010, vol./iss. 341/7775(685), 1756-1835 (02 Oct 2010) - English

Increasing bariatric surgery for appropriate candidates could be cost effective and save the NHS and the wider community millions of pounds a year! However, such an increase may exacerbate the existing difficulties of obesity services in addressing the preoperative and postoperative psychiatric needs of patients having such surgery ...  

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Peter Trigwell

**Psychological support and care for young people with diabetes in the ‘transition’ period**

Diabetic Medicine, volume 28 page 178 Practical Diabetes International, volume 27 issue 4 pages 145-148 Diabetic Medicine, volume 27 issue 2 page 175 - English

The aim of this survey was to determine the availability of psychological support and care for young people with diabetes in secondary care services in the Yorkshire and Humber NHS Region during the transition period (i.e. ages 16-25 years). The survey was developed in line with both National Institute for Health and Clinical Excellence (NICE) guidance and National Service Framework (NSF) standards specific to children and young people with diabetes. It was distributed to the diabetes services in all 20 centres within the Yorkshire and Humber NHS Region. The response rate for this survey was 100%. All centres were aware that children and young people with type 1 diabetes may develop anxiety and/or depression, and all (100%) or virtually all (95%) of the teams in the 20 centres agreed with the various key requirements stipulated in the relevant NICE guidance and NSF standards. However, many centres lacked key service elements, or indeed any plans to introduce them. The findings of this study are of national significance given the nature and size of the region studied and the likelihood that the national picture is similar to this. There is a general sense of awareness among diabetes services and teams regarding the need for psychological support and care for young people with diabetes in the transition period. Despite this, multiple gaps exist in services in relation to the already existing requirements and standards. The implications, including those for service commissioners, are discussed. Copyright 2010 John Wiley & Sons.
John F Morgan, Haro Bhadoria, Kate Webb and John F Morgan. 2010  
**Treating eating disorders: A review of the evidence**  
Evidence-Based Mental Health, February 2010, vol. 13(1)(1-4), 1362-0347 (February 2010)  
**English**  
The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their care, particularly as many patients are ambivalent about treatment and may develop concerning physical complications. Anorexia nervosa has the highest standardised mortality rate of any psychiatric disorder and all eating disorders cause significant short and long term psychological and physical morbidity. In this article, we provide an overview of the current psychological, pharmacological and physical evidence based management of patients with eating disorders.

**Journal Article**  
EMBASE  
Available from BMJ Journal: Evidence Based Mental Health (ebp mh.bmj.com)

John F Morgan, John F Morgan, Patricia Ahene and Hubert John Lacey. 2010  
**Salinophagia in anorexia nervosa: case reports**  
**English**  
We report two cases of pathological ingestion of salt as a feature of anorexia nervosa, which we have previously termed “salinophagia.” 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 despoil 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 salinophagia 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.

**Journal Article**  
PubMed  

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**  
**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)

**Journal, Peer Reviewed Journal**  
PsycINFO  
Available from PsycINFO: www.researchgate.net

William Rhys Jones and John F Morgan. 2010  
**Eating disorders in men: A review of the literature**  
**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. It is in the spirit of that 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, where 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)

**Journal, Peer Reviewed Journal**  
PsycINFO  
Available from ProQuest: Search: (www.researchgate.net)

Marcella Sykes  
**Delivering a support group for siblings of children with learning disabilities**  
**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 maybe encountered by the children.

**Journal Article**  
MEDLINE  

David Yeomans.  
**Making a noise**  
Psychiatrist, December 2010, Vol.44(12):537, 1758-3209;1758-3217 (December 2010)  
**English**  
Tom Burns 1 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 patients on the unit. Having first briefly described salinophagia 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.

**Correspondence**  
EMBASE  
Available from BMJ Journal: Evidence Based Mental Health (ebp mh.bmj.com)

Duncan Hastrick and Gillian Tober.  
**Treatment as usual?**  
Responding to drug misuse: Research and policy priorities in health and social care., 201040-52 (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)

**Book, Edited Book**  
PsycINFO  
Book available for purchase.
Barry Wright

A child and adolescent mental health service for children with intellectual disabilities 6 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 APA, all rights reserved

Timothy A Smith, H Farnworth, Barry Wright and Victoria Algar.

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 an additional symptom. The findings were similar in a range of bowel symptoms in children with autism. It could be argued that this is the result of the presence of autism and that this is the common denominator.

Journal, Peer Reviewed Journal
Available from University of York

Timothy Nicholson, John Paul Taylor, C Gosden, Peter Trigwell and Khalida Ismail

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 regions (P < 0.02). Over two-thirds (n = 182) of centres had not implemented the majority of national guidelines and only 26% 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 (kclpure.kcl.ac.uk/portal/en/publications/search.html)

C Seeling, C King, E Metcalfe, Gillian Tober and S Bates.

Arrest Referral - a proactive multi-agency approach to arrest referral is described. While such schemes are now widely accepted within a range of 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
Available from Taylor & Francis Online
(www.tandfonline.com)

Gillian Tober

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

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 audiorecorded 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.

Journal, Peer Reviewed Journal
PsycINFO
Available from Wiley Online Library
(www.library.wiley.com)
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<td>Christopher Fear, David Yeomans, Bryan Moore, Mark Taylor, Keith Ford, Alan Cumre, Joanne Hynes, Gary Sullivan, Richard White and Tom Burns.</td>
<td>The shared management of patients with schizophrenia in primary care can only succeed if underpinned by valid, easily 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>
<td>Journal, Review</td>
<td>EMBASE Available from University of York, <a href="https://pure.york.ac.uk">https://pure.york.ac.uk</a></td>
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Diabetes is a lifelong condition that now affects more than two million people in the UK, a number which is rising relentlessly. It is associated with much morbidity and premature mortality, through its microvascular and macrovascular complications.

Diabetes is a complex disease which places high behavioural demands on the person living with the illness on a daily basis. While access to well trained healthcare professionals is a key component of diabetes care, most of the burden of care remains with the individual with diabetes as they live their lives for more than 99% of their time away from contact with their diabetes team. While many people with diabetes cope well with their illness, it is perhaps small wonder that the rates of psychological problems and poor quality of life are much higher in those with diabetes than in the general population.

We compared young people with high-fungtioning autism spectrum disorders (ASDs) with age, sex and IQ matched controls on emotion recognition of faces and pictorial context. Each participant completed two tests of emotion recognition. The first used Ekman series faces. The second used facial expressions in visual context. A control task involved identifying occupations using visual context. The ability to recognize emotions in faces (with or without context) and the ability to identify occupations from context was positively correlated with both increasing age and IQ score. Neither a diagnosis of ASD nor a measure of severity (Autism Quotient score) affected these abilities, except that the group with ASD were significantly worse at recognizing angry and happy facial expressions. Unlike the control group, most participants with ASD mirrored the facial expression before interpreting it. Test conditions may lead to results different from everyday life. Alternatively, deficits in emotion recognition in high-functioning ASD may be less marked than previously thought.

We recommend that a mix of public education and public engagement would constitute 'public psychiatry' and improve the health of patients and the standing of psychiatry. However, research in other domains of public understanding suggests that it is hard to generate a conversation with the public, let alone one that is that sympathetic to the experts' views. O'Neill (2001). Such a conversation may ask psychiatry to reduce its role, power and status.

We found that traditional medicine has less to offer than the patient's own self-medication regimen and that social rather than pharmacological interventions will be required if treatment is to be effective (see O'Neill, 2001). However, research in other domains of public understanding suggests that it is hard to generate a conversation with the public, let alone one that is sympathetic to the experts' views. O'Neill (2001). Such a conversation may ask psychiatry to reduce its role, power and status.
Delirium is a common complication in general hospitals associated with negative outcomes. To better understand the phenomena, if replicated, have important implications for clinical practice and for research. (PsycINFO Database Record (c) 2012 APA, all rights reserved).
David Yeomans, Chris Bushe, David Yeomans, Tamsin Ford and Shubulade M Smith. 2008. Categorical objective and design: To survey NHS staff in one NHS Region to determine (i) the extent of substance use and related illness among patients with severe mental illness during treatment with antipsychotics. Journal of Psychopharmacology, March 2008, vol./is. 22/2, Suppl(56-62), 0269-8811; 1461-7285 (Mar 2008) English. Hyperprolactinaemia may be associated with 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) (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 Brantford, Leslie Citrome, Peter Fitzgerald, Philip W Harvey, Richard I Holt, Louise Howard, Dora Kohen, Ian Jones, Veronica O'Keane, Carmine M PaHlents, John Pendlebury, Shubulade M Smith and David Yeomans. 2008. Antipsychotics and hyperprolactinaemia: Clinical recommendations. Journal of Psychopharmacology, March 2008, vol./is. 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 among patients (NHS Staff Survey). Journal of Substance Use, Vol. 13/1 (57-69), 1465-8811; 1461-7285 (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 a random sample of health care professionals across six health authorities in the Yorkshire and Humberside 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: Findings indicated that 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 use more illicit drugs. In contrast to surveys in primary care, this survey found that professionals 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 Proltheroe and Peter Triggell. 2008. Cross-sectional survey of disturbed behaviour in patients in general hospitals in Leeds. Postgraduate Medical Journal, August 2008, vol./is. 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 1773 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).
Polypedia in psychiatric patients.


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)

Wake up call for children

Psychiatry, July 2008, vol./is. 7/7(188-190), 1476-1793 (April 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 comorbidities such as other neurological problems or syndromes. The second mechanism relates to different experiences which have stood in the way of patient benefit'.

Psychological Responses to Eating Disorders and Obesity


Comments on an article by Nick Craddock et al. (see record 2008-09305-004). The paper by Craddock et al and the available from Science in 2008. This article briefly describes the 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 comorbidities such as other neurological problems or syndromes. The second mechanism relates to different experiences which have stood in the way of patient benefit'.

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 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 genetics may help to better match the treatment to the patient. 2008 Elsevier Ltd. All rights reserved.

Psychological Responses to Eating Disorders and Obesity


Comments on an article by Nick Craddock et al. (see record 2008-09305-004). The paper by Craddock et al and the available from Science in 2008. This article briefly describes the 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 comorbidities such as other neurological problems or syndromes. The second mechanism relates to different experiences which have stood in the way of patient benefit'.

