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[In transition with ADHD: the role of information, in facilitating or impeding young people's transition into adult services](#)

A Price, T Newlove-Delgado, H Eke, M Paul, S Young, T Ford, A Janssens
BMC Psychiatry Published online 17th December 2019

Abstract

Background Many national and regional clinical guidelines emphasise the need for good communication of information to young people and their parent/carers about what to expect during transition into adult services. Recent research indicates only a minority of young people in need of transition for Attention Deficit Hyperactivity Disorder (ADHD) experience continuity of care into adulthood, with additional concerns about quality of transition. This qualitative study explored the role that information plays in experiences of transition from the perspectives of parent/carers and young people.

Methods Participants were recruited from 10 National Health Service Trusts, located across England, with varying service configurations. Ninety two qualitative interviews were conducted: 64 with young people with ADHD at different stages relative to transition, and 28 with parent/carers. Thematic analysis of data was completed using the Framework Method.

Results Interviewees reported a range of experiences; however reliance on parent/carers to gather and translate key information, and negative experiences associated with poor communication of information, were universal. Three themes emerged: *Navigating information with help from parents; Information on ADHD into*

adulthood; Information about the transition process. The first revealed the essential role of parent in the translation and application of information, the other two explored distinct types of information necessary for a smooth transition. Interviewees made recommendations for clinical practice similar to UK (United Kingdom) National Institute for Health and Care Excellence (NICE) guidelines, with an additional emphasis on providing nuanced information on ADHD as a potentially long term condition. It was important to interviewees that General Practitioners had a basic understanding of adult ADHD and also had access to information about service provision.

Conclusions Our findings illustrate that the availability and communication of information to young people and their parent/carers is an essential component of the transition process between child and adult ADHD services. How and when it is provided may support or impede transition. This study constitutes a substantial contribution to the evidence base, drawing on interviews from a range of participants across England and from Trusts offering different types of services.

001 Risperidone induced seizures after cessation of clozapine

Parallel Session 6: Clinical Neurology 2

MK Kanani

Journal of Neurology, Neurosurgery and Psychiatry
Published Online 14th November

Abstract

Introduction Antipsychotic drugs are known to reduce the seizure threshold. clozapine, a second-generation antipsychotic is most associated with causing convulsions.

Case report A 70-year old gentleman with a diagnosis of Paranoid Schizophrenia had been stable on a daily dose of clozapine 150 mg. The patient wished to stop clozapine for a number of reasons. His clozapine was stopped and he was titrated on to risperidone 3 mg daily. Two weeks after being on risperidone monotherapy the patient attended the emergency department following a fall. Within the department he had two witnessed seizures. Following normal investigations a diagnosis of risperidone induced seizures was made and the medication stopped.

Discussion The incidence of seizures in non-epileptic patients attributed to the use of risperidone has been reported as 0.3%. The mechanism is unclear but it is interesting to note that a moderate risk of EEG abnormalities has been associated with it. Other risk factors such as old age and hypertension can also influence EEG changes. In contrast seizures with clozapine are dose-dependent (5% at doses above 600 mg/day) and associated with rapid titration. These effects are consistent with the process of kindling.

Conclusion A reminder that all antipsychotics can cause seizures. Clozapine is most commonly associated but has specific risk factors. Consideration of patient specific pro-convulsive factors is required before prescribing antipsychotics.

Mapping transitional care pathways among young people discharged from adolescent forensic medium secure units in England

M Livanou, S Singh, F Liapi, V Furtado

Medicine, Science and the Law Published Online 10th November 2019

Abstract

This study tracked young offenders transitioning from national adolescent forensic medium secure units to adult services in the UK within a six-month period. We used a mapping exercise to identify eligible participants moving during the study period from all national adolescent forensic medium secure units in England. Young people older than 17.5 years or those who had turned 18 years (transition boundary) and had been referred to adult and community services were included. Of the 34 patients identified, 53% moved to forensic adult inpatient services. Psychosis was the most prevalent symptom among males (29%), and emerging personality disorder symptomatology was commonly reported among females (18%) followed by learning disability (24%). The mean time for transition to adult mental-health services and community settings was eight months. There were no shared transition or discharge policies, and only two hospitals had discharge guidelines. The findings highlight the need for consistency between policy and practice among services along with the development of individualised care pathways. Future qualitative research is needed to understand and reflect on young people's and carers' experiences to improve transition service delivery.

Air Pollution: an environmental risk factor for psychiatric illness?

T Rowland, M Majid

Bipolar Disorders

Published Online 9th November 2019

Abstract

It has become increasingly recognised that exposure to air pollution and poor air quality is having a detrimental impact on the health of millions in our society. The World Health Organisation estimates that outdoor air pollution is responsible for an estimated 4.2 million deaths per year as a result of respiratory and cardiovascular diseases, while the levels of air pollution in major cities appears to be rising 1. With better access to data on air quality and an increasing understanding of its physical health consequences and its biological mechanisms, the recent article by Khan et al 2 is timely, describing potential associations between air pollution and mental health conditions following analysis of two datasets from the USA and Denmark. Their findings suggest that areas with higher levels of air pollution were associated with increased rates of several mental illnesses, with bipolar disorder showing a particularly strong association in the US data.

A case report of trisomy 17 mosaicism PMP22 gene duplication as a result of trisomy 17 associated with Charcot-Marie-Tooth disease

C Sherlaw-Sturrock, G Cassidy, K Glover, S Naik

Clinical Dysmorphology Published Online 30th October 2019

Psychopathological outcomes of adolescent borderline personality disorder symptoms

C Winsper, D Wolke, J Scott, C Sharp, A Thompson, S Marwaha

Australian and New Zealand Journal of Psychiatry

Published Online 24th October 2019

Abstract

Objective Despite considerable morbidity and functional losses associated with adolescent borderline personality disorder, little is known about psychopathological outcomes. This study examined associations between adolescent borderline personality disorder symptoms and subsequent depressive, psychotic and hypomanic symptoms.

