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May 2017

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Source: Journal of Intellectual Disability Research; May 2017; vol. 61 (no. 5); p. 461-470

Abstract: Background In Western countries, increasing maternal age has led to more pregnancies with a child with Down syndrome (DS). However, prenatal screening programs, diagnostic testing and termination of pregnancy influence the actual DS live birth (LB) prevalence as well. The aim of this study is to examine these factors in the Netherlands for the period 1991-2015. In our study, we establish a baseline for DS LB prevalence before non-invasive prenatal testing will be made available to all pregnant women in the Netherlands in 2017. Methods Full nationwide data from the Dutch cytogenetic laboratories were used to evaluate the actual DS LB prevalence. In addition, nonselective DS prevalence, which is the DS LB prevalence that would be expected in absence of termination of pregnancies, was estimated on the basis of maternal age distribution in the general population. Results Because of an increase in maternal age, nonselective DS prevalence increased from around 15.6 [95% confidence interval (CI) 13.9-17.4] per 10 000 LBs in 1991 (311 children in total) to around 22.6 (95% CI 20.3-24.9) per 10 000 in 2015 (385), the increase levelling off in recent years. Actual LB prevalence rose from around 11.6 (95% CI 10.9-12.2) per 10 000 in 1991 (230 children) to an estimated peak of 15.9 (95% CI 15.6-16.2) per 10 000 in 2002 (322), gradually decreasing since to 11.1 (95% CI 10.8-11.5) per 10 000 in 2015 (190). Reduction of DS LBs resulting from elective terminations had been fairly constant between 1995 and 2002 at around 28% and rose afterwards from 35% in 2003 to around 50% in 2015. Conclusions In spite of expansion of antenatal screening in the Netherlands in the 1990s and early 2000s, actual DS LB prevalence increased during this period. However, after 2002, this trend reversed, probably because of informing all pregnant women about prenatal testing since 2004 and the implementation of a national screening program in 2007.

Database: CINAHL

Certainty of genuine treatment increases drug responses among intellectually disabled patients.

Author(s): Jensen, Karin B; Kirsch, Irving; Pontén, Moa; Rosén, Annelie; Yang, Kathy; Gollub, Randy L; des Portes, Vincent; Kaptchuk, Ted J; Curie, Aurore

Source: Neurology; May 2017; vol. 88 (no. 20); p. 1912-1918
Abstract: OBJECTIVE To determine the placebo component of treatment responses in patients with intellectual disability (ID). METHODS A statistical meta-analysis comparing bias-corrected effect sizes (Hedges g) of drug responses in open-label vs placebo-controlled clinical trials was performed, as these trial types represent different certainty of receiving genuine treatment (100% vs 50%). Studies in fragile X, Down, Prader-Willi, and Williams syndrome published before June 2015 were considered. RESULTS Seventeen open-label trials (n = 261, 65% male; mean age 23.6 years; mean trial duration 38 weeks) and 22 placebo-controlled trials (n = 721, 62% male; mean age 17.1 years; mean trial duration 35 weeks) were included. The overall effect size from pre to post treatment in open-label studies was g = 0.602 (p = 0.001). The effect of trial type was statistically significant (p = 0.001), and revealed higher effect sizes in studies with 100% likelihood of getting active drug, compared to both the drug and placebo arm of placebo-controlled trials. We thus provide evidence for genuine placebo effects, not explainable by natural history or regression toward the mean, among patients with ID. CONCLUSIONS Our data suggest that clinical trials in patients with severe cognitive deficits are influenced by the certainty of receiving genuine medication, and open-label design should thus not be used to evaluate the effect of pharmacologic treatments in ID, as the results will be biased by an enhanced placebo component.

Database: Medline


Author(s): Wilde, Lucy; Oliver, Chris

Source: Journal of autism and developmental disorders; May 2017

Abstract: Everyday executive function (EF) was examined in Smith-Magenis syndrome (SMS), associated with high risk of behaviour disorder, and Down syndrome (DS), associated with relatively low risk of behaviour disorder. Caregivers of 13 children with SMS and 17 with DS rated everyday EF using the Behavioral Rating Inventory of Executive Functioning-Preschool. Greater everyday EF deficits relative to adaptive ability were evident in SMS than in DS. The SMS profile of everyday EF abilities was relatively uniform; in DS emotional control strengths and working memory weaknesses were evident. Findings implicate broad everyday EF difficulties in SMS compared to DS, corresponding with increased rates of behaviour disorder in SMS. Findings further suggest that everyday EF profiles may, in part, be syndrome related.

Database: Medline

Prenatal Phenotype of Down Syndrome Using Three-Dimensional Virtual Reality.

Author(s): Werner, Heron; Lopes Dos Santos, Jorge Roberto; Ribeiro, Gerson; Araujo Júnior, Edward

Source: Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstetrique et gynecologie du Canada ; JOGC; May 2017

Abstract: BACKGROUND Down syndrome is a chromosomal abnormality characterized by an additional acrocentric chromosome, resulting in an aneuploid number of 47 chromosomes (trisomy 21). Fetal face phenotype of Down syndrome is typical in the second trimester and characterized by plane face and a big and protruding tongue. CASE We present a case of Down syndrome at 29 weeks of gestation in which the fetal face was created using 3-D virtual reality model from 3-D ultrasound scan data. CONCLUSION A 3-D virtual model from 3-D ultrasound or magnetic resonance imaging scan data allowed an immersive real environment, improving the understanding of fetal congenital anomalies by the parents and the medical team.

Database: Medline

Young children with Down syndrome show normal development of circadian rhythms, but poor sleep efficiency: a cross-sectional study across the first 60 months of life.

Author(s): Fernandez, Fabian; Nyhuis, Casandra C; Anand, Payal; Demara, Bianca I; Ruby, Norman F; Spanò, Goffredina; Clark, Caron; Edgin, Jamie O

Source: Sleep medicine; May 2017; vol. 33 ; p. 134-144

Abstract: OBJECTIVES To evaluate sleep consolidation and circadian activity rhythms in infants and toddlers with Down syndrome (DS) under light and socially entrained conditions within a familiar setting. Given previous human and animal data suggesting intact circadian regulation of melatonin across the day and night, it was hypothesized that behavioral indices of circadian rhythmicity would likewise be intact in the sample with DS. METHODS A cross-sectional study of 66 infants and young children with DS, aged 5-67 months, and 43 typically developing age-matched controls. Sleep and measures of circadian robustness or timing were quantified using continuous in-home actigraphy recordings performed over seven days.
Circadian robustness was quantified via time series analysis of rest-activity patterns. Phase markers of circadian timing were calculated alongside these values. Sleep efficiency was also estimated based on the actigraphy recordings. RESULTS This study provided further evidence that general sleep quality is poor in infants and toddlers with DS, a population that has sleep apnea prevalence as high as 50% during the preschool years. Despite poor sleep quality, circadian rhythm and phase were preserved in children with DS and displayed similar developmental trajectories in cross-sectional comparisons with a typically developing (TD) cohort. In line with past work, lower sleep efficiency scores were quantified in the group with DS relative to TD children. Infants born with DS exhibited the worst sleep fragmentation; however, in both groups, sleep efficiency and consolidation increased across age. Three circadian phase markers showed that 35% of the recruitment sample with DS was phase-advanced to an earlier morning schedule, suggesting significant within-group variability in the timing of their daily activity rhythms. CONCLUSIONS Circadian rhythms of wake and sleep are robust in children born with DS. The present results suggest that sleep fragmentation and any resultant cognitive deficits are likely not confounded by corresponding deficits in circadian rhythms.

Database: Medline

**Dental development in Down syndrome and healthy children: a comparative study using the Demirjian method.**

**Author(s):** van der Linden, M S; Vucic, S; van Marrewijk, D J F; Ongkosuwito, E M

**Source:** Orthodontics & craniofacial research; May 2017; vol. 20 (no. 2); p. 65-70

**Abstract:** OBJECTIVE In children with Down syndrome, the timing of dental eruption is important for orthodontics treatment planning. Aim of this study was to determine whether tooth eruption and development of the dentition in children with Down syndrome are impaired. MATERIAL AND METHODS Dental development was scored on orthopantomograms (OPTs) of 95 children with Down syndrome. The dental age was determined at the left mandibular side according to the Demirjian method and by converting the assigned scores to the dental maturity score. Dental development scores of control children and DS children were compared with a mixed model linear regression analysis. RESULTS The model showed statistically significant changes relating to increasing age (P<0.001) and gender (P<0.05). In this comparison, the total DS group (with and without hypodontia) was not statistically significantly different from the control group. There was also no significant difference between the total sample of DS children and the control group after using the Nyström imputation (with and without hypodontia). CONCLUSION The findings showed that dental development in DS children is similar to the development of control children and that a relationship exists between hypodontia and dental development. The clinically observed late eruption is probably not due to late dental development but due to the other processes that take place during eruption, such as the possible impaired processes at the apical side and the occlusal side of an erupting element.

Database: Medline

**The Down syndrome brain in the presence and absence of fibrillar β-amyloidosis.**

**Author(s):** Annus, Tiina; Wilson, Liam R; Acosta-Cabrero, Julio; Cardenas-Blanco, Arturo; Hong, Young T; Fryer, Tim D; Coles, Jonathan P; Menon, David K; Zaman, Shahid H; Holland, Anthony J; Nestor, Peter

**Source:** Neurobiology of aging; May 2017; vol. 53 ; p. 11-19

**Abstract:** People with Down syndrome (DS) have a neurodevelopmentally distinct brain and invariably developed amyloid neuropathology by age 50. This cross-sectional study aimed to provide a detailed account of DS brain morphology and the changes occurring with amyloid neuropathology. Forty-six adults with DS underwent structural and amyloid imaging—the latter using Pittsburgh compound B (PIB) to stratify the cohort into PIB-positive (n = 19) and PIB-negative (n = 27). Age-matched controls (n = 30) underwent structural imaging. Group differences in deep gray matter volumetry and cortical thickness were studied. PIB-negative people with DS have neurodevelopmentally atypical brain, characterized by disproportionately thicker frontal and occipitoparietal cortex and thinner motor cortex and temporal pole with larger putamina and smaller hippocampi than controls. In the presence of amyloid neuropathology, the DS brains demonstrated a strikingly similar pattern of posterior dominant cortical thinning and subcortical atrophy in the hippocampus, thalamus, and striatum, to that observed in non-DS Alzheimer's disease. Care must be taken to avoid underestimating amyloid-associated morphologic changes in DS due to disproportionate size of some subcortical structures and thickness of the cortex.

