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[Psychiatry and neurodevelopmental disorders: experts by experience, clinical care and research](#)

R Alexander, P Langdon, J O'Hara, A Howell, T Lane, R Tharian, R Shankar

The British Journal of Psychiatry

Published 28 December 2020

Abstract

People with neurodevelopmental disorders often present with challenging behaviours and psychiatric illnesses. Diagnosis and treatment require patients, families and healthcare professionals to work closely together in partnership, acknowledging their respective areas of expertise. Good treatment outcomes should also be underpinned by robust research evidence. Key research priorities are highlighted.

[‘There isn’t a checklist in the world that’s got that on it’: Special needs teachers’ opinions on the assessment and teaching priorities of pupils on the autism spectrum](#)

M Howell, J Bradshaw, P Langdon

Journal of Intellectual Disabilities

Published 16 December 2020

Abstract

Two focus groups were conducted with special needs teachers to: (a) identify barriers to learning for autistic pupils, (b) consider broad assessment domains and specific skills or behaviours which teachers consider important for these pupils, and (c) give their opinions on teacher assessments. Data analysis resulted in six main themes: (a) barriers to learning, (b) teacher priorities for autistic pupils, (c) ways of overcoming barriers, (d) the concept of ‘true mastery’, (e) assessing the bigger picture, and (f) practicalities of assessment. Results showed that teachers have priorities for the pupils they know well and concerns about the assessments they

regularly use. To ensure face and content validity of teacher assessments, and for assessments to be useful to and valued by the teachers who use them, it is recommended that teachers have opportunities to input during various aspects of the assessment development process.

[The effectiveness of parent training for children with autism spectrum disorder: a systematic review and meta-analyses](#)

S Deb, A Retzer, M Roy, R Acharya, B Limbu, A Roy

BMC Psychiatry

Published 7 December 2020

Abstract

Background Various parent training interventions have been shown to have some effect on the symptoms of children with autism. We carried out a systematic review and meta-analyses to assess effectiveness of parental training for children with autism on their symptoms and parental stress.

Methods Four electronic databases, CINAHL, EMBASE, MEDLINE and PsycINFO were searched until March 2020 for relevant literature. Two reviewers independently screened bibliographies using an eligibility checklist and extracted data using a structured proforma. We have also carried out meta-analyses when data were available for pooling.

Results Seventeen papers from 15 studies were included for data analysis. Fifteen papers showed a positive treatment effect when compared with the control group, although not always significant. Meta-analysis based on pooled data from only two studies in each respective intervention, showed small to moderate treatment effects for three interventions, DIR/Floortime, Pivotal Response and Parent focused training respectively.

Conclusions As in previous systematic reviews there was a mild to moderate treatment effects of three specific types of interventions respectively. However, it was difficult to draw any definitive conclusion about the effectiveness and generalisability of any intervention because of the wide variation in the interventions, control groups, outcome measures, small sample size, small number of studies in meta-analysis, overlap between the intervention and control procedures used in the included studies. There is an urgent need for experts in various international centres to jointly standardise a parent training intervention for children with autism and carry out a large scale RCT to assess its clinical and economic effectiveness.

Care pathways for people with intellectual disabilities who present with behaviours that challenge

A Roy, P Baker, S Carmichael

Tizard Learning Disability Review

Published 30 November 2020

Abstract

Purpose Care pathways are being increasingly used in the national health service to outline an anticipated programme of care in relation to a particular illness, condition or set of symptoms. The purpose of this paper is to inform those using the service of

what they might expect within what time frame. They are designed to reduce variation in practice and allow optimal quality of care across a variety of care settings. Care pathways map out a patient's journey, providing coordination of services for users. They aim to have: "the right people, doing the right things, in the right order, at the right time, in the right place, with the right outcome".

Design/methodology/approach This paper outlines care pathways in relation to people with intellectual disabilities who present with behaviour that challenges.

Findings It is likely that many people will have a lifelong need for support, so discharge from clinical services should only be considered if it is genuinely appropriate. Reductions in a person's behaviours that challenge are likely to be a consequence of changes that have been made to the person's environment and supports. Therefore, any reductions in the level or type of support that the person receives may lead to an escalation of the behaviour again.

Originality/value Standards in relation to care pathways are presented.

Capable Environments

P McGill, J Bradshaw, G Smyth, M Hurman, A Roy

Tizard Learning Disability Review

Published 30 November 2020

Abstract

Purpose The purpose of this paper is to outline the role played by different aspects of the social, physical and organisational environments in preventing behaviour described as challenging in people with learning disabilities.

Design/methodology/approach Conceptual elaboration drawing on research and practice literature.

Findings Community placements for people with learning disabilities should develop the characteristics of capable environments. Such characteristics are associated with prevention of challenging behaviour and improved quality of life outcomes.

Originality/value The notion of the capable environment may help to shift the focus from the individual who displays behaviour described as challenging to the characteristics of the social, physical and organisational supports that they receive.

[Priority concerns for people with intellectual and developmental disabilities during the COVID-19 pandemic](#)

S Tromans, M Kinney, V Chester, R Alexander, A Roy, J Sander, H Dudson, R Shankar

BJPsych Open

Published 29 October 2020

Abstract

Background The approach taken to support individuals during the coronavirus disease 2019 (COVID-19) pandemic needs to take into account the requirements of people with intellectual disabilities and/or autism, who represent a major vulnerable group, with higher rates of co-occurring health conditions and a greater risk of dying prematurely. To date, little evidence on COVID-related concerns have been

produced and no report has provided structured feedback from the point of view of people with intellectual disabilities and/or autism or of their family/carers.

Aims To provide systemised evidence-based information of the priority concerns for people with intellectual disabilities and/or autism regarding the COVID-19 pandemic.

Method Senior representatives of major UK-based professional and service-user representative organisations with a stake in the care of people with intellectual disabilities and/or autism were contacted to provide a list of concerns across three domains: 'mental health and challenging behaviour', 'physical health and epilepsy' and 'social circumstances and support'. The feedback was developed into statements on frequently reported priorities. These statements were then rated independently by expert clinicians. A video-conference meeting to reconcile outliers and to generate a consensus statement list was held.

Results Thirty-two organisations were contacted, of which 26 (81%) replied. From the respondent's data, 30 draft consensus statements were generated. Following expert clinician review, there was initially strong consensus for seven statements (23%), increasing to 27 statements (90%) following video conferencing.

Conclusions These recommendations highlight the expectations of people with intellectual disabilities and/or autism in the current pandemic. This could support policymakers and professionals' deliver and evidence person-centred care.

