Current Awareness Bulletin

Learning Disabilities
(General)
December 2016
Keeping you up to date with the latest developments in your area

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### Downs Syndrome

#### Validity of the 16-metre PACER and six-minute walk test in adults with Down syndrome.

**Author(s):** Boer, Pieter-Henk; Moss, Sarah Johanna  
**Source:** *Disability & Rehabilitation; Dec 2016; vol. 38 (no. 26); p. 2575-2583*  
**Database:** CINAHL

#### Investigating peer attitudes towards the use of key word signing by children with Down syndrome in mainstream schools.

**Author(s):** Bowles, Caomiehe; Frizelle, Pauline  
**Source:** *British Journal of Learning Disabilities; Dec 2016; vol. 44 (no. 4); p. 284-291*  
Available in full text at [British Journal of Learning Disabilities](https://www.jwiley.com) - from John Wiley and Sons ; Notes: Click on login at the top right of page and then Institutional Login and choose the Athens Link. Enter your Athens Account detail  
**Database:** CINAHL

#### Respite Care, Stress, Uplifts, and Marital Quality in Parents of Children with Down Syndrome.

**Author(s):** Norton, Michelle; Dyches, Tina; Harper, James; Roper, Susanne; Caldarella, Paul  
**Source:** *Journal of Autism & Developmental Disorders; Dec 2016; vol. 46 (no. 12); p. 3700-3711*  
**Database:** CINAHL

#### The Composition of Early Vocabulary in Spanish Children With Down Syndrome and Their Peers With Typical Development.

**Author(s):** Checa, Elena; Galeote, Miguel; Soto, Pilar  
**Source:** *American Journal of Speech-Language Pathology; Nov 2016; vol. 25 (no. 4); p. 605-619*  
Available in full text at [American Journal of Speech-Language Pathology](https://www.ebscohost.com) - from EBSCOhost  
**Database:** CINAHL

#### Parenting of children with Down syndrome compared to fragile X syndrome.

**Author(s):** Sterling, Audra; Warren, Steven F  
**Source:** *Developmental neurorehabilitation; Dec 2016 ; p. 1-4*  
**Abstract:** Children with Down syndrome (DS) and fragile X syndrome (FXS) struggle with language development. Parenting variables, such as responsiveness to children's communication attempts (Maternal Responsivity), and techniques used to support and teach appropriate behavior (Behavior Management) are known to have a significant impact on early child development. We examined these two aspects of parenting style via coded, videotaped parent-child interactions in two groups of participants matched on child age (2-5 years) and child expressive language level: mothers of children with DS and mothers of children with FXS. The mothers differed in their use of gestures and redirecting the child's attention. Overall, mothers in both groups of children appeared to adapt appropriately to their children's developmental needs.
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<th>Title</th>
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<td>Plant polyphenols as natural drugs for the management of Down syndrome and related disorders.</td>
<td>Vacca, Rosa Anna; Valenti, Daniela; Caccamese, Salvatore; Daglia, Maria; Braidy, Nady; Nabavi, Seyed Mohammad</td>
<td>Neuroscience and biobehavioral reviews; Dec 2016; vol. 71; p. 865-877</td>
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<td>Epigenomic engineering for Down syndrome.</td>
<td>Mentis, A F</td>
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<td>Bilingualism and Biliteracy in Down Syndrome: Insights From a Case Study.</td>
<td>Burgoyne, Kelly; Duff, Fiona J; Nielsen, Dea; Ulicheva, Anastasia; Snowling, Margaret J</td>
<td>Language learning; Dec 2016; vol. 66 (no. 4); p. 945-971</td>
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<td>Eyewitness recall and suggestibility in individuals with Down syndrome.</td>
<td>Collins, D; Henry, L</td>
<td>Journal of intellectual disability research : JIDR; Dec 2016; vol. 60 (no. 12); p. 1227-1231</td>
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study examined the eyewitness recall and suggestibility of young people with DS. Young people with DS and mental age-matched TD children viewed a video of a non-violent petty crime and were subsequently asked to freely recall the event before being asked general and specific questions incorporating both misleading and non-leading prompts. Compared with mental age-matched TD individuals, young people with DS produced as much information, were just as accurate and were no more suggestible. The eyewitness memory skills of young people with DS are comparable to those of mental age-matched TD children. The implications of these findings for the forensic context and eyewitness memory are discussed.

**Database:** Medline

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**Transition to adulthood for young people with intellectual disability: the experiences of their families.**

**Author(s):** Leonard, Helen; Foley, Kitty-Rose; Pikora, Terri; Bourke, Jenny; Wong, Kingsley; McPherson, Lyn; Lennox, Nick; Downs, Jenny

**Source:** European child & adolescent psychiatry; Dec 2016; vol. 25 (no. 12); p. 1369-1381

**Abstract:** Whilst the transition from school to adult roles can be challenging for any adolescent, for those with an intellectual disability it can present as a particularly difficult time both for the individual and their family. The process may involve coordinated planning, collaboration and decision-making among school staff, families and community agencies. This mixed-methods study utilised information from two cohorts: young people with Down syndrome in Western Australia (n = 190) and young people with intellectual disability (of any cause) in Queensland, Australia (n = 150). The parent-report questionnaires administered in both states comprised two parts: part 1 collected information about the individual with intellectual disability including information on health, functioning and service needs, and about specific transition related issues; and part 2 collected information about the health and well-being of their family. The majority (87%) of parents said that they were involved in decision-making about transition planning but less than two-thirds (59.5%) of young people were involved in this process. The three most helpful strategies indicated by parents that assisted with transition planning related to the provision of more information about financial assistance, the school transition program and the building of informal community-based supports. A number of themes emerged from the qualitative data which included parents' views and concerns about the capacity of their young adult to adapt and change to life in adulthood, their difficulty navigating services and programs, issues and challenges around their young person building connectedness, strain on family wellbeing and finances and worry about the longer term future.

**Database:** Medline

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**Detecting celiac disease in patients with Down syndrome.**

**Author(s):** Sharr, Christianne; Lavigne, Jenifer; Esharkawi, Ibrahim M A; Ozonoff, Al; Baumer, Nicole; Brasington, Campbell; Cannon, Sheila; Crissman, Blythe; Davidson, Emily; Florez, Jose C; Kishnani, Priya; Lombardo, Angela; Lyerly, Jordan; McDonough, Mary Ellen; Schwartz, Alison; Berrier, Kathryn L; Sparks, Susan; Stock-Guild, Kara; Toler, Tomi L; Vellody, Kishore; Voelz, Lauren; Skotko, Brian G

**Source:** American journal of medical genetics. Part A; Dec 2016; vol. 170 (no. 12); p. 3098-3105

**Abstract:** The main purposes of this undertaking were to determine how often patients with Down syndrome (DS) are screened for celiac disease (CD) across five DS specialty clinics, which symptoms of CD are most often reported to DS specialty providers at these clinics, and how many individuals were diagnosed with CD by these clinics. This was accomplished by following 663 individuals with DS for 1 year, across five clinics in different states specializing in the comprehensive care of people with DS. Of the 663 participants, 114 individuals were screened for CD at their visit to a DS specialty clinic. Protracted constipation (43.2%) and refractory behavioral problems (23.7%) were symptoms most often reported to DS specialty providers. During the 1 year study period, 13 patients screened positive for CD by serology. Of those, eight underwent duodenal biopsy, and three were diagnosed with CD. We conclude that CD is an important consideration in the comprehensive care of individuals with DS. However, while symptoms are common, diagnoses are infrequent in DS specialty clinics.

**Database:** Medline

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**Expressive vocabulary development in children with down syndrome: A longitudinal study**

**Author(s):** Kaat-van den Os, Danielle te; Volman, Chiel; Jongmans, Marian; Lautsager, Peter

**Source:** Journal of Policy and Practice in Intellectual Disabilities; Dec 2016

**Abstract:** Children with Down syndrome (DS) show a significant delay in their language development, in particular in expressive language. Although many studies have described the development of spoken language skills of children with DS, not many investigated the development of gestures and spoken words more in detail. The aim of this study...
was to describe the expressive vocabulary development of young children with DS with regard to the nature of vocabulary growth and modality (gesture- and/or verbal production). In addition, the association between cognitive development and vocabulary growth was examined. The study included 26 children with DS aged between 18 and 24 months (age at start: M = 19.5, SD = 2.1). Expressive vocabulary growth (gestures and spoken words) was longitudinally followed over an 18-month period based on monthly administrations of the Lexi questionnaire. Cognition was determined with the Cognition Scale of the Bayley-III-NL. First, three different vocabulary growth patterns were observed: marginal vocabulary growth (n = 8), vocabulary growth without a spurt (n = 9), and vocabulary growth spurt (n = 9). The average level of cognition of the group of children with a marginal vocabulary growth pattern was significantly lower compared to that of the other two growth pattern groups. Second, between the age of 18 and 33 months, two different modality profiles were observed: predominant use of gestures (G), and use of gestures plus spoken words (GS). Two children changed from a G profile to a GS profile, two children changed from a GS profile to a predominant spoken word (S) profile. In line with earlier studies, the present study underscores the individual variability in expressive vocabulary growth patterns, and in modality profiles of children with DS. The relation of these individual differences to the children’s level of cognition, as well as the relation between the different growth patterns and the different modality profiles are discussed.

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**Foot–ground interaction during standing in individuals with Down syndrome: A longitudinal retrospective study**

**Author(s):** Galli, Manuela; CIMolin, Veronica; Condoluci, Claudia; Pau, Massimiliano; Leban, Bruno; Albertini, Giorgio

**Source:** *Journal of Developmental and Physical Disabilities;* Dec 2016; vol. 28 (no. 6); p. 835-847

**Abstract:** In individuals with Down syndrome (DS) hypotonia and ligament laxity are characteristic features, which contribute to a number of orthopaedic issues, such as flat foot. The aim of this study was to quantify foot abnormalities in individuals with DS while standing, in terms of foot-ground interaction parameters (i.e. contact areas and plantar pressure distribution), from childhood to adulthood. Thirteen participants with DS were assessed using pedobarography in a time range of 17 years, from childhood to adulthood, and compared with healthy participants. Individuals with DS exhibited increases in all the sub-regions between childhood and adolescence, with significant reductions at an adult age. As for contact pressures, in healthy individuals changes in adolescence and adulthood were detected for all regions; in individuals with DS, significant increases in forefoot and rearfoot were observed only at adulthood. The pressures were systematically higher in healthy controls at all ages in rearfoot and in adolescence at forefoot, while individuals with DS exhibited higher pressure values in midfoot at childhood and adolescence. As one of the primary causes of flatfoot in DS is the presence of hypotonia and ligamentous laxity, which seem to persist especially in teens, it appears important to plan, starting from childhood, a specific rehabilitative program.

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**Profiles of children with down syndrome who meet screening criteria for autism spectrum disorder (asd): A comparison with children diagnosed with asd attending specialist schools**

**Author(s):** Warner, G.; Howlin, P.; Salomone, E.; Moss, J.; Charman, T.

**Source:** *Journal of Intellectual Disability Research;* Nov 2016

**Abstract:** Background Recent research suggests that around 16% to 18% of children with Down syndrome (DS) also meet diagnostic criteria for autism spectrum disorder (ASD). However, there are indications that profiles of autism symptoms in this group may vary from those typically described in children with ASD. Method Rates of autism symptoms and emotional and behavioural problems among children with DS who screened positive for ASD on the Social Communication Questionnaire (SCQ) (n = 183) were compared with a group of children with clinical diagnoses of ASD (n = 189) attending specialist schools in the UK. Groups were matched for age and approximate language level (use of phrase speech). Results Profiles of autistic symptoms in the two groups were generally similar, but children with DS meeting ASD cut-off on the SCQ tended to show fewer problems in reciprocal social interaction than those in the ASD group. They also showed slightly lower rates of emotional and peer-related problems. The results mostly confirm findings from a previous study in which the original validation sample for the SCQ was used as a comparison group. Conclusion Findings suggest that children with DS who meet screening criteria for ASD show similar profiles of communication and repetitive behaviours to those typically described in autism. However, they tend to have relatively milder social difficulties. It is important that clinicians are aware of this difference if children with DS and ASD are to be correctly diagnosed and eligible for specialist intervention and education services.
A small pons as a characteristic finding in down syndrome: A quantitative mri study

Author(s): Fujii, Yuta; Aida, Noriko; Niwa, Tetsu; Enokizono, Mikako; Nozawa, Kumiko; Inoue, Tomio

Source: Brain & Development; Nov 2016

Abstract: BACKGROUND: Down syndrome (DS) is the most common chromosomal aberration, but the characteristics of the brainstem component in this condition during childhood (from newborn to preteen stages) have not been clarified. OBJECTIVE: To evaluate the morphological features of the brainstem in DS on magnetic resonance imaging (MRI). MATERIALS AND METHODS: MRIs for 32 children with DS (16 boys and girls each; age range, 0–11 years) without major brain insults, and 32 age-matched controls (16 boys and girls each) were retrospectively analyzed. Height, width, and area of the midbrain, pons, and medulla oblongata were measured on sagittal T1-weighted images; these were compared in children with DS and age-matched controls. The ratios of the brainstem to the size of the posterior fossa (BS/PF index) were calculated; these were also compared in the children with DS and the control group. RESULTS: The width and area of the midbrain; height, width, area of the pons; and area of the medulla oblongata were significantly smaller in children with DS than in control children (P<0.05); the area of the pons, particularly for the ventral part, showed the largest differences in the mean relative differences. The BS/PF indices of the height, width, and area of the pons were significantly smaller in children with DS than in the control group (P<0.01). However, the BS/PF indices for the midbrain and the medulla oblongata did not differ between these two groups. CONCLUSIONS: Children with DS may have small brainstems, particularly in the pons; this may be a characteristic morphological feature of the brainstem on MRI in childhood including neonates.

Database: PsycINFO

Accuracy of the prediction equation for the determination of maximum heart rate in adults with down syndrome

Author(s): Boer, Pieter-Henk

Source: Journal of Intellectual Disability Research; Nov 2016

Abstract: Background The purpose of the study was to determine if the regression formula developed for the prediction of maximum heart rate (HR) is valid for adults with Down syndrome (DS). Methods Thirty-six adults with DS (31.7 ± 6.8 years; 20 men, 16 women) completed a maximal aerobic test. Maximum HR and VO2 peak were measured directly on a motorised treadmill with a metabolic analyser. Predicted HR was estimated with the regression equation developed for individuals with DS (Fernhall et al. 2001). Differences between measured versus predicted maximum HR were assessed with a dependent T-test and the relationship with Pearson correlational analyses. Agreement was assessed with Bland–Altman analysis. Results There was a significant difference between directly measured maximum HR and predicted maximum HR (P < 0.01). There was no significant relationship between these variables. Bland–Altman analysis indicated that there was measurement bias (+4.7) and large limits of agreement (+26.7 and −17.4) between predicted and measured maximum HR. The Bland–Altman plot also demonstrated the presence of heteroscedasticity. Conclusions The results indicate that the regression formula developed for individuals with DS was not accurate in this sample of DS adults aged 19 to 46 years. Future studies should develop different prediction equations for more specific age and body mass index categories for individuals with DS.

Database: PsycINFO

Transcranial Magnetic Stimulation for Obsessive-Compulsive Disorder: An Updated Systematic Review and Meta-analysis.

Author(s): Trevizol, Alisson Paulino; Shiozawa, Pedro; Cook, Ian A; Sato, Isa Albuquerque; Kaku, Caio Barbosa; Guimarães, Fernanda Bs; Sachdev, Perminder; Sarkhel, Sujit; Cordeiro, Quirino

Source: The journal of ECT; Dec 2016; vol. 32 (no. 4); p. 262-266

Publication Date: Dec 2016

Abstract: Transcranial magnetic stimulation (TMS) is a promising noninvasive brain stimulation intervention. Transcranial magnetic stimulation has been proposed for obsessive-compulsive disorder (OCD) with auspicious results. To assess the efficacy of TMS for OCD in randomized clinical trials (RCTs). Systematic review using MEDLINE and EMBASE from the first RCT available until March 11, 2016. The main outcome was the Hedges g for continuous scores for Yale-Brown Obsessive Compulsive Scale in a random-effects model. Heterogeneity was evaluated with the I and the x test. Publication bias was evaluated using the Begg funnel plot. Metaregression was performed using the
Experiences of Obsessive-Compulsive Disorder: Activity, State, and Object Episodes.

**Author(s):** Knapton, Olivia

**Source:** Qualitative health research; Dec 2016; vol. 26 (no. 14); p. 2009-2023

**Abstract:** Obsessive-compulsive disorder (OCD) is a mental health problem characterized by persistent obsessions and compulsions. This article provides insights into experiences of OCD through a qualitative, thematic analysis performed on a set of interviews with people with OCD. Four themes were found as central in the participants' descriptions of OCD episodes: (a) space, (b) the body, (c) objects, and (d) interactions. The findings also show that episodes of OCD can be grouped into three broad categories: (a) activity episodes, which revolve around everyday tasks; (b) state episodes, which are concerned with the self and identity; and (c) object episodes, which are concerned with the effects of objects on the self. The relationship of this three-way classification of OCD episodes to existing cognitive models of OCD is discussed. The study also demonstrates the value of categorizing episodes, rather than people, into subtypes of OCD so that intra-participant variation can be highlighted.