Methods We used data from the Avon Longitudinal Study of Parents and Children. Participants were adolescents living in the community who had data for all longitudinal outcomes (N = 1758). We used logistic regression and path analysis to investigate associations between borderline personality disorder (five or more probable/definite symptoms) reported at age 11–12 years and depressive and psychotic symptoms reported at age 12 and 18, and lifetime hypomanic symptoms reported at age 22–23 years.

Results Adolescent borderline personality disorder symptoms were associated with psychotic symptoms (odds ratio: 2.36, confidence interval: [1.82, 3.06]), diagnosis of depression at age 18 years (odds ratio: 1.30, confidence interval: [1.03, 1.64]) and hypomanic symptoms (odds ratio: 2.89, confidence interval: [2.40, 3.48]) at 22–23 years. Path analysis controlling for associations between all outcomes indicated that borderline personality disorder symptoms were independently associated with depressive symptoms ($\beta = 0.97$, $p < 0.001$) at 12 years and hypomanic ($\beta = 0.58$, $p < 0.01$) symptoms at 22–23 years. Borderline personality disorder symptoms were also associated with psychotic symptoms at age 12 years ($\beta = 0.58$, $p < 0.01$), which were linked ($\beta = 0.34$, $p < 0.01$) to psychotic symptoms at age 18 years.

Conclusion Adolescents with borderline personality disorder symptoms are at future risk of psychotic and hypomanic symptoms, and a diagnosis of depression. Future risk is independent of associations between psychopathological outcomes, indicating that adolescent borderline personality disorder symptoms have multifinal outcomes. Increasing awareness of borderline personality disorder in early adolescence could facilitate timely secondary prevention of these symptoms subsequently, helping to prevent future psychopathology.

Clozapine induced neutropenia, onset after 6 years of treatment: a case report

S Bullock, N Bescoby-Chambers

International Clinical Psychopharmacology

Published online 15th October 2019

Clinician perspectives on the use of NICE guidelines for the process of transition in Attention Deficit Hyperactivity Disorder (ADHD)

H Eke, A Janssens, T Newlove-Delgado, M Paul, A Price, S Young, T Ford

Child: care, health and development Published Online 15th October 2019

Abstract

Background The UK National Institute for Health and Care Excellence (NICE) Clinical Guidelines recommends the following steps in the transition from child to adult services for young people with Attention Deficit Hyperactivity Disorder (ADHD): reassessment before and after transition, transition planning, formal meeting between services, involvement from young person and carer, completed by age 18.

Methods A UK surveillance study asked clinicians to report young people on their caseloads with ADHD in need of transition to adult services in 2016 to support their continued access to medication need. Clinicians reported young people as they aged to within 6 months of the transition boundary. A prospective questionnaire prior to transition asked about intended transition and the use of local transition protocols. A retrospective questionnaire sent nine months later established which steps recommended by NICE were followed during transition. Clinicians (38) working in child or adult services were interviewed about their experiences of transition and the use of NICE guidelines during transition, and were analysed using a Framework approach.

Results Information was shared between services in 85% of the 315 identified transition cases. A joint meeting was planned in 16% of cases; joint working before transfer occurred in 10% of cases. Clinicians were aware of NICE guidelines; they had mixed views on whether (local) guidelines or protocols were helpful. The main reason for not following guidelines was workload and resources: "NICE recommends stuff that is miles above what we will ever be able to provide".

Conclusions Clinicians involved in the transition process of young people with ADHD judged NICE guidelines to be unrealistic given the current limited resources and service organisation. More open dialogue is needed for recommendations on service models to bridge the gap between guideline recommendations and what is viewed as feasible, and how implementation of guidance is funded, monitored and prioritised. This may lead to valuable changes in the consultation process, for example, consideration of a layered (gold, standard, minimal) system for some NICE guidelines.

The impact of NHS change processes on art therapists working in LD services

E Ashby

International Journal of Art Therapy

Published online 16th September 2019

Abstract

The impact of working as art therapists in the NHS during protracted change processes, with people with learning disabilities (LD), was investigated in a qualitative heuristic doctoral study, which considered concerns about emotional exhaustion and reduced efficacy, symptoms of burnout, as a result of occupational stress. The researcher's own data was examined, and 15 art therapists employed by NHS Trusts across England were interviewed. This article explores how the research was conducted, its findings related to LD services in the NHS and wider employment issues, and addresses how the findings are relevant to all art therapists. Most burnout studies are quantitative and consider workplace sources of occupational stress, but this qualitative research importantly revealed how crucial personal sources of support and stress were in terms of aiding or reducing clinicians' capacities to cope. There was evidence of job satisfaction, resilience, and personal growth developed over years of practice, and high levels of stress resulted in symptoms of burnout in some participants, but recovery was shown to be possible.

Associations between infant and toddler regulatory problems, childhood co-developing internalising and externalising trajectories, and adolescent depression, psychotic and borderline personality disorder symptoms

C Winsper, A Bilgin, D Wolke

Journal of Child Psychology and Psychiatry

Published Online 30th August 2019

Abstract

Background Early regulatory problems (RPs) are associated with childhood internalising and externalising symptoms. Internalising and externalising symptoms, in turn, are associated with adolescent psychopathology (e.g. personality disorders, depression). We examined whether RPs are directly associated with adolescent psychopathology, or whether associations are indirect via childhood internalising and externalising symptoms.

Methods We used data from the Avon Longitudinal Study of Parents and Children. Mothers reported on their child's RPs at 6, 15–18 and 24–30 months, and internalising and externalising symptoms at 4, 7, 8 and 9.5 years. Adolescent psychotic, depression and BPD symptoms were assessed at 11–12 years. Children were grouped by their patterns of co-developing internalising and externalising symptoms using parallel process latent class growth analysis (PP-LCGA). Path analysis was used to examine direct and indirect associations from RPs to the three adolescent outcomes.

Results There were four groups of children with distinct patterns of co-developing internalising and externalising (INT/EXT) symptoms. Most children (53%) demonstrated low–moderate and stable levels of INT/EXT symptoms. A small proportion (7.7%) evidenced moderate and increasing INT and high stable EXT

symptoms: this pattern was strongly predictive of adolescent psychopathology (e.g. depression at 11 years: unadjusted odds ratio = 5.62; 95% confidence intervals = 3.82, 8.27). The other two groups were differentially associated with adolescent outcomes (i.e. moderate–high increasing INT/moderate decreasing EXT predicted mother-reported depression at 12, while low stable INT/moderate–high stable EXT predicted child-reported depression at 11). In path analysis, RPs at each time-point were significantly indirectly associated with symptoms of BPD and child- and mother-reported depression symptoms via the most severe class of INT/EXT symptoms.