[Asking the teachers: A Delphi study on the selection of skills and behaviours for an assessment of barriers to learning for pupils on the autism spectrum with intellectual disabilities](#)

M Howell, J Bradshaw, P Langdon

British Journal of Learning Disabilities

Published 29 October 2020

Abstract

Background This study outlines how a modified Delphi procedure was used with special educational needs teachers to select skills and behaviours for inclusion in the Assessment of Barriers to Learning in Education-Autism (ABLE-Autism). The ABLE-Autism is a new teacher assessment to show progress in barriers to learning for pupils on the autism spectrum with coexisting intellectual disabilities in special schools. The research aim was to select items for inclusion in the assessment based on teacher ratings of relevance, comprehensibility and comprehensiveness.

Method Following a review of the literature and teacher focus groups, a list of 86 items was developed and a modified two-round Delphi exercise was conducted with special needs teachers. Items were selected for inclusion if at least 80% of teachers agreed that the item was (a) able to be understood, (b) important to assess and (c) the median score associated with whether the item was able to be understood and important to assess was 1 (the highest score possible).

Results In the first round, 56 items met the criteria for inclusion and were retained. Thirty items were amended, and, after three items were amalgamated with other items, 27 amended items were included in the second round. After the second round, 14 additional items met the threshold to be included in the final assessment.

Conclusions After both rounds, 70 items were endorsed by teachers and included in the ABLE-Autism. The input of special needs teachers provided initial face and content validity for the new outcome measure.

G385(P) Getting more from less: tackling work pressures faced by paediatric trainees

S Steadman, D Aguirre, D Kenyon- Blair, H Cooper, M O’Keeffe, R Negrine, H Goodyear, Paediatric Research Across the Midlands Network

Archives of Disease in Childhood

Published 25 October 2020

Abstract

Aims As part of a wider piece of work looking into the ‘8 High Impact Interventions to Improve the Working Lives of Junior Doctors’ document from NHS Improvement we gathered data on trainees’ experience of workplace pressures and what they felt would help them use their time more effectively.

Methods A voluntary questionnaire was designed based on ‘8 High Impact Actions to Improve the Working Environment for Junior Doctors’ document by NHS Improvement. This was circulated on paper at trainees’ regional teaching days and online via Survey Monkey from December 2018-March 2019.

Results Responses were received from 47% (143/306) of trainees. 74% (101/137) of trainees reported regularly (44% daily and 30% weekly) carrying out tasks they felt could be shared amongst a range of staff. These included:

- Blood tests, cannulas and blood gases (24%, 34/143)
- Writing/printing forms (11%, 15/143)
- Booking or chasing appointments (11%, 15/143)
- Restocking consumables (9%, 13/143)
- Fixing IT systems (8%, 11/143)

Trainees reported having to duplicate documentation including:

- NIPE (newborn infant physical examination) documentation (22%, 29/134)
- Immunisation documentation (10%, 13/134)
- Copying admission notes from paper into Badger (neonatal online documentation) systems (8%, 11/134)

When asked what trainees thought would help them manage the ever increasing workload, trainees’ most common responses were:

- Better IT systems (18%, 25/134)
- Upskilling other team members (18%, 24/134)
- More support staff (15%, 20/134)
- More doctors (10%, 14/134)

Conclusions At a time when there are significant NHS pressures with staff facing increasing workloads, we felt a review of how the paediatric medical workforce is utilised was important. Our data highlights trainees’ views on how their time is spent, and how a commitment to quality improvement projects e.g. procedure packs to

avoid lost time looking for items and sharing of tasks across a wider multi-disciplinary team may help manage the current pressures more effectively. Such projects are now being undertaken in our region and we aim to feed these back to the wider community in the future.

G383(P) 8 high impact interventions: a regional survey of trainee experience

S Steadman, D Aguirre, D Kenyon- Blair, H Cooper, M O’Keeffe, R Negrine, H Goodyear, Paediatric Research Across the Midlands Network

Archives of Disease in Childhood

Published 25 October 2020

Abstract

Aims To explore local trainees’ experience, identify emerging themes, good practice examples and make key regional recommendations.

Method A voluntary questionnaire was designed based on the ‘8 High Impact Actions to Improve the Working Environment for Junior Doctors’ document by NHS Improvement. This was circulated on paper at trainees’ regional teaching days and online via Survey Monkey from December 2018-March 2019.

Results 143/306 (47%) trainees responded.

G384(P) No news isn’t necessarily good news: regional experience of exception reporting by trainees

S Steadman, D Aguirre, D Kenyon- Blair, H Cooper, M O’Keeffe, R Negrine, H Goodyear, Paediatric Research Across the Midlands Network

Archives of Disease in Childhood

Published 25 October 2020

Abstract

Aims As part of a wider piece of work looking into the ‘8 High Impact Interventions to Improve the Working Lives of Junior Doctors’ document, we gathered data on trainees’ experience of how often they worked beyond their scheduled hours, then their experience of the exception reporting systems. The system is designed to allow doctors to report concerns that compromise their safety or training, to allow trusts to remedy the issues in a timely fashion.

Methods A voluntary questionnaire was designed based on the ‘8 High Impact Actions to Improve the Working Environment for Junior Doctors’ document by NHS Improvement. This was circulated on paper at trainees’ regional teaching days and online via Survey Monkey from December 2018-March 2019.

Results Responses were received from 47% (143/306) of trainees. 18% (124/136) reported working over their scheduled hours daily, 37% (50/136) reported working over hours weekly. 88% (116/132) of trainees stated they had never exception reported. Of the remainder:

- 4% (5/132) reported once
- 7% (9/132) reported some but not all the time
- 1% (1/132) reported every time

Reasons cited for not reporting include:

- 'Too time consuming' (25%, 34/136)
- 'Nothing will change'(10%, 14/136)
- 'Working over hours is normal/expected' (10%, 14/136)
- 'Don't know how to report' (10%, 14/136)
- 'Worried about perceptions' (8%, 10/136)

Conclusions Based on our regional data, it is likely that exception reports submitted to trusts are only part of the picture regarding trainees working over scheduled hours. Trainees do not complete exception reports for a range of reasons as cited above.

The process of exception reporting should be reviewed and culture surrounding it explored if it is to be an accurate reflection of activity. This would hopefully lead to an increase in trainees' confidence in the system and improved engagement, to facilitate its role as a tool for safe working. Regionally, this data has been fed back to RCPCH tutors to explore how they can support trainees and trusts in taking this important work forward.

G501(P) Culturally based practices in child protection: a framework

E Botcher, J Gifford

Archives of Disease in Childhood

Published 25 October 2020

Abstract

We live in a multicultural society and as paediatricians it is important for us to consider our patients within the context of their own culture. Culture is defined as societal norms and behaviours that change with geography, time, or even within generations of a family. What may be acceptable to one society may be utterly unacceptable in another.