**Database:** Medline


**Author(s):** Ameis, Stephanie H; Lerch, Jason P; Taylor, Margot J; Lee, Wayne; Viviano, Joseph D; Pipitone, Jon; Nazeri, Arash; Croarkin, Paul E; Voineskos, Aristotle N; Lai, Meng-Chuan; Crosbie, Jennifer; Brian, Jessica; Soreni, Noam; Schachar, Russell; Szatmari, Peter; Arnold, Paul D; Anagnostou, Evdokia

**Source:** The American journal of psychiatry; Dec 2016; vol. 173 (no. 12); p. 1213-1222

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Available in print at Education Centre Library - Coventry & Warwickshire Partnership NHS Trust - from American Journal of Psychiatry

**Abstract:** Neurodevelopmental disorders (NDDs) (attention deficit hyperactivity disorder [ADHD], autism spectrum disorder [ASD], and obsessive-compulsive disorder [OCD]) share genetic vulnerability and symptom domains. The authors present direct comparison of structural brain circuitry in children and adolescents with NDDs and control subjects and examine brain circuit-behavior relationships across NDDs using dimensional measures related to each disorder. Diffusion imaging and behavioral measures were acquired in 200 children and adolescents (ADHD: N=31; OCD: N=36; ASD: N=71; controls: N=62; mean age range: 10.3-12.6 years). Following Tract-Based Spatial Statistics, multigroup comparison of white matter indices was conducted, followed by pairwise comparisons. Relationships of fractional anisotropy with dimensional measures of inattention, social deficits, obsessive-compulsive symptoms, and general adaptive functioning were conducted across the NDD sample. Lower fractional anisotropy within the splenium of the corpus callosum was found in each NDD group, compared with the control group. Lower fractional anisotropy in additional white matter tracts was found in the ASD and ADHD groups, compared with the control group, but not in the OCD group. Fractional anisotropy was lower in the ASD and ADHD groups compared with the OCD group but was not different in ADHD participants compared with ASD participants. A positive relation between fractional anisotropy (across much of the brain) and general adaptive functioning across NDDs was shown. This study identified disruption in interhemispheric circuitry (i.e., fractional anisotropy alterations in the corpus callosum) as a shared feature of ASD, ADHD, and OCD. However, fractional anisotropy alterations may be more widespread and severe in ASD and ADHD than in OCD. Higher fractional anisotropy throughout the brain appears to be related to better adaptive function across NDDs.

**Database:** Medline

Random-effects model modified by Knapp and Hartung. We included 15 RCTs (n = 483), most had small-to-modest sample sizes. Comparing active versus sham TMS, active stimulation was significantly superior for OCD symptoms (Hedges g = 0.45; 95% confidence interval, 0.2-0.71). The funnel plot showed that the risk of publication bias was low and between-study heterogeneity was low (I = 43%, P = 0.039 for the χ test). Metaregression showed no particular influence of any variable on the results. Transcranial magnetic stimulation active was superior to sham stimulation for the amelioration of OCD symptoms. Trials had moderate heterogeneity results, despite different protocols of stimulation used. Further RCTs with larger sample sizes are fundamentally needed to clarify the precise impact of TMS in OCD symptoms.

**Database:** Medline
The link between autoimmune diseases and obsessive-compulsive and tic disorders: A systematic review.

Author(s): Pérez-Vigil, Ana; Fernández de la Cruz, Lorena; Brander, Gustaf; Isomura, Kayoko; Gromark, Caroline; Mataix-Cols, David

Source: Neuroscience and biobehavioral reviews; Dec 2016; vol. 71 ; p. 542-562

Abstract: Immunological factors are increasingly recognized as being important in a range of neuropsychiatric disorders. We aimed to summarize the disperse and often conflicting literature on the potential association between autoimmune diseases (ADs) and obsessive-compulsive disorder (OCD) and tic disorders. We searched PubMed, EMBASE, and PsycINFO for original studies evaluating the relationship between ADs and OCD/tic disorders until July, 13th 2016. Seventy-four studies met inclusion criteria. Overall, the studies were of limited methodological quality. Rates of OCD were higher in rheumatic fever patients who were also affected by its neurological manifestation, Sydenham’s chorea. The literature on other ADs was scarce and the findings inconclusive. Few studies examined the association between ADs and tic disorders. A handful of family studies reported elevated rates of ADs in first-degree relatives of individuals with OCD/tic disorders, and vice versa, potentially suggesting shared genetic and/or environmental mechanisms. In conclusion, at present, there is modest evidence for a possible association and familial co-aggregation between ADs and OCD/tic disorders. We offer some suggestions for future research.

Database: Medline

Duloxetine Augmentation in Resistant Obsessive-Compulsive Disorder: A Double-Blind Controlled Clinical Trial.

Author(s): Mowla, Arash; Boostani, Sanaz; Dastgheib, Seyed Ali

Source: Journal of clinical psychopharmacology; Dec 2016; vol. 36 (no. 6); p. 720-723

Abstract: The aim of this study is to evaluate the efficacy of duloxetine augmentation in treatment of resistant obsessive-compulsive disorder (OCD). This augmentation trial was designed as an 8-week randomized controlled, double-blind study. Forty-six patients experiencing OCD who had failed to respond to at least 12 weeks of treatment with a selective serotonin reuptake inhibitor (fluoxetine, citalopram, or fluvoxamine) were randomly allocated to receive duloxetine or sertraline plus their current anti-OCD treatment. The Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was the primary outcome measure. Treatment response was defined as 25% or more decrease in scores of Y-BOCS. The mean dosage of duloxetine was 44.4 mg/d (range, 20-60 mg/d), and the mean dosage of sertraline was 123.8 mg/d (range, 50-200 mg/d). Forty-six patients (24 of 30 in duloxetine group and 22 of 27 in sertraline group) completed the trial. Both groups showed improvement during the 8-week study period (mean Y-BOCS total score at week 8 as compared with baseline: P < 0.001 & P < 0.001) without significant difference (P = 0.861). Those receiving duloxetine plus their initial medications experienced a mean decrease of 33.0% in Y-BOCS score, and the patients with sertraline added to their initial medication experienced a mean decrease of 34.5% in Y-BOCS. Our double-blind controlled clinical trial showed duloxetine to be as effective as sertraline in reducing obsessive and compulsive symptoms in patients with resistant OCD. However, it needs to be noted that our study is preliminary, and larger double-blind placebo-controlled studies are necessary to confirm the results.

Database: Medline

Stop checking: Repeated checking and its effects on response inhibition and doubt.

Author(s): Linkovski, Omer; Kalanthroff, Eyal; Henik, Avishai; Anholt, Gideon Emanuel

Source: Journal of behavior therapy and experimental psychiatry; Dec 2016; vol. 53 ; p. 94-91

Abstract: Repeated checking is a common ritual in obsessive-compulsive disorder (OCD). van den Hout and Kindt (2003b) devised a task demonstrating paradoxical reductions in memory confidence following repeated checking. This effect was later found to be contingent upon response inhibition. The current study aims to (1) test an alternative interpretation, whereby repeated-checking effects are caused by viewing multiple exemplars, and (2) test whether repeated checking affects response inhibition. 132 students participated in two experiments (66 in Experiment 1 and 66 in Experiment 2). Participants were randomly allocated to a repeated-checking task or a simple-action task that featured similar multiple exemplars without the need for checking. Both tasks were followed by a stop-signal task, measuring response inhibition. Experiment 1 featured a stop-signal task with neutral go-signals while Experiment 2 incorporated familiar and unfamiliar stimuli from the previous task as go-signals. In both experiments, the repeated-checking group exhibited reduced memory confidence compared to the simple-action group. Groups did not differ in their response inhibition for neutral stimuli (Experiment 1), while familiar go-signals had a detrimental effect on response inhibition (Experiment 2). Our results examine the association between
Replication with clinical samples awaits future studies. Repeated checking impairs memory confidence. Increased familiarity of stimuli shortens the time it takes to respond to them while it impairs inhibition response to them. These effects possibly provide initial evidence for the hypothesized role of response inhibition in the maintenance of OCD.

**A novel cognitive intervention for compulsive checking: Targeting maladaptive beliefs about memory.**

**Author(s):** Alcolado, Gillian M; Radomsky, Adam S

**Source:** Journal of behavior therapy and experimental psychiatry; Dec 2016; vol. 53 ; p. 75-83

**Abstract:** Compulsive checking is one of the most common symptoms of obsessive-compulsive disorder (OCD). Recently it has been proposed that those who check compulsively may believe their memory is poor, rather than having an actual memory impairment. The current study sought to develop and assess a brief cognitive intervention focused on improving maladaptive beliefs about memory, as they pertain to both checking symptoms and memory performance. Participants (N = 24) with a diagnosis of OCD and clinical levels of checking symptomatology were randomly assigned either to receive two weekly 1-hour therapy sessions or to self-monitor during a similar waitlist period. Time spent checking, checking symptoms, maladaptive beliefs about memory, and visuospatial memory were assessed both pre- and post-treatment/waitlist. Results showed that compared to the waitlist condition, individuals in the treatment condition displayed significant decreases in their maladaptive beliefs about memory and checking symptoms from pre- to post-intervention. They also exhibited increased recall performance on a measure of visuospatial memory. Changes in beliefs about memory were predictors of reduced post-intervention checking, but were not predictive of increased post-intervention memory scores. The lack of long term follow-up data and use of a waitlist control leave questions about the stability and specificity of the intervention. Findings provide preliminary evidence that strategies targeting beliefs about memory may be worthy of inclusion in cognitive-behavioural approaches to treating compulsive checking. Copyright © 2015 Elsevier Ltd. All rights reserved.

**Database:** Medline

**Check, check, double check: Investigating memory deterioration within multiple sessions of repeated checking.**

**Author(s):** Toffolo, Marieke B J; van den Hout, Marcel A; Radomsky, Adam S; Engelhard, Iris M

**Source:** Journal of behavior therapy and experimental psychiatry; Dec 2016; vol. 53 ; p. 59-67

**Abstract:** Extensive research has shown that repeated checking causes memory distrust. Therefore, it has been suggested that people may subsequently get into a vicious cycle of decreased memory confidence and increased checking behavior, which may play a role in the maintenance and development of OCD. This study investigated in two experiments how repeated checking influences memory distrust over multiple checking episodes. In experiment 1, 70 healthy undergraduates performed two sessions of a virtual checking task with a 30 min break in between. In experiment 2, 41 healthy undergraduates performed two sessions of the checking task on a real kitchen stove and sink. Results of experiment 1 showed that memory confidence for checking the stove decreased after repeated checking in session 1, and remained low in session 2, but memory vividness and detail decreased in both sessions and recovered in between. In experiment 2, all three meta-memory ratings for checking the stove decreased after repeated checking in both sessions, but recovered in between. Future research may include patients with OCD. To further investigate the development of memory distrust over time, more checking episodes may be included and the time between sessions may be increased. Although replication is needed, the findings of experiment 2 seem more informative. Repeated checking may decrease memory vividness and detail (and, in turn, presumably also decrease memory confidence) each time this counterproductive strategy is used, which may have implications for using this paradigm as a behavioral experiment in cognitive-behavioral therapy.

**Database:** Medline

**Stove checking behaviour in people with OCD vs. anxious controls.**

**Author(s):** Bucarelli, Bianca; Purdon, Christine

**Source:** Journal of behavior therapy and experimental psychiatry; Dec 2016; vol. 53 ; p. 17-24

**Abstract:** A growing body of research suggests that the repetition of an action degrades memory for that action, as well as confidence that it has been done correctly. This has important implications for understanding the compulsive repetition of actions characteristic of obsessive compulsive disorder (OCD). At this time, though, much of the research has been conducted on analogue or nonclinical OCD samples in comparison to healthy controls and often
using virtual, as opposed to actual, threat stimuli. Furthermore, although it has been argued that people with OCD are overly attentive to threat stimuli, the research on actual attention to threat is scant. People with a principal diagnosis of OCD (n = 30) and people with a clinically significant diagnosis of an anxiety disorder, but no OCD (n = 18) completed measures of memory confidence and responsibility and then underwent a stove-checking task in a functioning kitchen while wearing a portable eye tracking device. Pre- and post-task ratings of harm and responsibility were taken, along with post-task ratings of memory and certainty. People with OCD did not exhibit poorer memory confidence than the anxious control (AC) group, but did report greater trait and state responsibility for harm. The OCD group checked longer than did the AC group and check duration predicted post-task ratings of harm, but to the same extent in both groups. People with OCD attended to threat items less than did the AC group. Greater visual attention to the stove during the checking period was associated with greater post-task ratings of responsibility and harm and with less certainty in and memory for the check - but only for the AC group. The sample size was modest, women were over-represented and problems with the eye tracking device reduced the amount of reliable data available for analysis. Compulsions are complex actions that are mediated by many trait, state and contextual factors. People with OCD may be able to circumvent self-perpetuating checking processes under certain circumstances. Future research should explore the factors that determine whether or not self-perpetuating mechanisms are activated.

**Database:** Medline

**Does the measure matter? On the association between disgust proneness and OCD symptoms.**

**Author(s):** Olatunji, Bunmi O; Ebesutani, Chad; Kim, Eun Ha

**Source:** Journal of anxiety disorders; Dec 2016; vol. 44 ; p. 63-72

**Abstract:** Although some studies suggest that the association between disgust proneness (DP) and obsessive-compulsive symptoms (OCS) is specific to the contamination subtype, others suggest that DP is associated with OCS more broadly. To examine if the discrepant findings may partially reflect differences in self-report measures used, this investigation employed structural equation modeling to examine the association between DP and OCS in three samples that completed different combinations of measures of DP, OCS, and anxiety/negative affect. In Study 1 (n=626), the path from DP to contamination-based OCS was significantly stronger than the path from DP to non-contamination OCS when controlling for anxiety sensitivity. In Study 2 (n=403), the results showed that the path from DP to contamination-based OCS did not significantly differ from the path from DP to non-contamination OCS when controlling for negative affect. Lastly, Study 3 (n=296) showed that the path from DP to contamination-based OCS was significantly weaker than the path from DP to non-contamination OCS. These findings highlight that the self-report measures employed is an important moderator when making inferences about the association between DP and contamination-based OCS and non-contamination OCS.

**Database:** Medline

**Is disgust proneness sensitive to treatment for OCD among youth?: Examination of diagnostic specificity and symptom correlates.**

**Author(s):** Knowles, Kelly A; Viar-Paxton, Megan A; Riemann, Bradley C; Jacobi, David M; Olatunji, Bunmi O

**Source:** Journal of anxiety disorders; Dec 2016; vol. 44 ; p. 47-54

**Abstract:** Although disgust proneness has been implicated in obsessive-compulsive disorder (OCD), there is a paucity of research examining change in disgust proneness during treatment as well as the correlates of such change, especially in children. This study examined the relationship between changes in disgust proneness and disorder-specific symptoms during residential treatment among youth with OCD, anxiety, and mood disorders. Youth ages 12-18 (n=472) completed pre- and post-outcome measures of OCD, anxiety, and mood symptoms and disgust proneness. Results indicate that although disgust proneness decreases during treatment for youth with OCD, anxiety, and mood disorders, youth with primary OCD experienced the greatest decrease in disgust proneness over the course of treatment. Reductions in disgust proneness during treatment were significantly correlated with reductions in multiple symptom measures, with the strongest correlations between reductions in disgust proneness and OCD symptoms. Implications and directions for future research are discussed.

**Database:** Medline

**Elevated Autism Spectrum Disorder Traits in Young Children with OCD.**

**Author(s):** Stewart, Elyse; Cancilliare, Mary Kathryn; Freeman, Jennifer; Wellen, Brianna; Garcia, Abbe; Sapyta, Jeffrey; Franklin, Martin

**Source:** Child psychiatry and human development; Dec 2016; vol. 47 (no. 6); p. 993-1001
Abstract: Studies have shown a high prevalence of autistic spectrum traits in both children and adults with psychiatric disorders; however the prevalence rate has not yet been investigated in young children with OCD. The aim of the current study was to (1) determine whether ASD traits indicated by the Social Communication Questionnaire (SCQ) and the Social Responsiveness Scale (SRS) were elevated in young children with OCD who do not have a specific ASD diagnosis and (2) determine if ASD traits were associated with OCD severity. Participants (N = 127) were children ages 5-8 years enrolled in the pediatric obsessive-compulsive disorder treatment study for young children (POTS Jr.). Results indicated that the SRS showed elevated autistic traits in the sample and was associated with OCD severity whereas the SCQ did not indicate heightened ASD symptoms. Implications of these results are discussed.

Database: Medline

Clinical presentation of not-just right experiences (NJREs) in individuals with OCD: Characteristics and response to treatment.

Author(s): Coles, Meredith E; Ravid, Ariel

Source: Behaviour research and therapy; Dec 2016; vol. 87; p. 182-187

Abstract: There is increasing recognition that instead of being motivated by a desire to prevent harm and reduce anxiety, some obsessive-compulsive symptoms may be driven by a desire to get things 'just right' or 'complete' and to reduce a sense of discomfort. However, existing data is largely from non-clinical samples. Therefore, in the current paper we examine the clinical presentation of not just right experiences (NJREs) in patients diagnosed with OCD and compare their experiences to both anxious and unselected controls. Then, we provide preliminary data on NJREs before and after cognitive behavioral therapy (exposure and response prevention). First, individuals with OCD were found to report experiencing significantly more NJREs and being more distressed by them compared to anxious controls and unselected controls. Next, there was some support for the specificity of NJREs to feelings of incompleteness. Finally, we found that after completing treatment, patients reported experiencing significantly less NJREs and experienced less distress associated with the NJREs. In conclusion we believe that more work on the role of NJREs is warranted and that characterizing OCD symptoms as either based on harm avoidance or incompleteness/NJREs may be a useful framework for classifying OCD symptoms.