Conclusions Consistent with a cascade model of development, RPs are predictive of higher levels of co-developing INT/EXT symptoms, which in turn increase risk of adolescent psychopathology. Clinicians should be aware of, and treat, early RPs to prevent chronic psychopathology.

Improving physical healthcare provided to psychiatric inpatients at an acute mental health trust

S Hassan, S Byravan, H Al-Zubaidi

BMJ Open Quality

Published Online 24th August 2019

Abstract

Psychiatric patients are at high risk of developing physical health complications. This is due to various factors including medications prescribed, life style choices and diagnostic overshadowing. Admission to a psychiatric unit provides a prime opportunity to review a patient's physical healthcare. We noticed prior to the commencement of this project that this opportunity was not always being used in the inpatient unit, with one in four patients at baseline data collection having no physical health checks. This is despite clear guidance laid out in the trust policy 'Physical Examination of Service Users 0%. A number of prior audits in this area had failed to sustain improvement. The during Admission to Hospital'. We aimed to improve compliance with these checks to 100%. Therefore, we proposed a quality improvement approach involving a series of plan do study act cycles, in order to test and review processes prior to implementation. The first cycle involved simplification of the paper-based documentation used for physical health checks, which resulted in minimal improvement by 5%. The second cycle involved combining this documentation with the history taking proforma resulting in an overall improvement in compliance to 90%. We learnt that a move away from the more widely used audit towards a more holistic approach of quality improvement allowed an informed continuum of change to take place which likely led to sustained improvement. Post implementation data collected at 1 month revealed compliance remained at 90%. Our initial 100% target was perhaps unrealistic, as there are also longstanding underlying cultural issues around physical healthcare in psychiatric patients that are complex to address and beyond the scope of this project.

Clozapine-induced hepatitis confirmed by rechallenge

M Kanani, H Nandhra

Progress in Neurology and Psychiatry Volume 23, Issue 3, Pages 18-20
Published 13th August 2019

Abstract

Clozapine is an atypical antipsychotic that holds a unique role in the management of treatment-resistant schizophrenia. Well known side-effects include agranulocytosis and myocarditis but associated hepatic disorders are less familiar and listed under 'rare or very rare' by the British National Formulary.¹ However, a transient elevation of transaminases has been estimated to affect up to 50% of patients treated with clozapine.² This article describes a patient with minimally elevated LFTs who subsequently developed symptomatic hepatitis following the initiation of clozapine therapy.

The prevalence of personality disorders in the community: a global systematic review and meta-analysis

C Winsper, A Bilgin, A Thompson, S Marwaha, A Chanen, S Singh, A Wang, V Furtado

British Journal of Psychiatry Published Online 12th July 2019

Abstract

Background Personality disorders are now internationally recognised as a mental health priority. Nevertheless, there are no systematic reviews examining the global prevalence of personality disorders.

Aims To calculate the worldwide prevalence of personality disorders and examine whether rates vary between high-income countries and low- and middle-income countries (LMICs).

Method We systematically searched PsycINFO, MEDLINE, EMBASE and PubMed from January 1980 to May 2018 to identify articles reporting personality disorder prevalence rates in community populations (PROSPERO registration number: CRD42017065094).

Results A total of 46 studies (from 21 different countries spanning 6 continents) satisfied inclusion criteria. The worldwide pooled prevalence of any personality disorder was 7.8% (95% CI 6.1–9.5). Rates were greater in high-income countries (9.6%, 95% CI 7.9–11.3%) compared with LMICs (4.3%, 95% CI 2.6–6.1%). In univariate meta-regressions, significant heterogeneity was partly attributable to study design (two-stage v. one-stage assessment), country income (high-income countries v. LMICs) and interview administration (clinician v. trained graduate). In multiple meta-regression analysis, study design remained a significant predictor of heterogeneity. Global rates of cluster A, B and C personality disorders were 3.8% (95% CI 3.2, 4.4%), 2.8% (1.6, 3.7%) and 5.0% (4.2, 5.9%).

Conclusions Personality disorders are prevalent globally. Nevertheless, pooled prevalence rates should be interpreted with caution due to high levels of heterogeneity. More large-scale studies with standardised methodologies are now needed to increase our understanding of population needs and regional variations.

Vitamin D: Pharmacology and Clinical Challenges in Oral Health Care

E Girgis, A Reyad

Journal of the International Academy of Periodontology
Pages 118 – 124 1st July 2019

Volume 21, Issue 3,

Abstract

Vitamin D is a hormone produced endogenously through cutaneous transformation of 7-dehydrocholesterol by UVB irradiation and exerts its effects through binding to its intracellular receptor. It has skeletal and non-skeletal functions and could be involved in oral health conditions especially periodontitis. In this review, we report the beneficial roles of vitamin D related to oral health. Vitamin D deficiency prevalence is high especially among the elderly and is associated with oral health complications such as periodontitis with a possible role and effects of vitamin D supplementation in the management of oral health conditions. Further research is needed to define vitamin D target levels and establish effective strategies for managing patients suffering from oral health conditions especially periodontitis. Improving the knowledge of dental practitioners, periodontists and pharmacists regarding vitamin D deficiency implications in oral health conditions could guide the management of oral conditions such as periodontitis.

[Assessment of the Impact of Schizophrenia on Healthcare Resource Use Among Patients with Cardiometabolic Conditions in England: Insights from Big Data Analysis](#)

A Rabe, Y Hassan, D Tait

Journal of Pharmacy Management Volume 35, Issue 3, Pages 86 – 108 July 2019

Abstract

Objectives Having schizophrenia increases the risk of developing cardiometabolic conditions, increasing costs and complicating management. This retrospective cohort study among patients with cardiometabolic conditions in England aimed to determine the impact of comorbid schizophrenia on primary and secondary healthcare use, and on the costs of nonelective inpatient admissions, as well as whether this burden is influenced by the number of a patient's cardiometabolic conditions.