Child Protection centres on the law of the land in which a potential crime has been committed in. Safeguarding however is not only about whether something is legal or illegal, it focuses on whether there is significant harm or risk of harm.

Cultural practices which may be harmful can be grouped into four overlapping areas: Gender Based Practices, Medicinal Practices, Body Modification for Cultural Identity, and Punishment. An event may fall into two or more categories, and they also fall along a spectrum of acceptability. For example, the piercing of a baby girl's ears would be a gender-based practice that has elements of bodily modification for cultural identity, but rarely would this be a safeguarding issue. If the baby girl in question had been subject to Female Genital Mutilation however, this would be a clear safeguarding (and legal) issue.

Following a local case which provoked discussion with the safeguarding team, the following framework was developed to consider whether something is a safeguarding issue:

Is it legal in the UK?

Is it harmful? (Including the degree of risk of harm)

Is it morally/culturally acceptable?

In cases where a child presents to paediatricians for a child protection medical and there is doubt about whether an event or procedure is a safeguarding issue, this framework adds clarity and helps to structure conversations within the multidisciplinary team.

The effects of loneliness and social isolation on all-cause, injury, cancer, and CVD mortality in a cohort of middle-aged Finnish men. A prospective study

S-L Kraav, O Awoyemi, N Junttila, R Vornanen, J Kauhanen, T Toikko, S Lehto, S Hantunen, T Tolmunen

Aging and Mental Health

Published 14 October 2020

Abstract

Objectives Loneliness and social isolation both increase mortality and are likely to affect health via several pathways. However, information on the potential pathways remains scarce. We investigated the associations between loneliness, social isolation, and mortality, and possible mechanisms underlying these connections.

Methods The analyzed data comprised a prospective population-based cohort of Finnish men (42–61 years at baseline, $n = 2588$) who were followed up for an average of 23.2 years. Mortality data were obtained from the national population register in 2012. Cox proportional hazards analysis with adjustments for possible confounding factors was used to examine the associations between loneliness and social isolation at baseline and all-cause, injury, cancer, and cardiovascular disease (CVD) mortality. Mediation analysis was conducted to investigate the mechanisms underlying the associations of loneliness and social isolation with mortality.

Results Loneliness predicted all-cause mortality, even after adjustments for all covariates. Loneliness predicted cancer mortality, except after adjustments for lifestyle variables or Human Population Laboratory (HPL) depression scores, and also predicted CVD mortality, except after adjustments for HPL depression scores. Social isolation predicted all-cause mortality and injury mortality. The effect of social isolation on all-cause mortality was mediated by loneliness and HPL depression scores.

Conclusions Our findings suggest that both loneliness and social isolation increase the risk of all-cause mortality, while they have differing effects on different causes of death. Loneliness and depressive symptoms may mediate the effect of social isolation on increased mortality.

Supporting people with learning disabilities who identify as LGBT to express their sexual and gender identities

Z Robinson, D Marsden, S Abdulla, F Dowling

Learning Disability Practice

Published 8 October 2020

Abstract

People with learning disabilities experience many barriers that prevent them from expressing their sexuality and developing loving and sexual relationships, particularly if they identify as lesbian, gay, bisexual and trans (LGBT). This article explores the

challenges faced by people with learning disabilities who identify as LGBT in expressing their sexual identities and having sexual relationships, as well as the challenges faced by support workers and health and social care staff in supporting clients in those aspects of their lives. The method used consisted of combining the lived experiences of participants in a Twitter chat with an exploration of the recent literature.

The themes that emerged from these combined sources included the importance of love and sexual relationships, the policy context, legal framework, barriers in practice and the concept of intersectionality. This article discusses these themes and outlines implications for practice and research, including the training needs of staff.

The Effect of Low Dose Oral Vitamin D on Bone Mineral Density Changes in HIV Patients: 36 Months Follow Up

J Dhoother, S Bopitiya, H Taha, S Das

Infectious Disorders – Drug Targets

Published 1 October 2020

Abstract

Background: A high incidence of vitamin-D deficiency and abnormal bone mineral density (BMD) is reported among Human Immunodeficiency Virus (HIV) infected patients. The study highlighted the effect of oral low dose vitamin-D replacement in patients with a known vitamin- D deficiency on the levels of vitamin-D [25 (OH)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), vitamin D 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 80.9 (34.1) months, duration of exposure to antiretroviral 65.2 (+/-27.9) months. At baseline, no difference in BMD of hip or spine was observed, 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, the replacement of low dose once daily oral vitamin-D in the 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.

Telepsychiatry Netiquette: Connect, Communicate and Consult

M S Kumar, S Krishnamurthy, N Dhruve, B Somashekar, MR Gowda

Indian Journal of Psychological Medicine

Published 1 October 2020

Abstract

Globally, telepsychiatry has been around since the 1950s. It is in the COVID era that it has gained the relevance and much-needed momentum amongst mental health care professionals. Given the restrictions imposed by the global lockdown owing to the fear of contracting the virus, the ease of access and safety offered by telepsychiatry makes it both appealing and “the new normal.” Despite some hesitation from mental health professionals, there is adequate research to support the role of telehealth services in the management of various mental health disorders. As with any formal system, the practice of telepsychiatry is regulated by professional guidelines to show the way forward to both health provider and seeker. The manuscript examines the ways telepsychiatry is redefining our virtual conduct. It emphasizes the evolving “netiquette” needed to navigate online consultations. It also elucidates the challenges faced by health professionals, and possible ways of maneuvering and circumventing the same. Telepsychiatry, a dynamic process which is interactive and personalized, adds a third dimension to the practice of modern medicine. It is here to stay. So, it is not a question of “if” instead “how soon” we can adapt to and get conversant with this revolutionary mode of connection, communication, and consultation, which will make all the difference.

Pharmacological and non-pharmacological management of burning mouth syndrome: A systematic review.

A Reyad, R Mishriky, E Girgis

Dental and Medical Problems

Published 30 September 2020

Abstract

Burning mouth syndrome (BMS) is idiopathic chronic oral pain, associated with depression, anxiety and pain symptoms. The BMS symptoms include a burning sensation in the tongue and/or other oral mucosa with no underlying medical or dental reasons. As many BMS patients suffer from psychiatric comorbidities, several psychotropic drugs are included in the management of BMS, reducing the complaint, while managing anxiety, depression and pain disorders. In this review, a search of the published literature regarding the management of BMS was conducted. We discuss the BMS etiology, clinically associated symptoms and available treatment options. The current evidence supports some BMS interventions, including alpha-lipoic acid (ALA), clonazepam, capsaicin, and low-level laser therapy (LLLT); however, there is a lack of robust scientific evidence, and large-scale clinical trials with long follow-up periods are needed to establish the role of these BMS management options. This knowledge could raise the awareness of dentists, psychiatrists and general practitioners about these challenges and the available kinds of treatment to improve multidisciplinary management for better health outcomes.