Database: Medline

Abstract: BACKGROUND In Western countries, increasing maternal age has led to more pregnancies with a child with Down syndrome (DS). However, prenatal screening programs, diagnostic testing and termination of pregnancy influence the actual DS live birth (LB) prevalence as well. The aim of this study is to examine these factors in the Netherlands for the period 1991-2015. In our study, we establish a baseline for DS LB prevalence before non-invasive prenatal testing will be made available to all pregnant women in the Netherlands in 2017. METHODS Full nationwide data from the Dutch cytogenetic laboratories were used to evaluate the actual DS LB prevalence. In addition, nonselective DS prevalence, which is the DS LB prevalence that would be expected in absence of termination of pregnancies, was estimated on the basis of maternal age distribution in the general population. RESULTS Because of an increase in maternal age, nonselective DS prevalence increased from around 15.6 [95% confidence interval (CI) 13.9-17.4] per 10 000 LBs in 1991 (311 children in total) to around 22.6 (95% CI 20.3-24.9) per 10 000 in 2015 (385), the increase levelling off in recent years. Actual LB prevalence rose from around 11.6 (95% CI 10.9-12.2) per 10 000 in 1991 (230 children) to an estimated peak of 15.9 (95% CI 15.6-16.2) per 10 000 in 2002 (322), gradually decreasing since to 11.1 (95% CI 10.8-11.5) per 10 000 in 2015 (190). Reduction of DS LBs resulting from elective terminations had been fairly constant between 1995 and 2002 at around 28% and rose afterwards from 35% in 2003 to around 50% in 2015. CONCLUSIONS In spite of expansion of antenatal screening in the Netherlands in the 1990s and early 2000s, actual DS LB prevalence increased during this period. However, after 2002, this trend reversed, probably because of informing all pregnant women about prenatal testing since 2004 and the implementation of a national screening program in 2007.

Database: Medline

Visual characteristics of children with Down syndrome.

Author(s): Tomita, Kaoru

Source: Japanese journal of ophthalmology; May 2017; vol. 61 (no. 3); p. 271-279

Abstract: PURPOSE To analyze long-term visual development in children with Down syndrome who received early ophthalmological intervention. METHODS A total of 125 children with Down syndrome who were examined before 6 years of age and followed up for more than 5 years were selected. Visual development, refraction, visual acuity testing, and the prescription of spectacles were examined retrospectively. RESULTS Mean visual acuity by age was as follows: 2 years, 1.13 ± 0.23 logarithm of the minimum angle of resolution (logMAR); 5 years, 0.55 ± 0.25 logMAR; 8 years, 0.27 ± 0.19 logMAR; 11 years, 0.17 ± 0.16 logMAR; and 14 years, 0.10 ± 0.15 logMAR. In 32 children (25.6%), visual acuity reached 0.0 logMAR or better. Hyperopia of +2D or more was observed in 132 eyes (52.8%), and astigmatism of 2D or more was observed in 153 eyes (61.2%). Subjective testing was difficult in many children prior to 4.5 years of age, and grating acuity testing was necessary. Spectacles were prescribed at a mean age of 3.5 ± 1.6 years in 120 children (96.0%). The average duration until the spectacles were worn constantly was 9.0 ± 9.3 months. CONCLUSION Early ophthalmological intervention and longitudinal care is important for children with Down syndrome.

Database: Medline

Response abilities of children with Down Syndrome and other intellectual developmental disorders.

Author(s): Rao, Pratiksha Tilak; Guddattu, Vasudeva; Solomon, John Michael

Source: Experimental brain research; May 2017; vol. 235 (no. 5); p. 1411-1427

Abstract: Efficiency with which a task is performed results from the precise timing and force with which the task is executed. We aimed at assessing the influence of change in task constructs on the response abilities of children who are known to have impaired perceptual motor control. To answer this question, we assessed the response abilities in terms of response time (RT) and response force (RF) among children with Down Syndrome (DS), intellectual developmental disorders (IDD) and those who are typically developing. A response analyzer was used to assess their response abilities across a variety of task constructs namely while performing a simple response task, dual task (i.e. passive and active dual tasks), force modulation task and choice response task. Across all tasks, it was seen that their RT increased while RF decreased as the tasks became more complex in nature. The number of participants in the DS and IDD group diminished as the task complexity increased, reflecting their inherent difficulty in learning new tasks and executing a common expected response under different task conditions. The response abilities of the DS and IDD group was comparable across tasks and varied significantly from the TDC group. The study enables us to
understand the influence of task difficulties on the response abilities and participation across groups of children with and without disabilities. The results of the study necessitate the need to evaluate and find methods to train the response abilities of children with DS and IDD, which has considerable implications towards the performance of their daily life skills.

**Database:** Medline

**Early thyroxine treatment in Down syndrome and thyroid function later in life.**

**Author(s):** Zwaveling-Soonawala, Nitash; Witteveen, M Emma; Marchal, Jan Pieter; Klouwer, Femke C C; Ikelaar, Nadine A; Smets, Anne M J B; van Rijn, Rick R; Endert, Erik; Fliers, Eric; van Trottenburg, A S Paul

**Source:** European journal of endocrinology; May 2017; vol. 176 (no. 5); p. 505-513

**Abstract:** OBJECTIVE The hypothalamus-pituitary-thyroid (HPT) axis set point develops during the fetal period and first two years of life. We hypothesized that thyroxine treatment during these first two years, in the context of a randomized controlled trial (RCT) in children with Down syndrome, may have influenced the HPT axis set point and may also have influenced the development of Down syndrome-associated autoimmune thyroiditis. METHODS We included 123 children with Down syndrome 8.7 years after the end of an RCT comparing thyroxine treatment vs placebo and performed thyroid function tests and thyroid ultrasound. We analyzed TSH and FT4 concentrations in the subgroup of 71 children who were currently not on thyroid medication and had no evidence of autoimmune thyroiditis. RESULTS TSH concentrations did not differ, but FT4 was significantly higher in the thyroxine-treated group than that in the placebo group (14.1 vs 13.0 pmol/L; P = 0.02). There was an increase in anti-TPO positivity, from 1% at age 12 months to 6% at age 24 months and 25% at age 10.7 years with a greater percentage of children with anti-TPO positivity in the placebo group (32%) compared with the thyroxine-treated group (18.5%) (P = 0.12). Thyroid volume at age 10.7 years (mean: 3.4 mL; range: 0.5-7.5 mL) was significantly lower (P < 0.01) compared with reference values (5.5 mL; range: 3-9 mL) and was similar in the thyroxine and placebo group.

CONCLUSION Thyroxine treatment during the first two years of life led to a mild increase in FT4 almost 9 years later on and may point to an interesting new mechanism influencing the maturing HPT axis set point. Furthermore, there was a trend toward less development of thyroid autoimmunity in the thyroxine treatment group, suggesting a protective effect of the early thyroxine treatment. Lastly, thyroid volume was low possibly reflecting Down-specific thyroid hypoplasia.

**Database:** Medline

**Outcome Measures for Clinical Trials in Down Syndrome.**

**Author(s):** Esbensen, Anna J; Hooper, Stephen R; Fidler, Deborah; Hartley, Sigan L; Edgin, Jamie; d’Ardhuy, Xavier Liogier; Capone, George; Conners, Frances A; Mervis, Carolyn B; Abbeduto, Leonard; Rafii, Michael; Krinsky-McHale, Sharon J; Urv, Tiina; Group, Outcome Measures Working

**Source:** American journal on intellectual and developmental disabilities; May 2017; vol. 122 (no. 3); p. 247-281

Available in full text at American Journal on Intellectual and Developmental Disabilities - from ProQuest

**Abstract:** Increasingly individuals with intellectual and developmental disabilities, including Down syndrome, are being targeted for clinical trials. However, a challenge exists in effectively evaluating the outcomes of these new pharmacological interventions. Few empirically evaluated, psychometrically sound outcome measures appropriate for use in clinical trials with individuals with Down syndrome have been identified. To address this challenge, the National Institutes of Health (NIH) assembled leading clinicians and scientists to review existing measures and identify those that currently are appropriate for trials; those that may be appropriate after expansion of age range addition of easier items, and/or downward extension of psychometric norms; and areas where new measures need to be developed. This article focuses on measures in the areas of cognition and behavior.

**Database:** Medline

**Associations of Child and Adolescent Mastery Motivation and Self-Regulation With Adult Outcomes: A Longitudinal Study of Individuals With Down Syndrome.**

**Author(s):** Gilmore, Linda; Cuskelly, Monica

**Source:** American journal on intellectual and developmental disabilities; May 2017; vol. 122 (no. 3); p. 235-246

Available in full text at American Journal on Intellectual and Developmental Disabilities - from ProQuest

**Abstract:** This 20-year prospective longitudinal study focuses on the contribution of mastery motivation and self-regulation to adult outcomes for individuals with Down syndrome. In earlier phases of the research,
25 participants completed measures of cognitive ability, mastery motivation and self-regulation in childhood (4 to 6 years) and adolescence (11 to 15 years). In the adult phase reported here, self-determination and adaptive behavior were assessed in 21 of the original participants at age 23 to 26 years. Mastery motivation and self-regulation made unique contributions to adult outcomes, over and above the effects of cognitive ability. The findings provide powerful evidence about the important role of child and adolescent mastery motivation and self-regulation for the adult lives of individuals with Down syndrome.

Database: Medline

The Arizona Cognitive Test Battery for Down Syndrome: Test-Retest Reliability and Practice Effects.

Author(s): Edgin, Jamie O; Anand, Payal; Rosser, Tracie; Pierpont, Elizabeth I; Figueroa, Carlos; Hamilton, Debra; Huddleston, Millie; Mason, Gina; Spanò, Goffredina; Toole, Lisa; Nguyen-Driver, Mina; Capone, George; Abbeduto, Leonard; Maslen, Cheryl; Reeves, Roger H; Sherman, Stephanie

Source: American journal on intellectual and developmental disabilities; May 2017; vol. 122 (no. 3); p. 215-234

Available in full text at American Journal on Intellectual and Developmental Disabilities - from ProQuest

Abstract: A multisite study investigated the test-retest reliability and practice effects of a battery of assessments to measure neurocognitive function in individuals with Down syndrome (DS). The study aimed to establish the appropriateness of these measures as potential endpoints for clinical trials. Neurocognitive tasks and parent report measures comprising the Arizona Cognitive Test Battery (ACTB) were administered to 54 young participants with DS (7-20 years of age) with mild to moderate levels of intellectual disability in an initial baseline evaluation and a follow-up assessment 3 months later. Although revisions to ACTB measures are indicated, results demonstrate adequate levels of reliability and resistance to practice effects for some measures. The ACTB offers viable options for repeated testing of memory, motor planning, behavioral regulation, and attention. Alternative measures of executive functioning are required.