Methods Primary and secondary healthcare use data were collected from the Clinical Practice Research Datalink and Hospital Episode Statistics databases, respectively. Adults with ≥ 1 cardiometabolic condition(s) were grouped according to the conditions, and whether they had schizophrenia. Healthcare resource use, and costs of nonelective admissions were calculated for patient with/without schizophrenia and any, 1, 2, 3, or 4 cardiometabolic condition(s). Results were adjusted for age and sex. Abstract

Results Patients with comorbid schizophrenia had 68% more GP appointments (18.09 versus 11.07 appointments/patient/ year), 19% more prescriptions (4.20 versus 5.06 prescriptions/ patient/year), 21% more outpatient appointments (7.94 versus 6.60 appointments/patient/year), 189% more A&E attendances (2.31 versus 0.80 attendances/patient/year), and 127% more nonelective inpatient admissions (1.69 versus 0.77 admissions/patient/year) than those without. The higher number of

nonelective admissions represented £1,420.36 increased spending/patient/year, translating into a potential spend of more than £31M annually. Schizophrenia was associated with higher secondary care resource use after adjusting for the number of cardiometabolic conditions.

Conclusions Among patients with cardiometabolic conditions, comorbid schizophrenia is associated with higher primary and secondary healthcare resource use and cost, even after adjusting for the number of cardiometabolic conditions.

Charles Bonnet syndrome: an important differential diagnosis in new onset hallucinations

G Madley, B Somashekar

Journal of Geriatric Care and Research Volume 6, Issue 1, Pages 23 – 25
June 2019

Abstract

The onset of new visual hallucinations in a patient with a longstanding history of bipolar disorder is extremely rare and when seen is often attributed to the pre-existing condition. A case of 73 year old male is presented here who developed new onset visual hallucinations on a background of stable mental health and was treated with multiple inpatient admissions and extensive antipsychotic therapy. He was later diagnosed to have Charles Bonnet Syndrome. Had visual loss been considered and treated earlier in the diagnostic process, the patient could have avoided the distress of these admissions, side effects of medication, radiation exposure from imaging and above all would have received appropriate treatment sooner. Furthermore, the Mental Health Services would have saved the cost of inpatient stay. It is therefore better to consider Charles Bonnet Syndrome as a differential diagnosis even in patients with well-established mental illness if they develop new onset visual hallucinations. This case report examines why the diagnosis of Charles Bonnet Syndrome can be missed, and its impact on geriatric patients.

Malignancies Spectrum in the Era of Modern HAART.

K Seneviratne, R Shah, H Taha, P Venkatesan, S Das, M Pammi

BAOJ HIV Volume 5, Issue 1 June 2019

Abstract

Background In the current highly active antiretroviral therapy (HAART) era, studies suggest AIDS defining malignancies (ADM) are decreasing and non- AIDS defining malignancies (NADM) are increasing. We aimed to review all types of malignancies and risk factors in our HIV cohort over a period of ten years.

Methods This was a retrospective cohort study of all malignancy diagnoses and risk factors collected (2004-2014) from two teaching hospitals in the Midlands, United Kingdom. The demographic data and clinical features were collated and the primary end point of survival analysed. Secondary endpoints included risk factors for ADM compared to NADM.

Results 111 malignancy diagnoses 63 (54%) ADM and 48 (46%) NADM identified. Survival was worse once diagnosed with a NADM. About half of the ADM and a third of the NADM had a new HIV diagnosis at the same time or soon after the malignancy diagnosis. Haematological malignancies were the commonest malignancy in both groups. Oncogenic virus was an independent predictor of ADM risk .

Conclusions Despite new and improved HAART regimens, ADM remain high in newly diagnosed HIV individuals and NADM are on the rise in those on longstanding HAART with stable HIV. Not only continuing HIV testing in new ADM as per the indicator conditions, but it is also important to increase HIV testing in new diagnoses of NADM such as all haematological malignancies and lung cancer.

Effect of Low Dose Oral Vitamin D on Bone Mineral Density Changes in HIV Patients

J Dhothar, S Bopitiya, H Taha, S Das

Infectious Disorders - Drug Targets

E-pub Abstract Ahead of Print

June 2019

Abstract

Background A high incidence of vitamin-D deficiency and abnormal bone mineral density (BMD) is reported amongst Human Immunodeficiency Virus (HIV) infected patients. Our study looked at the effect of oral low dose vitamin-D replacement in patients with a known vitamin-D deficiency on levels of vitamin-D, parathyroid hormone (PTH) and Bone Mineral Density (BMD) of hip and spine

Methods Patients took a daily low dose of 800IU of vitamin-D. The following details were collected on all patients: demographics, CD-4 cell count, viral load, fracture risk factors, treatment history, corrected calcium, alkaline phosphatase (ALP), Parathyroid Hormone (PTH) (intact PTH), measured 25(OH)D, inorganic phosphate and BMD of hip and spine at baseline, 12 and 36 months.

Results Our Cohort consisted of 86 patients. Patient details included: mean age 42.8 (+/-7.7) years, 48 (55%) females 64 (74%) black African, CD-4 count 440.7 (+/-180.8) cells/dL, plasma VL 1.6 log (+/-2.3) copies/mL, duration of illness 56.9 (+/-34.1) months, plasma VL 1.6 log (+/-2.3) copies/ml, duration of exposure to antiretroviral 41.2 (+/-27.9) months, duration of exposure to antiretroviral 41.2 (+/-27.9) months. At base line there was no difference in BMD of hip or spine was noticed, however a higher PTH (0.001) in patients taking Tenofovir and a lower vitamin-D was noticed in patients taking Efavirenz. After 36 months patients on vitamin D replacement (n=44) had a significant increase in vitamin-D level (15.4 +/-10.4 vs 104.1 +/-29.1 p=0.0001), lower PTH (6.3 +/-3.4 vs 4.4 +/-1.4 p=0.0001) ALP (108.9 +/-78.8 vs 90.6 +/-45.8 p=0.05) but no change in corrected calcium (2.13 +/-0.1 vs 2.16 +/-0.34 p=0.5) and BMD of spine (1.039 +/-0.226 vs 1.027 +/-0.211, p=0.77), and BMD of hip (1.020 +/-0.205 vs 1.039, p=0.61). In a multivariate logistic regression analysis that included all significant variables, vitamin-D replacement independently was associated with increase in vitamin-D level (OR 2.08, CI 1.03, 4.12, p=0.005), decrease in PTH level (OR 0.53, CI 0.35, 0.82, p=0.04), but not with change in corrected calcium, alkaline phosphatase, BMD of hip or spine.