Database: Medline

Uncovering obsessive-compulsive disorder risk genes in a pediatric cohort by high-resolution analysis of copy number variation

Author(s): Gazzellone, Matthew J.; Zarrei, Mehdi; Burton, Christie L.; Walker, Susan; Uddin, Mohammed; Shaheen, S. M.; Coste, Julie; Rajendram, Rajeen; Schachter, Reva J.; Colasanto, Marlena; Hanna, Gregory L.; Rosenberg, David R.; Soreni, Noam; Fitzgerald, Kate D.; Marshall, Christian R.; Buchanan, Janet A.; Merico, Daniele; Arnold, Paul D.; Scherer, Stephen W.

Source: Journal of Neurodevelopmental Disorders; Dec 2016; vol. 8

Available in full text at Journal of Neurodevelopmental Disorders - from National Library of Medicine

Abstract: Background: Obsessive-compulsive disorder (OCD) is a heterogeneous neuropsychiatric condition, thought to have a significant genetic component. When onset occurs in childhood, affected individuals generally exhibit different characteristics from adult-onset OCD, including higher prevalence in males and increased heritability. Since neuropsychiatric conditions are associated with copy number variations (CNVs), we considered their potential role in the etiology of OCD. Methods: We genotyped 307 unrelated pediatric probands with idiopathic OCD (including 174 that were part of complete parent-child trios) and compared their genotypes with those of 3861 population controls, to identify rare CNVs (<0.5 % frequency) of at least 15 kb in size that might contribute to OCD. Results: We uncovered de novo CNVs in 4/174 probands (2.3 %). Our case cohort was enriched for CNVs in genes that encode targets of the fragile X mental retardation protein (nominal p = 1.85 × 10 −03; FDR = 0.09), similar to previous findings in autism and schizophrenia. These results also identified deletions or duplications of exons in genes involved in neuronal migration (ASTN2), synapse formation (NLGN1 and PTPRD), and postsynaptic scaffolding (DLGAP1 and DLGAP2), which may be relevant to the pathogenesis of OCD. Four cases had CNVs involving known genomic disorder loci (1q21.1-21.2, 15q11.2-q13.1, 16p13.11, and 17p12). Further, we identified BTBD9 as a candidate gene for OCD. We also sequenced exomes of ten "CNV positive" trios and identified in one an additional plausibly relevant mutation: a 13 bp exonic deletion in DRD4. Conclusions: Our findings suggest that rare CNVs may contribute to the etiology of OCD.

Database: PsycINFO
Heart rate assessment and use of a multiple schedule treatment for an individual with obsessive compulsive-like behavior

Author(s): Chok, James T.; Harper, Jill M.

Source: *Journal of Developmental and Physical Disabilities; Dec 2016; vol. 28 (no. 6); p. 821-834*

Abstract: Repetitive behavior is displayed by individuals with Autism Spectrum Disorder and those with Obsessive Compulsive Disorder (American Psychiatric Association 2013). Clinicians assessing individuals with autism who display stereotypic behavior face the challenge of determining whether or not these repetitive behaviors are more reflective of topographies observed in individuals with developmental delays, or are more representative of those observed in OCD. The distinction is important because traditional treatments for OCD have addressed the discomfort associated with repetitive acts, which has been described as a building urge that precedes compulsive behavior. In contrast, treatments for stereotypic behavior in children with autism may involve signaled periods of access to repetitive behavior which could inadvertently lead to a child encountering conditions which elicit stress as part of a treatment approach. One potential way to capture a building state of distress in a client with repetitive behavior is through the measurement of heart rate. The current study evaluated heart rate variability during conditions in which an establishing operation was either present or absent for the arranging behavior of a child with autism, as well as when access to arranging was allowed. When significant differences were not observed across these conditions, a multiple schedule treatment for arranging was implemented and demonstrated to be an effective way to manage the participant’s compulsive behavior. The treatment was implemented in the home setting and the participant’s parent was also able to demonstrate the ability to effectively implement the intervention.

Database: PsycINFO

Removing and reimplanting deep brain stimulation therapy devices in resistant OCD (when the patient does not respond): Case report

Author(s): Real, Eva; Plans, Gerard; Alonso, Pino; Aparicio, Marco A.; Segalàs, Cinto; Cardoner, Narcis; Soriano-Mas, Carles; López-Solà, Clara; Menchón, José M.

Source: *BMC Psychiatry; Dec 2016; vol. 16*

Available in full text at BMC Psychiatry - from National Library of Medicine

Abstract: Background: Deep brain stimulation (DBS) is emerging as a promising tool in the treatment of refractory obsessive-compulsive disorder (OCD) but the search for the best target still continues. This issue is especially relevant when particularly resistant profiles are observed in some patients, which have been ascribed to individual responses to DBS according to differential patterns of connectivity. As patients have been implanted, new dilemmas have emerged, such as what to do when the patient does not respond to surgery. Case presentation: Here we describe a 22-year-old male with extremely severe OCD who did not respond to treatment with DBS in the nucleus accumbens, but who did respond after explanting and reimplanting leads targeting the ventral capsule-ventral striatum region. Information regarding the position of the electrodes for both surgeries is provided and possible brain structures affected during stimulation are reviewed. To our knowledge this case is the first in the literature reporting the removal and reimplantation of DBS leads for therapeutical benefits in a patient affected by a mental disorder. Conclusion: The capability for explantation and reimplantation of leads should be considered as part of the DBS therapy reversibility profile in resistant mental disorders, as it allows application in cases of non-response to the first surgery.

Database: PsycINFO


Author(s): Ameis, Stephanie H.; Lerch, Jason P.; Taylor, Margot J.; Lee, Wayne; Viviano, Joseph D.; Pipitone, Jon; Nazeri, Arash; Croarkin, Paul E.; Voinoskos, Aristotle N.; Lai, Meng-Chuan; Crosbie, Jennifer; Brian, Jessica; Soreni, Noam; Schachar, Russell; Szatmari, Peter; Arnold, Paul D.; Anagnostou, Evdokia

Source: *American Journal of Psychiatry; Dec 2016; vol. 173 (no. 12); p. 1213-1222*

Available in full text at American Journal of Psychiatry - from American Psychiatric Publishing Inc ; Notes: Click on sign in then Log In Via Your Institution and choose Education Centre Library and enter your Athens details
Available in print at Education Centre Library - Coventry & Warwickshire Partnership NHS Trust - from American Journal of Psychiatry
**Abstract:** Objective: Neurodevelopmental disorders (NDDs) (attention deficit hyperactivity disorder [ADHD], autism spectrum disorder [ASD], and obsessive-compulsive disorder [OCD]) share genetic vulnerability and symptom domains. The authors present direct comparison of structural brain circuitry in children and adolescents with NDDs and control subjects and examine brain circuit-behavior relationships across NDDs using dimensional measures related to each disorder.

**Method:** Diffusion imaging and behavioral measures were acquired in 200 children and adolescents (ADHD: N=31; OCD: N=36; ASD: N=71; controls: N=62; mean age range: 10.3-12.6 years). Following Tract-Based Spatial Statistics, multigroup comparison of white matter indices was conducted, followed by pairwise comparisons. Relationships of fractional anisotropy with dimensional measures of inattention, social deficits, obsessive-compulsive symptoms, and general adaptive functioning were conducted across the NDD sample.

**Results:** Lower fractional anisotropy within the splenium of the corpus callosum was found in each NDD group, compared with the control group. Lower fractional anisotropy in additional white matter tracts was found in the ASD and ADHD groups, compared with the control group, but not in the OCD group. Fractional anisotropy was lower in the ASD and ADHD groups compared with the OCD group but was not different in ADHD participants compared with ASD participants. A positive relation between fractional anisotropy (across much of the brain) and general adaptive functioning across NDDs was shown.

**Conclusions:** This study identified disruption in interhemispheric circuitry (i.e., fractional anisotropy alterations in the corpus callosum) as a shared feature of ASD, ADHD, and OCD. However, fractional anisotropy alterations may be more widespread and severe in ASD and ADHD than in OCD. Higher fractional anisotropy throughout the brain appears to be related to better adaptive function across NDDs.

**Database:** CINAHL

**Item Response Theory Analysis of ADHD Symptoms in Children With and Without ADHD.**

**Author(s):** Li, James J.; Reise, Steven P.; Chronis-Tuscano, Andrea; Mikami, Amori Yee; Lee, Steve S.

**Source:** Assessment; Dec 2016; vol. 23 (no. 6); p. 655-671

**Database:** CINAHL

**Symptom severity, comorbidity, parental mental health problems predict ADHD persistence into adulthood.**

**Source:** Brown University Child & Adolescent Psychopharmacology Update; Dec 2016; vol. 18 (no. 12); p. 1-3

**Database:** CINAHL

**Substance use disorders, ADHD common among college-age stimulant misusers.**

**Source:** Brown University Psychopharmacology Update; Dec 2016; vol. 27 (no. 12); p. 1-2

**Database:** CINAHL

**Social functioning among college students diagnosed with ADHD and the mediating role of emotion regulation.**

**Author(s):** Ryan, Julia; Ross, Samantha; Reyes, Rebecca; Kosmerly, Stacey; Rogers, Maria

**Source:** Emotional & Behavioural Difficulties; Dec 2016; vol. 21 (no. 4); p. 387-402

**Database:** CINAHL

**Nursing care for adults with ADHD who take stimulants.**

**Author(s):** Blake, Timothy K.

**Source:** Nursing; Dec 2016; vol. 46 (no. 12); p. 60-64

**Database:** CINAHL

**Distinct differences in striatal dysmorphology between attention deficit hyperactivity disorder boys with and without a comorbid reading disability.**

**Author(s):** Goradia, Dhruman D; Vogel, Sherry; Mohl, Brianne; Khatib, Dalal; Zajac-Benitez, Caroline; Rajan, Usha; Robin, Arthur; Rosenberg, David R; Stanley, Jeffrey A

**Source:** Psychiatry research; Dec 2016; vol. 258 ; p. 30-36

**Abstract:** There is evidence of greater cognitive deficits in attention deficit hyperactivity disorder with a comorbid reading disability (ADHD+/RD) compared to ADHD alone (ADHD/-RD). Additionally, the striatum has been consistently implicated in ADHD. However, the extent of morphological alterations in the striatum of ADHD+/RD is poorly understood, which is the main purpose of this study. Based on structural MRI images, the surface deformation of the caudate and putamen was assessed in 59 boys matching in age and IQ [19 ADHD/-RD, 15...
ADHD/+RD and 25 typically developing controls (TDC). A vertex based analysis with multiple comparison correction was conducted to compare ADHD/-RD and ADHD/+RD to TDC. Compared to TDC, ADHD/+RD showed multiple bilateral significant clusters of surface compression. In contrast, ADHD/-RD showed fewer significant clusters of surface compression and restricted to the left side. Regarding the putamen, only ADHD/-RD showed significant clusters of surface compression. Results demonstrate for the first time a greater extent of morphological alterations in the caudate of ADHD/+RD than ADHD/-RD compared to TDC, which may suggest greater implicated cortical areas projecting to the caudate that are associated with the greater neuropsychological impairments observed in ADHD/+RD.

Database: Medline

**Attention-Deficit/Hyperactivity Disorder Remission Is Linked to Better Neurophysiological Error Detection and Attention-Vigilance Processes.**

**Author(s):** Michelini, Giorgia; Kitsune, Glenn L; Cheung, Celeste H M; Brandeis, Daniel; Banaschewski, Tobias; Asherson, Philip; McLoughlin, Gráinne; Kuntsi, Jonna

**Source:** *Biological psychiatry; Dec 2016; vol. 80 (no. 12); p. 923-932*

**Abstract:** The processes underlying persistence and remission of attention-deficit/hyperactivity disorder (ADHD) are poorly understood. We examined whether cognitive and neurophysiological impairments on a performance-monitoring task distinguish between ADHD persisters and remitters. On average 6 years after initial assessment, 110 adolescents and young adults with childhood ADHD (87 persisters, 23 remitters) and 169 age-matched control participants were compared on cognitive-performance measures and event-related potentials of conflict monitoring (N2) and error processing (error-related negativity and positivity) from an arrow flanker task with low-conflict and high-conflict conditions. ADHD outcome was examined with parent-reported symptoms and functional impairment measures using a categorical (DSM-IV) and a dimensional approach. ADHD persisters were impaired compared with controls on all cognitive-performance and event-related potential measures (all p < .05). ADHD remitters differed from persisters and were indistinguishable from control participants on the number of congruent (low-conflict) errors, reaction time variability, error-related negativity, and error-related positivity (all p ≤ .05). Remitters did not differ significantly from the other groups on incongruent (high-conflict) errors, mean reaction time, and N2. In dimensional analyses on all participants with childhood ADHD, ADHD symptoms and functional impairment at follow-up were significantly correlated with congruent errors, reaction time variability, and error-related positivity (r = .19-.23, p ≤ .05). Cognitive and neurophysiological measures of attention-vigilance and error detection distinguished ADHD remitters from persisters. These results extend our previous findings with other tasks and indicate that such measures are markers of remission and candidates for the development of nonpharmacological interventions.

Database: Medline

**Medication for Attention-Deficit/Hyperactivity Disorder and Risk for Depression: A Nationwide Longitudinal Cohort Study.**

**Author(s):** Chang, Zheng; D'Onofrio, Brian M; Quinn, Patrick D; Lichtenstein, Paul; Larsson, Henrik

**Source:** *Biological psychiatry; Dec 2016; vol. 80 (no. 12); p. 916-922*

**Abstract:** Attention-deficit/hyperactivity disorder (ADHD) is associated with high rates of psychiatric comorbidity, including depression. However, it is unclear whether ADHD medication increases or decreases the risk for depression. We studied all individuals with a diagnosis of ADHD born between 1960 and 1998 in Sweden (N = 38,752). We obtained data for prescription of ADHD medication, diagnosis of depression and other psychiatric disorders, and sociodemographic factors from population-based registers. The association between ADHD medication and depression was estimated with Cox proportional hazards regression. After adjustment for sociodemographic and clinical confounders, ADHD medication was associated with a reduced long-term risk (i.e., 3 years later) for depression (hazard ratio = 0.58; 95% confidence interval, 0.51-0.67). The risk was lower for longer duration of ADHD medication. Also, ADHD medication was associated with reduced rates of concurrent depression; within-individual analysis suggested that occurrence of depression was 20% less common during periods when patients received ADHD medication compared with periods when they did not (hazard ratio = 0.80; 95% confidence interval, 0.70-0.92). Our study suggests that ADHD medication does not increase the risk of later depression; rather, medication was associated with a reduced risk for subsequent and concurrent depression.

Database: Medline

**Effect of vitamin D supplementation as adjunctive therapy to methylphenidate on ADHD symptoms: A**
**Fatigue in an adult attention deficit hyperactivity disorder population: A trans-diagnostic approach.**

**Author(s):** Rogers, Denise C; Dittner, Antonia J; Rimes, Katharine A; Chalder, Trudie

**Source:** *The British Journal of clinical psychology*; Dec 2016

**Abstract:** Trans-diagnostic approaches suggest that key cognitive and behavioural processes maintain symptoms across a wide range of mental health disorders. Fatigue is a common clinical feature of attention deficit hyperactivity disorder (ADHD) in adulthood; however, empirical data supporting its prevalence are lacking. This study aimed to collate outcomes from outpatient services to (1) investigate the prevalence of fatigue in adults with ADHD, (2) examine symptoms of ADHD in adults with chronic fatigue syndrome (CFS), and (3) consider secondary clinical characteristics common to both disorder groups. Measures of self-reported fatigue were compared across groups of adults with ADHD (N = 243), CFS (N = 86), and healthy controls (HC) (N = 211) using a between-subjects cross-sectional design. Groups were also compared on secondary clinical measures of functional impairment, mood, anxiety, sleep, self-efficacy, and their beliefs about the acceptability of expressing emotions. The ADHD group were significantly more fatigued than HC with 62% meeting criteria for fatigue caseness. ADHD symptoms were significantly greater in the CFS group than in HC. ADHD and CFS groups did not differ significantly on measures of functional impairment, mood, and self-efficacy. No significant differences were detected on measures of anxiety when items relating to physical restlessness were removed from the analysis. Adults with ADHD experience greater fatigue than HC. Adults with CFS and ADHD share many trans-diagnostic clinical characteristics, including difficulties with low mood, anxiety, and reduced self-efficacy, which impact upon their overall functioning. Further research is required to investigate extraneous factors mediating fatigue severity in these clinical groups. Fatigue is a common clinical feature of attention deficit hyperactivity disorder (ADHD) in adulthood. Evidence-based interventions for chronic fatigue syndrome could be adapted to address fatigue in ADHD in adults.