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There is a large body of research showing that there is a much higher prevalence of psychiatric disorders in children and adolescents with learning disabilities than in those without (Dykens, 2000; Stromme & Diseth, 2000; Tonge & Einfield, 2000; Emerson, 2003; Whitaker & Read 2006; Department for Education and Skills & Department of Health, 2006). People with psychiatric disorders and learning disabilities have poorer educational qualifications, do less well in the labour market and have lower income than other people (Prime Minister’s strategy Group, 2005).—

The invisible man: A self-help guide for men with eating disorders, compulsive exercise and bigorexia, written in four parts, set in 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 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.


Comparison of subjective and objective measures of body weight and shape in eating disorders: An 18-month follow-up. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Duncan Raistrick, 2008. The principles of addiction medicine. Addiction and the medical complications of drug abuse. (2008:1-7) (2008) English (from the chapter) 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 been made to tolerate 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Banny Wright, Claire Whiston, 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. Child: Care, Health and Development, September 2008, vol./is. 34(5):567-583, 0305-1862:1365-2214 (Sep 2008) English 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, 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 (MPOC-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 (MPOC-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 MPOC-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'. Conclusions: The results from both of the MPOC tools were extremely useful in helping providers to identify aspects of the service in need of improvement and hence implement valued changes. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

John F Morgan, Pilar Muro-Sans, Juan Antonio Amador-Campos and John F Morgan. 2008. The SCOFF-c questionnaire: 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) English 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. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

John F Morgan, Jon Anselus, Walter F 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) English 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 adults referred to a specialist Adult Eating Disorders Service (AEDS) and those 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 an expert panel over a 4-year period 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. Conclusions: This study discusses the implication of these results in the transition 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

John F Morgan, Martin Schmidt, John F Morgan and Fandia Youssaf. 2008. Treatment adherence and the care programme approach in individuals with eating disorders. Psychiatric Bulletin, November 2008, vol./is. 32(11):426-430, 0955-6636:1472-1473 (Nov 2008) English 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. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
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<td>Duncan Raistrick and Gillian Tober</td>
<td>UK Alcohol Treatment Trial: Client-treatment matching effects</td>
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<td>Graham Firth, Amanda Farrin, Ian Russell and UKATT Research Team</td>
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<td>Graham Firth, Helen Elford, Catherine Leeming and Marion Crabb</td>
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<td>David Yeomans</td>
<td>A well-being programme in severe mental illness. Baseline findings in a UK cohort</td>
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**UK Alcohol**

Aim: To test a priori hypotheses concerning client-treatment matching in the treatment of alcohol problems and to evaluate the more general hypotheses that client-treatment matching adds to the overall effectiveness of treatment. Design: Pragmatic, multi-centre, randomized controlled trial (the UK Alcohol Treatment Trial: UKATT) with open follow-up at 3 months after entry and blind follow-up at 12 months. Setting: Five treatment centres, comprising seven treatment sites, including National Health Service (NHS), social services and joint NHS/non-statutory facilities. Treatments: Motivational enhancement therapy and social behaviour and network therapy. Measurements: Matching hypotheses were tested by examining interactions between client attributes and treatment types at both 3 and 12 months follow-up using the outcome variables of percentage days abstinent, drinks per drinking day and scores on the Alcohol Problems Questionnaire and Leeds Dependence Questionnaire. Findings: None of five matching hypotheses was confirmed at either follow-up on any outcome variable. Conclusion: The findings strongly support the conclusion reached in Project MATCH in the United States that client-treatment matching, at least of the kind examined, is unlikely to result in substantial improvements to the effectiveness of treatment for alcohol problems. Possible reasons for this failure to support the general matching hypothesis are discussed, as are the implications of UKATT findings for the provision of treatment for alcohol problems in the United Kingdom: 2007 The Authors.

**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 conditions among 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, where healthcare professionals have 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.
David Yeomans

2007
A well-being programme in severe mental illness. Reducing risk for physical ill-health: A post-programme service evaluation at 2 years.
European Psychiatry, October 2007, vol. 22(7/413-418), 0924-9388

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 "Wellbeing Support Programme" (WSP). A physical health screen was performed and patients given individual weight and lifestyle advice including smoking cessation to reduce cardiovascular risk. Results: Nine hundred and sixty-four patients with SMI >2 years were enrolled. The completion rate was 2 years was 89%. Significant improvements were observed in levels of physical activity (p < 0.0001), smoking (p < 0.05) and diet (p < 0.0001). 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 factors were improved. Conclusions: 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. Cardiovascular 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)

Journal, Peer Reviewed Journal

Duncan Rastick
Kim Wolff (editor), Duncan Rastick, Nick Lintzeris and Joanna Banbery.

2007
Addiction medicine.

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

Book chapter
PsycINFO Book available for purchase.

Tarig Mahmood
Joseph I Tracy, Cynthia Lippincott, Tarig Mahmood, Bridg Waldron, Kevin Kanaauss, David Glosser and Michael R Sperting.

2007
Are depression and cognitive performance related in temporal lobe epilepsy?

Purpose: The degree to which depression interacts with the cognitive deficits of epilepsy to alter cognitive skill and general cognitive 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 lateralization 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 TLE 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 unraveling 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)

Journal, Peer Reviewed Journal

BARRY WRIGHT
David Goodall, Ana Soria, Julie C Wilson and Barry Wright.

2007
Data processing in metabolic fingerprinting by CE-UV: Application to urine samples from autistic children.
Electrophoresis, March 2007, vol. 28/6(960-964), 0173-0835/1522-2683 (March 2007)

Metabolic fingerprinting of bioluids 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 genetic 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 nontargeted 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 Article
EMBASE Available from University of York (https://pure.york.ac.uk)
Partnership working with the voluntary sector is developing across mental health services. Such partnerships have the advantage of providing additional support for clients and facilitating community engagement.

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.

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.

Objective. Historical and contemporary research has posited links between eating disorders and religious asceticism. 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, 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 nomenclature 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)

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 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.

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Objective. Historical and contemporary research has posited links between eating disorders and religious asceticism. 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, 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 nomenclature 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)
| Gillian Tober | Motivational interviewing in the UK Alcohol Treatment Trial. | 2007 | Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(163-173) (2007) | English | (create) Growing numbers of practitioners in the UK who offer treatment to people with alcohol, drug and smoking dependence and related disorders have been trained to deliver motivational interviewing as a treatment. Motivational interviewing grew in popularity for a number of reasons: it was consistent in principle with the 'person-centered' style of counseling taught on many British counseling courses, it suited the more liberal approach to client self-determination of goals that had become standard practice with the widespread acceptance of controlled drinking and harm reduction as legitimate aims of treatment and, probably more universally, it relieved practitioners of the frequently experienced problem of getting into conflict with clients over drinking or drug use using self-report and intention to change which, as described in Chapter 1, is likely to be the product of a more confrontational approach. However, by the 1990s there was still no study demonstrating the quality and outcome of motivational interviewing practice in the UK compared to other approaches. This chapter begins by looking at the evidence base in the UK. It then discusses training staff to practice Motivational Enhancement Therapy (MET). The remainder of this chapter deals with training for the MET arm of the UK Alcohol Treatment Trial. (PsycINFO Database Record (c) 2012 APA, all rights reserved) | Book chapter | Book available for purchase. |
| Duncan Raistrick | Motivation and barriers to change. | 2007 | Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(16-33) (2007) | English | (from the chapter) 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) | Book, Edited Book | Book available for purchase. |
| Gillian Tober and Sue Harris and Gillian Tober | Motivational therapy for smoking cessation in primary care: A case study. | 2007 | Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(174-183) (2007) | English | (from the chapter) 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 non-confrontational manner, explaining 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) | Book, Edited Book | Book available for purchase. |
| Gillian Tober and Duncan Raistrick | Motivational dialogue 1--Core interventions. | 2007 | Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(187-209) (2007) | English | (from the chapter) 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 counseling 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) | Book, Edited Book | Book available for purchase. |
| Gillian Tober and Duncan Raistrick | Motivational dialogue 2--Special treatment situations. | 2007 | Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(210-226) (2007) | English | (create) 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) | Book, Edited Book | Book available for purchase. |
Long-term outcomes following laparoscopic adjustable gastric banding: Postoperative psychological sequelae predict outcome at 5-year follow-up

Duncan Raistrick, Gillian Tobar, Ian Russell, Duncan Raistrick and Gillian Tobar. 2007

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


This chapter begins by providing an introduction to the book. It then makes some terminological considerations. 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)


Obesity Surgery, September 2007, vol./is. 179(1220 1225), 0960- 8293 (September 2007)

Long-term outcomes following laparoscopic adjustable gastric banding: Postoperative psychological sequelae predict outcome at 5-year follow-up

John F Morgan, Samantha Scholitz, Louise Bidlake, John F Morgan, Alberic Fiennes, Ashraf El Star, Hubert John Lacey and Sara McCluskey. 2007

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 to 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<sup>1,2</sup> and<sup>1,2</sup>n. Methods: Case notes of 37 subjects operated on between April 1997 and June 2000, who had undergone structured clinical interview during pre-surgical assessment to yield diagnoses of mental and eating disorders according to DSM-IV criteria were analyzed according to a set of operationally defined criteria. Statistical analysis was carried out to compare those with a poor outcome and those considered to have a good outcome in terms of psychiatric profile. Results: In this group of mainly female, Caucasian subjects, ranging in age from 27 to 60 years, one-third were diagnosed with a mental disorder according to DSM-IV criteria. The development of postoperative DSM-IV defined binge eating disorder (BED) or depression strongly predicted poor surgical outcome, but pre-surgical psychiatric factors alone did not. Conclusion: Although pre-surgical psychiatric assessment alone cannot predict outcome, an absence of preoperative psychiatric illness should not reassure surgeons who should be mindful of postoperative psychiatric sequelae, particularly BED. The importance of providing an integrated biopsychosocial model of care in bariatric teams is highlighted.

Springer Science + Business Media B.V.