Conclusion After 36 months of follow up, replacement of low dose once daily oral vitamin-D in treatment experienced HIV infected patients with vitamin-D deficiency can increase vitamin-D level, reduce PTH level without any change in BMD of spine and hip.

[The psychosis risk timeline: can we improve our preventive strategies? Part 1: early life](#)

K Romain, A Eriksson, R Onyon, M Kumar

BJPsych Advances

Published Online 21st June 2019

Abstract

Psychosis is a complex presentation with a wide range of factors contributing to its development, biological and environmental. Psychosis is a feature present in a variety of psychiatric disorders. It is important for clinicians to keep up to date with evidence regarding current understanding of the reasons psychosis may occur. Furthermore, it is necessary to find clinical utility from this knowledge so that effective primary, secondary and tertiary preventative strategies can be considered. This article is the first of a three-part series that examines contemporary knowledge of risk factors for psychosis and presents an overview of current explanations. The articles focus on the psychosis risk timeline, which gives a structure within which to consider key aspects of risk likely to affect people at different stages of life. In this first article, early life is discussed. It covers elements that contribute in the prenatal and early childhood period and includes genetic, nutritional and infective risk factors.

[The psychosis risk timeline: can we improve our preventive strategies? Part 2: adolescence and adulthood](#)

K Romain, A Eriksson, R Onyon, M Kumar

BJPsych Advances

Published Online 24th June 2019

Abstract

Current understanding of psychosis development is relevant to patients' clinical outcomes in mental health services as a whole, given that psychotic symptoms can be a feature of many different diagnoses at different stages of life. Understanding the risk factors helps clinicians to contemplate primary, secondary and tertiary preventive strategies that it may be possible to implement. In this second article of a three-part series, the psychosis risk timeline is again considered, here focusing on risk factors more likely to be encountered during later childhood, adolescence and adulthood. These include environmental factors, substance misuse, and social and psychopathological aspects.

[The psychosis risk timeline: can we improve our preventive strategies? Part 3: primary common pathways and preventive strategies](#)

K Romain, A Eriksson, R Onyon, M Kumar

BJPsych Advances

Published Online 21st June 2019

Abstract

Psychosis is a recognised feature of several psychiatric disorders and it causes patients significant distress and morbidity. It is therefore important to keep knowledge of possible risk factors for psychosis up to date and to have an overview model on which further learning can be structured. This article concludes a three-part series. It gives a review of evidence regarding common pathways by which many risk factors come together to influence the development of psychosis and finalises our suggested overview model, a psychosis risk timeline. The three primary pathways considered are based on the major themes identified in this narrative review of recent literature and they focus on neurological, neurochemical and inflammatory changes. We link each back to the factors discussed in the first and second parts of this series that alter psychosis risk through different mechanisms and at different stages throughout life. We then consider and summarise key aspects of this complex topic with the aim of providing current and future clinicians with a model on which to build their knowledge and begin to access and understand current psychosis research and implications for future preventive work.

[Training of adult psychiatrists and child and adolescent psychiatrists in Europe: a systematic review of training characteristics and transition from child/adolescent to adult mental health services](#)

For the Milestone Consortium, F Russet, V Humbertclaude, G Dieleman, K Dodig-Ćurković, G Hendrickx, V Kovač, F McNicholas, A Maras, S Paramala, M Paul, U Schulze, G Signorini, C Street, P Tah, H Tuomainen, S P. Singh, S Tremmery, D Purper-Ouakil

BMC Medical Education

Published Online 13th June 2019

Abstract

Background Profound clinical, conceptual and ideological differences between child and adult mental health service models contribute to transition-related discontinuity of care. Many of these may be related to psychiatry training.

Methods A systematic review on General Adult Psychiatry (GAP) and Child and Adult Psychiatry (CAP) training in Europe, with a particular focus on transition as a theme in GAP and CAP training.

Results Thirty-four full-papers, six abstracts and seven additional full text documents were identified. Important variations between countries were found across several domains including assessment of trainees, clinical and educational supervision, psychotherapy training and continuing medical education. Three models of training were identified: i) a generalist common training programme; ii) totally separate

training programmes; iii) mixed types. Only two national training programs (UK and Ireland) were identified to have addressed transition as a topic, both involving CAP exclusively.

Conclusion Three models of training in GAP and CAP across Europe are identified, suggesting that the harmonization is not yet realised and a possible barrier to improving transitional care. Training in transition has only recently been considered. It is timely, topical and important to develop evidence-based training approaches on transitional care across Europe into both CAP and GAP training.

Transition between child and adult services for young people with attention-deficit hyperactivity disorder (ADHD): findings from a British national surveillance study

H Eke, T Ford, T Newlove-Delgado, A Price, S Young, C Ani, K Sayal, R Lynn, M Paul, A Janssens

British Journal of Psychiatry

Published Online 4th June 2019

Abstract

Background Optimal transition from child to adult services involves continuity, joint care, planning meetings and information transfer; commissioners and service providers therefore need data on how many people require that service. Although attention-deficit hyperactivity disorder (ADHD) frequently persists into adulthood, evidence is limited on these transitions.

Aims To estimate the national incidence of young people taking medication for ADHD that require and complete transition, and to describe the proportion that experienced optimal transition.

Method Surveillance over 12 months using the British Paediatric Surveillance Unit and Child and Adolescent Psychiatry Surveillance System, including baseline notification and follow-up questionnaires.