Database: Medline

Introduction to the Special Issue on the Development of People With Down Syndrome Throughout the Lifespan (Part 1).

Author(s): Esbensen, Anna J

Source: American journal on intellectual and developmental disabilities; May 2017; vol. 122 (no. 3); p. 213-214

Available in full text at American Journal on Intellectual and Developmental Disabilities - from ProQuest

Database: Medline

Corrigendum to "Having a son or daughter with Down syndrome: Perspectives from mothers and fathers. Am J Med Genet Part A 155:2335-2347."

Author(s): Skotko, Brian G; Levine, Susan P; Goldstein, Richard

Source: American journal of medical genetics. Part A; May 2017; vol. 173 (no. 5); p. 1453

Database: Medline

Neonatal characteristics and perinatal complications in neonates with Down syndrome.

Author(s): Ergaz-Shaltiel, Zivanit; Engel, Ofra; Erlichman, Ira; Naveh, Yaron; Schimmel, Michael S; Tenenbaum, Ariel

Source: American journal of medical genetics. Part A; May 2017; vol. 173 (no. 5); p. 1279-1286

Abstract: The annual rate of Down syndrome (DS) births in Jerusalem is stable, regardless of prenatal screening, and diagnostic measures. We aimed to evaluate our historical cohort for obstetrical characteristics and the neonatal course and complications. We reviewed computerized medical files of neonates with the diagnosis of DS born in the four main hospitals in Jerusalem between the years 2000 and 2010 and evaluated for maternal history and primary neonatal hospitalization. A total of 403 neonates were diagnosed with DS. The average maternal age was 35.6 years, 73% were born via spontaneous vaginal delivery. In all gestational ages, the mean birth weight and head circumference percentiles were significantly lower than the general population (P < 0.001 for both) and at each week the HC percentile was lower than the weight percentile (P < 0.0001), worse among males. Mortality during the primary hospitalization was 3.7%. The most common anomalies were cardiac (79%) with either congenital defects or functional abnormalities, neither influenced the length of hospitalization. The main reasons for prolonged
hospitalization were prematurity and anomalies of other (non-cardiac) organs. Common perinatal complications included respiratory failure or need for oxygen supplementation (32%), hyperbilirubinemia (23%), sepsis (6.4%), and feeding difficulties (13%). About 84% were fed by human milk; of those, two thirds were exclusively breast-fed and one third were supplemented with infant formula. In conclusion, infants with DS were small for gestational age with relatively reduced head circumference. Despite the increased rate of congenital anomalies and perinatal complications, most infants were discharged home in good medical condition and were exclusively breastfed.

Database: Medline

**Behaviour**

**Challenging Behaviour**

**Parents with Intellectual Disabilities Experiencing Challenging Child Routines: A Pilot Study Using Embedded Self-Determination Practices.**

**Author(s):** Knowles, Christen; Blakely, Allison; Hansen, Sarah; Machalicek, Wendy

**Source:** Journal of applied research in intellectual disabilities : JARID; May 2017; vol. 30 (no. 3); p. 433-444

Available in full text at Journal of Applied Research in Intellectual Disabilities - from John Wiley and Sons;

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**Abstract:** BACKGROUND Practices to facilitate self-determination have not received appropriate attention in research concerning parents with intellectual disabilities (ID). Likewise, parenting interventions for adults with intellectual disabilities have seldom observed both parent and child behavioural outcomes. METHODS This study evaluated the effectiveness of a parenting intervention embedded with self-determination facilitation practices for two dyads of a parent with intellectual disabilities and their young child. The interventions focused on increasing parents' ability to correctly implement steps of a parenting routine while reducing occurrence of challenging child behaviour. RESULTS The results of the study demonstrated two basic effects of correctly completed steps of the parenting routine and a reduction of challenging child behaviour. Parents also reported decreased feelings of stress during the routine following completion of the intervention. CONCLUSIONS Implications for future research and replication of this pilot study are discussed.

Database: Medline

**Parasympathetic reactivity and disruptive behavior problems in young children during interactions with their mothers and other adults: A preliminary investigation.**

**Author(s):** Cooper-Vince, Christine E; DeSerisy, Mariah; Cornacchio, Danielle; Sanchez, Amanda; McLaughlin, Katie A; Comer, Jonathan S

**Source:** Developmental psychobiology; May 2017; vol. 59 (no. 4); p. 543-550

**Abstract:** Parasympathetic nervous system influences on cardiac functions-commonly indexed via respiratory sinus arrhythmia (RSA)-are central to self-regulation. RSA suppression during challenging emotional and cognitive tasks is often associated with better emotional and behavioral functioning in preschoolers. However, the links between RSA suppression and child behavior across various challenging interpersonal contexts remains unclear. The present study experimentally evaluated the relationship between child RSA reactivity to adult (mother vs. study staff) direction and disruptive behavior problems in children ages 3-8 with varying levels of disruptive behavior problems (N = 43). Reduced RSA suppression in the context of mothers' play-based direction was associated with more severe child behavior problems. In contrast, RSA suppression in the context of staff play-based direction was not associated with behavior problems. Findings suggest that the association between RSA suppression and child behavior problems may vary by social context (i.e., mother vs. other adult direction-givers). Findings are discussed in regard to RSA as an indicator of autonomic self-regulation that has relevance to child disruptive behavior problems.

Database: Medline
ADHD

Quality of life, psychological characteristics, and adjustment in parents of children with Attention-Deficit/Hyperactivity Disorder.

Author(s): Cappe, Emilie; Bolduc, Mélanie; Rougé, Marie-Caroline; Saiag, Marie-Claude; Delorme, Richard

Source: Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation; May 2017; vol. 26 (no. 5); p. 1283-1294

Abstract: PURPOSE This study investigated quality of life and adjustment mechanisms in parents of children with Attention-Deficit/Hyperactivity Disorder (ADHD).METHOD Ninety parents of children with ADHD completed a sociodemographic questionnaire and self-assessment scales to measure their perceived stress, social support, sense of control, coping strategies and quality of life. RESULTS ADHD in children negatively affected parents' quality of life, especially their psychological well-being and personal fulfillment. Family and couple relationships, as well as daily life activities, were also affected. The severity of the disorder, perceiving the situation as a threat or a loss, feeling guilty and holding on to irrational beliefs were related to emotion-focused coping strategies and to a poorer quality of life. Furthermore, hyperactivity index and stress ratings relative to perceiving the situation as a threat or a loss, and adopting emotion-focused coping strategies, predicted poorer quality of life. In contrast, perceiving the situation as challenging was related to a greater sense of control and personal fulfillment. Moreover, perceiving the situation as challenging and adopting problem-focused coping strategies predicted better quality of life. CONCLUSION The findings highlight the negative effects of ADHD on parent psychological adjustment and underline the need to recommend training programs that improve parenting skills, parents' perceptions concerning their child's behavior disorder and parental functioning.

Database: Medline

Improving social functioning and challenging behaviors in adolescents with ASD and significant ID: A randomized pilot feasibility trial of reciprocal imitation training in a residential setting.

Author(s): Ingersoll, Brooke; Berger, Natalie; Carlsen, Danielle; Hamlin, Theresa

Source: Developmental neurorehabilitation; May 2017; vol. 20 (no. 4); p. 236-246

Abstract: There is a lack of effective social interventions for youths with ASD and co-morbid intellectual disability (ID). A previous single-case design study indicated that reciprocal imitation training (RIT) may improve social interaction and challenging behavior in this population. The current pilot study examined the feasibility of conducting an RCT to investigate the effectiveness of RIT for improving social functioning and challenging behaviors in 20 adolescents with ASD and severe ID in a residential program. The assessment protocol was feasible. RIT was well-tolerated by the adolescents and implemented with fidelity by teaching staff. Preliminary findings indicate that treatment had moderate to large effects on social functioning and challenging behavior, with mixed findings for imitation skills. A larger RCT of RIT for this population is feasible and warranted.

Database: Medline

Imaging decision about whether to benefit self by harming others: Adolescents with conduct and substance problems, with or without callous-unemotionality, or developing typically

Author(s): Sakai, Joseph T.; Dalwani, Manish S.; Mikulich-Gilbertson, Susan K.; Raymond, Kristen; McWilliams, Shannon; Tanabe, Jody; Rojas, Don; Regner, Michael; Banich, Marie T.; Crowley, Thomas J.

Source: Psychiatry Research: Neuroimaging; May 2017; vol. 263 ; p. 103-112

Abstract: We sought to identify brain activation differences in conduct-problem youth with limited prosocial emotions (LPE) compared to conduct-problem youth without LPE and community adolescents, and to test associations between brain activation and severity of callous-unemotional traits. We utilized a novel task, which asks subjects to repeatedly decide whether to accept offers where they will benefit but a beneficent other will be harmed. Behavior on this task has been previously associated with levels of prosocial emotions and severity of callous-unemotional traits, and is related to empathic concern. During fMRI acquisition, 66 male adolescents (21 conduct-problem patients with LPE, 21 without, and 24 typically-developing controls) played this novel game. Within typically-developing controls, we identified a network engaged during decision involving bilateral insula, and inferior parietal and medial frontal cortices, among
other regions. Group comparisons using non-parametric (distribution-free) permutation tests demonstrated LPE patients had lower activation estimates than typically-developing adolescents in right anterior insula. Additional significant group differences emerged with our a priori parametric cluster-wise inference threshold. These results suggest measurable functional brain activation differences in conduct-problem adolescents with LPE compared to typically-developing adolescents. Such differences may underscore differential treatment needs for conduct-problem males with and without LPE.

**Database:** PsycINFO

**Measurement Issues:** The measurement of obsessive compulsive disorder in children and young people in clinical practice.

**Author(s):** Bennett, Sophie D.; Coughtry, Anna E.; Shafran, Roz; Heyman, Isobel

**Source:** Child & Adolescent Mental Health; May 2017; vol. 22 (no. 2); p. 100-112

Available in full text at Child and Adolescent Mental Health - 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

**Abstract:** Background If left untreated, obsessive compulsive disorder (OCD) can cause significant distress and impact on functioning throughout the lifespan. Despite the severity of the disorder, there is often a significant delay between the onset of symptoms and successful treatment. This is in part due to delays in recognising OCD symptoms in young people, particularly if the symptom forms are less common. Once OCD is accurately diagnosed, cognitive behavioural therapy (CBT) is known to be an efficacious treatment, sometimes in combination with medication, producing good long-term prognosis. It is therefore important to accurately detect OCD in children and young people so that they can be offered timely intervention. Use of the best tools in clinical and research settings improves detection and diagnosis, as well as enabling the tracking of progress through treatment. The aim of this current paper was to review measurement tools for OCD in young people with a focus on the practicalities of using tools in busy child mental health clinical settings. Method To discover what measurement tools are available for OCD in young people, we conducted a pragmatic literature of measurement tools for OCD in young people. We searched PsycINFO, Med-Line and the Cochrane databases for reports relating to the measurement of OCD. Additionally, we sought information from the National Institute for Health and Care Excellence (NICE) guidance, the Child Outcomes Research Consortium (CORC) website and the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) Programme. We also reviewed large trials and meta-analyses of the treatment of OCD in young people and communicated with relevant researchers/clinicians. Results Seventeen questionnaire measurement tools, with variable psychometric properties, and four commonly used semistructured clinician administered interview measures were identified. Conclusions There are several measurement tools with good psychometric properties that are useful for initial screening/identification of OCD, as well as formal diagnosis, symptom tracking and treatment evaluation. With the availability of brief screens, as well as online diagnostic measures, such tools should not be a burden on clinical practice, but rather a helpful aid to support clinicians' assessment and treatment of OCD.