**Database:** Medline

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**Reduced inattention and hyperactivity and improved cognition after marine oil extract (PCSO-524®) supplementation in children and adolescents with clinical and subclinical symptoms of attention-deficit hyperactivity disorder (ADHD): a randomised, double-blind, placebo-controlled trial.**

**Author(s):** Kean, James D; Sarris, Jerome; Scholey, Andrew; Silberstein, Richard; Downey, Luke A; Stough, Con

**Source:** *Psychopharmacology*; Dec 2016

**Abstract:** This study investigated the effects of a marine oil extract (PCSO-524®) on inattention, hyperactivity, mood and cognition in children and adolescents. PCSO-524® is a standardised lipid extract of the New Zealand green-lipped mussel and is an inflammatory modulator that inhibits the 5'-lipoxigenase and cyclooxygenase pathways and decreases concentrations of the pro-inflammatory arachidonic acid (AA). PCSO-524® or a matched placebo was
Available in full text at

Source: BMJ open; Dec 2016; vol. 6 (no. 12); p. e012749

Abstract: Studies evaluating caffeine intake during pregnancy and long-term outcomes, such as the child's neurobehaviour, are still scarce and their results are inconsistent. The objective of the present study was to evaluate the association between maternal consumption of caffeine during pregnancy and attention deficit hyperactivity disorder (ADHD) at the age of 11 years. All children born in the city of Pelotas, Brazil, during the year 2004, were selected for a cohort study. The mothers were interviewed at birth to obtain information on coffee and yerba mate consumption during pregnancy, among other matters. At the age of 11 years, presence of ADHD was evaluated using the Development and Well-Being Assessment (DAWBA) questionnaire, applied to the mothers. The prevalence of ADHD was calculated, with 95% CIs. The association between caffeine consumption and ADHD was tested by means of logistic regression. 3485 children were included in the analyses. The prevalence of ADHD was 4.1% (95% CI 3.4% to 4.7%); 5.8% (95% CI 4.7% to 6.9%) among boys and 2.3% (95% CI 1.5% to 3.0%) among girls. The prevalence of caffeine consumption during the entire pregnancy and in the first, second and third trimesters was 88.7% (87.7% to 89.7%), 86.5% (85.4% to 87.5%), 83.0% (81.8% to 84.2%) and 92.3% (91.4% to 93.1%), respectively. Caffeine consumption during the entire pregnancy and the first, second and third trimesters were not associated with ADHD in the crude or adjusted analysis. The present study did not show any association between maternal caffeine consumption during pregnancy and ADHD at the age of 11 years.

Database: Medline

The Influence of Health Behaviours in Childhood on Attention Deficit and Hyperactivity Disorder in Adolescence.

Author(s): Wu, Xiuyun; Ohinmaa, Arto; Veugelers, Paul J

Source: Nutrients; Dec 2016; vol. 8 (no. 12)
Available in full text at Nutrients - from National Library of Medicine

Abstract: Attention-deficit and hyperactivity disorder (ADHD) in children and adolescents is a global public health burden. Identification of health-related behavioral risk factors including diet quality and physical and sedentary activities for ADHD is important for prioritizing behavioral intervention strategies to improve mental health. This study aimed to examine the association of diet quality, physical activity, and sedentary behaviours in childhood with ADHD throughout adolescence. We linked data from grade five students aged primarily 10 and 11 years old who participated in a population-based lifestyle survey in the Canadian province of Nova Scotia with their administrative health care data. We applied negative binomial regression methods to examine the associations between health behaviours and ADHD. Of the 4875 students, 9.7% had one or more diagnoses of ADHD between the ages of 10/11 and 18 years. The number of primary diagnoses with ADHD was statistically significantly lower among students with better diet quality, higher levels of physical activity, and those that spent less time playing computers and video games (p < 0.05). These findings suggest that health promotion programs aiming to improve children's diets and active lifestyles may also reduce the public health burden of ADHD.

Database: Medline

Tic Symptoms Induced by Atomoxetine in Treatment of ADHD: A Case Report and Literature Review.
Author(s): Yang, Rongwang; Li, Rong; Gao, Weijia; Zhao, Zhengyan

Source: Journal of developmental and behavioral pediatrics: JDBP; Dec 2016

Abstract: Patients with attention-deficit/hyperactivity disorder (ADHD) are at increased risk for tic disorders. Atomoxetine (ATX) has been accepted as an alternative medication for patients with ADHD and a comorbid tic disorder. It is rarely reported that tic symptoms are induced by ATX. This present report described a boy with ADHD who developed tic symptoms during ATX initiation. We used an ABAB trial to confirm the tics were related to ATX administration. In addition, we reviewed the published literature of patients whose tic symptoms were confirmed or suspected of relating to ATX usage. This present case with an ABAB design showed on-off control of tics with or without ATX, which allowed us to make a strong conclusion that the tics were related to ATX administration. Literature review also indicated that ATX might induce tic symptoms in children with ADHD, especially in those being boys and having a history of tics. The time from starting ATX to tics symptoms appearing was approximately 19 days. The most common tic symptoms were eye blinking, vocal tics, or throat clearing, and neck movements. These tic symptoms in most cases could be resolved after discontinuing ATX without further pharmacotherapy.

Pediatricians and child psychiatrists should be well aware of this potential adverse effect in children with ADHD receiving ATX.

Database: Medline

Method of adult diagnosis influences estimated persistence of childhood ADHD: a systematic review of longitudinal studies.

Author(s): Sibley, Margaret H; Mitchell, John T; Becker, Stephen P

Source: The lancet. Psychiatry; Dec 2016; vol. 3 (no. 12); p. 1157-1165

Abstract: Several studies have questioned the stability of attention-deficit hyperactivity disorder (ADHD) from childhood to adulthood. This systematic review illustrates how variability in diagnostic methods influences adult ADHD persistence estimates. Systematic database searches identified studies reporting adult ADHD persistence rates that were published in English between Jan 1, 1992, and May 31, 2016. Study inclusion criteria were systematic childhood diagnosis of attention-deficit disorder, ADHD, or a research diagnostic protocol that matched DSM-III, DSM-III-R, or DSM-IV standards; mean childhood age of younger than 12·0 years with no participants older than 18·0 years; and mean adult age of 18·0 years or older with no participants younger than 17·0 years. Across 12 included samples, we identified 41 estimates of ADHD persistence, which ranged from 4·0% to 77·0%. Methods of diagnosing ADHD in adulthood varied with respect to source of information, diagnostic instruments (eg, rating scales, interviews), diagnostic symptom threshold, and whether impairment was required for diagnosis. Sole reliance on self reports and a strict threshold of six DSM symptoms led to very low persistence estimates. To minimise false-negative and false-positive classifications, recommended methods for determining adult persistence of ADHD include collecting self and informant ratings, requiring the presence of impairment, and using an age-appropriate symptom threshold. Very few persistence estimates utilised these methods, but those that did indicated persistence rates of 40-50%.

Database: Medline

Modelling ADHD: A review of ADHD theories through their predictions for computational models of decision-making and reinforcement learning.

Author(s): Ziegler, Sigurd; Pedersen, Mads L; Mowinckel, Athanasia M; Biele, Guido

Source: Neuroscience and biobehavioral reviews; Dec 2016; vol. 71; p. 633-656

Abstract: Attention deficit hyperactivity disorder (ADHD) is characterized by altered decision-making (DM) and reinforcement learning (RL), for which competing theories propose alternative explanations. Computational modelling contributes to understanding DM and RL by integrating behavioural and neurobiological findings, and could elucidate pathogenic mechanisms behind ADHD. This review of neurobiological theories of ADHD describes predictions for the effect of ADHD on DM and RL as described by the drift-diffusion model of DM (DDM) and a basic RL model. Empirical studies employing these models are also reviewed. While theories often agree on how ADHD should be reflected in model parameters, each theory implies a unique combination of predictions. Empirical studies agree with the theories' assumptions of a lowered DDM drift rate in ADHD, while findings are less conclusive for boundary separation. The few studies employing RL models support a lower choice sensitivity in ADHD, but not an altered learning rate. The discussion outlines research areas for further theoretical refinement in the ADHD field.

Database: Medline

Changing ASD-ADHD symptom co-occurrence across the lifespan with adolescence as crucial time window:
Illustrating the need to go beyond childhood.

**Author(s):** Hartman, Catharina A; Geurts, Hilde M; Franke, Barbara; Buitelaar, Jan K; Rommelse, Nanda N J  
**Source:** Neuroscience and biobehavioral reviews; Dec 2016; vol. 71 ; p. 529-541  
**Abstract:** Literature on the co-occurrence between Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) is strongly biased by a focus on childhood age. A review of the adolescent and adult literature was made on core and related symptoms of ADHD and ASD. In addition, an empirical approach was used including 17,173 ASD-ADHD symptom ratings from participants aged 0 to 84 years. Results indicate that ASD/ADHD constellations peak during adolescence and are lower in early childhood and old age. We hypothesize that on the border of the expected transition to independent adulthood, ASD and ADHD co-occur most because social adaptation and EF skills matter most. Lower correlations in childhood and older age may be due to more diffuse symptoms reflecting respectively still differentiating and de-differentiating EF functions. We plea for a strong research focus in adolescence which may -after early childhood- be a second crucial time window for catching-up pattern explaining more optimal outcomes. We discuss obstacles and opportunities of a full lifespan approach into old age.  
**Database:** Medline

An evidenced-based perspective on the validity of attention-deficit/hyperactivity disorder in the context of high intelligence.  
**Author(s):** Rommelse, Nanda; van der Kruijs, Marieke; Damhuis, Jochem; Hoek, Ineke; Smeets, Stijn; Antshel, Kevin M; Hoogeveen, Lianne; Faraoone, Stephen V  
**Source:** Neuroscience and biobehavioral reviews; Dec 2016; vol. 71 ; p. 21-47  
**Abstract:** The validity of Attention-Deficit/Hyperactivity Disorder (ADHD) in individuals with high intelligence is disputed, since high intelligence may 'mimic' the symptoms of ADHD in the absence of the specific pathophysiological pathways for ADHD. Conversely, increased risk of a missed ADHD diagnosis may occur due to compensatory strategies in the highly intelligent individual. A systematic literature review was performed including cognitive and behavioral studies, addressing a specific set of criteria for validating ADHD in the context of high intelligence. Albeit limited in number, available results suggest that ADHD is a valid construct in the context of high intelligence, showing characteristic clinical features (except possibly for hyperactivity being a less specific pathology marker), course and outcome and a characteristic response to treatment. Importantly, ADHD and IQ are negatively correlated on nearly all phenotypic and cognitive constructs, underlining the need for taking IQ into account as potential moderator in ADHD studies and more systematically studying ADHD in the high intelligent population.  
**Database:** Medline

The European ADHD Guidelines Group replies.  
**Author(s):** Cortese, Samuele; Brandeis, Daniel; Holtmann, Martin; Sonuga-Barke, Edmund J S; European ADHD Guidelines Group (EAGG)  
**Source:** Journal of the American Academy of Child and Adolescent Psychiatry; Dec 2016; vol. 55 (no. 12); p. 1092-1093  
**Available in print at Caludon Centre Library - Coventry & Warwickshire Partnership NHS Trust - from Journal of the American Academy of Child and Adolescent Psychiatry**  
**Database:** Medline

Atomoxetine for hoarding disorder: A pre-clinical and clinical investigation.  
**Author(s):** Grassi, Giacomo; Micheli, Laura; Di Cesare Mannelli, Lorenzo; Compagno, Elisa; Righi, Lorenzo; Ghelardini, Carla; Pallanti, Stefano  
**Source:** Journal of psychiatric research; Dec 2016; vol. 83 ; p. 240-248  
**Abstract:** Despite several studies suggested that inattention and impulsivity-compulsivity could represent two core dimensions of hoarding disorder (HD), only a small case series study investigated the effectiveness of attention-deficit-hyperactivity-disorder (ADHD) medications in HD. The aim of the present study was to target attentional and inhibitory control networks in HD patients through the ADHD medication atomoxetine, moving from a preclinical investigation on an animal model of compulsive-like behavior (marble burying test) to a clinical investigation on both medicated and unmedicated patients with a primary diagnosis of HD without ADHD. Our preclinical investigation
showed that acute administration of atomoxetine significantly reduced the compulsive-like behaviours of mice in the marble burying test without affecting neither locomotor activity and coordination nor exploration behaviours. When compared, atomoxetine and fluoxetine showed similar effects on the marble burying test. However, fluoxetine impaired both locomotor and exploratory activity. In our clinical investigation 12 patients were enrolled and 11 patients completed an open trial with atomoxetine at flexible dose (40-80 mg) for 12 weeks. At the endpoint the mean UCLA Hoarding Severity Scale score decreased by 41.3% for the whole group (p = 0.003). Six patients were classified as full responders (mean symptom reduction of 57.2%) and three patients as partial responders (mean symptom reduction of 27.3%). Inattentive and impulsivity symptoms showed a significant mean score reduction of 18.5% from baseline to the endpoint (F(1,9) = 20.9, p = 0.0013). Hoarding symptoms improvement was correlated to reduction of patients' disability and increased in their global functioning. These preclinical and clinical data suggest that atomoxetine may be effective for HD and therefore should be considered for future controlled trials.

Database: Medline

Concussion History in Adolescent Athletes with Attention-Deficit Hyperactivity Disorder.

Author(s): Iverson, Grant L; Atkins, Joseph E; Zafonte, Ross; Berkner, Paul D

Source: Journal of neurotrauma; Dec 2016; vol. 33 (no. 23); p. 2077-2080

Abstract: Little is known about the rate of concussions in adolescents with attention-deficit hyperactivity disorder (ADHD). We hypothesized that high school athletes with ADHD would report a greater history of concussion than students without ADHD. A total of 6529 adolescent and young adult student athletes, between the ages of 13 and 19 years (mean, 15.9; standard deviation, 1.3), completed a preseason health survey in 2010. Of those with ADHD, 26.1% reported a history of one or more concussions, compared to 17.1% of those without ADHD (p<0.00001; odds ratio [OR], 1.71). Stratified by gender, 27.0% of boys with ADHD reported a history of one or more concussions, compared to 20.0% of boys without ADHD (p<0.004; OR, 1.48), and 23.6% of girls with ADHD reported a history of one or more concussions, compared to 13.6% of girls without ADHD (p<0.003; OR, 1.97). Of those with ADHD, 9.8% reported a history of two or more concussions, compared to 5.5% of those without ADHD (p<0.0003; OR, 1.87). Stratified by gender, 10.0% of boys with ADHD reported a history of two or more concussions, compared to 6.7% of boys without ADHD (p<0.033; OR, 1.54), and 9.1% of girls with ADHD reported a history of two or more concussions, compared to 3.8% of girls without ADHD (p<0.006; OR, 2.51). In this large-scale, retrospective survey study, boys and girls with ADHD were significantly more likely to report a history of concussion. Additional research is needed to determine whether students with ADHD are more susceptible to injury (i.e., have a lower threshold) or have different recovery trajectories.

Database: Medline

Response time variability under slow and fast-incentive conditions in children with ASD, ADHD and ASD+ADHD.

Author(s): Tye, Charlotte; Johnson, Katherine A; Kelly, Simon P; Asherson, Philip; Kuntsi, Jonna; Ashwood, Karen L; Azadi, Bahare; Bolton, Patrick; McLoughlin, Gráinne

Source: Journal of child psychology and psychiatry, and allied disciplines; Dec 2016; vol. 57 (no. 12); p. 1414-1423

Abstract: Attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) show significant behavioural and genetic overlap. Both ADHD and ASD are characterised by poor performance on a range of cognitive tasks. In particular, increased response time variability (RTV) is a promising indicator of risk for both ADHD and ASD. However, it is not clear whether different indices of RTV and changes to RTV according to task conditions are able to discriminate between the two disorders. Children with ASD (n = 19), ADHD (n = 18), ASD + ADHD (n = 29) and typically developing controls (TDC; n = 26) performed a four-choice RT task with slow-baseline and fast-incentive conditions. Performance was characterised by mean RT (MRT), standard deviation of RT (SD-RT), coefficient of variation (CV) and ex-Gaussian distribution measures of Mu, Sigma and Tau. In the slow-baseline condition, categorical diagnoses and trait measures converged to indicate that children with ADHD-only and ASD + ADHD demonstrated increased MRT, SD-RT, CV and Tau compared to TDC and ASD-only. Importantly, greater improvement in MRT, SD-RT and Tau was demonstrated in ADHD and ASD + ADHD from slow-baseline to fast-incentive conditions compared to TDC and ASD-only. Slower and more variable RTs are markers of ADHD compared to ASD and typically developing controls during slow and less rewarding conditions. Energetic factors and rewards improve task performance to a greater extent in children with ADHD compared to children with ASD. These findings suggest that RTV can be distinguished in ASD, ADHD and ASD + ADHD based on the indices of variability used and the conditions in which they are elicited. Further work identifying neural processes underlying increased RTV is warranted, in order to elucidate disorder-specific and disorder-convergent aetiological pathways.

Database: Medline
Paul Wender, a Pioneer in ADHD and Biological Psychiatry.

Author(s): Reinherr, Fred

Source: Journal of attention disorders; Dec 2016; vol. 20 (no. 12); p. 1076

Database: Medline

Psychiatric Comorbidity at the Time of Diagnosis in Adults With ADHD: The CAT Study.

Author(s): Piñeiro-Dieguez, Benjamin; Balanzá-Martínez, Vicent; García-García, Pilar; Soler-López, Begoña; CAT Study Group

Source: Journal of attention disorders; Dec 2016; vol. 20 (no. 12); p. 1066-1075

Abstract: The CAT (Comorbilidad en Adultos con TDAH) study aimed to quantify and characterize the psychiatric comorbidity at the time of diagnosis of ADHD in adult outpatients. Cross-sectional, multicenter, observational register of adults with ADHD diagnosed for the first time. In this large sample of adult ADHD (n = 367), psychiatric comorbidities were present in 66.2% of the sample, and were more prevalent in males and in the hyperactive-impulsive and combined subtypes. The most common comorbidities were substance use disorders (39.2%), anxiety disorders (23%), and mood disorders (18.1%). In all, 88.8% patients were prescribed pharmacological treatment for ADHD (in 93.4% of cases, modified release methylphenidate capsules 50:50). A high proportion of psychiatric comorbidity was observed when adult outpatients received a first-time diagnosis of ADHD. The systematic registering of patients and comorbidities in clinical practice may help to better understand and manage the prognostic determinants in adult ADHD.