Journal Article, EMBASE

Available from: ResearchGate (www.researchgate.net)

Validation of the Social Satisfaction Questionnaire for substance use disorders. Aims and Method: To develop a scale to measure social satisfaction in people with substance use disorders and to test its psychometric properties. The rationale is that social satisfaction is more universal and relevant to treatment planning than assessing social problems. The new Social Satisfaction Questionnaire (SSQ) was derived from an existing social problems questionnaire and validation was undertaken on two large clinic populations. Results: An eight-item SSQ was tested and found to have good psychometric properties in terms of test-retest reliability, internal consistency, distribution of responses and concurrent validity. Clinical Implications: The SSQ is suitable for use as the social domain element of an outcome measures package. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal, PsychINFO

Available from: JP Psych Bulletin (jpsych.org)

Gillan Tobar and Duncan Raistrick

Motivational interventions

Psychiatry, January 2007, vol./is. 6/1(1-4), 1476-1793 (January 2007)

There is strong evidence for the effectiveness of psychosocial treatments for addiction and I follow that psychiatrists should ensure competence to deliver these treatments as part of their repertoire of knowledge and skills. Specific protocol-based structured treatments have been demonstrated to be delivered effectively by therapists from across the spectrum of disciplines, including psychiatry. Many service users move out of problem substance use without recourse to professional help. For help-seekers, the specific intervention delivered is important, but equally important are therapist characteristics, social stability, psychological morbidity and the occurrence of positive life events after treatment. This chapter reviews the evidence base for some psychosocial interventions suitable for use by psychiatrists. The evidence supports the use of motivational, coping and social network therapies. Different treatments are likely to be most beneficial at different stages in the process of change - the nature of the interventions and when to use them are both covered here. Finally, there is some discussion of what constitutes effective therapy and how outcomes might be measured. It is concluded that psychosocial interventions should be the basis of bringing about change in substance use behaviour and that these may be enhanced by pharmacotherapies. 2006.

Journal: Review, EMBASE

Available from: Science Direct (www.sciencedirect.com)
Nicotine for Chronic Fatigue

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 < 19 or > 29) should be referred for dietetic advice, warned of pregnancy risks and, if appropriate, provided with access to further interventions including psychological ...
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<th>Name</th>
<th>Title</th>
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<th>Journal</th>
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<td>Sigmund Jenssen</td>
<td>Aims and Method: We assessed the appropriateness of treatments recommended by health shop staff for symptoms of epilepsy.</td>
<td>2006</td>
<td>English</td>
<td>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)</td>
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<td>John F Morgan</td>
<td>Treatments</td>
<td></td>
<td>Journal</td>
<td>Risk of Postnatal Depression, Miscarriage, and Preterm Birth in Bulimia Nervosa: Retrospective Controlled Study. Objectives: 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 primiparae 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/latex/alleviate 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)</td>
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<td>Barry Wright</td>
<td>Patterns of Reading Ability in Children with Autism Spectrum Disorder.</td>
<td>2006</td>
<td>Journal</td>
<td>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)</td>
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<td>Tom Isherwood</td>
<td>A qualitative analysis of the management of schizophrenia within a medium-secure service for men with learning disabilities.</td>
<td>2006</td>
<td>Journal</td>
<td>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 paradigm 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)</td>
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<td>Joyce E. Reed &amp; Peter Trigwell</td>
<td>Treatments recommended by health shops for symptoms of depression.</td>
<td>2006</td>
<td>Journal</td>
<td>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 John St's work (Hypericum perforatum). Clinical Implications: Most alternative treatments recommended by health shops for the treatment of depression have a weak evidence base. Implications for training and communication between agencies are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</td>
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<td>John F Morgan, Hubert John, Lazey and Elaine Chung</td>
<td>Risk of Postnatal Depression, Miscarriage, and Preterm Birth in Bulimia Nervosa: Retrospective Controlled Study.</td>
<td>2006</td>
<td>Journal</td>
<td>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 primiparae 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/latex/alleviate 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)</td>
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Duncan Raistrick, Duncan Raistrick, David West, Owyn Ffinnagan, Gill Thistethwaite, Roger Brealey and Jo Barbery

A comparison of buprenorphine and lofexidine for community opiate detoxification: Results from a randomized controlled trial. Addiction, December 2005, vol./is. 100(12):1860-1867; 0965-2140:1360-0443 (Dec 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.


Duncan Raistrick, Duncan Raistrick

2005 The United Kingdom: Alcohol today. Addiction, September 2005, vol./is. 100(9):1212-1214; 0965-2140:1360-0443 (Sep 2005)

There is a mismatch in the United Kingdom between the available evidence and the evidence selected to inform policy. The health-care agenda has been largely replaced by a public order agenda as has happened for illicit drugs. The current preoccupation with binge drinking and its companion responsible drinking release the government and the industry from imposing limits on the availability of alcohol: treatment will be directed at binge drinking individuals. There are some 800 substance misuse treatment agencies in the United Kingdom, most of which are combined alcohol and illicit drug services. Performance management of these services against centrally set targets is omnipresent, as are the enforcement agencies: the Department of Health, the National Treatment Agency, Drug Action Teams, Strategic Health Authorities and the Government Office. Provider agencies experience scant opportunity for independent thought.

Journal, Peer Reviewed Journal, PsyCINFO Available from Wiley online library (onlinelibrary.wiley.com)

Louise Bergin and S Walsh


The positive impact of psychotherapy upon the mental health problems of older people is increasingly accepted. However little attention has been paid to the role of hope in working therapeutically with older adults. Three relevant bodies of literature, namely adult psychotherapy, hope in older adulthood, and coping with chronic and terminal illness, provide a starting point for examining the therapeutic uses of hope. However, it is argued that these literatures cannot provide a sufficiently comprehensive conceptualisation of hope in psychotherapy with elders. Firstly, it is considered that hope in therapy is directly affected by key experiences of ageing, namely: facing physical and/or cognitive deterioration and facing death. Also, these three bodies of literature have tended to dichotomise hope as either beneficial and adaptive or dysfunctional and maladaptive. A developmental perspective is used to critique this dichotomy and a clinical framework is provided which examines the role and utility of hope in older adult psychotherapy from a more integrated viewpoint embedded in the client's life history. The framework is comprised of three types of hope work: 'facilitating realistic hope,' 'the work of despair' and 'surviving not thriving'. Suggestions are made about how this work may be carried out and with whom.


Barr Wright


Chronic fatigue syndrome (CFS) involves severe disabling fatigue that affects physical and mental functioning. Reported prevalence varies between 0.05% and 2% depending on definitions and methodologies. There are significant short and long term effects on young people and their families, including long term school non-attendance. Most reported studies are not randomised, are from a variety of different clinical settings, and show variable outcomes: 5–20% being seriously incapacitated in the longer term, with larger numbers having residual symptoms.

Clinical Trial, Comparative Study, Journal Article, Randomized Controlled Trial, MEDLINE Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)

Tariq Mahmood


Student psychiatric morbidity is rising. Whilst the influence of university counselling services is widely reported, NHS involvement by psychiatrists and general practitioners is not so well described. Counselling and mental health service providers for students at the University of Leeds were approached for numerical data and a university Group on Student Mental Health discussed the findings. The Student Counselling Centre, the University Medical Practice and a dedicated student psychiatric clinic have all seen a rise in referral rates. The University Medical Practice has also seen a rise in the prescribing of psychoactive medication. Collaborative links at the University of Leeds are explored and options for the future discussed. These include self help over the Internet, a research project to assess student mental health needs and the provision of a dedicated NHS psychiatric team for the university.

Journal, Peer Reviewed Journal, PsyCINFO Available from Taylor & Francis Online (www.tandfonline.com)
To test whether the presence of indolyl-3-acryloylglycine (IAG) is associated with autism, we analyzed urine from children with autism spectrum disorder (ASD). The presence of IAG is associated with autism. Our findings suggest that IAG may be a biomarker for autism. This study was supported by the National Institutes of Health (Grant #5R01DA031754-05) and the Autism Speaks Foundation. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
John Holmes, A M Winrow and John Holmes. 2005


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 < 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 patients with a past 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.

Tariq Mahmood and Trevor Silverstone. 2005

Neuroendocrine challenge with a 5-HT1D receptor agonist differentiates between two subtypes of bipolar disorder according to polarity of onset. Journal of Psychopharmacology, January 2005, vol./is. 19/1(109-110), 0269-8811;1461-7285 (Jan 2005)

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 (Kukolpus 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 were 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)

David Yeomans, Leslie Citrome and David Yeomans. 2005


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 dyslipidemia, 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)

John P Morgan, Ashraf At-Dammanyathi Kuhanendran, Louise Bidlake, Alberic Fiennes, Sara McCluskey, Stephen Nussey, Gal Baro and John F Morgan. 2005

Compliance with surgical after-care following bariatric surgery for morbid obesity: A retrospective study. Obesity Surgery. February 2006, vol./is. 15/2(261-265), 0960-8923 (February 2005)

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.
Tom Hughes  
2004  
Mortality in Parkinson's disease and its association with depression.  
English  
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)  
Journal Article  
PsycINFO  
Available from Wiley Online Library (onlineibrary.wiley.com)  

Hughes, Tom  
2004  
Mortality in adolescent psychosis. This article reviews the literature in the light of the practice of one such unit that has for many years monitored all patients on CTOs with individuals whose applications for CTOs were not granted by the court or where other forms of treatment were not available. The unit has a high rate of successful outcome and a low readmission rate. This is due 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) (journal abstract)  
Journal Article  
PsycINFO  
Available from Taylor & Francis Online (www.tandfonline.com)  

Gillian Tober and Duncan Raistrick  
2004  
Commentary on Untreated heavy drinkers: A qualitative and quantitative study of dependence and readiness to change.  
English  
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 Raistrick 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 perse, 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) (journal abstract)  
Journal Article  
PsycINFO  
Available from Wiley Online Library (onlineibrary.wiley.com)  

Gillian Tober.  
2004  
The Society for the Study of Addiction (SSA).  
English  
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 addiction. Founded in London in 1844 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 organizing principle throughout its history. Led initially by medical political 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 veterinary 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)  
Journal Article  
PsycINFO  
Available from Wiley Online Library (onlineibrary.wiley.com)  

Tariq Mahmood  
2004  
Compulsory community treatment and admission rates (3) (multiple letters)  
English  
We fully agree with Kinsley 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 results of the study 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).  
(Journal: letter)  
EMBASE  
Available from LIPsycho (lipsci.org)  

Barry Wright  
2004  
Family Work in Adolescent Psychosis: The Need for More Research.  
English  
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)  
Journal Article  
PsycINFO  
Available from Sage Journals (journals.sagepub.com)  

Last updated: February 2018 Next revised date: August 2018
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 eating behavior. 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.
John Strang and Gillian Tober. 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 Rastrick and Gillian Tober. 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 - it's RESULT, a new treatment monitoring system developed in Leeds. Cites seventeen references. [Journal abstract]

John F 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. 8/3(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 disorder. 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=0.01) 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-melatonin 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.