**Database:** CINAHL

**An investigation of doubt in obsessive–compulsive disorder.**

**Author(s):** Samuels, Jack; Bienvenu, O. Joseph; Krasnow, Janice; Wang, Ying; Grados, Marco A.; Cullen, Bernadette; Goes, Fernando S.; Maher, Brion; Greenberg, Benjamin D.; McLaughlin, Nicole C.; Rasmussen, Steven A.; Fyer, Abby J.; Knowles, James A.; Nestadt, Paul; McCracken, James T.; Piacentini, John; Geller, Dan; Pauls, David L.; Stewart, S. Evelyn; Murphy, Dennis L.

**Source:** Comprehensive Psychiatry; May 2017; vol. 75 ; p. 117-124

**Abstract:** Background Clinicians have long considered doubt to be a fundamental characteristic of obsessive–compulsive disorder (OCD). However, the clinical relevance of doubt in OCD has not been addressed. Methods Participants included 1182 adults with OCD who had participated in family and genetic studies of OCD. We used a clinical measure of the severity of doubt, categorized as none, mild, moderate, severe, or extreme. We evaluated the relationship between doubt and OCD clinical features, Axis I disorders, personality and personality disorder dimensions, impairment, and treatment response. Results The severity of doubt was inversely related to the age at onset of OCD symptoms. Doubt was strongly related to the number of checking symptoms and, to a lesser extent, to the numbers of contamination/cleaning and hoarding symptoms. Doubt also was related to the lifetime prevalence of recurrent major depression and generalized anxiety disorder; to the numbers of avoidant, dependent, and
obsessive–compulsive personality disorder traits; and to neuroticism and introversion. Moreover, doubt was strongly associated with global impairment and poor response to cognitive behavioral treatment (CBT), even adjusting for OCD severity and other correlates of doubt. Conclusions Doubt is associated with important clinical features of OCD, including impairment and cognitive–behavioral treatment response.

**Database:** CINAHL

**Embracing Uncertainty as a First-Year Therapist Treating a Patient Who Has Obsessive-Compulsive Disorder.**

**Author(s):** Aston, Peter; Rodriguez, Carolyn

**Source:** *Psychiatric Services*; May 2017; vol. 68 (no. 5); p. 433-434

**Abstract:** A personal narrative is presented which explores the author's experience of treating a patient with obsessive-compulsive disorder as a first year therapist.

**Database:** CINAHL

**OCD candidate gene SLC1A1/EAAT3 impacts basal ganglia-mediated activity and stereotypic behavior.**

**Author(s):** Zike, Isaac D; Chohan, Muhammad O; Kopelman, Jared M; Krasnow, Emily N; Flicker, Daniel; Nautiyal, Katherine M; Bubser, Michael; Kellendonk, Christoph; Jones, Carrie K; Stanwood, Gregg; Tanaka, Kenji Fransis; Moore, Holly; Ahmari, Susanne E; Veenstra-VanderWeele, Jeremy

**Source:** *Proceedings of the National Academy of Sciences of the United States of America*; May 2017

**Available in full text at Proceedings of the National Academy of Sciences of the United States of America - from National Library of Medicine**

**Abstract:** Obsessive-compulsive disorder (OCD) is a chronic, disabling condition with inadequate treatment options that leave most patients with substantial residual symptoms. Structural, neurochemical, and behavioral findings point to a significant role for basal ganglia circuits and for the glutamate system in OCD. Genetic linkage and association studies in OCD point to SLC1A1, which encodes the neuronal glutamate/aspartate/cysteine transporter excitatory amino acid transporter 3 (EAAT3)/excitatory amino acid transporter 1 (EAAC1). However, no previous studies have investigated EAAT3 in basal ganglia circuits or in relation to OCD-related behavior. Here, we report a model of Slc1a1 loss based on an excisable STOP cassette that yields successful ablation of EAAT3 expression and function. Using amphetamine as a probe, we found that EAAT3 loss prevents expected increases in (i) locomotor activity, (ii) stereotypy, and (iii) immediate early gene induction in the dorsal striatum following amphetamine administration. Further, Slc1a1-STOP mice showed diminished grooming in an SKF-38393 challenge experiment, a pharmacologic model of OCD-like grooming behavior. This reduced grooming is accompanied by reduced dopamine D1 receptor binding in the dorsal striatum of Slc1a1-STOP mice. Slc1a1-STOP mice also exhibit reduced extracellular dopamine concentrations in the dorsal striatum both at baseline and following amphetamine challenge. Viral-mediated restoration of Slc1a1/EAAT3 expression in the midbrain but not in the striatum results in partial rescue of amphetamine-induced locomotion and stereotypy in Slc1a1-STOP mice, consistent with an impact of EAAT3 loss on presynaptic dopaminergic function. Collectively, these findings indicate that the most consistently associated OCD candidate gene impacts basal ganglia-dependent repetitive behaviors.

**Database:** Medline

**Epidemiology and comorbidity of obsessive-compulsive disorder in late adolescence: a cross-sectional study in senior high schools in Greece.**

**Author(s):** Politis, Spyridon; Magkliara, Konstantina; Petrikis, Petsos; Michalis, Grigorios; Simos, Gregorios; Skapinakis, Petsos

**Source:** *International journal of psychiatry in clinical practice*; May 2017 ; p. 1-7

**Abstract:** OBJECTIVE The aim of this study was to examine the epidemiology, comorbidity and use of health services of obsessive-compulsive disorder (OCD) and subclinical obsessive-compulsive symptoms in late adolescence. METHODS A total of 2427 adolescents attending senior high schools in Greece were selected for a detailed psychiatric interview using the revised clinical interview schedule (CIS-R). Use of alcohol, nicotine and cannabis, and several socio-demographic and socio-economic variables were also assessed. RESULTS The prevalence of OCD was 1.39% (95% confidence interval [CI]: 1.05-1.84) while that of subclinical obsessive-compulsive symptoms was 2.77% (2.22-3.45). There was a female preponderance for subclinical symptoms. Financial difficulties of the family was the only socio-demographic variable that was significantly associated with OCD but not with subclinical symptoms. The pattern of comorbidity was similar for both conditions but milder in the subclinical form. About one in three reported
use of general health services and one in ten use of psychiatric services. CONCLUSIONS OCD and subclinical obsessive-compulsive symptoms were relatively common. Comorbidity with other psychiatric disorders and use of substances was considerable even in subclinical status, but use of specialised health services was small. Clinical and research implications are discussed.

Database: Medline

Unpacking the role of self-reported compulsivity and impulsivity in obsessive-compulsive disorder.

Author(s): Prochazkova, Luisa; Parkes, Linden; Dawson, Andrew; Youssef, George; Ferreira, Gabriela M; Lorenzetti, Valentina; Segrave, Rebecca A; Fontenelle, Leonardo F; Yücel, Murat

Source: CNS spectrums; May 2017 ; p. 1-8

Abstract: OBJECTIVE We aimed to determine whether individuals with obsessive-compulsive disorder (OCD) and demographically matched healthy individuals can be clustered into distinct clinical subtypes based on dimensional measures of their self-reported compulsivity (OBQ-44 and IUS-12) and impulsivity (UPPS-P).METHODS Participants (n=217) were 103 patients with a clinical diagnosis of OCD; 79 individuals from the community who were "OCD-likely" according to self-report (Obsessive-Compulsive Inventory-Revised scores equal or greater than 21); and 35 healthy controls. All data were collected between 2013 and 2015 using self-report measures that assessed different aspects of compulsivity and impulsivity. Principal component analysis revealed two components broadly representing an individual's level of compulsivity and impulsivity. Unsupervised clustering grouped participants into four subgroups, each representing one part of an orthogonal compulsive-impulsive phenotype. RESULTS Clustering converged to yield four subgroups: one group low on both compulsivity and impulsivity, comprised mostly of healthy controls and demonstrating the lowest OCD symptom severity; two groups showing roughly equal clinical severity, but with opposing drivers (i.e., high compulsivity and low impulsivity, and vice versa); and a final group high on both compulsivity and impulsivity and recording the highest clinical severity. Notably, the largest cluster of individuals with OCD was characterized by high impulsivity and low compulsivity. Our results suggest that both impulsivity and compulsivity mediate obsessive-compulsive symptomatology. CONCLUSIONS Individuals with OCD can be clustered into distinct subtypes based on measures of compulsivity and impulsivity, with the latter being found to be one of the more defining characteristics of the disorder. These dimensions may serve as viable and novel treatment targets.

Database: Medline

Volitional saccade performance in a large sample of patients with obsessive-compulsive disorder and unaffected first-degree relatives.

Author(s): Bey, Katharina; Kloft, Lisa; Lennertz, Leonhard; Grützmann, Rosa; Heinzel, Stephan; Kaufmann, Christian; Klawohn, Julia; Riesel, Anja; Meyhöfer, Inga; Kathmann, Norbert; Wagner, Michael

Source: Psychophysiology; May 2017

Abstract: Recent evidence indicates that patients with obsessive-compulsive disorder (OCD) as well as their unaffected first-degree relatives show deficits in the volitional control of saccades, suggesting that volitional saccade performance may constitute an endophenotype of OCD. Here, we aimed to replicate and extend these findings in a large, independent sample. One hundred and fifteen patients with OCD, 103 healthy comparison subjects without a family history of OCD, and 31 unaffected first-degree relatives of OCD patients were examined using structured clinical interviews and performed a volitional saccade task as well as a prosaccade task. In contrast to previous reports, neither patients nor relatives showed impairments in the performance of volitional saccades compared to healthy controls. Notably, medicated patients did not differ from nonmedicated patients, and there was no effect of depressive comorbidity. Additional analyses investigating correlations between saccade performance and OCD symptom dimensions yielded no significant associations. In conclusion, the present results do not support the notion that volitional saccade execution constitutes an endophenotype of OCD. Possible explanations for inconsistencies with previous studies are discussed.