Treating schizophrenia with cariprazine: from clinical research to clinical practice. Real world experiences and recommendations from an International Panel

A Fagiolini, J Á Alcalá, T Aibel, W Bienkiewicz, M M K Bogren, J Gago, G Cerveri, M Colla, F Collazos Sanchez, A Cuomo, F Helge, E Iacoponi, P Karlsson, P Peddu, M Pettorruso, H J Ramos Pereira, J Sahlsten Schölin, I B Vernaleken

Annals of General Psychiatry

Published 26 September 2020

Abstract

Background Management of schizophrenia is sub-optimal in many patients. Targeting negative symptoms, among the most debilitating aspects of schizophrenia, together with positive symptoms, can result in significant functional benefits and dramatically improve quality of life for patients and their carers. Cariprazine, a partial agonist of the dopamine receptors D2/D3 has demonstrated effectiveness across symptom domains in clinical trials, particularly on negative symptoms.

Objective To obtain a broader insight from clinicians with specific experience with cariprazine, on how it affects patient populations outside the clinical trial setting.

Methods The panel addressed a series of psychopharmacologic topics not comprehensively addressed by the evidence-based literature, including characteristics of patients treated, dosing and switching strategies, duration of therapy, role of concomitant medications and tolerability as well as recommendations on how to individualize cariprazine treatment for patients with schizophrenia.

Results Patients recommended for cariprazine treatment are those with first episodes of psychosis, predominant negative symptoms (maintenance/acute phase) and significant side effects (metabolic side effects, hyperprolactinemia, sedation) with other antipsychotics. When the long-term treatment of a lifetime illness is adequately weighted, cariprazine becomes one of the first-line medications, not only for patients with predominant negative symptoms but also for those with relatively severe positive symptoms, especially if they are at the first episodes and if a specific medication is added for symptoms such as agitation or insomnia. For instance, patients with agitation may also benefit from the combination of cariprazine and a benzodiazepine or another sedating agent. Cariprazine may be prescribed as add-on to medications such as clozapine, when that medication alone is ineffective for negative symptoms, and sometimes the first may be discontinued or its dose lowered, after a period of stability, leaving the patient on a better tolerated antipsychotic regimen.

Conclusions Based on real-world clinical experience, the panel considered that cariprazine, with its distinct advantages including pharmacokinetics/pharmacodynamics, good efficacy and tolerability, represents a drug of choice in the long-term management of schizophrenia not only for patients with predominant negative symptoms but also for those with positive symptoms.

Transitioning from child to adult mental health services: what role for social services? Insights from a European survey

G Signorini, N Davidovic, G Dieleman, T Franic, J Madan, A Maras, F Mc Nicholas, L O'Hara, M Paul, D Purper-Ouakil, P Santosh, U Schulze, S Singh, C

Street, S Tremmery, H Tuomainen, F Verhulst, J Warwick, D Wolke, G de Girolamo

Journal of Children's Services

Published 17 September 2020

Abstract

Purpose Young people transitioning from child to adult mental health services are frequently also known to social services, but the role of such services in this study and their interplay with mental healthcare system lacks evidence in the European panorama. This study aims to gather information on the characteristics and the involvement of social services supporting young people approaching transition.

Design/methodology/approach A survey of 16 European Union countries was conducted. Country respondents, representing social services' point of view, completed an ad hoc questionnaire. Information sought included details on social service availability and the characteristics of their interplay with mental health services.

Findings Service availability ranges from a low of 3/100,000 social workers working with young people of transition age in Spain to a high 500/100,000 social workers in Poland, with heterogeneous involvement in youth health care. Community-based residential facilities and services for youth under custodial measures were the most commonly type of social service involved. In 80% of the surveyed countries, youth protection from abuse/neglect is overall regulated by national protocols or written agreements between mental health and social services, with the exception of Czech Republic and Greece, where poor or no protocols apply. Lack of connection between child and adult mental health services has been identified as the major obstacles to transition (93.8%), together with insufficient involvement of stakeholders throughout the process.

Research limitations/implications Marked heterogeneity across countries may suggest weaknesses in youth mental health policy-making at the European level. Greater inclusion of relevant stakeholders is needed to inform the development and implementation of person-centered health-care models. Disconnection between child and adult mental health services is widely recognized in the social services arena as the major barrier faced by young service users in transition; this "outside" perspective provides further support for an urgent re-configuration of services and the need to address unaligned working practices and service cultures.

Originality/value This is the first survey gathering information on social service provision at the time of mental health services transition at a European level; its findings may help to inform services to offer a better coordinated social health care for young people with mental health disorders.

Transition to cognitive behavioural therapy from different core professional backgrounds: three grounded theory studies

M Wilcockson

The Cognitive Behaviour Therapist

Published 2 September 2020

Abstract

Aim: Transition between roles is widely recognised to be a complex process that involves training, socialisation into the new culture, exiting a previous role culture,

and dealing with the transition process itself, and dealing with loss of identity and initial incompetence in the new role. Moving from core profession to high intensity (CBT) therapist is an example of such a role transition.

As a result, complete transition is not guaranteed, which may affect completeness of learning, and how CBT is practiced post qualification. It is recognised in a number of studies that professional cultures are present in professions such as nursing and counselling, and these professions may have different filters for viewing CBT, and different training needs.

Method: A grounded theory analysis (Glaserian) of each of three core professions' (mental health nurses, counsellors, and an unprofessionalised group) reflective reports (7 per profession) was undertaken, incorporating information from their learning journals throughout the year independently of each other. The reflective reports incorporate reflections on the process of transition and learning, and is a mandatory requirement of the course. Through an inductive process described in the article, a theory of transition was developed for each group.

Results: Three different theories of transition are presented. Nurses absorbed knowledge but resisted practice changes, especially being clinically observed. Practice changes occurred through behavioural consequences and cognitive dissonance and reflection is structured and compartmentalised generally. The conflict between counselling and CBT is felt more deeply emotionally but resolved through experiencing 'self as client' for most counselling participants. Practice conflicts are mostly resolved with this group, but some ideological ones are not. The KSA group have a relatively smooth transition unaffected by previous experiences. Inability to use previous coping strategies for dealing with distress is influential, inducing crises for the nursing and counselling groups.