Book Author | Book available for purchase.
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Gillian Tober | |
Duncan Rastrick and Gillian Tober | |
John F Morgan, Amy J Luck, John F Morgan, Fiona Reid and Stephen A Wilson. | |
Paul Blenkiron and D Milnes. | |
Paul Blenkiron. | |

LYPFT list of published studies

Last updated: February 2018 Next revised date: August 2018
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 ...
Evidence based practice—still a bridge too far for addiction counsellors?

Gillian Tober. Gillian Tober. 2002 Evidence based practice: still a bridge too far for addiction counsellors? Drugs: Education, Prevention and Policy Volume 9, 2002 - Issue 1, Pages 17-20 English The requirement for evidence based practice would seem to be one of the less controversial demands on addiction or any other health or social care service. 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 additions 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(375-75), 13620347 English QUESTIONS: In patients with bulimia nervosa (BN), are antidepressants as effective as psychological treatment (PT) for increasing remission and clinical improvement rates? Is a combination of antidepressants and PT better than either intervention alone? Data sources. Studies were identified by searching Medline; EMBASE/Excerpta Medica; LILACS; PsychLIT; SCISEARCH; BIBLIO, 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 they compared matched or 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 (SACTs); 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 v combination: more patients in the combination group than in the antidepressant group alone had remission (4 RCTs) (table); only 1 RCT reported on clinical improvement. Groups did not differ for dropout rates (4 RCTs). PT v 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.

John F Morgan. John F Morgan. 2002 Polycystic ovarian morphology and bulimia nervosa: A 9-year follow-up study Fertility and Sterility, 2002, vol./is. 77(5):928-9, 0015-0282 (2000) English Objective: To examine long-term changes in polycystic ovarian morphology in women with polycystic ovaries and bulimia nervosa. Design: Longitudinal follow-up study. Setting: Eating disorder unit of a university hospital. Patients: Eight women originally treated for bulimia nervosa (T<sub>0</sub>) who underwent ultrasonography up to 2 years after treatment (T<sub>1</sub>-T<sub>2</sub>) and had a second ultrasonographic scan 9 years later (T<sub>2</sub>-T<sub>3</sub>). Intervention: Treatment of bulimia nervosa that combined cognitive behavioral therapy with insight orientated psychotherapy. Main Outcome Measure(s): 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>-<sub>2</sub>, 7 women had recent bulimia and 1 was quiescent. The woman with quiescent disease had normal ovulation. Of the 7 bulimic women, 6 had polycystic ovaries and 1 had multicystic morphology. At T<sub>2</sub>-<sub>3</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 strong association between resolution of bulimia and changes in ovarian morphology, suggesting that changes in the former mirror the latter. It also demonstrates normalization of morphological change in polycystic ovaries. 2002 by American Society for Reproductive Medicine.

Tariq Mahmood Tariq Mahmood, Trevor Silverstone, R Connor and P Herison. 2002 Sumatriptan challenge in bipolar patients with and without migraine: A neuroendocrine study of 5-HT1D receptor function International Clinical Psychopharmacology, 2002, vol./is. 17(1):33-36, 0268-1315 (2000) English An association between bipolar disorder and migraine has been lately recognized and an abnormality of central serotonergic function is suggested as the underlying neuropsychological disturbance. To examine the role of serotonin in bipolar disorder and migraine, we used the neuroendocrine challenge paradigm, and we chose sumatriptan, a 5-HT<sub>1D</sub>-<sub>1B</sub>-<sub>1F</sub>-agonist, as the pharmacological probe. We studied nine bipolar patients with migraine, nine bipolar patients without it, seven migraine patients, and nine matched normal controls. A post-hoc analysis showed subsensitivity of serotonin function, reflected in a blunted growth hormone response to sumatriptan challenge in bipolar patients who also suffered from migraines. 2002 Lippincott Williams & Wilkins.

John F Morgan. John F Morgan. 2002 Screening for symptoms of eating disorders: Reliability of the SCOFF Screening tool with written and oral delivery. International Journal of Eating Disorders, December 2002, vol./is. 32(4):466-472, 0276-4787:1086-108X (Dec 2002) English Notes that 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 yrs). Order was allocated randomly with repeat administration interrupted by distraction questions. Results show overall agreement in the scores of 157 subjects (Ps), 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 first was towards higher scores in 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 form. (PsycINFO Database Record (c) 2012 APA, all rights reserved).
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<td>Rebekah Proctor, Carol Martin and Jenny Hewison.</td>
<td>When a little knowledge is a dangerous thing... A study of carers' knowledge about dementia, preferred coping style and psychological distress.</td>
<td>2002</td>
<td>International Journal of Geriatric Psychiatry, December 2002, vol./iss. 17/12(1133-1139), 0885-6230:1099-1166 (Dec 2002)</td>
<td>English</td>
<td>The aim of this study was to improve understanding of the relationship between carers' existing knowledge about dementia, their coping style and psychological morbidity. Fifty carers (23 males and 27 females; aged 39-87 yrs) and 50 patients (16 males and 34 females; aged 66-95 yrs) attending day services were recruited. Carers were given questionnaires to assess knowledge of dementia, preferred coping style, anxiety, depression and strain. The results indicated that carers who demonstrated more knowledge about the biomedical aspects of dementia were more anxious. Furthermore, carers who had a preferred coping style of monitoring for threat relevant information were more anxious. Understanding more about those factors that are associated with knowledge about dementia will help to identify profiles of carers who are in need of education and in matching individually tailored interventions to carers with specific learning needs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
<td>Journal, Peer Reviewed Journal</td>
<td>PsyINFO Available from Wiley online library (<a href="http://www.wiley.com">www.wiley.com</a>)</td>
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<td>Gillian Tober and Jon Somerton</td>
<td>The search for evidence-based addiction practice in the United Kingdom.</td>
<td>2002</td>
<td>Journal of Social Work Practice in the Addictions, 2002, vol./iss. 2/2(13), 1533-256X:1533-2578 (2002)</td>
<td>English</td>
<td>This paper examines the case for evidence-based practice and its application to social work. Developments in evidence-based practice in the field of substance misuse treatment that are of particular interest to social workers, such as Motivational Enhancement Therapy (MET), Community Reinforcement Approach (CRA), and Social Behavior and Network Therapy (SBNT) are described. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</td>
<td>Journal, Peer Reviewed Journal</td>
<td>PsyINFO Available from Taylor &amp; Francis Online (<a href="http://www.tandfonline.com">www.tandfonline.com</a>)</td>
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<td>John Holmes, Jon Millard and Susie Waddingham</td>
<td>A new opportunity: Three tales of training in liaison psychiatry of old age.</td>
<td>2002</td>
<td>Psychiatric Bulletin, November 2002, vol./iss. 26/1(33-35), 0955-6036:1472-1473 (Jan 2002)</td>
<td>English</td>
<td>Discusses the experiences of training in liaison psychiatry of old age from the perspectives of a basic trainee, a higher trainee, and a trainer. The basic trainee author perceived gaining a longitudinal picture of patients, and the chance to develop communication skills. The higher trainee author perceived that the training allowed greater understanding of the practical problems faced by staff and patients and increased awareness of the need for compromise and flexibility in management strategies, though the experience gained was restricted to patients within the general hospital setting. The trainer author perceived that both levels of training improved understanding of the complexities presented by psychiatric illnesses in general hospital settings, and development of skills necessary to address this complexity. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</td>
<td>Journal, Peer Reviewed Journal</td>
<td>PsyINFO Available from B/Psych. Bulletin (pb.rcpsych.org)</td>
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<td>Sue Clegg, Jon Tan and Saeideh Saaidi</td>
<td>Reflecting or Acting? Reflective Practice and Continuing Professional Development in Higher Education.</td>
<td>2002</td>
<td>Reflective Practice, February 2002, vol./iss. 3/1(121-146), 1462-3943:1470-1103 (Feb 2002)</td>
<td>English</td>
<td>Reflective practice is becoming the favoured paradigm for continuing professional development in higher education. However, some authors have suggested that we have an insufficiently rigorous understanding of the process and too few descriptions of what actually occurs. Moreover, some commentators have identified a cognitivist strain in much reflective practice which has directed attention away from doing. This paper seeks to redress this balance by focusing on acting and reflecting though a case study of two professional development courses using the reflective practice model in HE. From the data we derive a typology which emphasises the temporal dimensions of reflective practice noting that while some acting may be immediate some reflection is deferred. We argue that a refocusing on action is important in response to the idealist turn of much thinking on reflective practice. We conclude that our reframing might have implications for the design of CPD for higher education lecturers. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</td>
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<td>Gillian Tober and Duncan Raistrick</td>
<td>Organisation of services - putting it all together</td>
<td>2002</td>
<td>Working with Substance Misusers: A Guide to Theory and Practice</td>
<td></td>
<td>None</td>
<td>Book entry</td>
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Examine 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)
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<td>Duncan Raistrick, D West and P</td>
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<td>Bany Wright</td>
<td>2001</td>
<td>Developing a child and adolescent mental health service for children with learning disabilities.</td>
<td>Psychiatric Bulletin, July 2001, vol./is. 25/7(264-267), 0955-6036;1472-1473 (Jul 2001)</td>
<td>English \mbox{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)\mbox{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)\mbox{Conclusions: Developing schemes which are in line with usual NHS structures is likely to be attractive to general practitioners and may encourage their participation.}}</td>
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<td>Duncan Raistrick and Peter</td>
<td>2001</td>
<td>Driving and substance misuse.</td>
<td>Psychiatric Bulletin, November 2001, vol./is. 25/11(452), 0955-6036;1472-1473 (Nov 2001)</td>
<td>English Comments on the article by T. Bradbeer et al (see record 2001-07825-004) 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 DVLAF fitness to drive regulations is important. They also agree that &quot;the regularly demonstrated poor retention of information following clinical interviews&quot; 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)</td>
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<td>Gillian Tobar and Duncan</td>
<td>2000</td>
<td>Measuring outcomes in a health service addiction clinic.</td>
<td>Addiction Research, April 2000, vol./is. 8/2169-182), 1058-6989 (Apr 2000)</td>
<td>English \mbox{Identified a method for the routine monitoring of outcomes in a busy city center health service addiction clinic. The setting for the study was a health service addiction clinic serving a population of 750,000 people. Study 5s were 230 consecutive attendees (aged 15-80 yrs) for treatment of alcohol and heroin dependence and misuse. A brief interview to obtain demographic and use data and a short battery of self completed questionnaires measuring dependence, psychological health and social satisfaction were administered at 3 data collection points. Different methods of follow-up were explored. The instruments used were capable of measuring change in levels of consumption, degrees of dependence, psychological health and social satisfaction over a 3 mo period in over 65% of the original sample while 80% of the original sample were accounted for. It is concluded that routine monitoring of outcomes of a busy National Health Service can provide meaningful clinical data for an acceptable sample of patients within a realistic resource limit. (PsycINFO Database Record (c) 2012 APA, all rights reserved)\mbox{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)\mbox{Conclusions: Developing schemes which are in line with usual NHS structures is likely to be attractive to general practitioners and may encourage their participation.}}</td>
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<td>Kim Wolf, Amin Rostami-Hedgegan,</td>
<td>2000</td>
<td>Population-based pharmacokinetic approach for methadone monitoring of opiate addicts: Potential clinical utility.</td>
<td>Addiction, December 2000, vol./is. 21/12(1771-1783), 0965-2140;1360-0443 (Dec 2000)</td>
<td>English \mbox{Investigated a population-based pharmacokinetic (POP-PK) approach for monitoring plasma methadone concentrations in opioid addicts. Oral doses of rac-methadone were given to 35 17-36 yr old male and female addicts attending a community treatment center. Results show that auto-induction of methadone metabolism was demonstrated, and clearance of methadone was significantly lower in addicts 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 sparse 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)\mbox{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)\mbox{Conclusions: Developing schemes which are in line with usual NHS structures is likely to be attractive to general practitioners and may encourage their participation.}}</td>
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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 brief 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.