Database: Medline

Anxiety sensitivity as a predictor of outcome in the treatment of obsessive-compulsive disorder.

Author(s): Blakey, Shannon M; Abramowitz, Jonathan S; Reuman, Lillian; Leonard, Rachel C; Riemann, Bradley C

Source: Journal of behavior therapy and experimental psychiatry; May 2017; vol. 57 ; p. 113-117
Abstract: BACKGROUND AND OBJECTIVES To address the fact that not all individuals who receive cognitive-behavioral therapy (CBT) for obsessive-compulsive disorder (OCD) exhibit complete symptom reduction, research has examined factors that predict outcome; however, no studies have examined anxiety sensitivity (AS) as a predictor of outcome of CBT for OCD. AS refers to the fear of anxious arousal that results from mistaken beliefs about the dangerousness of anxiety-related body sensations. It is important to understand whether AS influences OCD treatment outcome, considering that (a) some obsessions directly relate to AS, and (b) OCD patients with high AS may be reluctant to engage in anxiety-provoking components of CBT for OCD. METHODS Patients (N = 187) with a primary diagnosis of OCD who received residential CBT for OCD participated in this study, which involved completing a self-report battery at pre- and post-treatment. RESULTS Results supported study hypotheses, in that (a) baseline AS positively correlated with baseline OCD severity, and (b) greater baseline AS prospectively predicted higher posttreatment OCD symptom severity even after controlling for pretreatment OCD and depression severity. LIMITATIONS The study was limited by its use of an older measure of AS, reliance on self-report measures, and nonstandardized treatment across participants. CONCLUSIONS Findings highlight the importance of AS in the nature and treatment of OCD. Clinical implications and future directions are discussed.

Database: Medline

New Directions in the Use of Brain Stimulation Interventions in Patients with Obsessive-Compulsive Disorder.

Author(s): Dell'Osso, Bernardo; Cremaschi, Laura; Oldani, Lucio; Carlo, Altamura Alfredo

Source: Current medicinal chemistry; May 2017

Abstract: Obsessive-Compulsive Disorder (OCD) is a highly disabling condition with early onset and chronic course in most of the affected patients. In addition, OCD may show high comorbidity and suicide attempt rates, which worsen the overall burden of the disease for patients and their caregivers. First-line treatments for OCD consist of pro-serotonergic compounds and cognitive-behavioral therapy. Nonetheless, many patients show only limited benefit from such interventions and require additional "next-step" interventions, including augmentative antipsychotics and glutamate-modulating agents. Based on the knowledge about altered neurocircuity in OCD, brain stimulation techniques, including transcranial magnetic and electrical stimulations (TMS and tDCS) and deep brain stimulation (DBS), have been increasingly investigated over the last decade, revealing positive results for otherwise intractable and treatment-refractory patients. Available evidence in the field is in continuous evolution and professionals actively involved in the management of OCD patients, psychiatrists in particular, need to be updated about latest developments. Through the analysis of controlled studies, meta-analyses and International treatment guidelines, the present article is aimed at providing the state of the art on the use of brain stimulation techniques for the treatment of OCD.

Database: Medline

Planning functioning and impulsiveness in obsessive-compulsive disorder.

Author(s): Martoni, Riccardo Maria; de Filippis, Roberta; Cammino, Stefania; Giuliani, Mattia; Risso, Gaia; Cavallini, Maria Cristina; Bellodi, Laura

Source: European archives of psychiatry and clinical neuroscience; May 2017

Abstract: Planning ability (PA) is a key aspect of cognitive functioning and requires subjects to identify and organise the necessary steps to achieve a goal. Despite the central role of executive dysfunction in patients with obsessive-compulsive disorder (OCD), deficits in PA have been investigated leading to contrasting results. Given these inconsistencies, the main aim of our work is to give a deeper and clearer understanding of PA in OCD patients. Moreover, we are interested in investigating the relationship between PAs and impulsivity traits and other clinical variables. Sixty-eight OCD patients and 68 healthy controls (HCs) matched for sex and age were assessed through the Stocking of Cambridge (SoC), a computerised version of the Tower of London. We examined planning sub-components for each difficulty levels (from 2 to 5 minimum moves). Our results showed that OCD patients needed longer initial thinking time than HCs during the execution of low demanding tasks (i.e. 2 and 3 moves), while the accuracy level between the two groups did not significantly differ. OCD patients required longer initial thinking time also during high demanding tasks (i.e., 4 and 5 moves), but in this case their accuracy was significantly worse than HCs’ one. We did not find any association between impulsivity and PAs. Our results supported the hypothesis that OCD patients were not able to retain in memory the planned sequence and they had to reschedule their movements during the execution. Thus, future studies should deepen the interrelation between working memory and PA to better understand the influence between these two cognitive functions and their interaction with clinical variables in OCD patients.
**Increased fronto-striatal reward prediction errors moderate decision making in obsessive-compulsive disorder.**

**Author(s):** Hauser, T U; Iannaccone, R; Dolan, R J; Ball, J; Hättenschwiler, J; Drechsler, R; Rufer, M; Brandeis, D; Walitza, S; Brem, S

**Source:** Psychological medicine; May 2017; vol. 47 (no. 7); p. 1246-1258

**Abstract:** BACKGROUND Obsessive-compulsive disorder (OCD) has been linked to functional abnormalities in fronto-striatal networks as well as impairments in decision making and learning. Little is known about the neurocognitive mechanisms causing these decision-making and learning deficits in OCD, and how they relate to dysfunction in fronto-striatal networks. METHOD We investigated neural mechanisms of decision making in OCD patients, including early and late onset of disorder, in terms of reward prediction errors (RPEs) using functional magnetic resonance imaging. RPEs index a mismatch between expected and received outcomes, encoded by the dopaminergic system, and are known to drive learning and decision making in humans and animals. We used reinforcement learning models and RPE signals to infer the learning mechanisms and to compare behavioural parameters and neural RPE responses of the OCD patients with those of healthy matched controls. RESULTS Patients with OCD showed significantly increased RPE responses in the anterior cingulate cortex (ACC) and the putamen compared with controls. OCD patients also had a significantly lower perseveration parameter than controls. CONCLUSIONS Enhanced RPE signals in the ACC and putamen extend previous findings of fronto-striatal deficits in OCD. These abnormally strong RPEs suggest a hyper-responsive learning network in patients with OCD, which might explain their indecisiveness and intolerance of uncertainty.

**Co-morbid obsessive-compulsive disorder and depression: a Bayesian network approach.**

**Author(s):** McNally, R J; Mair, P; Mugno, B L; Riemann, B C

**Source:** Psychological medicine; May 2017; vol. 47 (no. 7); p. 1204-1214

**Abstract:** BACKGROUND Obsessive-compulsive disorder (OCD) is often co-morbid with depression. Using the methods of network analysis, we computed two networks that disclose the potentially causal relationships among symptoms of these two disorders in 408 adult patients with primary OCD and co-morbid depression symptoms. METHOD We examined the relationship between the symptoms constituting these syndromes by computing a (regularized) partial correlation network via the graphical LASSO procedure, and a directed acyclic graph (DAG) via a Bayesian hill-climbing algorithm. RESULTS The results suggest that the degree of interference and distress associated with obsessions, and the degree of interference associated with compulsions, are the chief drivers of co-morbidity. Moreover, activation of the depression cluster appears to occur solely through distress associated with obsessions activating sadness - a key symptom that 'bridges' the two syndromic clusters in the DAG. CONCLUSIONS Bayesian analysis can expand the repertoire of network analytic approaches to psychopathology. We discuss clinical implications and limitations of our findings.

**From an animal model to human patients: An example of a translational study on obsessive compulsive disorder (OCD).**

**Author(s):** Eilam, David

**Source:** Neuroscience and biobehavioral reviews; May 2017; vol. 76 ; p. 67-76

**Abstract:** The application of similar analyses enables a direct projection from translational research in animals to human studies. Following is an example of how the methodology of a specific animal model of obsessive-compulsive disorder (OCD) was applied to study human patients. Specifically, the quinpirole rat model for OCD was based on analyzing the trajectories of travel among different locales, and scoring the set of acts performed at each locale. Applying this analytic approach in human patients unveiled various aspects of OCD, such as the repetition and addition of acts, incompleteness, and the link between behavior and specific locations. It is also illustrated how the same analytical approach could be applicable to studying other mental disorders. Finally, it is suggested that the development of OCD could be explained by the four-phase sequence of Repetition, Addition, Condensation, and Elimination, as outlined in the study of ontogeny and phylogeny and applied to normal development of behavior. In OCD, this sequence is curtailed, resulting in the abundant repetition and addition of acts.
**Deep brain stimulation of the anterior limb of the internal capsule for treatment of therapy-refractory obsessive compulsive disorder (OCD): a case study highlighting neurocognitive and psychiatric changes.**

**Author(s):** Choudhury, Tabina K; Davidson, Joyce E; Viswanathan, Ashwin; Strutt, Adriana M

**Source:** Neurocase; May 2017; p. 1-8

**Abstract:** Obsessive compulsive disorder (OCD) is an anxiety disorder characterized by repeated, unwanted thoughts and behaviors. Individuals with this condition often experience significant emotional distress secondary to their symptoms. Additionally, impairments in attention/concentration, processing speed, and executive functions are typically observed. The exact pathology of OCD remains unknown; consequently, it can be difficult to treat patients with severe symptomatology. Deep brain stimulation (DBS) may be a viable treatment option for individuals who do not respond to medication and/or cognitive behavioral therapy. The following case discusses DBS of the anterior limb of the internal capsule for a patient with severe, therapy-refractory OCD, including pre- to postoperative neurocognitive and psychiatric changes.

**Enhancement of Self-Conducted Exposure for OCD Using Cognitive Bias Modification: A Case Study.**

**Author(s):** Najmi, Sadia; Amir, Nader

**Source:** Journal of clinical psychology; May 2017; vol. 73 (no. 5); p. 536-546

**Abstract:** The psychological treatment of choice for obsessive-compulsive disorder (OCD) is exposure and response prevention (ERP). However, the training required for practitioners to be proficient in delivering ERP is not readily available, thereby rendering the treatment inaccessible to most patients. Self-directed ERP (sERP) programs designed to increase the accessibility of ERP have not proven effective, perhaps because patients find it difficult to comply with exposure exercises without the guidance of a clinician. Research on cognitive bias modification (CBM) suggests that CBM may help individuals approach feared situations. In this case study, a patient with OCD completed a 7-week treatment program that combines sERP with CBM. Treatment led to a significant decrease in OCD symptoms and functional impairment. Results suggest that this novel treatment, which requires only an initial couple of sessions with a clinician trained in ERP, has the potential to increase the accessibility of ERP for patients with OCD.