Database: Medline

The Neuropsychological Profile of Comorbid Post-Traumatic Stress Disorder in Adult ADHD.

Author(s): Antshel, Kevin M; Biederman, Joseph; Spencer, Thomas J; Faraone, Stephen V

Source: Journal of attention disorders; Dec 2016; vol. 20 (no. 12); p. 1047-1055

Abstract: AD/HD and post-traumatic stress disorder (PTSD) are often comorbid yet despite the increased comorbidity between the two disorders, to our knowledge, no data have been published regarding the neuropsychological profile of adults with comorbid ADHD and PTSD. Likewise, previous empirical studies of the neuropsychology of PTSD did not control for ADHD status. We sought to fill this gap in the literature and to assess the extent to which neuropsychological test performance predicted psychosocial functioning, and perceived quality of life. Participants were 201 adults with ADHD attending an outpatient mental health clinic between 1998 and 2003 and 123 controls without ADHD. Participants completed a large battery of self-report measures and psychological tests. Diagnoses were made using data obtained from structured psychiatric interviews (i.e., Structured Clinical Interview for DSM-IV, Schedule for Affective Disorders and Schizophrenia for School-Age Children Epidemiologic Version). Differences emerged between control participants and participants with ADHD on multiple neuropsychological tests. Across all tests, control participants outperformed participants with ADHD. Differences between the two ADHD groups emerged on seven psychological subtests including multiple Wechsler Adult Intelligence Scale-Third edition and Rey-Osterrieth Complex Figure Test measures. These test differences did not account for self-reported quality of life differences between groups. The comorbidity with PTSD in adults with ADHD is associated with weaker cognitive performance on several tasks that appear related to spatial/perceptual abilities and fluency. Neuropsychological test performances may share variance with the quality of life variables yet are not mediators of the quality of life ratings.

Database: Medline

Current Mood Symptoms Do Not Affect the Accuracy of Retrospective Self-Ratings of Childhood ADHD Symptoms.

Author(s): Grogan, Katie; Bramham, Jessica

Source: Journal of attention disorders; Dec 2016; vol. 20 (no. 12); p. 1039-1046

Abstract: Given that the diagnosis of adulthood ADHD depends on the retrospective self-report of childhood ADHD symptoms, this study aimed to establish whether current mood affects the accuracy of retrospective self-ratings of childhood ADHD. Barkley's Adult ADHD Rating Scale (BAARS) was used to assess the retrospective self- and parent-reports of childhood ADHD symptoms of 160 adults with ADHD and 92 adults without ADHD. Self-rated current mood was also measured using the Hospital Anxiety and Depression Scale (HADS). Higher BAARS self-ratings correlated with higher HADS self-ratings. Strongest correlations were evident between hyperactive/impulsive symptoms and anxiety symptoms. There was no relationship between current mood and accuracy of self-report. Current mood does not affect the accuracy of retrospective self-ratings of ADHD. Future research should aim to
provide new measures of anxiety in ADHD to avoid the double counting of hyperactive/impulsive and anxiety symptoms.

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<tr>
<th>Daytime Sleepiness in Adults With ADHD: A Pilot Trial With a Multiple Sleep Latency Test.</th>
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<td><strong>Author(s):</strong> Sobanski, Esther; Alm, Barbara; Hennig, Oliver; Riemann, Dieter; Feige, Bernd; Schredl, Michael</td>
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<td><strong>Source:</strong> Journal of attention disorders; Dec 2016; vol. 20 (no. 12); p. 1023-1029</td>
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<td><strong>Abstract:</strong> To evaluate sleep latency (SL) during the multiple sleep latency test (MSLT) and subjective daytime sleepiness in adult ADHD and controls. Subjective daytime sleepiness was assessed by Epworth Sleepiness Scale (ESS) in 27 unmedicated adults with ADHD and in 182 controls. Thirteen ADHD patients and 26 controls underwent MSLT after one night of polysomnography (PSG). Mean MSLT-SL was 10.6 ± 4.8 min in ADHD and 12.2 ± 4.2 min in controls (n.s.). Mean ESS score was 9.3 ± 4.9 points in ADHD and 6.9 ± 3.4 points in controls (p &lt; .005). MSLT-SL and ESS scores correlated inversely by trend (r = -.45, p &lt; .1) but not with ADHD symptoms or ADHD subtype. Adults with ADHD do not differ from controls in mean MSLT-SL but experience increased subjective daytime sleepiness. Patients with subjective higher daytime tiredness fell asleep faster during MSLT.</td>
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<td><strong>Author(s):</strong> Balogh, Lívia; Czobor, Pál</td>
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<tr>
<td><strong>Source:</strong> Journal of attention disorders; Dec 2016; vol. 20 (no. 12); p. 1004-1016</td>
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<td><strong>Publication Date:</strong> Dec 2016</td>
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<td><strong>Abstract:</strong> Post-error slowing (PES) is a cognitive mechanism for adaptive responses to reduce the probability of error in subsequent trials after error. To date, no meta-analytic summary of individual studies has been conducted to assess whether ADHD patients differ from controls in PES. We identified 15 relevant publications, reporting 26 pairs of comparisons (ADHD, n = 1,053; healthy control, n = 614). Random-effect meta-analysis was used to determine the statistical effect size (ES) for PES. PES was diminished in the ADHD group as compared with controls, with an ES in the medium range (Cohen's d = 0.42). Significant group difference was observed in relation to the inter-stimulus interval (ISI): While healthy participants slowed down after an error during long (3,500 ms) compared with short ISIs (1,500 ms), ADHD participants sustained or even increased their speed. The pronounced group difference suggests that PES may be considered as a behavioral indicator for differentiating ADHD patients from healthy participants. ©</td>
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<th>The Efficacy of Computerized Cognitive Training in Adults With ADHD: A Randomized Controlled Trial.</th>
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<td><strong>Author(s):</strong> Stern, Adi; Malik, Elad; Pollak, Yehuda; Bonne, Omer; Maeir, Adina</td>
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<td><strong>Source:</strong> Journal of attention disorders; Dec 2016; vol. 20 (no. 12); p. 991-1003</td>
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<td><strong>Abstract:</strong> This is a randomized control trial examining the efficiency of computerized cognitive training (CCT) for adults with ADHD, comparing two training conditions with graded levels of executive cognitive demands. Adults with ADHD (n = 60) were randomized into study (n = 34) and control (n = 26) groups. Training was conducted with the computerized AttenFocus program. Control group received a simple, non-hierarchical version with less executive demands. Significant positive changes in symptoms ratings, ecological measures of executive functions, and occupational performance were found in both groups. No significant changes were found in variables of neurocognitive performance battery and quality of life. No significant time by group interaction effects were found. No benefits of the intervention were found relative to the control. Lack of interaction effects may be due to insufficient power, non-specific cognitive training or placebo effects. Results demonstrate some positive findings for general CCT, yet do not support the inclusion of specific higher level executive training.</td>
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<th>Acute effects of methylphenidate on impulsivity and attentional behavior among adolescents comorbid for ADHD and conduct disorder.</th>
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<td><strong>Author(s):</strong> Dougherty, Donald M; Olvera, Rene L; Acheson, Ashley; Hill-Kapturczak, Nathalie; Ryan, Stacy R; Mathias, Charles W</td>
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<tr>
<td><strong>Source:</strong> Journal of adolescence; Dec 2016; vol. 53 ; p. 222-230</td>
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| **Abstract:** Adolescents with Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder (CD) experience deficits in neuropsychological measures of attention, inhibition, and reward processes. Methylphenidate treatment
for ADHD and CD has acute effects on these processes. Some of these same aspects of performance are separately described in the Behavioral Model of Impulsivity, which uses a modified approach to measurement. This study characterized the acute effects of methylphenidate attention, initiation, inhibition, and reward processes described in this model of impulsivity. Thirty-one adolescents from the United States of America with comorbid ADHD and CD completed measures of impulsivity (response initiation, response inhibition, and consequence) and attention following placebo, 20 mg, and 40 mg of a long-acting dose of methylphenidate. Methylphenidate effects on attentional performance were more robust than on any of the measures of impulsivity. Adolescent performance from this behavioral perspective is interpreted in the context of divergence from previous neuropsychological tests of acute methylphenidate effects

Database: Medline

Attention-Deficit/Hyperactivity Disorder Symptoms in Mothers and Fathers: Family Level Interactions in Relation to Parenting.

Author(s): Williamson, David; Johnston, Charlotte; Noyes, Amira; Stewart, Kurtis; Weiss, Margaret D

Source: Journal of abnormal child psychology; Dec 2016

Abstract: Previous studies linking parent ADHD symptoms to parenting have typically focused on each parent individually. To provide a broader understanding of family context, in this study, levels of inattention and hyperactivity-impulsivity in mothers and fathers were examined, both individually and in combination, in relation to negative parenting and child-rearing disagreements. Two-parent families of 5 to 13 year old boys (126 with ADHD and 53 typically developing) participated. Parents reported their own ADHD symptoms and their perceptions of child-rearing disagreements. Parenting was measured using self-, partner-, and child-reports as well as observations. Controlling for child ADHD symptoms, inattention symptoms in fathers predicted parenting problems only when fathers also had high levels of inattention. In contrast, parenting was most problematic for both mothers and fathers in families in which fathers had higher and mothers had lower levels hyperactivity-impulsivity symptoms. These results remained essentially unchanged when child externalizing behavior and mother depression and hostility were controlled, but father depression reduced the significance of some interactions. The results highlight the importance of the match between father and mother levels of symptoms, and point to differential relations of parenting to inattention and hyperactivity-impulsivity symptoms in parents.

Database: Medline

Association of Genetic Risk Variants With Attention-Deficit/Hyperactivity Disorder Trajectories in the General Population.

Author(s): Riglin, Lucy; Collishaw, Stephan; Thapar, Ajay K; Dalsgaard, Søren; Langley, Kate; Smith, George Davey; Stergiakouli, Evie; Maughan, Barbara; O'Donovan, Michael C; Thapar, Anita

Source: JAMA psychiatry; Dec 2016. vol. 73 (no. 12); p. 1285-1292

Abstract: Attention-deficit/hyperactivity disorder (ADHD) is a heritable neurodevelopmental disorder that shows clinical and genetic overlap with other childhood neurodevelopmental disorders. Levels of ADHD symptoms typically decline across childhood and adolescence, although they remain elevated for some individuals. The determinants of symptom persistence and decline are not yet fully understood. To test the hypothesis that genetic risk variant load for ADHD (indexed by polygenic risk scores [PRS]), but not for other psychiatric disorders, is associated with population-based ADHD symptom trajectories across childhood and adolescence, and to examine whether higher genetic liability for ADHD is correlated with total number of additional neurodevelopmental disorders (multimorbidity) in childhood. The Avon Longitudinal Study of Parents and Children, an ongoing prospective population-based cohort study, has been collecting data on 14,701 children, including 9,757 with data on symptoms of ADHD at multiple time points, since September 6, 1990. The primary exposure variables, PRS, were generated using results of a genome-wide association study from the Psychiatric Genomics Consortium. Childhood multimorbidity scores (ages 7–9 years) were measured by total impairments in 4 domains known to share genetic liability with ADHD: IQ, social communication, pragmatic language, and conduct. Data analysis was conducted from March 1 to September 8, 2016. Attention-deficit/hyperactivity disorder symptom trajectories from ages 4 to 17 years (7 time points). Among 9,757 children with data on symptoms of ADHD at multiple time points (age range, 4-17 years; 4968 boys and 4789 girls), 4 ADHD symptom trajectories were identified: low (82.6%), intermediate (7.7%), childhood-limited (5.8%), and persistent (3.9%). Mean (SE) PRS for ADHD were higher in children in the persistent trajectory (0.254 [0.069]) compared with each of the other 3 trajectories (low, -0.018 [0.014], χ21 = 14.67, P < .001, odds ratio, 1.31; intermediate, 0.054 [0.055], χ21 = 4.70, P = .03, odds ratio, 1.22; and childhood-limited, 0.017
we used a timing manipulated go/nogo task to assess brain activity related to expectations about what (cognitive
behavior that is inappropriate only given a certain context, s
ADHD, problems with expectations about future events have high face validity, as this would be associated with

Source:
Author(s):
What to expect and when to expect it: an fMRI study of expectancy in children with ADHD symptoms.
Database:


Author(s): Kooij, J J Sandra; Michielsen, Marieke; Kruijthof, Henk; Bijlenga, Denise
Source: Expert review of neurotherapeutics; Dec 2016; vol. 16 (no. 12); p. 1371-1381
Abstract: ADHD is an often heritable, neurodevelopmental disorder with a prevalence of 4-5% in children and adults
and about 3% in older adults. The disorder in older adults (> 55 years) is accompanied by similar comorbidities such
as anxiety and depression, and social impairment as in younger age groups. Areas covered: An overview of the
literature on diagnostic assessment, differential diagnosis, and treatment of older adults with ADHD is described.
Case studies show that stimulant treatment is beneficial for ADHD in old age, but randomized controlled trials are
lacking. Stimulant treatment has been studied in depression and even dementia in older adults, and seems safe with
active cardiovascular risk management. In this paper, a proposal for diagnostic assessment and treatment is
described for ADHD in older adults, including differential diagnosis with other psychiatric and neurocognitive
disorders. Expert commentary: Regarding the organization of mental health, professionals in geriatric psychiatry
need to be trained in assessment and treatment of ADHD in older age. Lifespan ADHD clinics may help patients of all
ages to receive better specialized care.

Database: Medline


Author(s): Green, Jessica L; Rinehart, Nicole; Anderson, Vicki; Efron, Daryl; Nicholson, Jan M; Jongeling, Brad; Hazell, Philip; Sciberras, Emma
Source: European child & adolescent psychiatry; Dec 2016; vol. 25 (no. 12); p. 1307-1318
Abstract: Autism spectrum disorder (ASD) symptoms are elevated in populations of children with attention-deficit/hyperactivity disorder (ADHD). This study examined cross-sectional associations between ASD symptoms and family functioning in children with and without ADHD. Participants were recruited to a longitudinal cohort study, aged 6-10 years (164 ADHD; 198 controls). ADHD cases were ascertained using community-based screening and diagnostic confirmation from a diagnostic interview. ASD symptoms were measured using the Social Communication Questionnaire. Outcome variables were parent mental health, family quality of life (FQoL), couple conflict and support, and parenting behaviours. After adjustment for a range of child and family factors (including other mental health comorbidities), higher ASD symptoms were associated with poorer FQoL across all three domains; emotional impact (p = 0.008), family impact (p = 0.001) and time impact (p = 0.003). In adjusted analyses by subgroup, parents of children with ADHD+ASD had poorer parent self-efficacy (p = 0.01), poorer FQoL (p ≤ 0.05), with weak evidence of an association for less couple support (p = 0.06), compared to parents of children with ADHD only. Inspection of covariates in the adjusted analyses indicated that the association between ASD symptoms and most family functioning measures was accounted for by child internalising and externalising disorders, ADHD severity, and socioeconomic status; however, ASD symptoms appear to be independently associated with poorer FQoL in children with ADHD. The presence of ASD symptoms in children with ADHD may signal the need for enhanced family support.

Database: Medline

What to expect and when to expect it: an fMRI study of expectancy in children with ADHD symptoms.

Author(s): van Hulst, Branko M; de Zeeuw, Patrick; Rijks, Yvonne; Neggers, Sebastiaan F W; Durston, Sarah
Source: European child & adolescent psychiatry; Dec 2016
Abstract: Changes in cognitive control and timing have both been implicated in ADHD. Both are involved in building and monitoring expectations about the environment, and altering behavior if those expectations are violated. In ADHD, problems with expectations about future events have high face validity, as this would be associated with behavior that is inappropriate only given a certain context, similar to symptoms of the disorder. In this fMRI study, we used a timing manipulated go/nogo task to assess brain activity related to expectations about what (cognitive
control) and when (timing) events would occur. We hypothesized that problems in building expectations about the environment are a more general, trans-diagnostic characteristic of children with hyperactive, impulsive and inattentive symptoms. To address this, we included children with ASD and symptoms of ADHD, in addition to children with ADHD and typically developing children. We found between-group differences in brain activity related to expectations about when (timing), but not what events will occur (cognitive control). Specifically, we found timing-related hypo-activity that was in part unique to children with a primary diagnosis of ADHD (left pallidum) and in part shared by children with similar levels of ADHD symptoms and a primary diagnosis of ASD (left subthalamic nucleus). Moreover, we found poorer task performance related to timing, but only in children with ASD and symptoms of ADHD. Ultimately, such neurobiological changes in children with ADHD symptoms may relate to a failure to build or monitor expectations and thereby hinder the efficiency of their interaction with the environment.

Database: Medline


Author(s): Hoza, Betsy; Martin, Caroline P; Pirog, Anna; Shoulberg, Erin K
Source: Current psychiatry reports; Dec 2016; vol. 18 (no. 12); p. 113

Abstract: This article summarizes the evidence for management of attention-deficit/hyperactivity disorder (ADHD) using chronic aerobic physical activity (PA). Known studies comparing chronic aerobic PA to at least one control group are listed; uncontrolled studies and studies of non-aerobic PA are not considered. Key challenges to conducting chronic PA studies with children and youth with ADHD are summarized. After condensing information from widely varying studies, measures, and research designs, conclusions are stated in broad brush stroke terms. Preliminary evidence supports PA as beneficial for ADHD symptoms, executive function, and motor abilities. Social, emotional, and behavioral outcomes also may benefit. The preliminary state of the evidence supports PA as an adjunctive treatment for ADHD at this time, but the body and sophistication of the research to date is insufficient at present to support PA as a stand-alone treatment. Critical directions for future research are discussed.