Implications: Learning is delayed by trying to avoid clinical practice, and excessive identification only with the aspects of CBT that fit with existing identity and practice with nursing and counselling groups. Adaptations to training may be beneficial to enforce observation of practice at an earlier stage to drive change. The nursing role does appear to undermine learning. Reflection does eventually drive the learning process as noted in other studies, but this does not occur spontaneously with nurses or counsellors. Identification with the new role appears influential in a relatively complete change, which is consistent with theory. Recommendations to adopt CBT coping strategies early in the training are made, as is a session of individual support to address profession-based conflicts. Potential implications for the evidence base are noted. Transitional models provide a framework for educators and students.

[The face validity of an initial sub-typology of people with autism spectrum disorders detained in psychiatric hospitals](#)

M Barnoux, R Alexander, S Bhaumik, J Devapriam, C Duggan, L Shepstone, E Staufenberg, D Turner, N Tyler, E Viding, P Langdon

Autism

Published 20 June 2020

Abstract

Autistic adults who have a history of committing crimes present a major problem for providers of services in terms of legal disposal options and possible interventions, and greater understanding of this group and their associated needs is required. For

this reason, we aimed to investigate the face validity of a proposed sub-typology of autistic adults detained in secure psychiatric hospitals in the United Kingdom. Initially, a focus group was completed with psychiatrists, clinical psychologists, healthcare workers, family members and autistic adults who had been detained in hospital, leading to revisions of the sub-typology. Following this, a consensus rating exercise of 10 clinical vignettes based on this sub-typology with three rounds was completed with 15 psychiatrists and clinical psychologists; revisions to the vignettes to improve clarity were made following each round. The findings indicated that these subtypes possess face validity and raters were able to classify all 10 clinical case vignettes into the sub-typology, and percentage of agreement ranged from 96% to 100% for overall subtype classification. This study suggests that the further validity of the sub-typology should be investigated within a larger study, as these subtypes have the potential to directly inform the hospital care pathway such that length of stay can be minimised.

[Eating Disorders and Diabetes](#)

A Winston

Current Diabetes Reports

Published 15 June 2020

Abstract

Purpose of Review This review describes the characteristics of patients with eating disorders in both type 1 and type 2 diabetes and the principles of their treatment.

Recent Findings The combination of type 1 diabetes and an eating disorder is sometimes known as “diabulimia”. The hallmark of the condition is that the patient deliberately takes an inadequate amount of insulin in order control their body weight (insulin restriction). Other disordered eating behaviours, such as dietary restriction, self-induced vomiting and binge eating, may also be present but typical anorexia nervosa is rare. There is an increased prevalence of eating disorders in adolescents with type 1 diabetes, which is estimated at 7%. The combination of type 1 diabetes and an eating disorder leads to elevated levels of HbA1c and an increased risk of both acute and chronic complications. Screening is recommended but rarely carried out. Management requires an understanding of the inter-relationships between eating behaviour, mood, blood glucose and insulin administration. Treatment aims to introduce a regular eating pattern and support the patient to increase their insulin dose gradually. Eating disorders also occur in those with type 2 diabetes, where binge eating disorder is the most common diagnosis.

Summary Eating disorders are common in both type 1 and type 2 diabetes, with an increased prevalence of complications in type 1. Treatment requires an understanding of both diabetes and eating behaviour.

[Guidance for the Treatment and Management of COVID -19 Among People with Intellectual Disabilities](#)

R Alexander, A Ravi, H Barclay, I Sawhney, V Chester, V Malcolm, K Brolly, K Mukherji, A Zia, R Tharian, A Howell, T Lane, V Cooper, P Langdon

Journal of Policy and Practice in Intellectual Disabilities

Published 10 June 2020

Abstract

The current COVID-19 pandemic is a pressing world crisis and people with intellectual disabilities (IDs) are vulnerable due to disparity in healthcare provision and physical and mental health multimorbidity. While most people will develop mild symptoms upon contracting severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), some will develop serious complications. The aim of this study is to present guidelines for the care and treatment of people with IDs during the COVID-19 pandemic for both community teams providing care to people with IDs and inpatient psychiatric settings. The guidelines cover specific issues associated with hospital passports, individual COVID-19 care plans, the important role of families and carers, capacity to make decisions, issues associated with social distancing, ceiling of care/treatment escalation plans, mental health and challenging behavior, and caring for someone suspected of contracting or who has contracted SARS-CoV-2 within community or inpatient psychiatric settings. We have proposed that the included conditions recommended by Public Health England to categorize someone as high risk of severe illness due to COVID-19 should also include mental health and challenging behavior. There are specific issues associated with providing care to people with IDs and appropriate action must be taken by care providers to ensure that disparity of healthcare is addressed during the COVID-19 pandemic. We recognize that our guidance is focused upon healthcare delivery in England and invite others to augment our guidance for use in other jurisdictions.

Fluoxetine in the Management of Major Depressive Disorder in Children and Adolescents: A Meta-Analysis of Randomized Controlled Trials

A Reyad, K Plaha, E Girgis, R Mishriky

Hospital Pharmacy

Published 4 June 2020

Abstract

Background: Fluoxetine is a serotonin-specific reuptake inhibitor antidepressant and is the only approved pharmacological treatment for major depressive disorder (MDD) in children and adolescent. **Methods:** We searched the published randomized controlled-trials to review fluoxetine efficacy and tolerability using the databases PubMed, EudraCT, ClinicalTrials.gov, and Cochrane Central Register of Controlled Trials for fluoxetine role in managing MDD in children and adolescents. A meta-analysis was conducted using the identified 7 clinical trials to assess efficacy using the outcomes: Children's Depression Rating Scale–Revised (CDRS-R), Clinical Global Impressions–Severity of Illness (CGI-S) and Clinical Global Impressions–Improvement (CGI-I) response rate. The risk of discontinuation due to adverse effects and common side effects were examined. **Results:** The mean difference in change from baseline for CDRS-R was -2.72 (95% confidence interval [CI], -3.96 , -1.48) favoring fluoxetine treatment ($P < .001$). Similarly, mean difference for CGI-S was -0.21 (95% CI, -0.36 , -0.06). The risk ratio (RR) of discontinuing due to adverse events was 0.98 (95% CI, 0.54, 1.83), with RR for headache side effects 1.34 (95% CI, 1.03, 1.74) and rash 2.6 (95% CI, 1.32, 5.14). **Conclusion:** Fluoxetine demonstrates significant improvements in symptom intensity control in young patients suffering from MDD and is considered well tolerated with similar rates of trials discontinuation; however, fluoxetine was associated with a higher risk of headache and rash side effects. These findings will guide psychiatrists and pharmacists in their clinical role for supporting the care of young mental health patients.

VITAMIN D HAS AN AETIOLOGICAL ROLE IN DEMENTIAS: MYTH OR FACT?