Journal Article Available from EJPsych, Advances (apt.ly/psych bg)

David Yeomans David Yeomans and JJ Sanford. 2000 Assessing aggression in psychiatric inpatients (6) (multiple letters) British Medical Journal, 2000, vol.12, 321/261 (636), 0969-8146 (2000) English I have been treated to demonstrations of knives, scissors, a machete, and a (replcia) 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

Journal: Letter EMBASE Available from the BMJ, bmj.com

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.12, 5/4(632- 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)

Journal, Peer Reviewed Journal PsyInfo Available from Sage, Journals (journals.sagepub.com)

Barry Wright R J McGuire, I Berg, I McKenzie, Barry Wright, D Foreman and K Chandiramani. 2000 Have the Cross-Informant Syndromes of the CBCL any practical value in identifying grouped ICD10 diagnoses? European Child and Adolescent Psychiatry, 2000, vol.9, 4(263- 270), 1018-8827 (2000) English 120 children referred to a child and adolescent psychiatric service in a university clinic were studied with the aim of deriving predictors for grouped ICD10 diagnoses using the CBCL Cross-Informant-Syndromes (CISs). 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.

Journal Article Available from Springer Link, Link (springer.com)

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.27/3(249-258), 0276-3478 (April 2000) English Objective: We studied the long-term outcomes of intractable anorexia nervosa treated with leucotomy 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 appetite 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, Ltd.

John F Morgan. 2000 Season of birth and bulimia nervosa
International Journal of Eating Disorders, May 2000, vol./iss. 27(4):452-458, 0267-3748 (May 2000) English Objective: Previous studies suggest season of birth in eating disorders akin to those of psychoses. We studied season of birth variation in bulimia nervosa. Method: Season of birth variation in 935 patients was examined after adjustment for population trends. Variation was also examined for subgroups by age and previous anorexia nervosa. Results: Season of birth did not differ significantly from population norms among bulimics (p > .30), contrasting with studies of other eating disorders. With a history of anorexia nervosa (n = 227), peak season of birth was in March (p < .05). This is consistent with previous studies and also with seasonal birth variation for psychoses. Discussion: Overall, we find no evidence of season of birth variation in bulimia nervosa, and suggest any positive findings be treated with caution. We discuss a number of confounding influences and argue that one explanation remains shared trait vulnerability between anorexia nervosa and psychoses. (C) 2000 by John Wiley and Sons, Inc. Journal Article EMBASE Available from PubMed www.ncbi.nlm.nih.gov/pubmed

John F Morgan. John F Morgan. 2000 Blood letting in anorexia nervosa. A case study. International Journal of Eating Disorders, May 2000, vol./iss. 27(4):463-465, 0267-3748 (May 2000) English 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 "baths, blood-letting and diet" as a treatment of "madness." (PsycINFO Database Record (c) 2012 APA, all rights reserved) Journal Article Peer Reviewed Journal PsychINFO Available from Wiley Online Library onlineibrary.wiley.com

Barry Wright. Wright, Barry, Williams, Christine, Partridge, Ian 2000 Re: Chronic fatigue syndrome
Irish Journal of Psychological Medicine, June 2000, vol./iss. 17(277), 0790-9667 (Jun 2000) English Replies to comments by E. Gouldsmid (see record 200008316-009) on the article by B. Wright et al (see record 199903010-008) 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 Gouldsmid'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 Gouldsmid'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) Journal Article Article Review PsychINFO Available from Irish Children's Health Database - Peer Reviewed Papers www.childrensdatabase.ie

Duncan Raistrick. Joanna Banbery, Kim Wolff and Duncan Raistrick, 2000 Dihydrocodeine: A useful tool in the detoxification of methadone-maintained patients. Journal of Substance Abuse Treatment, October 2000, vol./iss. 19(3):301-305, 0740-5472 (Oct 2000) English 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 abstinent from both methadone and opiate-type drugs at the end of the 2-wk program. On completion, 3 Ss began treatment with naltrexone, and another was abstinent 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) Journal Article Article Review PsychINFO Available from the Journal of Substance Abuse Treatment www.journalofsubstanceabusetreatment.com

John F Morgan. John F Morgan. 2000 From charles atlas to Adonis complex - Fat is more than a feminist issue
Lancet, October 2000, vol./iss. 356/9239(1372-1373), 0140-6736 (21 Oct 2000) English 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 musculature of the biggest human body-builders, though Barbie's boyfriend, Ken, has been spared that indignity. Note EMBASE Available from The Lancet www.thelancet.com Journals 1

Duncan Raistrick. G Gordon, Duncan Raistrick and Joanna Banbery. 2000 Detoxification from heroin with buprenorphine
Psychiatric Bulletin, 2000, vol./iss. 24(11):433, 0955-6036 (2000) English Sir: There are a number of options available for detoxification from heroin, including methadone tapering regimes, dihydrocodeine reduction, lofexidine, and ultra-rapid naltrexone assisted detoxification under general anaesthetic (Sieveweght, 2000). Buprenorphine has recently been licenced in the UK for the treatment of opioid dependence and offers an alternative method of withdrawal from heroin; it has proven efficacy for out-patient detoxification (O'Connor et al, 1997) but has been little used in the UK. Here we present the results of a pilot study of 30 consecutive out-patient detoxifications with patients who were using low-dose heroin (L20 approximately 0.2 g daily) using buprenorphine with a standard treatment protocol lasting 7 days. Letter PsychINFO Available from BJPsych Bulletin www.bjpsych.org

| John F Morgan, John F Morgan. | 2000 | Maternal eating disorder and mother-child conflict. | The British Journal of Psychiatry, March 2000, vol./iss. 176/3 (298), 0007-1250:1472-1465 (Mar 2000) | English | Comments on the article by A. Stein et al (see record 1999-15711-012) that examined the antecedents and interactive processes involved in the development of mealtime conflict between infants and mothers with eating disorders. The present author notes that homogeneity between eating disorders is not apparent but is treated as such by Stein et al. Areas of further investigation are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) | Journal, Peer Reviewed Journal, PsycINFO | Available from EJPsych, bjp.rcpsych.org |
| John F Morgan, Fiona Reid, and Hubert John Lacey. | 1999 | The SCOFF questionnaire: assessment of a new screening tool for eating disorders. | WJM: Western Journal of Medicine, 01 March 2000, vol./iss. 172/3(164-165), 09930415 BMJ, December 1999, vol./iss. 319/7223(1467-8), 0959-8138:0959-535X (1999 Dec 4) | English | 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.1 and existing questionnaires for detection2,3 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)4 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... | Journal Article, EJNHL | Available from PubMed Central, www.ncbi.nlm.nih.gov/pmc |
| John F Morgan, John F Morgan. | 1999 | Eating disorders and gynecology: knowledge and attitudes among clinicians. | Acta Obstetricia et Gynecologica Scandinavica, March 1999, vol./iss. 78/3(2339), 0001-6349:0001-6349 (1999 Mar) | English | BACKGROUND: Eating disorders are common, responsive to treatment and affect women at a peak age of reproductive function, often presenting via gynecological and obstetric sequelae. 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 25% or more, and 80% wrongly believed that regular menses was a feature of anorexia nervosa at normal weight. 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. | Journal Article, MEDLINE | Available from PubMed, www.ncbi.nlm.nih.gov/pubmed |
| Duncan Raistrick, Duncan Raistrick. | 1999 | Advisory groups need to have bite | Addiction, 1999, vol./iss. 94/9(1304-1306), 0965-2140 (1999) | English | None | Book entry, Journal available for purchase |
Eating disorders are common and characteristically affect young women at what would otherwise be their peak of reproductive functioning. 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.

...Hopkinson et al have highlighted the multiple benefits of weight reduction in the management of women with the polycystic ovarian syndrome. This, however, may simply amount to unsupervised dieting, which runs the risk of escalating cycles of binge eating and purging, potentially contributing to the pathogenesis of the syndrome and certainly contributing to the patient's distress.

OBJECTIVE: To determine the relation between stressful life events and difficulties and the onset of breast cancer.

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 benign breast lump. CONCLUSION: These findings do not support the hypothesis that severe life events or difficulties are associated with onset of breast cancer.