Results Questionnaire response was 79% at baseline and 82% at follow-up. For those aged 17–19, incident rate (range adjusted for non-response) of transition need was 202–511 per 100 000 people aged 17–19 per year, with successful transition of 38–96 per 100 000 people aged 17–19 per year. Eligible young people with ADHD were mostly male (77%) with a comorbid condition (62%). Half were referred to specialist adult ADHD and 25% to general adult mental health services; 64% had referral accepted but only 22% attended a first appointment. Only 6% met optimal transition criteria.

Conclusions As inclusion criteria required participants to be on medication, these estimates represent the lower limit of the transition need. Two critical points were apparent: referral acceptance and first appointment attendance. The low rate of successful transition and limited guideline adherence indicates significant need for commissioners and service providers to improve service transition experiences.

Audit on management of sexual assault victims attending an integrated sexual health service in Coventry

B Kumari, S Bopitiya, A Bassinder, S Das

International Journal of STDS & AIDS Published Online 3rd June 2019

Abstract

The management of victims of sexual assault need a holistic approach. The British Association of Sexual Health and HIV (BASHH) has set up standards for the management of sexual assault victims attending Sexual Health Clinics. We audited the management of victims of sexual assault attending an integrated sexual health service against recommendations from the latest BASHH guidelines. We included the recommendations and implementations already in place following an earlier audit in 2013 using the same guideline. Sixty-seven individuals identified themselves as victims of sexual assault. Most were of white ethnic origin (78%), female (96%) and the commonest age group was 18–25 years (39%). We achieved the 100% target in recording the date of assault, offering baseline sexually transmitted infection (STI) screening, HIV risk assessment, offer of post-exposure prophylaxis (PEP) for HIV where applicable and offer of emergency contraception. We were below the 100% target for other categories but improved compared to the previous audit except in recording the time when the first dose of PEP for HIV was given. The BASHH guideline has 14 auditable standards, all with a target of 100%. Our audit cycle completed in three years showed considerable improvement in achieving the standards in the management of Sexual Assault Victims. We hope this will encourage other centres audit their practice against the standards set by BASHH.

[Practical Guidance on the Use of Lurasidone for the Treatment of Adults with Schizophrenia](#)

A Javed, H Arthur, L Curtis, L Hansen, S Pappa

Neurology and Therapy

Published Online 16th May 2019

Abstract

Introduction Lurasidone is an atypical antipsychotic that was approved in Europe in 2014 for the treatment of schizophrenia in adults aged ≥ 18 years. Clinical experience with lurasidone in Europe is currently limited, and there is therefore a need to provide practical guidance on using lurasidone for the treatment of adults with schizophrenia.

Methods A panel of European psychiatrists with extensive experience of prescribing lurasidone was convened to provide recommendations on using lurasidone to treat adults with schizophrenia.

Results Extensive evidence from clinical trials and the panel's clinical experience suggest that lurasidone is as effective as other atypical agents, with the possible exception of clozapine. Lurasidone is associated with a lower propensity for metabolic side effects (in particular, weight gain) and hyperprolactinaemia than most other atypical antipsychotics and has a relatively benign neurocognitive side effect profile. Patients switching to lurasidone from another antipsychotic may experience weight reduction and/or improvements in the ability to focus/concentrate. Most side effects with lurasidone (such as somnolence) are transitory, easily managed and/or ameliorated by dose adjustment. Akathisia and extrapyramidal symptoms may occur

in a minority of patients, but these can be managed effectively with dose adjustment, adjunctive therapy and/or psychosocial intervention.

Conclusions Given the crucial importance of addressing the physical as well as mental healthcare needs of patients, lurasidone is a rational therapeutic choice for adults with schizophrenia, both in the acute setting and over the long term.

An Intervention to Increase Condom Use Among Users of Chlamydia Self-Sampling Websites (Wrapped): Intervention Mapping and Think-Aloud Study.

K Newby, R Crutzen, K Brown, J Bailey, J Saunders, A Szczepura, J Hunt, T Alston, ST Sadiq, S Das

Journal of Medical Internet Research: Formative Research

Published Online 1st May 2019

Abstract

Background Young people aged 16-24 years are disproportionately affected by sexually transmitted infections (STIs). STIs can have serious health consequences for affected individuals and the estimated annual cost of treatment to the National Health Service is £620 million. Accordingly, the UK government has made reducing the rates of STIs among this group a priority. A missed opportunity to intervene to increase condom use is when young people obtain self-sampling kits for STIs via the internet.

Objective Our aim was to develop a theory-based tailored intervention to increase condom use for 16-24-years-olds accessing chlamydia self-sampling websites.

Methods The intervention, Wrapped, was developed using Intervention Mapping and was co-designed with young people. The following steps were performed: (1) identification of important determinants of condom use and evidence of their changeability using computer and digital interventions; (2) setting the intervention goal, performance objectives, and change objectives; (3) identification of Behavior Change Principles (BCPs) and practical strategies to target these determinants; and (4) development of intervention materials able to deliver the BCPs and practical strategies.

Results Users of existing chlamydia self-sampling websites are signposted to Wrapped after placing an order for a sampling kit. Salient barriers to condom use are identified by each user and relevant intervention components are allocated to target these. The components include the following: (1) a sample box of condoms, (2) an online condom distribution service, (3) a product for carrying condoms, (4) a condom demonstration video, (5) a series of videos on communication about condom use, and (6) erotic films of real couples discussing and demonstrating condom use.

Conclusions This intervention will be directed at young people who may be particularly receptive to messages and support for behavior change due to their testing status.

[The development of the Compassion Focused Therapy Therapist Competence Rating Scale](#)

V Horwood, S Allan, Kenneth Goss, Paul Gilbert

Psychology and Psychotherapy: Theory, Research and Practice

Published 25th April 2019

Abstract

Objectives Compassion-focused therapy (CFT) has shown promise as a treatment for a number of clinical presentations; however, existing studies have not adequately addressed issues of treatment fidelity. The aims of the present study were to identify initial candidate items that may be included in a CFT therapist competence rating scale and to develop the behavioural indicators to anchor these items.

Design The Delphi method was used to develop and operationalize the competencies required for inclusion in a CFT therapist competence rating scale over five rounds.