Database: Medline

Coaching for College Students with ADHD.

Author(s): Prevatt, Frances
Source: Current psychiatry reports; Dec 2016; vol. 18 (no. 12); p. 110

Abstract: Evidence suggests that ADHD can impair academic achievement in college students and throughout the lifespan. College students with ADHD are an at-risk population who might benefit from interventions. An offshoot of CBT-oriented therapy that has grown significantly and gained popularity in recent years is ADHD coaching. ADHD coaching is a psychosocial intervention that helps individuals develop skills, strategies, and behaviors to cope with the core impairments associated with ADHD. Most coaching programs are primarily based on a CBT approach and target planning, time management, goal setting, organization, and problem solving. This paper describes ADHD coaching for college students and discusses how coaching is different from standard CBT treatment. This is followed by a review of empirical studies of the effectiveness of ADHD coaching for college students. Finally, some specific considerations and procedures used in coaching are described.

Database: Medline

Attention-deficit/hyperactivity disorder and eating disorders across the lifespan: A systematic review of the literature.

Author(s): Levin, Rivka L; Rawana, Jennine S
Source: Clinical psychology review; Dec 2016; vol. 50; p. 22-36

Abstract: Attention-deficit/hyperactivity disorder (ADHD) and eating disorders are common and concerning mental health disorders. There is both empirical and theoretical support for an association between ADHD and eating disorders or disordered eating. This systematic review aims to summarize the extant literature on the comorbidity of ADHD and eating disorders across the lifespan, including the influences of sex, age, eating disorder diagnosis, and potential mediators. A total of 37 peer-reviewed studies on diagnosed ADHD and eating disturbances were identified through key research databases. Twenty-six studies supported a strong empirical association between ADHD and eating disorders or disordered eating. The systematic review findings suggest that children with ADHD are at risk for disordered eating, while adolescents, emerging adults, and adults are at risk for both eating disorders and disordered eating. Methodological considerations, future research, and clinical implications are discussed.

Database: Medline
A Review of Factors that Promote Resilience in Youth with ADHD and ADHD Symptoms.

**Author(s):** Dvorsky, Melissa R; Langberg, Joshua M

**Source:** Clinical child and family psychology review; Dec 2016; vol. 19 (no. 4); p. 368-391

**Abstract:** The vast majority of research on youth with ADHD has focused on risk factors and describing the types of impairment individuals with ADHD experience. However, functional outcomes associated with ADHD are heterogeneous, and although many youth with ADHD experience significant negative outcomes (e.g., school dropout), some are successful in multiple domains of functioning (e.g., pursue and graduate college). There is a growing body of literature supporting the existence of factors that protect youth with ADHD from experiencing negative outcomes, but there is no published synthesis of this literature. Accordingly, the goals of this review are to conceptualize risk-resilience in the context of ADHD using a developmental psychopathology framework and to systematically review and critique evidence for promotive and protective factors in the context of ADHD. The literature search focused specifically on resilience in the context of ADHD symptoms or an ADHD diagnosis and identified 21 studies, including clinic, school, and community samples. Findings of promotive and/or protective factors are summarized across individual, family, and social-community systems. Overall, we know very little of the buffering processes for these youth, given that the study of promotive and protective factors in ADHD is in its infancy. The strongest evidence to date was found for social- and family-level systems. Specifically, multiple longitudinal studies support social acceptance as a protective factor, buffering against negative outcomes such as poor academic performance and comorbid depressive symptoms for youth with ADHD. There was also compelling evidence supporting positive parenting as a promotive factor. In terms of individual-level factors, positive or modest self-perceptions of competence were identified as a promotive factor in multiple studies. Future directions for research that will catalyze the study of resilience with ADHD are provided, and the potential for targeting protective mechanisms with intervention and prevention is discussed.

**Database:** Medline

Mild head injury and attention deficit hyperactivity disorder in children.

**Author(s):** Chasle, Veronique; Riffaud, Laurent; Longuet, Romain; Martineau-Curt, Marie; Collet, Yann; Le Fournier, Luc; Pladys, Patrick

**Source:** Child's nervous system : ChNS : official journal of the International Society for Pediatric Neurosurgery; Dec 2016; vol. 32 (no. 12); p. 2357-2361

**Abstract:** Post-concussion syndrome is a well-described complication following moderate and severe head trauma but whether it occurs after mild head injury in children remains unclear. The aim of this study was to evaluate whether exposure to mild head injury with potential additional risk factors (non-surgical lesion on computed tomographic, high kinetic trauma, or Glasgow Coma Scale <15) is associated with attention deficit hyperactivity disorder (ADHD) after the head trauma. This study was performed in an emergency department on children admitted between 2009 and 2013. It compared victims of mild head injury aged 6-16 years with matched children presenting isolated non-surgical forearm fracture (ratio1/2). ADHD was assessed using Conners' Global Index-Parent short version 3-40 months after the trauma. The patients were compared using chi-square test or Fisher's exact test, t test or u-test as appropriate with a p value set at 0.05. During the study period, 676 patients were admitted for mild head injury. Among them, 34 (5 %) fulfilled the inclusion criteria and were compared with 64 matched patients admitted for a forearm fracture. The groups were comparable. ADHD was observed in both groups (18 % in the mild head injury group, 11 % in the control group) with no significant differences between groups. The prevalence was high when compared to an expected frequency of 3.5-5.6 % in children aged 6-12 years in the general population. These results suggest that pre-existing ADHD may have contributed to injury proneness in both groups and does not argue for a specific risk of ADHD induced by mild head injury. The diagnosis of ADHD should be evoked at admission of children aged 6-16 years presenting with a trauma.

**Database:** Medline

Multi-domain Predictors of Attention Deficit/Hyperactivity Disorder Symptoms in Preschool Children: Cross-informant Differences.

**Author(s):** Lavigne, John V; Gouze, Karen R; Hopkins, Joyce; Bryant, Fred B

**Source:** Child psychiatry and human development; Dec 2016; vol. 47 (no. 6); p. 841-856

**Abstract:** Numerous studies indicated that agreement between parent and teacher ratings of symptoms of attention-deficit/hyperactivity disorder in children of all ages is poor, but few studies have examined the factors that may be associated with rater differences. The present study examined the contextual, parent, parenting, and child
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<td>The relationship between aggression, empathy skills and serum oxytocin levels in male children and adolescents with attention deficit and hyperactivity disorder.</td>
<td>Demirci, Esra; Ozmen, Sevgi; Kilic, Eser; Oztop, Didem B</td>
<td>Behavioural pharmacology; Dec 2016; vol. 27 (no. 8); p. 681-688</td>
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<tr>
<td>Retrospective assessment of childhood ADHD symptoms for diagnosis in adults: validity of a short 8-item version of the Wender-Utah Rating Scale.</td>
<td>Das, Debjani; Vélez, Jorge I; Acosta, Maria T; Muenke, Maximilian; Arcos-Burgos, Mauricio; Easteal, Simon</td>
<td>Attention deficit and hyperactivity disorders; Dec 2016; vol. 8 (no. 4); p. 215-223</td>
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<tr>
<td>Effects of attention-deficit/hyperactivity disorder on child abuse and neglect.</td>
<td>Sari Gokten, Emel; Saday Duman, Nagihan; Soylu, Nusret; Uzun, Mehmet Erdem</td>
<td>Child abuse &amp; neglect; Dec 2016; vol. 62 ; p. 1-9</td>
</tr>
</tbody>
</table>
Insecure maternal attachment is associated with depression in ADHD children.

Database: Medline

**Sex differences in claimed and behavioral self-handicapping and ADHD symptomatology in emerging adults.**

**Author(s):** Jaconis, Maryanne; Boyd, Stephen J; Hartung, Cynthia M; McCrea, Sean M; Lefler, Elizabeth K; Canu, Will H

**Source:** Attention deficit and hyperactivity disorders; Dec 2016; vol. 8 (no. 4); p. 205-214

**Abstract:** Although the research is clear that boys with ADHD have higher symptomatology and impairment than girls with ADHD, for adults the research is mixed. Some studies suggest no sex differences, whereas others suggest that women might have higher symptomatology and impairment. The present study examined sex differences in ADHD symptomatology and impairment, and the possible role of claimed and behavioral self-handicapping as an explanation for any differences. Claimed self-handicapping (CSH) involves reports of performance-inhibiting conditions, whereas behavioral self-handicapping (BSH) involves reporting more objective, intentional acts that could undermine performance. College students (N = 699) completed an online study. Sex differences were found for hyperactivity such that women reported higher levels, but not for inattention or impairment. The test of the indirect effect of sex through CSH was significant, suggesting that higher levels of CSH in women were associated with elevated ADHD symptoms and impairment. The test of the indirect effect of sex through BSH was also significant, suggesting that higher levels of BSH in men are associated with elevated symptoms of ADHD and impairment. These data extend the literature by suggesting that self-handicapping might at least partially explain differential self-reporting of ADHD symptoms and impairment in emerging adults across the sexes.

**Database:** Medline

**Is emotion recognition the only problem in ADHD? effects of pharmacotherapy on face and emotion recognition in children with ADHD.**

**Author(s):** Demirci, Esra; Erdogan, Ayten

**Source:** Attention deficit and hyperactivity disorders; Dec 2016; vol. 8 (no. 4); p. 197-204

**Abstract:** The objectives of this study were to evaluate both face and emotion recognition, to detect differences among attention deficit and hyperactivity disorder (ADHD) subgroups, to identify effects of the gender and to assess the effects of methylphenidate and atomoxetine treatment on both face and emotion recognition in patients with ADHD. The study sample consisted of 41 male, 29 female patients, 8-15 years of age, who were diagnosed as having combined type ADHD (N = 26), hyperactive/impulsive type ADHD (N = 21) or inattentive type ADHD (N = 23) but had not previously used any medication for ADHD and 35 male, 25 female healthy individuals. Long-acting methylphenidate (OROS-MPH) was prescribed to 38 patients, whereas atomoxetine was prescribed to 32 patients. The reading the mind in the eyes test (RMET) and Benton face recognition test (BFRT) were applied to all participants before and after treatment. The patients with ADHD had a significantly lower number of correct answers in child and adolescent RMET and in BFRT than the healthy controls. Among the ADHD subtypes, the hyperactive/impulsive subtype had a lower number of correct answers in the RMET than the inattentive subtypes, and the hyperactive/impulsive subtype had a lower number of correct answers in short and long form of BFRT than the combined and inattentive subtypes. Male and female patients with ADHD did not differ significantly with respect to the number of correct answers on the RMET and BFRT. The patients showed significant improvement in RMET and BFRT after treatment with OROS-MPH or atomoxetine. Patients with ADHD have difficulties in face recognition as well as emotion recognition. Both OROS-MPH and atomoxetine affect emotion recognition. However, further studies on the face and emotion recognition are needed in ADHD.

**Database:** Medline

**Insecure maternal attachment is associated with depression in ADHD children.**
| Author(s): | López Seco, F; Mundo-Cid, P; Aguado-Gracia, J; Gaviria-Gómez, A M; Acosta-García, S; Marti-Serrano, S; Vilella, E; Masana-Marín, A |
| Source: | Attention deficit and hyperactivity disorders; Dec 2016; vol. 8 (no. 4); p. 189-196 |
| Abstract: | The objective of this study was to analyze the possible association between maternal attachment style and comorbidity associated with childhood ADHD. We evaluated a total of 103 children with ADHD treated at a Child and Adolescent Mental Health Centre and their mothers. Comorbidity was evaluated using the MINI-KID interview. Maternal attachment was evaluated using the Adult Attachment Questionnaire. We considered child variables that could be associated with the clinical course of ADHD, such as symptom severity, age, gender, evolution time, academic level, and current pharmacological treatment; parental variables, such as the mother’s psychiatric history, current psychopathology, marital status, academic level, income, and employment, were also considered. We found an association between maternal insecure attachment and comorbid depressive disorder in childhood ADHD. An insecure maternal attachment style must be considered in the assessment and treatment of childhood ADHD with comorbid depression. |
| Database: | Medline |

| Emotionally dysregulated in children with attention-deficit/hyperactivity disorder. |
| Author(s): | van Stralen, Judy |
| Source: | Attention deficit and hyperactivity disorders; Dec 2016; vol. 8 (no. 4); p. 175-187 |
| Abstract: | Emotional dysregulation is increasingly recognized as a core feature of attention-deficit/hyperactivity disorder (ADHD). The purpose of the present systematic literature review was to identify published data related to the neuropsychology of emotional dysregulation in children with ADHD. The literature obtained is discussed in the contexts of deficits in emotional control, impairments in executive function, the emotional components of comorbidities, neurophysiological and autonomic correlates of emotional dysregulation, and the significance of multiple neuropsychological pathways of ADHD on emotional dysregulation. These various lines of evidence are used to create a patient-oriented conceptual model framework of the pathway from stimulus to inappropriate internalized (sadness, moodiness) or externalized (anger, aggressiveness) emotional responses. The article concludes by calling for continued research into the development of reliable and universally accepted measures of emotional dysregulation in order to provide children affected with ADHD, and their caregivers, some explanation for their emotional lability and, ultimately, to be used as tools to evaluate potential treatments. |
| Database: | Medline |

| Item Response Theory Analysis of ADHD Symptoms in Children With and Without ADHD. |
| Author(s): | Li, James J; Reise, Steven P; Chronis-Tuscano, Andrea; Mikami, Amori Yee; Lee, Steve S |
| Source: | Assessment; Dec 2016; vol. 23 (no. 6); p. 655-671 |
| Abstract: | Item response theory (IRT) was separately applied to parent- and teacher-rated symptoms of attention-deficit/hyperactivity disorder (ADHD) from a pooled sample of 526 six- to twelve-year-old children with and without ADHD. The dimensional structure ADHD was first examined using confirmatory factor analyses, including the bifactor model. A general ADHD factor and two group factors, representing inattentive and hyperactive/impulsive dimensions, optimally fit the data. Using the graded response model, we estimated discrimination and location parameters and information functions for all 18 symptoms of ADHD. Parent- and teacher-rated symptoms demonstrated adequate discrimination and location values, although these estimates varied substantially. For parent ratings, the test information curve peaked between -2 and +2 SD, suggesting that ADHD symptoms exhibited excellent overall reliability at measuring children in the low to moderate range of the general ADHD factor, but not in the extreme ranges. Similar results emerged for teacher ratings, in which the peak range of measurement precision was from -1.40 to 1.90 SD Several symptoms were comparatively more informative than others; for example, is often easily distracted (“Distracted”) was the most informative parent- and teacher-rated symptom across the latent trait continuum. Clinical implications for the assessment of ADHD as well as relevant considerations for future revisions to diagnostic criteria are discussed. |
| Database: | Medline |

| The efficacy of atomoxetine in treating adult attention deficit hyperactivity disorder (ADHD): A meta-analysis of controlled trials. |
| Author(s): | Ravishankar, Vinutha; Chowdappa, Suresh Vedaveni; Benegal, Vivek; Muralidharan, Kesavan |
| Source: | Asian journal of psychiatry; Dec 2016; vol. 24; p. 53-58 |
Abstract: Atomoxetine, a non-stimulant, is FDA approved drug used in the management of adult ADHD. Since the presentation of adult ADHD is different from the childhood onset condition, there is an urgent need to study the efficacy of atomoxetine on the different symptom domains of adult ADHD. To study the efficacy of atomoxetine in treating adult ADHD compared to placebo, we performed a Medline search for English language publications of Randomized Controlled Trials (RCTs) comparing atomoxetine to placebo for adult ADHD using the keywords "adult ADHD", "atomoxetine" and "placebo". A total of 41 RCTs were returned of which we included 13 relevant RCTs reporting data on 1824 patients with adult ADHD in the analysis. Standardized mean difference between atomoxetine and placebo for the mean baseline-to-endpoint change in total ADHD scores, impulsivity/hyperactivity and inattention scores was calculated, with a 95% confidence limit. Atomoxetine had superior efficacy than placebo on overall adult ADHD scores [-0.45; 95% CI -0.54, -0.35; overall effect p<0.00001]. Atomoxetine was superior to placebo on the domains of both inattention [-0.42; 95% CI -0.49, -0.35; overall effect p<0.00001] and impulsivity/hyperactivity [-0.36; 95% CI -0.44, -0.29; overall effect p<0.00001]. Atomoxetine was significantly more efficacious (p<0.00001) in treating inattention than hyperactivity/impulsivity. Atomoxetine is efficacious in treating adult ADHD compared to placebo, though the efficacy is significantly superior for inattention than hyperactivity/impulsivity.

Database: Medline

Reactive aggression in young patients with ADHD-a critical role for small provocations.

Author(s): Borgs, G P; Runions, K; Biskup, C S; Königschulte, W; Rao, P; Wong, J; Moore, J; Stewart, R M; Zepf, F D
Source: Acta psychiatrica Scandinavica; Dec 2016; vol. 134 (no. 6); p. 566-568
Database: Medline

Subthreshold and threshold attention deficit hyperactivity disorder symptoms in childhood: psychosocial outcomes in adolescence in boys and girls.

Author(s): Norén Selinus, E; Molero, Y; Lichtenstein, P; Anckarsäter, H; Lundström, S; Bottai, M; Hellner Gumpert, C
Source: Acta psychiatrica Scandinavica; Dec 2016; vol. 134 (no. 6); p. 533-545
Database: Medline

Pregabalin in Tourette's Syndrome: A Case Series.