Aims. Although methadone is widely used to treat opiate dependence, guidelines for its dosage are poorly defined. There is increasing evidence to suggest that a strategy based on plasma drug monitoring may be useful to detect non-compliance. Therefore, we have developed a population-based pharmacokinetic (POP-PK) model that characterises adaptive changes in methadone kinetics. Methods. Sparse plasma rac-methadone concentrations measured in 35 opiate-users were assessed using the P-Pharm software. The final structural model comprised a biexponential function with first-order input and allowance for time-dependent change in both clearance (CL) and initial volume of distribution (V). Values of these parameters were allowed to increase or decrease exponentially to an asymptotic value. Results. Increase in individual values of CL and increase or decrease in individual values of V with time was observed in applying the model to the experimental data. Conclusions. A time-dependent increase in the clearance of methadone is consistent with auto-induction of CYP3A4, the enzyme responsible for much of the metabolism of the drug. The changes in V with time might reflect both up- and down-regulation of alpha<sub>1</sub>-acid glycoprotein, the major plasma binding site for methadone. By accounting for adaptive kinetic changes, the POP-PK model provides an improved basis for forecasting plasma methadone concentrations to predict and adjust dosage of the drug and to monitor compliance in opiate-users on maintenance treatment.

An association between pruritus and eating disorders has been suggested. This study examined changes in pruritus during weight restoration in a homogeneous group of women with severe anorexia nervosa (n = 19), using a structured interview. A structured questionnaire, visual analogue scale, clinical examination and a range of serological markers. We demonstrated that itching is a clinical feature of anorexia nervosa, associated with low weight and resolving on weight restoration. Some 58% of the sample suffered pruritus at low weight in a stable hospital environment. There was a significant association between changes in body mass index and severity of pruritus (P = 0.033), with reduced itching on weight restoration. 58% of the sample suffered pruritus at low weight in a stable hospital environment. There was a significant association between changes in body mass index and severity of pruritus (P = 0.033), with reduced itching on weight restoration.

The topic of attention deficit hyperactivity disorder (ADHD) is fascinating and controversial. A variety of stances have been taken by different clinicians, support groups, and the media. A nature nurture argument has developed that may have a tendency to polarize views. This review aims to present research findings that inform the debate. It deals with symptomatology, aetiology, and prevalence, with assessment for diagnosis, management, and outcome. The importance of comprehensive management taking into consideration not just attention abilities but a range of other factors that have an impact upon them is stressed. Management should be pragmatic, multi-faceted, and based around the establishment of good working relationships with family and school.
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<th>Name</th>
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<th>Title</th>
<th>Journal, Peer Reviewed Journal</th>
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<td>Barry Wright and Ian Partridge</td>
<td>Barry Wright and Ian Partridge.</td>
<td>1999</td>
<td>Speaking ill of the dead: Parental suicide as child abuse.</td>
<td>Clinical Child Psychology and Psychiatry, April 1999, vol./is. 4/2(229-231); 1355-1045;1461-7021 (Apr 1999)</td>
<td>Argues 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)</td>
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<td>Gillian Tober</td>
<td>Christine Franey and Gillian Tober</td>
<td>1999</td>
<td>Drug and alcohol education from a distance: A good reason for collaboration.</td>
<td>Drugs: Education, Prevention &amp; Policy, July 1999, vol./is. 6/2(265-273), 0966-7637;1465-3370 (Jul 1999)</td>
<td>Examines 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)</td>
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<td>Barry Wright</td>
<td>Barry Wright, Chris Williams and Ian Partridge</td>
<td>1999</td>
<td>Management advice for children with chronic fatigue syndrome: A systematic study of information from the internet.</td>
<td>Irish Journal of Psychological Medicine, 1999, vol./is. 16/2(67-71), 0790-9667 (1999)</td>
<td>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 is 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.</td>
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<td>Allain House</td>
<td>Christopher J Williams, Allan House, John Holmes and Andrew Stewart</td>
<td>1999</td>
<td>Heavy general hospital case notes: A simple case-finding method for psychiatric problems</td>
<td>Irish Journal of Psychological Medicine, 1999, vol./is. 16/4(123-126), 0790-9667 (1999)</td>
<td>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 49%). 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.</td>
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Last updated: February 2018 Next revised date: August 2018
| Barry Wright. | Barry Wright, Christine Williams and Ian Partridge. | 1999 | Management advice for children with chronic fatigue syndrome: A systematic study of information from the internet. | Irish Journal of Psychological Medicine, June 1999, vol./iss. 16/2(7-71), 0780-9667 (Jun 1999) | English | 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 because the established 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. (PsycINFO Database Record (c) 2013 APA, all rights reserved) |
| Tariq Mahmood. | Tariq Mahmood, Sarah Romans and Trevor Silverstone. | 1999 | Prevalence of migraine in bipolar disorder. | Journal of Affective Disorders, January 1999, vol./iss. 52/1-3(239-241), 0165-0027 (Jan-Mar 1999) | English | Estimated the prevalence of migraine in people suffering from bipolar affective disorder. A headache questionnaire incorporating the newly introduced International Headache Society criteria was given to 117 patients on the Dunedin Bipolar Research Register. A total of 81 (69%) completed the questionnaire, out of which 21 (25.9%) reported migraine headaches. 25% of bipolar men and 27% of bipolar women suffered from migraine. These rates are higher than those reported in the general population, with the rate for bipolar men being almost 5 times higher than expected. An increased risk of suffering from migraine was particularly noted in bipolar patients with an early onset of the disorder. This may represent a more severe form of bipolar affective disorder. (PsycINFO Database Record (c) 2012 APA, all rights reserved) |
| John F Morgan. | John F Morgan, Jim Bolton, Philip M Sedgwick, Sanjeev Patel and Hubert John Lacey. | 1999 | Changes in plasma concentrations of leptin and body fat composition during weight restoration in anorexia nervosa. | Journal of Clinical Endocrinology & Metabolism, June 1999, vol./iss. 84/6(2257), 0021-972X;0021-972X (1999 Jun) | English | 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. However, the latter assumes uniform hydration, which may be 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 ... |
| John F Morgan. | John F Morgan. | 1999 | Polycystic ovary syndrome, gestational diabetes, and bulimia nervosa. | Journal of Clinical Endocrinology and Metabolism, 1999, vol./iss. 84/10(4746), 0021-972X (1999) | English | In the pages of this journal, Holte 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. Given that there are demonstrable overlaps between the polycystic ovary syndrome, GDM, and bulimia nervosa, it could be argued that bulimia nervosa represents the "missing link" in understanding the findings of Holte et al. (1), although prospective studies would be required to establish the direction of causality. |
| John F Morgan. | John F Morgan and Hubert John Lacey. | 1999 | Smoking, eating disorders, and weight control. | Postgraduate Medical Journal, February 1999, vol./iss. 25/8(801-827), 0032-5473;0032-5473 (1999 Feb) | English | Sir, We read with interest the recent report of Crispin 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 ... |
Paul Blenkron. Paul Blenkron. 1999 Primary care-based mental health promotion drop-in clinic [3] Psychiatric Bulletin, 1999, vol./iss. 23(1/53), 0955-6036 (1999) English Sir, it is difficult to agree with the conclusions of Gilleard and Lobo (Psychiatric Bulletin, September, 1998, 22, 559-562) that there is a viable role for mental health promotion in the form of a drop-in clinic based in primary care. Only 55 contacts occurred in 11 months at a weekly clinic run by two members of the mental health team. This represents around one patient seen every 10 hours of professional time, which seems a rather expensive way of distributing information leaflets while informing patients and surgery staff about local non-NHS services. Most general practitioners would consider that a poster in the waiting room would achieve a similar objective and capture a much wider audience at a fraction of the cost.

Barry Wright. Christine Williams, Barry Wright and Rob Smith. 1999 CHEAP (Child Health and Education Assessment Forum): A multi-disciplinary powwow for children Psychiatric Bulletin, February 1999, vol./iss. 23(2/104-106), 0955-6036;1472-1473 (Feb 1999) English Describes the purpose and operation of Child Health and Education Assessment Forum (CHEAP). The CHEAP participants developed a multi-disciplinary approach to treating children with a wide range of disorders and diseases. However the forum only focuses on those children with particularly complex problems requiring a high degree of cooperation and collaboration. The authors suggest that CHEAP is a discrete, integrated and accessible service designed to assist a range of professionals in handling the needs of children with complex disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Barry Wright. Jennie Black, Barry Wright, Christine Williams and Rob Smith. 1999 Paediatric liaison service. Psychiatric Bulletin, September 1999, vol./iss. 23(9/528-530), 0955-6036;1472-1473 (Sep 1999) English Discusses the working of a new pediatric liaison service, and reviews pediatric referral to a child and adolescent mental health service (CAMHS) 21 months before and 21 months after the establishment of this service. 183 children were discussed in the 21 months after the new service was set up. There was a rise in referral to CAMHS from 72 to 120. Non-attendance rates from pediatric referrals also rose. Likely reasons for these changes are discussed and include an increase in referrals of children with somatization. Interdisciplinary liaison appears to carry many advantages, but is likely to increase referral rates to the CAMHS. This has both clinical and resource implications. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

John F. Morgan, Hubert John Lacey and Fiona Reid. 1999 Anorexia nervosa: Changes in sexuality during weight restoration Psychosomatic Medicine, July 1999, vol./iss. 61(4/541-545), 0033-3174;1534-7796 (Jul-Aug 1999) English Examined changes in sexual drive during weight restoration in patients with anorexia nervosa. 11 women (aged 21-31 yrs) with anorexia nervosa prospectively completed the Sexual Daydreaming Questionnaire (SDQ) and the Hospital Anxiety and Depression Scale (HADS) at 5 time points during inpatient treatment involving weight restoration. SDQ and HADS scores were recorded every 4 wks until 8 wks after 5fs had reached the mean matched population weight (MMPW), which was monitored against body mass index (BMI). Histories were taken for purging, self-cutting, childhood sexual abuse, and number of sexual partners. Repeated measures analysis of variance, regression analyses, and t tests were performed. BMI and sexual daydreaming were closely associated. BMI and depression also achieved a statistically significant association, with caseness for anxiety disorder throughout. Higher levels of sexual drive at MMPW seemed to be associated with purging, self-cutting, and childhood sexual abuse but not at low weight. Levels of sexual drive did not reflect previous sexual behavior. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Duncan Rastrick. Duncan Rastrick, Ray Hodgson and Bruce Ruston. 1999 Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy Published by Free Association Books, United Kingdom, 1999 ISBN 16: 1853434574) English Synopsis: Tackling Alcohol Together provides an authoritative, independent analysis of the British experience with alcohol. Written by a team of nationally and internationally distinguished experts the book examines alcohol problems, alcohol policy and makes specific policy recommendations. A wealth of data is provided on drinking, drinking problems and policy initiatives, all of which have been critically scrutinized and where appropriate, re-analyzed. This is an important book that will be essential reading for all who work in this area.