**Prevalence of Acute-Onset Subtypes in Pediatric Obsessive-Compulsive Disorder.**

**Author(s):** Jaspers-Fayer, Fern; Han, Sang Hun Jerry; Chan, Elaine; McKenney, Katherine; Simpson, Annie; Boyle, Andrea; Ellwyn, Rhonda; Stewart, S Evelyn

**Source:** Journal of child and adolescent psychopharmacology; May 2017; vol. 27 (no. 4); p. 332-341

**Abstract:** BACKGROUND Pediatric obsessive-compulsive disorder (OCD) is a common, debilitating illness. When childhood OCD symptom onset is described as acute and severe, diagnostic criteria for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS) should be considered. However, the frequency and differentiating features of these putative syndromes within pediatric OCD remain poorly understood. OBJECTIVES To determine the prevalence and characteristics of those meeting PANDAS and/or PANS criteria within pediatric OCD, as determined by parent report and clinician interview. METHODS Consecutive youth presenting to a subspecialty pediatric OCD clinic were rigorously assessed through the Anxiety Disorders Interview Schedule for DSM-IV, the Children's Yale-Brown Obsessive-Compulsive Scale, and through self- and parent-report measures, including a medical questionnaire. Strict diagnostic criteria for PANDAS and PANS were applied to determine prevalence rates, and comparative analyses were performed between subgroups. RESULTS Among 136 youth with a lifetime OCD diagnosis, 5% (n = 7; 95% adjusted Wald interval: 1%-10%) met proposed criteria for PANDAS and/or PANS, of whom two met PANDAS criteria, four met PANS criteria, and one met criteria for both. Those in the PANDAS/PANS subgroup were more likely to have autoimmune illness, less likely to report symmetry factor symptoms, and had greater OCD-related family impairment during their worst OCD episode. CONCLUSION A small yet significant percentage of pediatric OCD outpatients met criteria for PANDAS and/or PANS, justifying routine screening and attention to related characteristics during assessment and management. Longitudinal studies of these putative subtypes are warranted.
Death anxiety and its relationship with obsessive-compulsive disorder.

**Author(s):** Menzies, Rachel E; Dar-Nimrod, Ilan

**Source:** Journal of abnormal psychology; May 2017; vol. 126 (no. 4); p. 367-377

Available in full text at *Journal of Abnormal Psychology* - from ProQuest

**Abstract:** The studies presented in this article explored the relevance of death fears to Obsessive Compulsive Disorder (OCD). In Study 1, the relationships between death anxiety and a variety of markers of psychopathology were examined in 171 treatment-seeking participants with OCD. Moderate to large correlations between Collett-Lester Fear of Death scale scores, taken at initial assessment, and clinical ratings of OCD severity, number of hospitalizations, number of medications, and total number of lifetime anxiety-related diagnoses identified in structured diagnostic interviews were obtained. Study 2 used the mortality salience (MS) paradigm to examine whether experimentally manipulated death cognitions exacerbate compulsive cleaning behaviors among OCD washers. Treatment-seeking participants with OCD (66 washers and 66 nonwashers) were randomly allocated to either a MS or dental pain priming condition. Following priming, participants completed a series of distraction tasks involving skin conductance recording, before being offered an opportunity to wash conductive gel off their hands. As hypothesized, washers went to greater efforts in cleaning (as measured by washing duration and soap and paper towel use) than nonwashers. Similarly, participants in the MS condition showed greater cleaning than those in the dental pain salience condition. However, these main effects were qualified by significant interactions for both washing duration and soap use. As expected, simple effect contrasts revealed that the effect of MS on cleaning behaviors was significant for washers but not for nonwashers. Clinical implications and directions for future research are discussed.

**Database:** Medline


**Author(s):** Mataix-Cols, David; Fernández de la Cruz, Lorena; Monzani, Benedetta; Rosenfield, David; Andersson, Erik; Pérez-Vigil, Ana; Frumento, Paolo; de Kleine, Rianne A; Difede, JoAnn; Dunlop, Boadie W; Farrell, Lara J; Geller, Daniel; Gerardi, Maryrose; Guastella, Adam J; Hofmann, Stefan G; Hendriks, Gert-Jan; Kushner, Matt G; Lee, Francis S; Lenze, Eric J; Levinson, Cheri A; McConnell, Harry; Otto, Michael W; Plag, Jens; Pollack, Mark H; Ressler, Kerry J; Rodebaugh, Thomas L; Rothenbaum, Barbara O; Scheeringa, Michael S; Siewert-Siegmund, Anja; Smits, Jasper A J; Storch, Eric A; Ströhle, Andreas; Tart, Candyce D; Tolin, David F; van Minnen, Agnes; Waters, Allison M; Weems, Carl F; Wilhelm, Sabine; Wyka, Katarzyna; Davis, Michael; Rück, Christian; and the DCS Anxiety Consortium; Altemus, Margaret; Anderson, Page; Cukor, Judith; Finck, Claudia; Geffken, Gary R; Golfels, Fabian; Goodman, Wayne K; Gutner, Cassidy; Heyman, Isobel; Jovanovic, Tanja; Lewin, Adam B; McNamara, Joseph P; Murphy, Tanya K; Norholmm, Seth; Thuras, Paul

**Source:** JAMA psychiatry; May 2017; vol. 74 (no. 5); p. 501-510

**Abstract:** Importance Whether and under which conditions D-cycloserine (DCS) augments the effects of exposure-based cognitive behavior therapy for anxiety, obsessive-compulsive, and posttraumatic stress disorders is unclear. Objective To clarify whether DCS is superior to placebo in augmenting the effects of cognitive behavior therapy for anxiety, obsessive-compulsive, and posttraumatic stress disorders and to evaluate whether antidepressants interact with DCS and the effect of potential moderating variables. Data Sources PubMed, EMBASE, and PsycINFO were searched from inception to February 10, 2016. Reference lists of previous reviews and meta-analyses and reports of randomized clinical trials were also checked. Study Selection Studies were eligible for inclusion if they were (1) double-blind randomized clinical trials of DCS as an augmentation strategy for exposure-based cognitive behavior therapy and (2) conducted in humans diagnosed as having specific phobia, social anxiety disorder, panic disorder with or without agoraphobia, obsessive-compulsive disorder, or posttraumatic stress disorder.Data Extraction and SynthesisRaw data were obtained from the authors and quality controlled. Data were ranked to ensure a consistent metric across studies (score range, 0-100). We used a 3-level multilevel model nesting repeated measures of outcomes within participants, who were nested within studies. Results Individual participant data were obtained for 21 of 22 eligible trials, representing 1047 of 1073 eligible participants. When controlling for antidepressant use, participants receiving DCS showed greater improvement from pretreatment to posttreatment (mean difference, -3.62; 95% CI, -0.81 to -6.43; P = .01; d = -0.25) but not from pretreatment to midtreatment (mean difference, -1.66; 95% CI, -4.92 to 1.60; P = .32; d = -0.14) or from pretreatment to follow-up (mean difference, -2.98, 95% CI, -5.99 to 0.03; P = .05; d = -0.19). Additional analyses showed that participants assigned to DCS were associated with lower symptom severity than...
Temporal discounting across three psychiatric disorders: Anorexia nervosa, obsessive compulsive disorder, and social anxiety disorder.

Author(s): Steinglass, Joanna E; Lempert, Karolina M; Choo, Tse-Hwei; Kimeldorf, Marcia B; Wall, Melanie; Walsh, B Timothy; Fyer, Abby J; Schneier, Franklin R; Simpson, H Blair

Source: Depression and anxiety; May 2017; vol. 34 (no. 5); p. 463-470

Abstract: BACKGROUND Temporal discounting refers to the tendency for rewards to lose value as the expected delay to receipt increases. Individuals with anorexia nervosa (AN) have been found to show reduced temporal discounting rates, indicating a greater preference for delayed rewards compared to healthy peers. Obsessive-compulsive disorder (OCD) and social anxiety disorder (SAD) commonly co-occur with AN, and anxiety has been related to development and prognosis of AN. We examined whether reduced temporal discounting is present across these potentially related disorders, and explored the relationship between temporal discounting and anxiety transdiagnostically. METHODS One hundred ninety-six individuals (75 healthy controls (HC); 50 OCD; 27 AN; 44 SAD) completed two temporal discounting tasks in which they chose between smaller-sooner and larger-later monetary rewards. Two measures of discounting-discount rate and discount factor—were compared between diagnostic groups, and associations with anxious traits were examined. RESULTS Individuals with AN showed decreased temporal discounting compared to HC. OCD and SAD groups did not differ significantly from HC. Across the sample, anxiety was associated with decreased discounting; more anxious individuals showed a greater preference for delayed reward. CONCLUSIONS We replicated the findings that individuals with AN show an increased preference for delayed reward relative to HC and that individuals with OCD do not differ from HC. We also showed that individuals with SAD do not differ from HC in discounting. Across this large sample, two measures of anxious temperament were associated with temporal discounting. These data raise new questions about the relationship between this dimensional trait and psychopathology.

Database: Medline

A Pilot Investigation of Cognitive Behavioural Therapy for Clinical Perfectionism in Obsessive Compulsive Disorder.

Author(s): Sadri, Shalane K; Anderson, Rebecca A; McEvoy, Peter M; Kane, Robert T; Egan, Sarah J

Source: Behavioural and cognitive psychotherapy; May 2017; vol. 45 (no. 3); p. 312-320

Abstract: BACKGROUND Perfectionism is strongly associated with obsessive compulsive disorder (OCD). Cognitive behavioural therapy for perfectionism (CBT-P) has been found to result in reductions in a range of symptoms in individuals with anxiety disorders, depression and eating disorders. AIM To pilot-test the efficacy of group CBT for perfectionism in participants with OCD and elevated perfectionism. METHOD Participants were randomized to receive immediate 8-week group CBT-P (n = 4) or an 8-week waitlist followed by CBT-P (n = 7).RESULTS Reliable reductions and a large effect size indicated that CBT-P was associated with improvements in perfectionism and OCD severity at post-test. However, these changes were not clinically significant and drop-out was high, resulting in a small final sample. CONCLUSIONS CBT-P may be effective in reducing perfectionism and disorder-specific OCD symptoms. However, the high drop-out rate and lack of clinically significant findings suggest that further research needs to be conducted to determine the efficacy of CBT for perfectionism in OCD.