Author(s): Hienert, Marius; Weidenauer, Ana; Kraus, Christoph; Willeit, Matthaeus; Kasper, Siegfried; Stamenkovic, Mara
Source: American Journal of Psychiatry; Dec 2016; vol. 173 (no. 12); p. 1242-1243
Available in full text at American Journal of Psychiatry - from American Psychiatric Publishing Inc ; Notes: Click on sign in then Log In Via Your Institution and choose Education Centre Library and enter your Athens details
Available in print at Education Centre Library - Coventry & Warwickshire Partnership NHS Trust - from American Journal of Psychiatry
Abstract: A letter to the editor is presented which discusses the cases of patients aged 18 and 41 years old with severe Tourette's syndrome and comorbid generalized anxiety disorder who required impatient treatment.
Database: CINAHL
Self-reported emotion regulation in adults with Tourette’s syndrome

**Author(s):** Drury, Helena; Wilkinson, Verity; Robertson, Mary M.; Channon, Shelley

**Source:** Psychiatry Research; Nov 2016; vol. 245 ; p. 157-163

**Abstract:** Recent work has reported mild impairments in social and emotional processing in Tourette’s syndrome (TS), but deliberate attempts to use specific emotion regulation strategies have not been investigated previously. In the present study, adult participants with TS and no comorbidities (TS-alone) were compared to healthy control participants on several self-report measures assessing habitual use of reappraisal and suppression emotion regulation strategies. There were no group differences on measures of reappraisal, but the TS-alone group reported using suppression more frequently than the control group and this was true across a range of negative emotions. The groups did not differ on symptomatology scores of anxiety or depression, although more frequent use of suppression was associated with higher depressive symptomatology for the TS-alone group only. Further work is needed to examine potential factors that may influence emotion regulation in TS, including increased emotional reactivity or expertise in applying strategies to suppress tic symptoms

**Database:** PsycINFO

"Why so many deep brain stimulation targets in Tourette’s syndrome? Toward a broadening of the definition of the syndrome:" Erratum

**Author(s):** Porta, Mauro; Saleh, Christian; Zekaj, Edvin; Dina, Carlotta Zanaboni; Bona, Alberto R.; Servello, Domenico

**Source:** Journal of Neural Transmission; Nov 2016; vol. 123 (no. 11)

**Abstract:** Reports an error in "Why so many deep brain stimulation targets in Tourette’s syndrome? Toward a broadening of the definition of the syndrome" by M. Porta, C. Saleh, E. Zekaj, C. Zanaboni Dina, A. R. Bona and D. Servello (Journal of Neural Transmission, 2016[Jul], Vol 123[7], 785-790). In the original article, the authors' given names were inadvertently not published. The correct author line, with full names, should read as follows: Mauro Porta, Christian Saleh, Edvin Zekaj, Carlotta Zanaboni Dina, Alberto R. Bona, Domenico Servello. (The following abstract of the original article appeared in record 2016-31659-004). The editorial briefs about the application of deep brain stimulation in Tourette’s syndrome. Tourette’s syndrome (TS) is a neuro-developmental disorder characterized by simple or complex motor and sound tics starting before age 18 and that last for more than 1 year (TSA definition). TS is considered increasingly a neurological disorder rather than a psychiatric disease. Traditionally TS is differentiated in pure-Tourette syndrome and Tourette syndrome-plus. TS patients are offered DBS if they are severely debilitated and refractory to any conservative treatment. The diagnosis needs to be confirmed by the neurologist alongside with the psychologist or psychiatrist, who have to be experts in tic disorders. Patients with severe medical, neurological, psychiatric or cognitive disorders can present a risk to every aspect of the surgical procedure. Abnormal brain MRI findings, major depression and/or acute suicidal tendencies at the time of DBS, body dysmorphic disorders, poor compliance and instable psychosocial circumstances are exclusion criteria. Trials on DBS in TS are needed, in order to redefine this complex syndrome and to recognise comorbidities as part of the syndrome. Treatment priority should be the prevention/ reduction of social impairment. DBS for TS should not be minimized as a tic treatment, but as a treatment for a complex bio-psycho-social disease.

**Database:** PsycINFO

Relabelling behaviour. The effects of psycho-education on the perceived severity and causes of challenging behaviour in people with profound intellectual and multiple disabilities.

**Author(s):** Poppes, P; van der Putten, A; Post, W; Frans, N; Ten Brug, A; van Es, A; Vlaskamp, C

**Source:** Journal of intellectual disability research : JIDR; Dec 2016; vol. 60 (no. 12); p. 1140-1152

**Abstract:** Prevalence rates of challenging behaviour are high in children and adults with profound intellectual and multiple disabilities (PIMD). Moreover, many of these behaviours are observed daily. Direct support staff report that most challenging behaviour identified has little impact on the person with PIMD and attribute challenging behaviour in children and adults with PIMD mainly to a biomedical model. The purpose of this study was to evaluate whether an intervention (psycho-education) had any effect on direct support staff’s assessment of challenging behaviour in terms of its severity and their biomedical causal explanations (attributions) for this behaviour. A stepped wedge study design was used to evaluate the effects of a psycho-education intervention on the perceived severity and the attributions offered for challenging behaviour of people with PIMD by 198 direct support staff. We used questionnaires assessing the perceived severity of challenging behaviour and staff views of its causes. Data on the dependent variables were collected at four 1-month intervals. The intervention was found to have an effect on the perceived severity of challenging behaviour identified in people with PIMD in the sense that staff generally scored
challenging behaviour as more severe in its consequences after the intervention. However, this effect was very small. No significant effects were found in terms of reduction in the biomedical scale scores. No evidence for the effectiveness of a psycho-educational approach on the assessment of challenging behaviour in terms of severity and the biomedical attributions for behaviour was found. More research is required to explore further the effects of more elaborate training using methods to enable direct support staff to reflect on the behaviour of people with PIMD and on their own behaviour.

Database: Medline

What is standard care for people with learning disabilities and behaviour that challenges and what does it cost?

Author(s): Iemmi, Valentina; Knapp, Martin; Gore, Nick; Cooper, Vivien; Brown, Freddy Jackson; Reid, Caroline; Saville, Maria

Source: British Journal of Learning Disabilities; Dec 2016; vol. 44 (no. 4); p. 309-321

Available in full text at British Journal of Learning Disabilities - from John Wiley and Sons ; Notes: Click on login at the top right page and then Institutional Login and choose the Athens Link. Enter your Athens Account detail

Database: CINAHL

The effect of diagnostic label on care staff’s perceptions of cause of challenging behaviour in individuals with learning disabilities.

Author(s): Gifford, Clive; Knott, Fiona

Source: British Journal of Learning Disabilities; Dec 2016; vol. 44 (no. 4); p. 322-328

Available in full text at British Journal of Learning Disabilities - from John Wiley and Sons ; Notes: Click on login at the top right page and then Institutional Login and choose the Athens Link. Enter your Athens Account detail

Database: CINAHL

Network training for a boy with learning disabilities and behaviours that challenge.

Author(s): Cooper, Kate; McElwee, Jennifer

Source: British Journal of Learning Disabilities; Dec 2016; vol. 44 (no. 4); p. 337-344

Publication Date: Dec 2016

Available in full text at British Journal of Learning Disabilities - from John Wiley and Sons ; Notes: Click on login at the top right page and then Institutional Login and choose the Athens Link. Enter your Athens Account detail

Database: CINAHL

Development and validation of the Learning Disabilities Needs Assessment Tool (LDNAT), a HoNOS-based needs assessment tool for use with people with intellectual disability.

Author(s): Painter, J; Trevithick, L; Hastings, R P; Ingham, B; Roy, A

Source: Journal of intellectual disability research : JIDR; Dec 2016; vol. 60 (no. 12); p. 1178-1188

Abstract: In meeting the needs of individuals with intellectual disabilities (ID) who access health services, a brief, holistic assessment of need is useful. This study outlines the development and testing of the Learning Disabilities Needs Assessment Tool (LDNAT), a tool intended for this purpose. An existing mental health (MH) tool was extended by a multidisciplinary group of ID practitioners. Additional scales were drafted to capture needs across six ID treatment domains that the group identified. LDNAT ratings were analysed for the following: item redundancy, relevance, construct validity and internal consistency (n = 1692); test-retest reliability (n = 27); and concurrent validity (n = 160). All LDNAT scales were deemed clinically relevant with little redundancy apparent. Principal component analysis indicated three components (developmental needs, challenging behaviour, MH and well-being). Internal consistency was good (Cronbach alpha 0.80). Individual item test-retest reliability was substantial-near perfect for 20 scales and slight-fair for three scales. Overall reliability was near perfect (intra-class correlation = 0.91). There were significant associations with five of six condition-specific measures, i.e. the Waisman Activities of Daily Living Scale (general ability/disability), Threshold Assessment Grid (risk), Behaviour Problems Inventory for Individuals with Intellectual Disabilities-Short Form (challenging behaviour) Social Communication Questionnaire (autism) and a bespoke physical health questionnaire. Additionally, the statistically significant correlations between these tools and the LDNAT components made sense clinically. There were no statistically significant correlations with
the Psychiatric Assessment Schedules for Adults with Developmental Disabilities (a measure of MH symptoms in people with ID). The LDNAT had clinically utility when rating the needs of people with ID prior to condition-specific assessment(s). Analyses of internal and external validity were promising. Further evaluation of its sensitivity to changes in needs is now required.

**Database:** Medline

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<tr>
<td><strong>Challenging behaviours in adults with an intellectual disability: A total population study and exploration of risk indices.</strong></td>
<td>Bowring, Darren L; Totsika, Vasiliki; Hastings, Richard P; Toogood, Sandy; Griffith, Gemma M</td>
<td><em>The British journal of clinical psychology; Nov 2016</em></td>
<td>Considerable variation has been reported in the prevalence and correlates of challenging behaviour (CB) in adults with intellectual disabilities (ID). To provide a robust estimate of prevalence, we identified the entire administrative population of adults with ID in a defined geographical area and used a behaviour assessment tool with good psychometric properties. Data from 265 adults who were known to services were collected using a demographic survey tool and the Behavior Problems Inventory - Short Form. The prevalence of self-injurious, aggressive/destructive, stereotyped, and overall CB was evaluated. We explored the potential of developing cumulative risk indices (CRI) to inform longitudinal research and clinical practice. The prevalence of overall CB was 18.1% (95% CI: 13.94-23.19%). The prevalence of self-injurious behaviour was 7.5% (95% CI: 4.94-11.37%), aggressive-destructive behaviour 8.3% (95% CI: 5.54-12.25%), and stereotyped behaviour 10.9% (95% CI: 7.73-15.27%). Communication problems and severity of ID were consistently associated with higher risk of CBs. CRIs were significantly associated with CBs, and the five methods of CRI development produced similar results. Findings suggest a multi-element response to CB is likely to be required that includes interventions for communication and daytime activity. Exploratory analyses of CRIs suggested these show promise as simple ways to capture cumulative risk in this population. Subject to longitudinal replication, such a tool may be especially useful in clinical practice to identify adults who are priority for interventions and predict future demand on services. The prevalence of challenging behaviour (CB) was 18.1% in this total population study. Stereotypy was the most frequent type of CB. Communication difficulties and severe-profound intellectual disabilities were most systematically related to the presence of CB. Establishing the effect of multiple risk factors is likely to identify people who are priority for interventions. Addressing multiple, rather than singular risks, is likely to be more efficacious. We tested five different methods of putting together a multiple risk index. All methods provided a reasonable association with CB. The most user-friendly method was the additive cumulative risk index (CRI). Limitations This is a cross-sectional design which enabled factors currently associated with CB to be identified for the whole cohort, but these variables may not be those conferring risk for the development or maintenance of CB over time. Future longitudinal research is required to replicate these CRI analyses before concluding about the CRI method with the highest predictive validity.</td>
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<td><strong>Adapting and evaluating a tree of life group for women with learning disabilities.</strong></td>
<td>Randle-Phillips, Cathy; Farquhar, Sarah; Thomas, Sally</td>
<td><em>British Journal of Learning Disabilities; Dec 2016; vol. 44 (no. 4); p. 301-308</em></td>
<td>Available in full text at <a href="https://www.tandfonline.com/doi/full/10.1080/13614014.2016.1206930">British Journal of Learning Disabilities</a> - from John Wiley and Sons ; Notes: Click on login at the top right of page and then Institutional Login and choose the Athens Link. Enter your Athens Account detail</td>
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<td>Painter, J.; Trevithick, L.; Hastings, R. P.; Ingham, B.; Roy, A.</td>
<td><em>Journal of Intellectual Disability Research; Dec 2016; vol. 60 (no. 12); p. 1178-1188</em></td>
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<td><strong>Investigation of deaths in mental health and learning disabilities services.</strong></td>
<td><em>Learning Disability Practice; Dec 2016; vol. 19 (no. 10); p. 8-8</em></td>
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<td><strong>Comprehensive Cognitive Assessments are not Necessary for the Identification and Treatment of Learning Disabilities.</strong></td>
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Author(s): Fletcher, Jack M; Miciak, Jeremy

Source: Archives of clinical neuropsychology : the official journal of the National Academy of Neuropsychologists; Dec 2016

Abstract: There is considerable controversy about the necessity of cognitive assessment as part of an evaluation for learning and attention problems. The controversy should be adjudicated through an evaluation of empirical research. We review five sources of evidence commonly provided as support for cognitive assessment as part of the learning disability (LD) identification process, highlighting significant gaps in empirical research and where existing evidence is insufficient to establish the reliability and validity of cognitive assessments used in this way. We conclude that current evidence does not justify routine cognitive assessment for LD identification. As an alternative, we offer an instructional conceptualization of LD: a hybrid model that directly informs intervention and is based on documenting low academic achievement, inadequate response to intensive interventions, and a consideration of exclusionary factors.

Database: Medline

Development and Testing of a Screener for Intelligence and Learning Disabilities (SCIL).

Author(s): Nijman, Henk; Kaal, Hendrien; van Scheppingen, Lesley; Moonen, Xavier

Source: Journal of applied research in intellectual disabilities : JARID; Dec 2016

Abstract: Many clients in contact with social services and (mental) health care have mild to borderline intellectual disabilities (MBID). Yet, administering a full intelligence test may not be feasible. In 318 adults and 305 juveniles, the scores on 14 questions that comprise the screener for intelligence and learning disabilities (SCIL) were analysed in relation to the IQs of the participants. The SCIL score had good predictive validity for detecting MBID in adults (AUC = 0.93). A cut-off score of 19 or lower is recommended to detect (a suspicion of) MBID. Test-retest reliability of the SCIL was 0.92. In juveniles, AUC values were 0.91 for 16- to 17-year-olds, 0.90 for 14- to 15-year-olds and 0.83 for 12- to 13-year-olds.

Database: Medline

The importance of romantic love to people with learning disabilities

Author(s): Bates, Claire; Terry, Louise; Popple, Keith

Source: British Journal of Learning Disabilities; Dec 2016

Abstract: Accessible summary Much research has taken place to understand love and what it means. People with learning disabilities can have difficulties finding love for many reasons. People with learning disabilities were interviewed, and they said that having a partner who loved them and who provided company and support was very important to them. People enjoyed a physical relationship; this could be kissing, cuddling or having sex. People who had been abused in some way said it felt good to have a partner who loves and supports them. Good support from staff was important to help people to find love. A drawing was made to explain to staff how they can support people with relationships. Abstract Background: Love is important aspect of life, including to people with learning disabilities both historically and more recently. Participants value the companionship, support and social status associated with a partner. Relationships are considered mechanisms to meet certain needs including feeling loved, company, intimacy and enabling individuals to marry and have children. This article examines the importance of romantic love to people with learning disabilities. Methods: A hermeneutic phenomenological study, guided by the theory of Van Manen was conducted using interviews with eleven people with learning disabilities examining the importance of romantic love. Results: The analysis revealed that love was important to them, specifically the companionship and support a loving partner provided. The physical expression of love by a partner was valued highly, especially kissing and cuddling. Most participants had experienced some form of abuse, but it appeared that the love of a partner was reparative and they were able to form satisfying relationships. Conclusion: Participants’ narratives highlighted the role staff play in supporting them to fulfill their romantic needs. The romantic relationship needs of people with learning disabilities were examined in relation to Maslow’s hierarchy of needs. The hierarchy was revised to reflect the value of having a loving relationship to people with learning disabilities and to identify the support they required to facilitate and maintain this.

Database: PsycINFO

What influences women with intellectual disabilities to attend breast screening? Experiences of women who have and have not participated.

Author(s): Willis, Diane S.
Screening Prisoners for Intellectual Disabilities in Three English Prisons.

Author(s): Murphy, Glynis H; Gardner, Jeff; Freeman, Mark J

Abstract: Prisoners with intellectual disabilities are known to be disadvantaged in prisons and to be more susceptible to bullying, segregation, depression and anxiety than other prisoners. In this study, nearly 3000 new prisoners entering three English prisons were offered screening for intellectual disabilities, using the LDSQ. On average, 75% of all new prisoners entering prison were offered screening, and only 14% refused screening. Overall, just less than 7% were screened positive on the LDSQ and prisons made some reasonable adjustments as a result. It is argued that it is feasible to screen for intellectual disabilities in prisons and, given the inequalities to which prisoners with intellectual disabilities are subject in prison, it is time for such screening to be rolled out to all prisons.

The Meaning of 'choice and control' for People with Intellectual Disabilities who are Planning their Social Care and Support.