Peter Trigwell. Peter Trigwell. 1999 Sexual dysfunction in women with diabetes mellitus: Addressing impaired arousal. Sexual & Marital Therapy, November 1999, vol./iss. 14(4/385-397), 0267-4553 (Nov 1999) English Sexual dysfunction in men with diabetes is well recognized and has been widely studied. In contrast, there is a striking lack of such study and knowledge regarding sexual dysfunction in women with diabetes. Some 50% of men with diabetes suffer erectile dysfunction, often largely as a result of the vascular and neurological sequelae of the diabetic disease process. Research has confirmed the anatomical and physiological similarities between male and female genitalia. This being the case, it may be reasonable to assume that a similarly large proportion of women with diabetes will also suffer disorders of impaired sexual arousal, in the form of reduced vaginal lubrication and engagement. This paper reviews the literature to date and the current state of knowledge with regard to sexual dysfunction in women with diabetes, with particular emphasis on impaired sexual arousal. The prevalence of such problems remains unclear. The results of several studies are contradictory, and the methodology employed has often been inadequate to produce a firm answer to the questions being asked. There is a clear need for well designed, controlled studies of sexual arousal in women with both Type I and Type II diabetes to clarify the prevalence of the problem. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
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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

PsychINFO Available from Wiley Online Library. onlinelibrary.wiley.com

Andrew Carroll and David Miles 1998. Unilateral auditory hallucinations in association with ear infection


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

EMBASE Available from Cambridge Core. www.cambridge.org/Core

Peter Elwood. 1998. Driving, mental illness and the role of the psychiatrist


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 psychiatrists failed to advise patients of these standards. Method: In this prospective descriptive study, 10 psychiatrists reported by questionnaire the diagnosis and training 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 (15%) 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

EMBASE Available from Cambridge Core. www.cambridge.org/Core


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


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.


Medical Education, July 1998, vol./is. 32(4)(432-8), 0300-0103;0300-0110 (1998 Jul)

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 rotas and on-call rotas 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 rotas (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 < 0.01). 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

MEDLINE Available from Wiley Online Library. onlinelibrary.wiley.com

Compared neuropsychological (NP) functioning in 22 patients with systemic lupus erythematosus (SLE), 10 rheumatoid arthritis (RA) patients, and 9 normal controls. Following an aphasia screening, several NP tests were administered. SLE Ss exhibited greater visuomotor difficulty than RA Ss and controls and had more difficulty with higher reasoning than controls. SLE Ss obtained lower scores on a tactual performance test than controls. A greater incidence of NP dysfunction was found in SLE Ss with a history of central nervous system (CNS) disease than in Ss with no such history. Comparisons of RA Ss and controls indicated impairment among RA Ss in several NP variables. (PsycINFO Database Record (c) 2013 APA, all rights reserved)


The aim of this study was to assess how general practitioners are managing depression in the wake of the Detrimental Depression Campaign (1998). 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 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 the primary health care team in general and well-established GPs in particular.


The Royal College of Psychiatrists has published national guidelines for services for those who carry out deliberate self-harm (1994). This study aimed to discover whether these recommendations are being followed. The authors conducted a semi-structured interview with professionals from the accident and emergency service and one from the specialist service at each of 16 hospitals in the former Yorkshire Regional Health Authority. The findings are that services are not adhering to the guidelines. The production of guidelines without an adequate implementation strategy is ineffective.

According to the authors, the Department of Health should endorse the College guidelines, and produce an implementation strategy to secure the involvement of purchasers and providers. (PsycINFO Database Record (c) 2014 APA, all rights reserved)


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. (PsycINFO Database Record (c) 2014 APA, all rights reserved)


Reports the case of female patient in her 30s with anorexia nervosa and pathological salt ingestion. During inpatient treatment, the patient admitted to intermittent pathological ingestion of table salt over a period of 2 yrs in the form of up to 20 packets (approximate 80 g) per day. The phenomenology of her behavior appeared to be a form of deliberate self-harm, ego-syntonic but self-punitive in nature. The author addressed the salt ingestion as a form of learned maladaptive behavior and combined cognitive-behavioral and psychodynamic techniques for treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


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 time and time taken for each event were routinely recorded. A cost for each individual patient 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 358; it was 1857 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.
Duncan Raistrick, Deborah J Garretty, Kim Wolff, Alastair GM Hay and Duncan Raistrick

1997

Dietary habits and mortality in vegetarians and health conscious people (multiple letters) [9]


English

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 people1 and in the accompanying commentary by Matthew W Gillman2 deserve more attention ...

Journal: Letter

EMBASE Available from the BMJ (www.bmj.com)

Peter Trigwell, Peter Trigwell

1997

CS gas has been used as chemical restraint in mentally ill person.


English

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 ...

Journal: Peer Reviewed Journal

PsyCINFO Available from Sage Journals (www.sagepub.com)


1997

The pharmacokinetics of methadone in healthy subjects and opiate users


English

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 57 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 57 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 = 0.037) or for pooled (healthy subjects and opiate users) data (P = 0.056). The population mean oral clearance of methadone was 6.9 +/- 1.5 s.d. 1 h<sup>-1</sup> (5.3 +/- 1.2 s.d. 1 h<sup>-1</sup> 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> vs 4.7 s.d. 1 h<sup>-1</sup>, P < 0.001). 95% CI for the difference = -3 to -6 l h<sup>-1</sup> and no difference in the population mean values of V/F (212 +/- 27 s.d. 1 and 239 +/- 121 s.d. 1, P = 0.15), while according to the former analysis addiction was a covariate for V/F but not for oral clearance. A slower absorption of methadone in opiate users was indicated from the analysis of both pooled and separate data. The median elimination half-life of methadone in healthy subjects 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).

Journal: Article


Tariq Mahmood.

1997

Clonazepam in the management of bipolar and schizoaffective manic episodes resistant to standard treatment.

Australian and New Zealand Journal of Psychiatry, June 1997, vol/iss. 31(3);424-426), 0004-8674;1440-1814 (Jun 1997)

English

Tested the efficacy of clonazepam in treatment-resistant manic episodes. Six were 3 adults, aged 28-51 yrs, 2 with bipolar disorder (manic) and 1 with schizoaffective disorder (manic), who were treated with clonazepam after the failure of standard antipsychotics and mood stabilizers. All 3 cases were successfully treated, demonstrating the potential value of a controlled trial of clonazepam in cases of bipolar and schizoaffective disorder refractory to standard treatment such as lithium, anticonvulsants, and antipsychotics. (PsyCINFO Database Record (c) 2012 APA, all rights reserved)

Journal: Peer Reviewed Journal

PsyCINFO Available from Sage Journals (www.sagepub.com)


1997

Dietary habits and mortality in vegetarians and health conscious people (multiple letters) [9]


English

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 people1 and in the accompanying commentary by Matthew W Gillman2 deserve more attention ...

Journal: Letter

EMBASE Available from the BMJ (www.bmj.com)

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 politicized 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.


1997 Impact of medical school teaching on preregistration house officers’ confidence in assessing and managing common psychological morbidity: Three centre study

Introduction
The psychiatric 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 50 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 (χ²=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 clinical scenarios. For depression, 84% of house officers reported they had the skills necessary to assess and treat patients with depression. For anxiety, 75% believed they could assess and treat patients with anxiety. For alcohol misuse, 88% said they had the skills to assess and treat patients with alcohol misuse.

Peter Trigwell. Peter Trigwell.

1997 The use of CS spray in the mentally ill.

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 Trigwell, Peter J Grant and Allan House.

1997 Motivation and glycemic control in diabetes mellitus.

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 glycemic 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)
Navneet Kapur

Differences in use and psychological morbidity in medical house officers.

0035-8819;0035-8819 (1997 Mar- Apr)

English

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 move (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.


Psychosurgery. Description and outcome study of a regional service.

Psychiatric Bulletin, February 1997, vol./is. 21/2(105-109), 0955-6036;1472-1473 (Feb 1997)

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 procedure can 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 obsessive 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)

Duncan Raistrick. Duncan Raistrick.

Task force to review services for drug misusers.

Psychiatric Bulletin, October 1997, vol./is. 21/10(595-596), 0955-6036;1472-1473 (Oct 1997)

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)

Kim Wolff, Alastair W M Hay, Andrew Vail, Kevin Harrison and Duncan Raistrick.

Non-prescribed drug use during methadone treatment by clinic and community-based patients.


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 cannabis, amphetamines, ecstasy, benzodiazepines). When looking specifically at the misuse of opiate drugs, location was again important, and clinic-based Ss had significantly reduced odds of having a urine sample test positive for opiate drugs. Opiate drug use was also significantly related to plasma methadone concentration, increasing noticeably when the drug concentration was greater than 48 mmol/L. There was no relationship between methadone dose and the amount of having a urine drug test in either clinic- or community-based Ss. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Duncan Raistrick. Duncan Raistrick.

Management of Alcohol Misuse Within the Context of General Psychiatry

Advances in Psychiatric Treatment May 1996, 2 (3) 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 ...


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 has been 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.

MIN. August 1996, vol./is. 313/7055(465), 0959-8138(1996-353X) Aug 24

John Holmes

Correspondence:

Healthcare & Social Care Literature

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www.rcpsych.org
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<tr>
<td>Peter Trigwell and David Yeomans.</td>
<td>1996</td>
<td>Pass the Royal College examinations: MCQ technique</td>
<td>British Journal of Hospital Medicine, April 1996, vol./iss. 55/6(479-481), 0007-1064 (1996 Apr 17-30)</td>
<td>Traintee 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.</td>
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<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./iss. 55/3(135-8), 0007-1064:0007-1064 (1996 Feb 7-20)</td>
<td>Many candidates expect to past 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>
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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, January 0001, vol./iss. 56/6(270-2), 0007-1064:0007-1064 (1996 Sep 18-Oct 4)</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./iss. 55/6(332-334), 0007-1064 (1996 Mar 20-Apr 2)</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>
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<td>Peter Trigwell and David Yeomans</td>
<td>Prevalence of child sexual and physical abuse in child psychiatric out-patients</td>
<td>British Journal of Hospital Medicine, November 1996, vol./is. 56/10(512-514), 0007-1064 (1996 Nov 20-Dec 10)</td>
<td>English</td>
<td>None</td>
<td>Not available online.</td>
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<tr>
<td>Duncan Raistrick, Duncan Raistrick</td>
<td>Prescribere Metadone: i puntifici</td>
<td>G.P. Guelli (ed) Metadone Le Ragioni per Luso (Italy, Pacini Editore)</td>
<td>English</td>
<td>None</td>
<td>Book entry</td>
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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 behaviours of chronic fatigue and multiple sclerosis 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 MEASURES: Responses to the 62 item illness behaviour questionnaire. RESULTS: 90 (92%) patients satisfying the Oxford criteria for chronic fatigue syndrome and 78 patients with a diagnosis of multiple sclerosis. There were no significant differences between the chronic fatigue syndrome and multiple sclerosis groups 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: 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.