Methods Face-to-face meetings with two CFT experts were conducted in rounds one, two, and five, and these were used to define and operationalize the competencies. Nine other CFT experts were invited to complete online surveys in rounds two and four. An 80% consensus level was applied to the online surveys.

Results The resulting Compassion Focused Therapy Therapist Competence Rating Scale (CFT-TCRS) consisted of 23 competencies which were separated into 14 'CFT unique competencies' and nine 'Microskills'. There was high agreement about the included 'CFT unique competencies' and 'Microskills'; however, there were some differences in opinion about the specific content of some items.

Conclusions This is the first study that has attempted to reach consensus regarding the competencies and behavioural anchors for a CFT therapist competence rating scale. The next stage of development for the CFT-TCRS is to establish whether the scale can be reliably and validly used to evaluate CFT practice.

[A commentary on lipid disorder and HDL-Cholesterol in HIV patients: changing trends.](#)

S Das

BAOJ HIV, Volume 5, Issue 1:042

Published 20th April 2019

Stress and Rural Mental Health

B Somashekar, P Reddy, B Wuntakal

Stress and Rural Mental Health. In: Chaturvedi S. (eds) Mental Health and Illness in Rural World. Mental Health and Illness Worldwide. Springer, Singapore

Published online 28th March 2019

Abstract

Stress and rural are difficult words to define conceptually, and this chapter gives some ideas about operational definitions to use in research framework. A brief overview on evolutions of stress concept has been provided. Rural stress is conceptualized as stress unique to rural area and stress in the rural context but common to all. The very factors, which define rural areas, may sometimes work as perpetuating factors for stress in rural population. The manifestations of stress can be both physical and psychological and depend largely on person's coping abilities. As manifestations are seen as "subthreshold" for categorical classificatory systems, research is focused on "disorders" rather than manifestations of stress, sometimes giving an impression that stress may not be important despite significant burden to the individual from the symptoms. Review of the literature on "stress" reveals that it has been focused mainly in urban populations when in reality the majority of population is scattered around in rural areas. Farming is exclusively a rural activity and hence farming stress is discussed in a separate section. It is important to recognize that seasonal variations in farming can affect the prevalence of stress manifestations throughout the year. Most interventions for rural stress are extrapolation from general stress research and prescriptive with limited empirical evidence. Therefore any suggested interventions need to be adapted carefully to rural settings.

Rabbit Syndrome: Update on aetiology and management for pharmacists, psychiatrists and dentists

A Reyad, Eriny Girgis, R Mishriky

International Journal of Current Medical and Pharmaceutical Research

Published Online 28th March 2019

Abstract

Rabbit syndrome (RS) is an involuntary movement disorder, characterized by fast and fine movements of oral and masticatory muscles along the mouth vertical axis in the absence of tongue involvement. RS prevalence varies between 2.3% to 4.4% and could result from the administration of antipsychotics and antidepressants. In case of second generation antipsychotics, there is a reduced risk of RS compared with first generation antipsychotics with mainly isolated literature case reports especially with the use of risperidone as antipsychotic. RS affects only the buccal region, with the possible involvement of the basal ganglia, in particular the substantia nigra. The management of RS include reduction or change of the psychotropic treatment and use of anticholinergic medications such as trihexyphenidyl. Although RS is rare and easily treatable, it is essential that dentists and psychiatrists could distinguish this syndrome from other movement disorders such as tardive dyskinesia.

[Insulin resistance and obesity, and their association with depression in relatively young people: findings from a large UK birth cohort](#)

B Perry, G Khandaker, S Marwaha, A Thompson, S Zammit, S Singh, R Upthegrove
Psychological Medicine Published Online 11th March 2019

Abstract

Background Depression frequently co-occurs with disorders of glucose and insulin homeostasis (DGIH) and obesity. Low-grade systemic inflammation and lifestyle factors in childhood may predispose to DGIH, obesity and depression. We aim to investigate the cross-sectional and longitudinal associations among DGIH, obesity and depression, and to examine the effect of demographics, lifestyle factors and antecedent low-grade inflammation on such associations in young people.

Methods Using the Avon Longitudinal Study of Parents and Children birth cohort, we used regression analyses to examine: (1) cross-sectional and (2) longitudinal associations between measures of DGIH [insulin resistance (IR); impaired glucose tolerance] and body mass index (BMI) at ages 9 and 18 years, and depression (depressive symptoms and depressive episode) at age 18 years and (3) whether sociodemographics, lifestyle factors or inflammation [interleukin-6 (IL-6) at age 9 years] confounded any such associations.

Results We included 3208 participants. At age 18 years, IR and BMI were positively associated with depression. These associations may be explained by sociodemographic and lifestyle factors. There were no longitudinal associations between DGIH/BMI and depression, and adjustment for IL-6 and C-reactive protein did not attenuate associations between IR/BMI and depression; however, the longitudinal analyses may have been underpowered.

Conclusions Young people with depression show evidence of DGIH and raised BMI, which may be related to sociodemographic and lifestyle effects such as deprivation, smoking, ethnicity and gender. In future, studies with larger samples are required to confirm this. Preventative strategies for the poorer physical health outcomes associated with depression should focus on malleable lifestyle factors.

Transition as a topic in psychiatry training throughout Europe: trainees' perspectives

G Hendrickx, V De Roeck, F Russet, G Dieleman, T Franic, A Maras, F McNicholas, M Paul, P Santosh, U Schulze, G Signorini, S Singh, C Street, H Tuomainen, F Verhulst, D Wolke, D Purper-Ouakil, S Tremmery, for the MILESTONE Consortium

European Child and Adolescent Psychiatry Published Online 7th March 2019

Abstract

The majority of adolescents with mental health problems do not experience continuity of care when they reach the transition boundary of their child and adolescent mental health service. One of the obstacles for a smooth transition to adult mental health services concerns the lack of training for health-care professionals involved in the transition process. This study aims to seek psychiatric trainees' opinions regarding training on transition and the knowledge and skills

required for managing transition. A survey was distributed to trainees residing in European countries. Trainees from 36 countries completed the questionnaire, of which 63% reported that they came into contact with youth and young adults (16–26 years) during their clinical practice. Twenty-seven percent of trainees stated they have good to very good knowledge about the transition process. Theoretical training about transition was reported in only 17% of the countries, and practical training in 28% of the countries. Ninety-four percent of trainees indicated that further training about transition is necessary. The content of subsequent transition-related training can be guided by the findings of the MILESTONE project.