Database: Medline

Summer camp program for children with obsessive–compulsive disorder: Description and preliminary observations

Author(s): Rice, Timothy R.; Kostek, Natasha Toralba; Gair, Shannon L.; Rojas, Ariz

Source: Cognitive and Behavioral Practice; May 2017; vol. 24 (no. 2); p. 142-151

Abstract: Summer camp programming has a rich history of promoting childhood development. In the care of children with specific childhood psychiatric disorders, the incorporation of targeted cognitive-behavioral principles provides an opportunity to marry targeted evidence-based practices with broader development, in particular social, emotional, and fine- and gross-motor development. This union is synergistic, providing the practitioner with an opportunity to employ cognitive-behavioral practices in an environment that may...
Tourette’s
tourette syndrome increases risk of bone fractures: a population-based cohort study.

Author(s): Lu, Yuan-Yuan; Wang, Ming-Yu; Wei, I-Hua; Lin, Che-Chen; Huang, Chih-Chia

Source: European Child & Adolescent Psychiatry; May 2017; vol. 26 (no. 5); p. 531-539

Abstract: This study assesses the risk of fractures among children with Tourette syndrome (TS), and identifies the effects of comorbidities and antipsychotics. We randomly sampled the claims data of 1 million enrollees in the National Health Insurance program of Taiwan, and identified 1258 children with TS diagnosed between 2000 and 2010. Additionally, 12,580 children without TS who were frequency matched for sex, age, residential area, parental occupation, and index year were identified for comparison. The children's cases were followed until December 31, 2010, or censored to ascertain incident fractures cases and associations with comorbidities of attention-deficit/hyperactivity disorder (ADHD) or obsessive-compulsive disorder (OCD) and treatments with antipsychotics, antidepressants, or clonidine. The TS cohort had a 1.27-fold higher incidence of fractures than did the comparison cohort (190.37 vs. 149.94 per 10,000 person-years), with an adjusted hazard ratio (HR) of 1.28 [95% confidence interval (CI) 1.06-1.55] based on multivariable Cox regression analysis. This increased risk of fractures was apparent for fractures of the skull, neck, and spine. Comorbid ADHD and OCD did not result in an additional risk of fractures. The children without both ADHD and OCD were also at a higher risk of fractures, indicating that TS alone increases the risk of fractures. The children taking antipsychotics had a reduced risk of fractures, and the adjusted HR decreased to 1.17 (95% CI 0.90-1.52). Children with TS have an increased risk of fractures. ADHD and OCD do not increase the risk further.

Database: CINAHL

Relationship of serum ferritin level and tic severity in children with Tourette syndrome.

Author(s): Ghosh, Deabrata; Burkman, Elizabeth

Source: Child's nervous system : ChNS : official journal of the International Society for Pediatric Neurosurgery; May 2017

Abstract: PURPOSE Tics can be considered hyperkinetic movements akin to restless leg syndrome (RLS). Drawing the analogy of iron deficiency as an etiology of RLS, it is conceivable that iron deficiency may underlie or worsen tics in Tourette syndrome (TS). The purpose of this study was to evaluate the relationship between serum ferritin levels and tic severity, as well as consequent impact on life, in children with TS.METHODS Children 0.16). Thirty-eight percent with low serum ferritin (≤50 ng/mL) (n = 37) had severe tics (>5 composite score), compared with 25% in normal ferritin group (n = 20). Over 6-12 months, tic severity score improved in both iron treated groups, deficient (2.70 to 1.90) and sufficient (2.40 to 1.95), whereas tics worsened or remained the same when not treated with iron. CONCLUSIONS Our data suggest iron deficiency may be associated with more severe tics with higher impact on TS children, independent of the presence of OCD, ADHD, or anxiety. Iron supplementation showed a trend towards improvement of tic severity upon follow-up. We suggest a double-blind, placebo-controlled prospective study to reach a definite conclusion.

Database: Medline

Health-related quality of life, anxiety and depression in parents of adolescents with Gilles de la Tourette syndrome: a controlled study.

Author(s): Jalenques, Isabelle; Auclair, Candy; Morand, D.; Legrand, G.; Marcheix, Magali; Ramanoe, Clementine; Hartmann, Andreas; Derost, Ph.

Source: European Child & Adolescent Psychiatry; May 2017; vol. 26 (no. 5); p. 603-617

Abstract: Our objectives were to assess health-related quality of life (HRQoL), anxiety, depression of Gilles de la Tourette syndrome (GTS) adolescents' parents compared to controls; to assess GTS
adolescents' HRQoL compared to controls; to investigate which parental and adolescent variables are associated with poorer parental HRQoL. The controlled study involved GTS outpatients and their parents, adolescent healthy controls matched for gender and age and their parents. Parents' HRQoL was assessed using SF-36 and WHOQOL-BREF; anxiety, depression using HADS. Adolescents' HRQoL was assessed by adolescents using VSP-A instrument and by their parents using VSP-P. A total of 75 GTS adolescents, 75 mothers, 63 fathers were compared to 75 control adolescents, 75 mothers, 62 fathers. GTS mothers had worse HRQoL than controls on 5 of the 8 SF-36 dimensions and 1 of the 4 WHOQOL-BREF dimensions, while GTS fathers had worse HRQoL on 2 of the WHOQOL-BREF dimensions. GTS mothers had poorer HRQoL than fathers. GTS mothers had more depression than control mothers and GTS fathers had more anxiety than control fathers. GTS adolescents had worse HRQoL than controls on 5 of the 9 VSP-A dimensions. Factors significantly related to parental HRQoL were anxiety, depression, GTS adolescents' HRQoL and, concerning mothers, behavioural and emotional adolescents' problems; concerning fathers, severity of vocal tics, duration since first symptoms. This study provides a better understanding of poorer HRQoL and psychiatric morbidity of GTS adolescents' parents. Clinicians should pay attention to their emotional well-being and HRQoL and be aware that mothers and fathers are differently affected.

Database: CINAHL

Understanding Tourette syndrome.

Author(s): Ferguson, Roxanne; Parsh, Bridget
Source: Nursing; May 2017; vol. 47 (no. 5); p. 67-67
Abstract: The article provides an answer to a question about Tourette syndrome in children.
Database: CINAHL

Workplace stress, burnout and coping: a qualitative study of the experiences of Australian disability support workers.

Author(s): Judd, Megan J.; Dorozenko, Kate P.; Breen, Lauren J.
Source: Health & Social Care in the Community; May 2017; vol. 25 (no. 3); p. 1109-1117
Abstract: Disability support workers (DSWs) are the backbone of contemporary disability support services and the interface through which disability philosophies and policies are translated into practical action. DSWs often experience workplace stress and burnout, resulting in a high turnover rate of employees within the non-professional disability service workforce. The full implementation of the National Disability Insurance Scheme in Australia is set to intensify the current challenges of attracting and retaining DSWs, as the role becomes characterised by greater demands, ambiguity and conflict. The aim of this study was to explore DSWs' perceptions of enjoyable and challenging aspects of disability support work, sources of stress and burnout and the strategies they use to cope when these issues arise. Twelve DSWs workers providing support for adults living with intellectual and physical disabilities were interviewed. Thematic analysis revealed a superordinate theme of 'Balance' comprising three sub-themes: 'Balancing Negatives and Positives', 'Periods of Imbalance', and 'Strategies to Reclaim Balance'. Participants spoke of the rewarding and uplifting times in their job such as watching a client learn new skills and being shown appreciation. These moments were contrasted by emotionally and physically draining aspects of their work, including challenging client behaviour, earning a low income, and having limited power to make decisions. Participants described periods of imbalance, wherein the negatives of their job outweighed the positives, resulting in stress and sometimes burnout. Participants often had to actively seek support and tended to rely on their own strategies to manage stress. Findings suggest that organisational support together with workplace interventions that support DSWs to perceive the positive aspects of their work, such as acceptance and mindfulness-based approaches, may help to limit experiences of stress and burnout. The further development and evaluation of emotion-focused workplace therapies, and interventions that consider organisational (macro) factors is suggested.
Database: CINAHL

Coping with stigma and discrimination: evidence from mental health service users in England.

Author(s): Isaksson, A; Corker, E; Cotney, J; Hamilton, S; Pinfold, V; Rose, D; Rüsch, N; Henderson, C; Thornicroft, G; Evans-Lacko, S
Source: Epidemiology and psychiatric sciences; May 2017; p. 1-12
Abstract: AIMS Mental health stigma and discrimination are significant problems. Common coping orientations include: concealing mental health problems, challenging others and educating others. We describe the use of common stigma coping orientations and explain variations within a sample of English mental health service users. METHODS Cross-sectional survey data were collected as part of the Viewpoint survey of mental health service users' experiences of discrimination (n = 3005). Linear regression analyses were carried out to identify factors associated with the three stigma coping orientations. RESULTS The most common coping orientation was to conceal mental health problems (73%), which was strongly associated with anticipated discrimination. Only 51% ever challenged others because of discriminating behaviour, this being related to experienced discrimination, but also to higher confidence to tackle stigma. CONCLUSIONS Although stigma coping orientations vary by context, individuals often choose to conceal problems, which is associated with greater anticipated and experienced discrimination and less confidence to challenge stigma. The direction of this association requires further investigation.

Database: Medline

In-session stuck points and pitfalls of community clinicians learning CBT: Qualitative investigation

Author(s): Waltman, Scott; Hall, Brittany C.; McFarr, Lynn M.; Beck, Aaron T.; Creed, Torrey A.

Source: Cognitive and Behavioral Practice; May 2017; vol. 24 (no. 2); p. 256-267

Abstract: Given the preponderance of evidence supporting the efficacy of cognitive behavior therapy (CBT), there has been an increased emphasis on dissemination to community mental health systems (CMH). Trainers from two large-scale dissemination initiatives (n = 27) were surveyed regarding the common pitfalls and difficulties encountered by CMH clinicians learning CBT. Common pitfalls were organized according to the items of the Cognitive Therapy Rating Scale (CTRS; Young & Beck, 1980) and reviewed. Guided discovery was reported to be the most challenging CBT competency to learn. Qualitative methods were used to construct a grounded theory; trainer responses indicated they viewed the practice of CBT as not only a set of discrete skills, but also a way of thinking. Efforts may be needed to provide support, assistance, and resources to these CMH clinicians as they continue to build CBT competency.

Database: PsycINFO

Rigidity in routines and the development of resistance to change in individuals with Prader-Willi syndrome.

Author(s): Haig, E. L.; Woodcock, K. A.