Author(s): Williams, Val; Porter, Sue

Abstract: This paper questions consumerist assumptions in current English social care policy and aims to look behind the processes of personalization to interrogate what 'choice and control' means in the lives of a diverse group of people with intellectual disabilities. Data were from multiple interviews and direct practice recordings with nine people using personal budgets and were analysed using an interpretative approach. Identity, other people and personal budget processes were all important for choice and control. People needed to build confidence in themselves as decision-makers, both through peer support and through joint decisions with trusted others. Practitioners need to take into account the spectrum of ways in which people may make decisions. Action needs to be taken both at the micro level of support interactions and at the macro level, with a clearer articulation of independent living in policy and strategy for people with intellectual disabilities.

The effect of slow-paced breathing on stress management in adolescents with intellectual disability.

Author(s): Laborde, S; Allen, M S; Göhring, N; Dosseville, F

Abstract: Intellectual disabilities often create a state of chronic stress for both the person concerned and their significant others (family, caregivers). The development of stress management methods is therefore important for the reduction of stress in persons with intellectual disability. The aim of this experiment was to investigate the effect of slow-paced breathing on stress symptoms experienced by adolescents with intellectual disabilities during a cognitive task under time pressure. Fourteen adolescents with intellectual disabilities (Mage = 17.39 years, range 15-19 years) took part in two laboratory sessions - a slow-paced breathing session (experimental condition) and an audiobook session (control condition) - the order of which was counterbalanced across participants. Vagal tone was measured through heart rate variability to index stress management. No difference in vagal tone was observed at baseline between experimental and control conditions. Compared with the control condition, vagal tone was significantly higher during the experimental condition. The slow-paced breathing task enhanced stress management to a greater extent than did listening to an audiobook. Slow-paced breathing seems to be an easy to learn stress management technique that appears as an effective auxiliary method of lowering stress in adolescents with intellectual disabilities.
Effectiveness of interventions for adults with mild to moderate intellectual disabilities and mental health problems: systematic review and meta-analysis.

Author(s): Koslowsky, Nadine; Klein, Kristina; Arnold, Katrin; Kösters, Markus; Schützwohl, Matthias; Salize, Hans Joachim; Puschner, Bernd

Source: The British journal of psychiatry : the journal of mental science; Dec 2016; vol. 209 (no. 6); p. 469-474

Abstract: There is a lack of available evidence in relation to the effectiveness of interventions for adults with mild to moderate intellectual disability and mental health problems. To evaluate the efficacy of interventions for adults with mild to moderate intellectual disabilities and co-occurring mental health problems. An electronic literature search of the databases Medline, EMBASE, PsycINFO and EBM Reviews aimed at identifying randomised controlled trials (RCTs) and controlled trials testing any type of intervention (psychotherapy, biological or system level) for people with mild to moderate intellectual disabilities (IQ score 35-69) targeting comorbid mental health problems. Additionally a meta-analysis was conducted. Twelve studies met the inclusion criteria. No significant effect was found for the predefined outcome domains behavioural problems, depression, anxiety, quality of life and functioning. The effect size for depression (d = 0.49) was moderate but non-significant. Quality of studies was moderate and heterogeneity was high. There is no compelling evidence supporting interventions aiming at improving mental health problems in people with mild to moderate intellectual disability. The number of available trials is too low for definite conclusions. Some interventions are promising and should be evaluated further in larger and more rigorous trials.

Database: Medline

Physical activity levels in adults with intellectual disabilities: A systematic review.

Author(s): Dairo, Yetunde Marion; Collett, Johnny; Dawes, Helen; Oskrochi, G Reza

Source: Preventive medicine reports; Dec 2016; vol. 4 ; p. 209-219

Abstract: Despite evidence that inactivity is a major factor causing ill health in people with intellectual disabilities (pwID) there are gaps in our knowledge of their physical activity (PA). To date, there is no published systematic review of their PA levels. Therefore, we performed a systematic review from January-October 2015, comprising studies from across the globe to establish PA levels, determine how they were measured, and what factors influenced PA in adults with intellectual disabilities (awID). Five databases were searched. Studies were included if written in English, peer-reviewed, had primary research data, and measured PA levels of awID. Quality was assessed using a 19-item checklist. Meta-summary of the findings was performed and a meta-analysis of factors influencing PA using multiple regression. Fifteen studies were included consisting of 3159 awID, aged 16-81 years, 54% male and 46% female. Only 9% of participants achieved minimum PA guidelines. PA levels were measured using objective and subjective methods. ID severity, living in care, gender, and age were independently significantly correlated with the number of participants achieving PA guidelines with the strongest predictor being ID severity (Beta 0.631, p < 0.001). Findings should be in the context that most of the participants were in the mild/moderate range of ID severity and none of the studies objectively measured PA in people with profound ID. To inform measurement and intervention design for improved PA, we recommend that there is an urgent need for future PA studies in awID population to include all disability severity levels. PROSPERO registration number CRD42015016675.

Database: Medline

A critical comparison of welfare states and their relevance to people with an intellectual disability.

Author(s): de Chenu, Linda; Daehlen, Dag; Tah, Jude

Source: Journal of intellectual disabilities : JOID; Dec 2016; vol. 20 (no. 4); p. 397-415

Available in full text at Journal of Intellectual Disabilities - from SAGE ; Notes: Sign in with OpenAthens details

Abstract: This article compares the welfare services for adults with an intellectual disability in three European countries: England, Norway and Sweden. The purpose of the comparison is to develop an understanding of the welfare state and institutional contexts of the country-specific policies and to develop a critical analysis through a comparative method based on selected secondary literature. Typological frameworks of European welfare states are applied as analytic frameworks to enable comparison between the countries. It is argued that there are international policy developments but these are shaped at a national level by different types of welfare states and histories.
Through a comparison of similarities and differences, the article suggests that international policy ideas that impact on the lives of people with intellectual disabilities are mediated by different types of welfare states and institutions.

**Database:** Medline

### Studying abroad inclusively: Reflections by college students with and without intellectual disability.

**Author(s):** Prohn, Seb M; Kelley, Kelly R; Westling, David L  
**Source:** Journal of intellectual disabilities : JOID; Dec 2016; vol. 20 (no. 4); p. 341-353  
Available in full text at Journal of Intellectual Disabilities - from SAGE ; Notes: Sign in with OpenAthens details

**Abstract:** Postsecondary education programs have increased opportunities for students with and without intellectual disabilities to study abroad as inclusive classes. Using open-coding qualitative techniques, the authors examined an inclusive study abroad group's daily reflective journals during a study abroad trip to London and Dublin. Three shared categories emerged from analysis: personal development, bonding/social inclusion, and learning from English and Irish adults with intellectual disabilities. Each group reported two distinct categories as well. Students with intellectual disabilities described the importance of mobility/transportation and fun, while their classmates without intellectual disabilities described the importance of inclusive learning and an increasing awareness of barriers to full participation for people with disabilities. Student-constructed categories are used to describe the benefits of inclusive study abroad and build future inclusive international opportunities.

**Database:** Medline

### Drug administration via enteral feeding tube in residential care facilities for individuals with intellectual disability: A focus group study on guideline implementation.

**Author(s):** Joos, Elke; Van Tongelen, Inge; Wijnants, Karen; Mehuys, Els; Van Bocxlaer, Jan; Remon, Jean Paul; Grypdonck, Maria; Van Winckel, Myriam; Boussery, Koen  
**Source:** Journal of intellectual disabilities : JOID; Dec 2016; vol. 20 (no. 4); p. 329-340  
Available in full text at Journal of Intellectual Disabilities - from SAGE ; Notes: Sign in with OpenAthens details

**Abstract:** People with profound intellectual disabilities often receive medication through enteral feeding tube (EFT). In a previous study, we found that current guidelines concerning medication preparation and administration through EFT are often not followed in residential care facilities (RCFs) for individuals with intellectual disabilities. The present qualitative study aimed to identify barriers and facilitators experienced by RCF staff members to following guidelines on medication administration via EFT, by conducting focus group interviews. Time constraints, lack of knowledge, lack of clear administration instructions, lack of necessary materials, and limited gastric fluid tolerance in certain residents were identified as barriers to following guidelines. Other influencing factors were the number of staff members, residents, and medications; habits; and the residents’ comfort and well-being. To optimize care for this vulnerable patient population with EFT, an intervention can be set up focusing on improving staff members' medication-related knowledge and providing clear administration instructions and the necessary materials.

**Database:** Medline

### Becoming a mother: Supported decision-making in context.

**Author(s):** Jamieson, Rhiann; Theodore, Kate; Raczka, Roman  
**Source:** Journal of intellectual disabilities : JOID; Dec 2016; vol. 20 (no. 4); p. 313-328  
Available in full text at Journal of Intellectual Disabilities - from SAGE ; Notes: Sign in with OpenAthens details

**Abstract:** Little is known about how women with intellectual disabilities make decisions in relation to pregnancy. Social support is important for mothers with intellectual disabilities in many areas. This study explored how the support network influenced the decision-making of women with intellectual disabilities in relation to pregnancy. The study extended previous research to include the multiple perspectives of mothers, personal and professional support network. A model of decision-making was constructed, with implications of how services approach working with mothers with intellectual disabilities. Using a grounded theory methodology, three mothers with intellectual disabilities, two of their family members and six professionals were interviewed about their experiences of decision-making in relation to pregnancy. The results suggested that the quality of a woman's relationships were key to facilitating decision-making. The results highlighted the need for services to focus on creating supportive working relationships with mothers and other services involved in the parenting assessment process.

**Database:** Medline

### The Relationship Between Intelligence Quotient and Aspects of Everyday Functioning and Participation
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<th>Title</th>
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<td>for People Who Have Mild and Borderline Intellectual Disabilities.</td>
<td>Arvidsson, Patrik; Granlund, Mats</td>
<td>Journal of applied research in intellectual disabilities : JARID; Dec 2016</td>
<td>This study explored the relationship between intelligence quotient (IQ) and aspects of everyday functioning/participation in individuals (age 16-40) who have a mild/borderline intellectual disability (IQ 55-85). Correlations were examined between IQ and (i) self-rated (n = 72) ability, participation as performance (how often an activity is performed), important participation restriction (not/seldom performing an activity perceived as important) and general well-being and (ii) proxy-rated (n = 41) ability and participation as performance. No significant correlations between IQ and any of the explored measures were found. However, the effect sizes of the correlations between IQ and ability were considered as small but not negligible. The results support the notion that IQ is a poor predictor of general aspects of everyday functioning in persons with mild/borderline intellectual disability. The result indicates that self-ratings partly generate other information than proxy ratings which may be important for assessments of supportive requirements and diagnosis.</td>
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<td>Using token reinforcement to increase walking for adults with intellectual disabilities.</td>
<td>Krentz, Haley; Miltenberger, Raymond; Valbuena, Diego</td>
<td>Journal of applied behavior analysis; Dec 2016; vol. 49 (no. 4); p. 745-750</td>
<td>The purpose of this study was to evaluate the effectiveness of token reinforcement, using an ABAB reversal design, for increasing distance walked for adults with mild to moderate intellectual disabilities at an adult day-training center. Five participants earned tokens for walking 50-m laps and exchanged tokens for back-up reinforcers that had been identified through preference assessments. Token reinforcement resulted in a substantial increase from baseline in laps walked for 4 participants.</td>
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<td>The nature and importance of quality of therapeutic relationships in the delivery of palliative care to people with intellectual disabilities.</td>
<td>Ryan, Karen; Guerin, Suzanne; McEvoy, John</td>
<td>BMJ supportive &amp; palliative care; Dec 2016; vol. 6 (no. 4); p. 430-436</td>
<td>The importance of the therapeutic relationship in the delivery of palliative care is well recognised. Little has been published on the nature or quality of relationships formed between staff and patients with intellectual disabilities despite case reports suggesting that difficulties exist in providing palliative care to this group. This study was part of a project that aimed to describe the delivery of palliative care to people with intellectual disabilities in a region of Ireland and to conduct a corporate assessment of palliative care need. We detail findings that explore the nature and importance of the quality of relationship in the delivery of care. 91 staff from palliative care and intellectual disability services participated in 16 focus groups. Staff valued their relationships with service users, and felt that the quality of their relationship affected its therapeutic potential. Participants described factors fundamental to the development of quality relationships. Palliative care and intellectual disability staff commented on the importance of trust, of continuity of relationship and of knowing the individual. However, palliative care staff admitted to difficulties in these areas when providing care to people with intellectual disabilities. It appeared that quality of care was affected in situations where staff failed to form authentic relationships. This study adds to our knowledge of the processes of delivery of care to people with intellectual disabilities. The description of difficulties experienced by palliative care staff gives us an opportunity to develop strategies to improve the quality of services provided.</td>
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<td>Development and testing of a screener for intelligence and learning disabilities (scil)</td>
<td>Nijman, Henk; Kaal, Hendrien; Scheppingen, Lesley; Moonen, Xavier</td>
<td>Journal of Applied Research in Intellectual Disabilities; Dec 2016</td>
<td>Background Many clients in contact with social services and (mental) health care have mild to borderline intellectual disabilities (MBID). Yet, administering a full intelligence test may not be feasible. Method In 318 adults and 305 juveniles, the scores on 14 questions that comprise the screener for intelligence and learning disabilities (SCIL) were analysed in relation to the IQs of the participants. Results The SCIL score had good predictive validity for detecting MBID in adults (AUC = 0.93). A cut-off score of 19 or lower is recommended to detect (a suspicion of)</td>
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MBID. Test–retest reliability of the SCIL was 0.92. In juveniles, AUC values were 0.91 for 16- to 17-year-olds, 0.90 for 14- to 15-year-olds and 0.83 for 12- to 13-year-olds. Conclusions The SCIL appears to be a time-efficient tool for screening for MBID in adults (18+) and juveniles of 14 years or older.

**Database:** PsycINFO

**Impact of the UN Convention on the Rights of Persons with Disabilities (UN-CRPD) on mental health care research—A systematic review**

**Author(s):** Steinert, Christoph; Steinert, Tilman; Flammer, Erich; Jaeger, Susanne

**Source:** BMC Psychiatry; Dec 2016; vol. 16

Available in full text at BMC Psychiatry - from ProQuest

**Abstract:** Background: The United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD) aims at stimulating profound changes and social development in many areas of the society. We wanted to examine the impact of the convention on mental health care research up to now by a systematic review. Methods: We searched relevant electronic databases for empirical studies from the area of mental health which focused directly on the content of the UN-CRPD. Results: One thousand six hundred ten articles were screened, 36 of which fulfilled the inclusion criteria and came from 22 different countries. 25 studies (69 %) are related to persons with intellectual disabilities, only 11 to other mental disorders. Study designs were quantitative and qualitative as well. Issues were realisation of the UN-CRPD, implementation and financing, development of instruments, and attitudes towards the UN-CRPD. Conclusions: In contrast to possible wide-reaching consequences for the organisation of mental health care, theoretical debates prevail as of yet and empirical research is still scarce. Research on the UN-CRPD is more advanced for intellectual disabilities and provides good suggestions for relevant research aspects in major mental disorders.

**Database:** PsycINFO

"Pharmacological interventions for challenging behaviour in children with intellectual disabilities: A systematic review and meta-analysis": Erratum

**Author(s):** McQuire, Cheryl; Hassiotis, Angela; Harrison, Bronwyn; Pilling, Stephen

**Source:** BMC Psychiatry; Dec 2016; vol. 16

Available in full text at BMC Psychiatry - from ProQuest

**Abstract:** Reports an error in "Pharmacological interventions for challenging behaviour in children with intellectual disabilities: A systematic review and meta-analysis" by Cheryl McQuire, Angela Hassiotis, Bronwyn Harrison and Stephen Pilling (BMC Psychiatry, 2015[Dec], Vol 15[303]). In the original article, the order of Figs. 3, 4, 5, 6, 7, 8 and 9 were incorrect. The corrected order of Figs. 3, 4, 5, 6, 7, 8 and 9 are present in the erratum. (The following abstract of the original article appeared in record 2015-54265-001). Background: Psychotropic medications are frequently used to treat challenging behaviour in children with intellectual disabilities, despite a lack of evidence for their efficacy. This systematic review and meta-analysis aimed to determine the safety and efficacy of pharmacological interventions for challenging behaviour among children with intellectual disabilities. Methods: Electronic databases were searched and supplemented with a hand search of reference lists and trial registries. Randomised controlled trials of pharmacological interventions for challenging behaviour among children with intellectual disabilities were included. Data were analysed using meta-analysis or described narratively if meta-analysis was not possible. For quality assessment, the Cochrane Risk of Bias tool and the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach were used. Results: Fourteen studies including 912 participants met inclusion criteria. Antipsychotic medication reduced challenging behaviour among children with intellectual disabilities in the short-term (SMD = −1.09, p < 0.001 for risperidone; SMD = −0.64, p < 0.001 for aripiprazole). However, there were significant side-effects including elevated prolactin levels (SMD = 3.22, p < 0.001) and weight gain (SMD = 0.82, p < 0.001). Evidence was inconclusive regarding the effectiveness of anticonvulsants and antioxidants for reducing challenging behaviour. The quality of all evidence was low and there were no long term follow up studies. Conclusions: Antipsychotic medications appear to be effective for reducing challenging behaviour in the short-term among children with intellectual disabilities, but they carry a risk of significant side effects. Findings from this review must be interpreted with caution as studies were typically of low quality and most outcomes were based on a small number of studies. Further long-term, high-quality research is needed to determine the effectiveness and safety of psychotropic medication for reducing challenging behaviour.

**Database:** PsycINFO

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