Telepsychiatry in intellectual disability psychiatry: literature review

G Madhavan

BJPsych Bulletin

Published Online 7th March 2019

Abstract

Aims and Method The aims of this review were to explore the effectiveness and patient and provider acceptability of telepsychiatry consultations in intellectual disability, contrasting this with direct face-to-face consultations and proposing avenues for further research and innovation. Computerised searches of databases including AMED and EMBASE were conducted.

Results Four USA studies of intellectual disability telepsychiatry services have been reported. The majority (75%) focused on children with intellectual disability. Sample sizes ranged from 38 to 900 participants, with follow-up from 1 to 6 years. Outcome measures varied considerably and included cost savings to patients and healthcare providers, patient and carer satisfaction and new diagnoses.

Clinical implications The innovations summarised suggest a requirement to further explore telepsychiatry models. Despite some promising outcomes, there is a relative dearth in the existing literature. Further studies in other healthcare systems are required before concluding that telepsychiatry in intellectual disability is the best approach for providing psychiatric services to this population.

The experiences of inpatient nursing staff caring for young people with early psychosis

J Thompson, Z Boden, E Newton, K Fenton, G Hickman, M Larkin

Journal of Research in Nursing

Volume 24, Issue 1-2, Pages 75-85

March 2019

Abstract

Background Early intervention services aim to improve outcomes for people with first episode psychosis and, where possible, to prevent psychiatric hospital admission. When hospitalisation does occur, inpatient staff are required to support patients and families who may be less familiar with services, uncertain about possible outcomes, and may be experiencing a psychiatric hospital for the first time.

Aims Our study aimed to understand the process of hospitalisation in early psychosis, from the perspective of inpatient nursing staff. We were particularly interested in their experiences of working with younger people in the context of adult psychiatric wards.

Methods Nine inpatient nursing staff took part in semi-structured interviews, which were transcribed and then analysed using interpretative phenomenological analysis.

Results Five themes are outlined: 'it's all new and it's all learning'; the threatening, unpredictable environment; care and conflict within the intergenerational relationship; motivation and hope; and coping and self-preservation.

Conclusions The phenomenological focus of our approach throws the relational component of psychiatric nursing into sharp relief. We reflect on the implications for organisations, staff, families and young people. We suggest that the conventional mode of delivering acute psychiatric inpatient care is not likely to support the best relational and therapeutic outcomes.

[Lipid disorders in HIV patients: what about raised HDL-cholesterol?](#)

S Das

Blood, Heart and Circulation

Volume 3: 2-2

Published 18th February 2019

[Experience of mental health diagnosis and perceived misdiagnosis in autistic, possibly autistic and non-autistic adults](#)

S. Au-Yeung, L. Bradley, A. Robertson, R. Shaw, S. Baron-Cohen, S. Cassidy

Autism

Published Online 14th December 2018

Abstract

Previous research shows that autistic people have high levels of co-occurring mental health conditions. Yet, a number of case reports have revealed that mental health conditions are often misdiagnosed in autistic individuals. A total of 420 adults who identified as autistic, possibly autistic or non-autistic completed an online survey consisting of questions regarding mental health diagnoses they received, whether they agreed with those diagnoses and if not why. Autistic and possibly autistic participants were more likely to report receiving mental health diagnoses compared to non-autistic participants, but were less likely to agree with those diagnoses. Thematic analysis revealed the participants' main reasons for disagreement were that (1) they felt their autism characteristics were being confused with mental health conditions by healthcare professionals and (2) they perceived their own mental health difficulties to be resultant of ASC. Participants attributed these to the clinical barriers they experienced, including healthcare professionals' lack of autism awareness and lack of communication, which in turn prevented them from receiving appropriate support. This study highlights the need for autism awareness training for healthcare professionals and the need to develop tools and interventions to accurately diagnose and effectively treat mental health conditions in autistic individuals.

BHIVA guidelines for the routine investigation and monitoring of adult HIV-1-positive individuals 2016 (2019 interim update)

Chair: Prof Brian Angus, Vice Chair: Dr Gary Brook

Members (in alphabetic order): F Awosusi, G Barker, M Boffito, S Das, L Dorrell, E Dixon-Williams, C Hall, B Howe, S Kalwiji, N Martin, E Nastouli, F Post, M Tenant-Flowers, E Smit, D Wheals

British HIV Association

2019 Update

Introduction

The 2016 guideline is an update of that produced in 2011 to reflect the advances in knowledge made in the previous 5 years. As with the 2011 monitoring guideline, the aim is to present a consensus regarding the standard assessment and investigation of HIV infection from the time of diagnosis and to describe the appropriate monitoring of HIV-positive individuals both on and off ART. This guideline does not address the investigation and management of specific conditions related to HIV infection nor does it look at the choice of ART as these are all covered in other specific BHIVA guidelines.

Within this guideline, assessment and monitoring of HIV-positive individuals have been categorised into the following areas: initial diagnosis; asymptomatic individuals not yet on ART; ART initiation; initial assessment following commencement of ART; routine monitoring on ART and monitoring in special circumstances.

We have tried to reduce greatly the length of the guideline, especially by heavily relying on other BHIVA guidelines for reference, in order to make it as user-friendly as possible.

Significant changes include the recommendations to reduce/stop CD4 cell count testing in stable patients and to stop performing tests that are no longer of value in an age where most HIV-positive patients are fit and well. We also suggest more consideration for monitoring for age-related conditions such as cardiovascular and bone health using QRISK2 and FRAX scores. Part and parcel of this guideline's recommendations is the provision of cost-effective care and collaborating with primary care services.

The 2019 interim update to the 2016 BHIVA monitoring guideline has been published online to ensure that guidance is consistent with the BHIVA position statement on U=U. All changes to the guideline are highlighted and include updates to the sexual health screening and the conception sections. It is anticipated that the next formal update to the guideline will begin in 2019.

Compiled by Wendy Townsend and Claire Bradley