A Reyad, E Girgis, R Mishriky

International Journal of Development Research

Published 30 May 2020

Abstract

Vitamin D is produced through the cutaneous transformation of 7-dehydrocholesterol by UVB-irradiation with multiple neurotrophic and neuroprotective functions, while regulating calcium-mediated neuronal excitotoxicity. Vitamin D acts mainly through binding to intracellular Vitamin D receptor (VDR) with a possible involvement of vitamin D receptor (VDR) and vitamin D-binding protein (VDBP). This is a review of evidence for the aetiological role of vitamin D in dementias and other neurological disorders. There is contradictory evidence regarding vitamin D supplementation in the prevention of dementia progression. Adding vitamin D to the standard medications used in dementia may have a future role in dementia management.

Contingent Electric Shock as a Treatment for Challenging Behavior for People With Intellectual and Developmental Disabilities: Support for the IASSIDD Policy Statement Opposing Its Use

J Zarcone, M Mullane, P Langdon, I Brown

Journal of Policy and Practice in Intellectual Disabilities

Published 22 May 2020

Abstract

Issues The International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD) is an international group of researchers, clinicians, students, parents, and self-advocates that promotes worldwide research and exchange of information on intellectual and developmental disabilities. IASSIDD recently developed a policy statement regarding their opposition to the use of contingent electric skin shock (CESS) with individuals with challenging behavior and intellectual and developmental disabilities. To support the policy, the available literature was reviewed to evaluate the efficacy, side effects, generalization, and long-term effectiveness of the procedure as an intervention for challenging behavior.

Findings The review provides a history that demonstrates that, although CESS can decrease the frequency of challenging behavior, it comes at a cost in terms of physical and emotional side effects, and questions remain regarding the long-term effectiveness of the procedure. In addition, we raise several ethical and methodological issues that make the research on the use of CESS even more concerning.

Conclusions Although research continues in some countries, these studies are now rare. In fact, in the United States, the Food and Drug Administration has just banned the use of such devices with individuals with self-injury and aggression. It is hoped that, because there are many other forms of treatment that have shown to be effective for severe challenging behavior, we can completely avoid the use of CESS.

Moderators of Cognitive Outcomes from an Exercise Program in People with Mild to Moderate Dementia

T Smith, D Mistry, H Lee, S Dosanji, S Finnegan, B Fordham, V Nichols, B Sheehan, S Lamb

Journal of the American Geriatrics Society Published 22 May 2020

Abstract

BACKGROUND/OBJECTIVES Our aim was to estimate whether baseline participant variables were able to moderate the effect of an exercise intervention on cognition in patients with mild to moderate dementia.

DESIGN Subgroup analysis of a multicenter pragmatic randomized controlled trial.

SETTING Community-based gym/rehabilitation centers.

PARTICIPANTS A total of 494 community-dwelling participants with mild to moderate dementia.

INTERVENTION Participants were randomized to a moderate- to high-intensity aerobic and strength exercise program or a usual care control group. Experimental group participants attended twice weekly 60- to 90-minute gym sessions for 4 months. Participants were prescribed home exercises for an additional hour per week during the supervised period and 150 minutes each week after the supervised period.

MEASUREMENTS Multilevel regression model analyses were undertaken to identify individual moderators of cognitive function measured through the Alzheimer Disease Assessment Scale-Cognitive Subscale score at 12 months.

RESULTS When tested for a formal interaction effect, only cognitive function assessed by the baseline number cancellation test demonstrated a statistically significant interaction effect (-2.7 points; 95% confidence interval = -5.14 to -0.21).

CONCLUSION People with worse number cancellation test scores may experience greater progression of cognitive decline in response to a moderate- to high-intensity exercise program. Further analyses to examine whether these findings can be replicated in planned sufficiently powered analyses are indicated.

Hyperprolactinaemia in the context of psychiatry

K Romain, S Fynes-Clinton, D Harmer, M Kumar

BJ Psych Advances

Published 18 May 2020

Abstract

Advocating for good physical healthcare for their patients is of the utmost importance to psychiatrists. This narrative review focuses on one part of this large goal, the topic of hyperprolactinaemia from the perspective of mental healthcare. For psychiatrists this often includes managing raised prolactin levels in the context of medication. However, they must consider the wider differentials of a raised prolactin level and the possible impact of treatments. For that reason, in this review we start with an overview of prolactin physiology before considering hyperprolactinaemia both in the context of antipsychotic therapy and its wider differentials, including prolactinoma. Investigation and management are considered and key practice points developed.

[The effect on and experience of families with a member who has Intellectual and Developmental Disabilities of the COVID-19 pandemic in the UK: developing an investigation](#)

J Rose, P Willner, V Cooper, P Langdon, G Murphy, B Stenfert Kroese

International Journal of Developmental Disabilities Published 15 May 2020

No Abstract

[Psychological risk indicators of disordered eating in athletes](#)

H Stoyel, V Shanmuganathan-Felton, C Meyer, L Serpell

Plos One

Published 14 May 2020

Abstract

Objectives This project examined risk factors of disordered eating in athletes by adapting and applying a theoretical model. It tested a previously proposed theoretical model and explored the utility of a newly formed model within an athletic population across gender, age, and sport type to explain disordered eating.

Design The design was cross-sectional and the first phase in a series of longitudinal studies.

Methods 1,017 athletes completed online questionnaires related to social pressures, internalisation, body dissatisfaction, negative affect, restriction, and bulimia. Structural equation modelling was employed to analyse the fit of the measurement and structural models and to do invariance testing.

Results The original theoretical model failed to achieve acceptable goodness of fit ($\chi^2 [70, 1017] = 1043.07; p < .0001. CFI = .55; GFI = .88; NFI = .53; RMSEA = .12 [90\% CI = .111-.123]$). Removal of non-significant pathways and addition of social media resulted in the model achieving a parsimonious goodness of fit ($\chi^2 [19, 1017] = 77.58; p < .0001. CFI = .96; GFI = .98; NFI = .95; RMSEA = .055 [90\% CI = .043-.068]$). Invariance tests revealed that the newly revised model differed across gender, age, level, competition status, and length of sport participation.

Conclusion This study showed that the formation of disordered eating symptomology might not be associated with sport pressures experienced by athletes. It revealed that disordered eating development varies across gender, competition level, sport type, and age, which must be considered to prevent and treat disordered eating in athletes.