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<th>Notes</th>
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</table>
Duncan Raistrick. Duncan Raistrick. 1994 Report of advisory council on the misuse of drugs, AIDS and drug misuse update Addiction, 1994, vol./is. 89(10/1211-1213), 0965-2140 (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 going on in western democracies.

Duncan Raistrick and Jillian Tober. Duncan Raistrick, Jackie Bradshaw, Jillian Tober, Jeremy Weiner, Jeff Allison and Carolyn Healey. 1994 Development of the Leeds Dependence Questionnaire (LDQ): A questionnaire to measure alcohol and opiate dependence in the context of a treatment evaluation study Addiction, May 1994, vol./is. 89(5/563-572), 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 normative 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, 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), 03090226 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.


Carol Martin. John P Winstle, Allan Butter, Carol Martin and Ted Sumner 1994 Outcome of admission to an acute psychiatric facility for older people: A pluralistic evaluation. International Journal of Geriatric Psychiatry, October 1994, vol./is. 9(10/835-840), 0885-6230(1994-1166) (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 sIs 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 weighten on the 1st factor, the GPs’ 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 GPs 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 76-yr-old woman and a 57-yr-old woman) in which the S believed that her pet dog had been replaced by an identical double. The psychodynamic issues that these cases raise 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. Duncan Raistrick. 1994 Alcohol, 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 careful about which situations and demand a response from the police and which demands medical interventions / health-care workers need to adapt 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)
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 dentists rated the style BDJ against the other general interest UK Journals, and they viewed its content and design.

Exacerbation of methadone maintenance programs 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.

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.

Patients with plasma concentrations of methadone <0.05 mg/L experienced withdrawal symptoms, while those with plasma concentrations of methadone >0.05 mg/L experienced withdrawal symptoms after abrupt methadone withdrawal. Laboratory measurements were successfully used to detect poor methadone compliance.

Incorporation of very low doses of phenobarbital into a methadone linctus has enabled us to monitor the compliance of opioid addicts. Laboratory measurements were successfully used to detect poor methadone compliance.

A Strategy for Social Work Training

The slow clearance of this drug from the body (mean 3.1 ml/min<sup>-1</sup>/sup> < sup>76/3<sup>-1</sup>/sup> > sup>1<sup>-1</sup>/sup>) confirms that daily dosing at steady-state is adequate to maintain effective plasma concentrations throughout the dosing interval.

An association between functional psychosis and urinary incontinence.

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 confirms daily dosing at steady-state is adequate to maintain effective plasma concentrations throughout the dosing interval. The slow clearance of this drug from the body confirms daily dosing at steady-state is adequate to maintain effective plasma concentrations throughout the dosing interval.

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 dentists rated the style BDJ against the other general interest UK Journals, and they viewed its content and design.

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 JRSM, 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...
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) (1990) 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)

Duncan Raistrick. Kim Wolff, Martin Sanderson, Alastair W M Hay and Duncan Raistrick. 1991 Methadone concentrations in plasma and their relationships to drug dosage Clinical Chemistry, 1991, vol./iss. 37(2)(2005-209), 0009-9147 (1991) English 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.

Duncan Raistrick. Kim Wolff, Alastair W M Hay and Duncan Raistrick. 1991 High-dose methadone and the need for drug measurements in plasma Clinical Chemistry, 1991, vol./iss. 37(9)(1651-1664), 0009-9147 (1991) English We report a case of high-dose methadone prescribed to a heroin addict for pain control. The patient was prescribed methadone during convalescence from surgery and subsequently for maintenance treatment. Dosage was started at 360 mg of methadone per day and reduced over 12 days to 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.

Duncan Raistrick. Kim Wolff, Alastair W M Hay and Duncan Raistrick. 1991 Methadone in saliva Clinical Chemistry, July 1991, vol./iss. 37(7)(1297-1298), 0009-9147 (Jul 1991) English Past investigators suggested that considerable variation in plasma concentrations of methadone in individuals receiving the same dose ruled out plasma measurements as a means of monitoring drug consumption. However, in a recent study we showed that there is a good linear relationship between plasma methadone concentrations at steady-state and dose (mg/kg of body wt. per day) and that variation between and within patients was small. Using quantitative measurements of methadone in plasma, we were able to monitor compliance and highlight the use of illicit methadone, as well as the consumption of methadone in ways other than prescribed ...

Duncan Raistrick. Kim Wolff, Alastair W M Hay, Duncan Raistrick, Robert Calvert and Morgan Feely. 1991 Measuring compliance in methadone maintenance patients: Use of a pharmacologic indicator to estimate methadone plasma levels Clinical Pharmacology and Therapeutics, 1991, vol./iss. 50(2)(199-207), 0009-9236 (1991) English 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.

Gillian Tober. Gillian Tober. 1991 Helping the pre-contemplator. Counseling problem drinkers, 1991(21-38) (1991) English (from the chapter) people in pre-contemplation are those problem drinkers who say they don't have a problem with alcohol, or that they can't do anything about their drinking / the focus of this chapter is that group of people who actively make and remade the decision to carry on drinking in spite of the harm it may be doing to themselves and other people the variety of goals in work in pre-contemplation is described . . . and methods of intervention designed to meet one set of goals, namely damage limitation, are described in detail coping strategies with spouses / coping strategies with children (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Duncan Raistrick. Duncan Raistrick. 1991 Helping those who want to change. Counseling problem drinkers, 1991(58-72) (1991) English (from the chapter) when clients (with drinking problems) present to treatment agencies, counsellors are often tempted to presume them to be at the action stage; interventions appropriate to the action stage are perhaps those that are most developed and most attractive / two possible consequences flow from this: either clients are selected for treatment because they are indeed at the action stage (sometimes referred to as 'motivated') and the outcome from treatment will then be generally good / alternatively clients are given inappropriate treatment because they are incorrectly assumed to be at the action stage, in which case the outcome will generally be poor / the key feature of the action stage is the emergence of a good-quality decision to make [a] change this chapter includes some information on withdrawal drug regimes and the use of alcohol sensitizing agents / the emphasis is, however, on cognitive and behavioural interventions which can be used over a range of settings/creates This chapter helps counselors recognize the action stage in their alcoholic clients and plan an appropriate treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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<td>Gillian Tober</td>
<td>Gillian Tober</td>
<td>1990</td>
<td>Measuring drug misuse: A little art, a little science and a lot of shoe leather</td>
<td>Hindmarch, I and Stonier, P. D., Eds) Human Psychopharmacology methods and measures, Vol III, (Chichester, John Wiley and Sons)</td>
<td>English</td>
<td>None</td>
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<td>Duncan Raistrick</td>
<td>Robyn Davidson, Brendan Bunting and Duncan Raistrick</td>
<td>1989</td>
<td>The homogeneity of the alcohol dependence syndrome: A factorial analysis of the SADD questionnaire</td>
<td>British Journal of Addiction, August 1989, vol./is. 84/3, 907-915, 0952-0481 (Aug 1989)</td>
<td>English</td>
<td>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)</td>
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<td>Duncan Raistrick</td>
<td>Duncan Raistrick</td>
<td>1989</td>
<td>Making treatment decisions.</td>
<td>International Review of Psychiatry, March 1989, vol./is. 1/1-2, 173-179, 0954-0261;1389-1627 (Mar 1989)</td>
<td>English</td>
<td>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)</td>
<td>Journal, Peer Reviewed Journal, PsycINFO Available from Taylor &amp; Francis Online (<a href="http://www.tandfonline.com">www.tandfonline.com</a>)</td>
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<td>Gillian Tober</td>
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<td>Dealing with Alcohol at Work</td>
<td>The Safety and Health Practitioner, 7, 11-13</td>
<td>English</td>
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<td>Duncan Raistrick</td>
<td>1987</td>
<td>Abstinence is Best but Resumed Normal Drinking Does Occur</td>
<td>British Journal of Addiction: Volume 82, Issue 3 March 1987 Pages 243-245</td>
<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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<td>Ann C Evans and Duncan Raistrick</td>
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<td>Phenomenology of intoxication, toluene-based adhesives and butane gas</td>
<td>The British Journal of Psychiatry, June 1987, vol./is. 150(769-775), 0007-1250:1472-1465 (June 1987)</td>
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<td>Duncan Raistrick.</td>
<td>1985</td>
<td>Alcoholism and drug addiction</td>
<td>This book examines drug and alcohol addiction from the perspectives of psychiatric and psychological practice. It describes the effects of the most commonly abused drugs and discusses the psychiatric disorders, which can be attributed to addiction. It also examines the social background to and the consequences of addiction as well as methods of treatment and prevention. Note: Includes bibliographies.</td>
<td>Book</td>
<td>LCIC</td>
<td>Available for purchase.</td>
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<td>Duncan Raistrick.</td>
<td>1983</td>
<td>Development of a questionnaire to measure Alcohol Dependence.</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>
<td>Journal, Peer Reviewed</td>
<td>PsycINFO</td>
<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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<td>Duncan Raistrick.</td>
<td>1979</td>
<td>Alcoholism: a behavioural approach</td>
<td>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.</td>
<td>Journal Article</td>
<td>EMBASE</td>
<td>Available from ScienceDirect (<a href="http://www.sciencedirect.com">www.sciencedirect.com</a>)</td>
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<td>Gillian Tober et al.</td>
<td>2005</td>
<td>Setting standards for training and competence: The UK alcohol treatment trial.</td>
<td>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 practice 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)</td>
<td>Journal, Peer Reviewed</td>
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