[A Systematic Review of Behaviour-Related Outcome Assessments for Children on the Autism Spectrum with Intellectual Disabilities in Education Settings](#)

M Howell, J Bradshaw, P Langdon

Review Journal of Autism and Developmental Disorders

Published 29 April 2020

Abstract

A systematic review was completed to identify assessments used with children with intellectual disabilities to assess adaptive behaviour, challenging behaviour and autism-related behaviour and consider their appropriateness for use by special education teachers with autistic pupils. The findings of this review led to the recommendation that the Pervasive Development Disorder Behavior Inventory, Aberrant Behavior Checklist, Autism Treatment Evaluation Checklist and the Teacher Autism Progress Scale are currently the most appropriate assessments for these purposes, although some limitations of these assessments exist. Additional recommendations included teacher input during the development of robust assessments to show progress for autistic children with intellectual disabilities and further evaluation of commonly used assessments with an appropriate sample in a relevant education setting.

Pervasive refusal syndrome: systematic review of case reports

J Otasowie, A Paraiso, G Bates

European Child and Adolescent Psychiatry Published 27 April 2020

Abstract

Pervasive refusal syndrome (PRS) is a complex condition that affects young people leading to social withdrawal, inability or refusal to eat, drink, mobilise or speak. The affected individual regresses and is unable to self-care and quite characteristically will resist rehabilitation, worsen with praise or remain entirely passive. This systematic review was aimed at describing clinical features of PRS, current interventions and to summarise some of the nosological aspects of the condition. Without language restriction, an electronic search was conducted in Embase, PsychInfo, Medline, Cochrane library, and PubMed databases yielding 29 articles with a total of 79 cases. We performed a risk of assessment bias using an adapted Newcastle–Ottawa Scale and adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. 124 articles were identified, of which 29 were included and these yielded 79 cases. Seventy-six percent of the studies had a low rate of risk of assessment bias (good quality). Our results show that PRS overlaps with several conditions, mainly affects young females aged 7–15 years and has a recovery rate of 78% if diagnosed and treated early but the duration of inpatient treatment may last up to 9.44 months (8.82 SD). The patients had multiple inter-dependent risks. The major predisposing factors included vulnerable premorbid personality and pre-existing mental disorder. Precipitating factors were stressors such as infection and traumatic experiences. Enmeshed parent–child relationship served as a maintaining factor. The themes of treatment approach are essentially rehabilitative: (1) working collaboratively with patient and family, (2) having access to multidisciplinary team, and (3) peer/group supervision. This study has systematically evaluated a large sample of patients with PRS to ascertain its clinical features and the core elements of its treatment. Its key treatment approach is a multi-modal rehabilitative strategy that is compassionate, transparent and inclusive.

Protocol for the development and validation procedure of the managing the link and strengthening transition from child to adult mental health care (MILESTONE) suite of measures

P Santosh, L Adams, F Fiori, N Davidović, G de Girolamo, G C Dieleman, T Franić, N Heaney, K Lievesley, J Madan, A Maras, M Mastroianni, F McNicholas, M Paul, D Purper-Ouakil, I Sagar-Ouriaghli, U Schulze, G Signorini, C Street, P Tah, S Tremmery, H Tuomainen, F C Verhulst, J Warwick, D Wolke, J Singh, S P Singh, for the MILESTONE Consortium

BMC Pediatrics

Published 16 April 2020

Abstract

Background Mental health disorders in the child and adolescent population are a pressing public health concern. Despite the high prevalence of psychopathology in this vulnerable population, the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) has many obstacles such as deficiencies in planning, organisational readiness and policy gaps. All these factors contribute to an inadequate and suboptimal transition process. A suite of measures is required that would allow young people to be assessed in a structured and standardised way to determine the on-going need for care and to improve communication across clinicians at CAMHS and AMHS. This will have the potential to reduce the overall health economic burden and could also improve the quality of life for patients travelling across the transition boundary. The MILESTONE (Managing the Link and Strengthening Transition from Child to Adult Mental Health Care) project aims to address the significant socioeconomic and societal challenge related to the transition process. This protocol paper describes the development of two MILESTONE transition-related measures: The Transition Readiness and Appropriateness Measure (TRAM), designed to be a decision-making aide for clinicians, and the Transition Related Outcome Measure (TROM), for examining the outcome of transition.

Methods The TRAM and TROM have been developed and were validated following the US FDA Guidance for Patient-reported Outcome Measures which follows an incremental stepwise framework. The study gathers information from service users, parents, families and mental health care professionals who have experience working with young people undergoing the transition process from eight European countries.

Discussion There is an urgent need for comprehensive measures that can assess transition across the CAMHS/AMHS boundary. This study protocol describes the process of development of two new transition measures: the TRAM and TROM. The TRAM has the potential to nurture better transitions as the findings can be summarised and provided to clinicians as a clinician-decision making support tool for identifying cases who need to transition and the TROM can be used to examine the outcomes of the transition process.

The association between severe menopausal symptoms and engagement with HIV care and treatment in women living with HIV

D Solomon, C Sabin, F Burns, R Gilson, S Allan, A de Ruiter, R Dhairyawan, J Fox, Y Gilleece, R Jones, F Post, I Reeves, J Ross, A Ustianowski, J Shepherd, S Tariq

Aids Care

Published 11 April 2020

Abstract

Using data from the PRIME Study, an observational study of the menopause in women living with HIV in England, we explored the association between menopausal symptoms and: (i) antiretroviral therapy (ART) adherence and (ii) HIV clinic attendance. We measured menopausal symptom severity with the Menopause Rating Scale (MRS, score ≥ 17 indicating severe symptoms), adherence with the CPCRA Antiretroviral Medication Adherence Self- Report Form, and ascertained HIV clinic attendance via self-report. Odds ratios were obtained using logistic regression. Women who reported severe menopausal symptoms had greater odds of suboptimal ART adherence (adjusted odds ratio (AOR) 2.22; 95% CI 1.13, 4.35) and suboptimal clinic attendance (AOR 1.52; 95% CI 1.01, 2.29). When psychological, somatic and urogenital domains of the MRS were analysed individually there was no association between adherence and severe symptoms (all $p > 0.1$), however there was an association between suboptimal HIV clinic attendance and severe somatic (AOR 1.98; 95% CI 1.24, 3.16) and psychological (AOR 1.76; 95% CI 1.17, 2.65) symptoms. Severe menopausal symptoms were significantly associated with sub-optimal ART adherence and HIV clinic attendance, however we cannot infer causality, highlighting the need for longitudinal data.

Book Chapter: Stress and Rural Mental Health

B. Somashekar, P. Reddy, B. Wuntakal

In: Mental Health and Illness in the Rural World (Editor: S. Chaturvedi) Pages: 73-96

Published 4 April 2020

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.

Association of Low Vitamin D with Complications of HIV and AIDS: A literature Review

E Chokuda, C Reynolds, S Das

Infectious Disorders – Drug Targets

Published 1 April 2020

Abstract

With the advent of combination antiretroviral therapy (cART), the survival of HIV patients has improved dramatically, but the complications of the disease and treatment have become an important issue in the management of HIV patients. Vitamin-D deficiency is common in HIV patients. Low vitamin-D is associated with different comorbidities in the HIV uninfected general population.

In this review, we first briefly describe vitamin D synthesis and mechanism of action and we focus on the epidemiological and clinical data dealing with the relationship between vitamin D deficiency in HIV infection with several comorbidities which has been found to be increasingly common in patients living with HIV infection. We searched the PubMed database using the keywords “HIV,” “vitamin D” and other common disorders or conditions that are relatively common in HIV infection. The other conditions included in the search were osteoporosis and fracture, cardiovascular disease, diabetes and insulin resistance, active tuberculosis, hepatitis-C co-infection, and HIV disease progression. Articles presenting original data as well as systematic reviews and met analysis related to HIV population were included in our analysis.

Vitamin-D deficiency seems to be associated with several adverse outcomes in HIV patients but a definite cause and effect relationship with vitamin-D is yet to be confirmed in most of the cases. However, the literature supporting the efficacy of vitamin-D supplementation is lacking.

[A cross-cultural qualitative study of the ethical aspects in the transition from child mental health services to adult mental health services](#)

L O'Hara, I Holme, P Tah, T Franic, N Vrljićak Davidović, M Paul, S P Singh, C Street, H Tuomainen, U Schulze, F McNicholas, The MILESTONE Consortium

Child and Adolescent Mental Health

Published 23 March 2020

Abstract

Background Transitioning from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) raises novel ethical aspects for healthcare professionals, as well as for young people, their parents and carers.

Method Focus groups were conducted in Croatia, Ireland and the United Kingdom with youth mental health groups and youth representatives with no mental health (MH) remit. One hundred and eleven participants, aged from 16 to 60 years, contributed to discussions.

Results Perpetuation of stigma, autonomy and decision-making were central themes as both enablers and deterrents of successful transition. The tension between professional (and at times parental) paternalism and young persons' growing autonomy was well captured in the themes; (a) desired practice, (b) who should decide, (c) the process of decision-making and (d) potential harm(s).

Conclusions This study provides insight into the ethical values, particularly autonomy and collaboratively working, which people expect to underpin the transition between CAMHS and AMHS.

Efficacy and safety of brexpiprazole in acute management of psychiatric disorders: a meta-analysis of randomized controlled trials

A Ayman; E Girgis, R Mishriky

International Clinical Psychopharmacology

Published 4 March 2020

Abstract

Brexpiprazole is a new atypical antipsychotic for schizophrenia management and as adjunct in major depressive disorder (MDD). We searched randomized controlled trials (RCT) to review brexpiprazole efficacy and tolerability in acute management of schizophrenia and MDD using PubMed, EUDRACT, ClinicalTrials.gov and Cochrane Central Register of Controlled Trials. A meta-analysis was conducted using the identified 14 RCT to assess its efficacy using positive and negative syndrome scale (PANSS), clinical global impressions – severity of illness (CGI-S), personal and social performance scale (PSP), Montgomery–Åsberg depression rating scale (MADRS), Sheehan disability scale (SDS) and Hamilton depression rating scale (HDRS17). The mean difference comparing brexpiprazole and placebo were PANSS –4.48, CGI-S –0.23 and PSP 3.24 favoring brexpiprazole. Compared to aripiprazole and quetiapine, brexpiprazole showed similar efficacy. In MDD, brexpiprazole showed efficacy compared to placebo demonstrated by MADRS –1.25, SDS –0.37 and HDRS17 –1.28. Brexpiprazole was associated with side effects including akathisia risk ratio (RR) = 1.72; weight increase RR = 2.74 and somnolence RR = 1.87. Compared to 4 mg, brexpiprazole 2 mg was associated with less risk of akathisia and somnolence. Brexpiprazole demonstrated significant improvements in schizophrenia and MDD and is well-tolerated; however, associated with akathisia and somnolence. These findings will guide psychiatrists and pharmacists in their clinical role for supporting psychiatric patients care.

Measurement Properties of the Suicidal Behaviour Questionnaire-Revised in Autistic Adults

S Cassidy, L Bradley, H Cogger-Ward, R Shaw, E Bowen, M Glod, S Baron-Cohen, J Rodgers

Abstract

We explored the appropriateness and measurement properties of a suicidality assessment tool (SBQ-R) developed for the general population, in autistic adults—a high risk group for suicide. 188 autistic adults and 183 general population adults completed the tool online, and a sub-sample ($n = 15$) were interviewed while completing the tool. Multi-group factorial invariance analysis of the online survey data found evidence for metric invariance of the SBQ-R, particularly for items three and four. Cognitive interviews revealed that autistic adults did not interpret these items as intended by the tool designers. Results suggest autistic adults interpret key questions regarding suicide risk differently to the general population. Future research must adapt tools to better capture suicidality in autistic adults.

Book Review M Curtice

Published 2 March 2020

Mental Capacity Legislation

Edited by Rebecca Jacob, James Gunn and Anthony Holland

RCPsych/Cambridge University Press

Bruxism and psychotropic medications

A A Reyad, E Girgis, A Ayoub, R Mishriky

Progress in Neurology and Psychiatry

Published 13 February 2020

Abstract

Bruxism as a side-effect of psychotropic medications could result in significant consequences for oral health such as tooth structure destruction and irreversible harm to the temporomandibular joint. The review findings uncovered by these authors can assist in understanding the aetiology of bruxism, establishing an appropriate management plan, while supporting psychiatrists and dentists to detect temporomandibular dysfunctions such as bruxism.

Fluctuating capacity: the concept of micro- and macro-decisions

M Curtice

BJPsych Advances

Published 3 February 2020

Abstract

There is much Mental Capacity Act 2005 (MCA) case law emanating from the Court of Protection. This article reviews an important and unique case when the court specifically addressed for the first time the question of fluctuating capacity, a not uncommon clinical problem that can often be complex. It describes how the Court of Protection in *Royal Borough of Greenwich v CDM* [2019] legally approached an issue of fluctuating capacity in a 64-year-old woman with a personality disorder and chronic diabetes. In doing so it elucidates a new conceptual framework to apply when

assessing fluctuating capacity in terms of considering micro- and macro-decisions which can be used in routine clinical practice.

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 17 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

Book Chapters

Clinical Topics in Old Age Psychiatry edited by J. Hughes, P Lilford

Chapter 5: Mania in late life M Curtice and F Richards Pages 78-91

Royal College of Psychiatrists: Cambridge University Press