Source: Journal of Intellectual Disability Research; May 2017; vol. 61 (no. 5); p. 488-500

Abstract: Background Individuals with Prader-Willi syndrome (PWS) commonly show debilitating resistance to change, which has been linked to cognitive deficits in task switching. Anecdotal reports suggest that exposure to flexibility in routines during development may be beneficial for limiting subsequent resistance to change in people with PWS, which is consistent with a beneficial role of such exposure on the development of task switching, highlighted in typical children. Here, we aim to investigate the development of resistance to change in individuals with PWS and hypothesise that exposure to increased rigidity in routines will be associated with increased subsequent resistance to change. Methods An author-compiled informant report interview and two previously validated questionnaires were administered to the caregivers of 10 individuals with PWS (5-23 years). The interview examined rigidity in routines and resistance to change across life stages defined by easily distinguishable events (before school, during primary school, during secondary school, after school, currently), using open-ended and structured yes/no and 5-point Likert questions. Open-ended data were coded using an author-compiled system. Responses from two additional informants and data from the questionnaires were used to assess inter-informant reliability and concurrent validity of the structured questions. Results The validity of the interview was supported by acceptable inter-rater reliability of the open-ended coding system and inter-informant reliability, internal consistency and concurrent validity of structured questions. Descriptive analyses of ratings of behaviour change showed a pattern of increasing resistance to change over the life course for the four oldest individuals, who had all been exposed to substantial rigidity in routines before and during primary school. Furthermore, only one individual - currently in primary school - was exposed to very little rigidity in routines before and during primary school, and he had showed a decrease in resistance to change after entering primary school. Open-ended data showed that more individuals currently evidencing little resistance to change had been exposed to parent or self-imposed flexibility in routines, than those currently evidencing substantial resistance to change. However, correlational analyses on rigidity and resistance to change ratings highlighted the possibility that rigidity during primary school is most relevant for developing resistance to change. Finally, open-ended data emphasised an important beneficial role of rigidity in...
Conclusion Because task switching appears to evidence a period of high developmental sensitivity during early primary school years, we propose that this period may represent a critical time when increasing flexibility in the routines of children with PWS could limit the development of resistance to change. However, a careful balance would need to be struck, given the apparent benefit of rigid routines on current behaviour. Further work in this area is much needed.

Database: CINAHL

'Nurse of the year is a champion for patients with learning disabilities'.

Source: Nursing Standard; May 2017; vol. 31 (no. 37); p. 65-65
Available in print at - from Nursing Standard; Notes: Donated journal some issues missing

Abstract: The article features Melanie Davies, a nurse and the lead learning disabilities champion at Morriston Hospital. Topics covered include the inspiration she provided during the campaign to bring a change in the National Health Service (NHS) for people with learning disabilities, her effort to ensure patients receive the level of hospital care they deserve and her role in inspiring other staff with her high standards and values.

Database: CINAHL

Define 'learning disabilities'.

Author(s): Owen, Michael

Source: Nursing Standard; May 2017; vol. 31 (no. 36); p. 30-30
Available in print at - from Nursing Standard; Notes: Donated journal some issues missing

Database: CINAHL

'What kind of abuse is him spitting in my food?': reflections on the similarities between disability hate crime, so-called ‘mate’ crime and domestic violence against women with intellectual disabilities.

Author(s): McCarthy, Michelle

Source: Disability & Society; May 2017; vol. 32 (no. 4); p. 595-600

Abstract: Domestic violence against women with learning disabilities is a wholly under-researched topic. A recent study indicated that there are strong parallels between domestic violence, disability hate crime and ‘mate’ crime. This article explores these similarities and argues that rather than treating them as discrete phenomena, we need to make the connections and re-affirm the commitment that feminist scholars and activists made long ago, namely to take violence committed in private as seriously as that committed in public.

Database: CINAHL

Immigrant women and women with learning disabilities have complex mental health needs and service use in the perinatal period.

Author(s): Ayre, Karyn; Khalifeh, Hind

Source: Evidence Based Mental Health; May 2017; vol. 20 (no. 2); p. 55-57

Database: CINAHL

First-Year College Students With ADHD and/or LD: Differences in Engagement, Positive Core Self-Evaluation, School Preparation, and College Expectations.

Author(s): DuPaul, George J.; Pinho, Trevor D.; Pollack, Brittany L.; Gormley, Matthew J.; Laracy, Seth D.

Source: Journal of Learning Disabilities; May 2017; vol. 50 (no. 3); p. 238-251

Abstract: Students with attention-deficit/hyperactivity disorder (ADHD) and/or learning disabilities (LD) experience significant challenges in making the transition from high school to college. This study examined the ways first-year college students with ADHD, LD, ADHD+LD, and comparison peers differ in engagement, core self-evaluation, high school preparation behaviors, and goals/expectations. Participants were from the 2010 Cooperative Institutional Research Program Freshman Survey, including students with ADHD (n = 5,511), LD (n = 2,626), ADHD+LD (n = 1,399), or neither disability (n = 5,737). Controlling for SAT/ACT scores, family income, and parent education, students with ADHD, LD, or ADHD+LD differed from peers on self-ratings of academic and creative abilities and psychosocial functioning; school disengagement, substance use, and emotional difficulties during their last year of high school; reasons for
attending college; and expectations for college activities. Several differences were found between disability groups. Implications for college support services and future research are discussed.

**Database:** CINAHL

**The Interaction of Learning Disability Status and Student Demographic Characteristics on Mathematics Growth.**

**Author(s):** Stevens, Joseph J.; Schulte, Ann C.

**Source:** Journal of Learning Disabilities; May 2017; vol. 50 (no. 3); p. 261-274

**Abstract:** This study examined mathematics achievement growth of students without disabilities (SWoD) and students with learning disabilities (LD) and tested whether growth and LD status interacted with student demographic characteristics. Growth was estimated in a statewide sample of 79,554 students over Grades 3 to 7. The LD group was significantly lower in achievement in each grade and had less growth than the SWoD group. We also found that student demographic characteristics were significantly related to mathematics growth, but only three demographic characteristics were statistically significant as interactions. We found that LD-SWoD differences at Grade 3 were moderated by student sex, while Black race/ethnicity and free or reduced lunch (FRL) status moderated LD-SWoD differences at all grades. These results provide practitioners and policy makers with more specific information about which particular LD students show faster or slower growth in mathematics. Our results show that simply including predictors in a regression equation may produce different results than direct testing of interactions and achievement gaps may be larger for some LD subgroups of students than previously reported.

**Database:** CINAHL

**A Synthesis of Reading and Spelling Interventions and Their Effects on Spelling Outcomes for Students With Learning Disabilities.**

**Author(s):** Williams, Kelly J.; Walker, Melodee A.; Vaughn, Sharon; Wanzek, Jeanne

**Source:** Journal of Learning Disabilities; May 2017; vol. 50 (no. 3); p. 286-297

**Abstract:** Spelling is one of the most challenging areas for students with learning disabilities (LD), and improving spelling outcomes for these students is of high importance. In this synthesis, we examined the effects of spelling and reading interventions on spelling outcomes for students with LD in Grades K through 12. A systematic search of peer-reviewed literature published between 2004 and 2014 was conducted using electronic databases and hand searches of relevant journals. To be eligible for inclusion, studies had to meet the following criteria: (a) Participants were identified with LD and were in Grades K through 12, (b) designs were either treatment/comparison or single case, (c) a reading or spelling intervention was implemented, (d) at least one spelling outcome was measured, and (e) instruction was in English. Ten studies met criteria for inclusion in the synthesis, and effectiveness ranged from ineffective to highly effective. Findings demonstrated that spelling outcomes for taught words were improved for students with LD with the use of explicit instruction or self-correction strategies.

**Database:** CINAHL

**'Truly scandalous' discharge delays.**

**Source:** Mental Health Practice; May 2017; vol. 20 (no. 8); p. 6

**Abstract:** The article reports on the case of a patient, who has a serious mental health condition, a learning disability, and physical health problems, and has been waiting more than three and a half years to leave hospital in Wales after being declared for discharge.

**Database:** CINAHL

**Community football teams for people with intellectual disabilities in secure settings: "They take you off the ward, it was like a nice day, and then you get like medals at the end".**

**Author(s):** Hudson, Nicholas Andrew; Mrozik, Jennifer Hella; White, Rose; Northend, Kristian; Moore, Steve; Lister, Katherine; Rayner, Kelly

**Source:** Journal of applied research in intellectual disabilities : JARID; May 2017

**Notes:** Click on login at the top right of page and then Institutional Login and choose the Athens Link. Enter your Athens Account details

**Abstract:** BACKGROUND People with learning disabilities (LD) are particularly vulnerable to mental health and behavioural difficulties, and it has been shown that regular exercise can improve psychosocial well-being as well as physical fitness. This research aims to explore the experiences of men with LD detained in
secure settings who have engaged in community football training programmes and identify the benefits of such provision. METHOD Interviews were conducted with eight patients in a forensic LD service, discussing their experiences of participating in community football. Template analysis was undertaken on the transcripts. RESULTS Two master themes were identified: physical fitness and psychosocial benefits. As the analysis progressed, new emerging themes were identified around role identity and achievement, as well as extending and refining some of the themes from the original template including fun and belonging. Some anticipated themes were removed from the template entirely. CONCLUSION The psychosocial benefits of organised community sports programmes far outweigh the physical health benefits. Careful consideration must be given to where on a treatment and rehabilitation pathway non-traditional therapeutic interventions such as sports programmes are offered as an adjunct to specific risk reduction interventions for people with LD in secure settings.

Database: Medline

A model for developing disability confidence.

Author(s): Lindsay, Sally; Cancelliere, Sara

Source: Disability and rehabilitation; May 2017; p. 1-9

Abstract: PURPOSE Many clinicians, educators, and employers lack disability confidence which can affect their interactions with, and inclusion of people with disabilities. Our objective was to explore how disability confidence developed among youth who volunteered with children who have a disability. METHODS We conducted 30 in-depth interviews (16 without a disability, 14 with disabilities), with youth aged 15-25. We analyzed our data using an interpretive, qualitative, thematic approach. RESULTS We identified four main themes that led to the progression of disability confidence including: (1) "disability discomfort," referring to lacking knowledge about disability and experiencing unease around people with disabilities; (2) "reaching beyond comfort zone" where participants increased their understanding of disability and became sensitized to difference; (3) "broadened perspectives" where youth gained exposure to people with disabilities and challenged common misperceptions and stereotypes; and (4) "disability confidence" which includes having knowledge of people with disabilities, inclusive, and positive attitudes towards them. CONCLUSIONS Volunteering is one way that can help to develop disability confidence. Youth with and without disabilities both reported a similar process of developing disability confidence; however, there were nuances between the two groups. Implications for Rehabilitation The development of disability confidence is important for enhancing the social inclusion of people with disabilities. Volunteering with people who have a disability, or a disability different from their own, can help to develop disability confidence which involves positive attitudes, empathy, and appropriate communication skills. Clinicians, educators, and employers should consider promoting working with disabled people through such avenues as volunteering or service learning to gain disability confidence.

Database: Medline

A feasibility randomised controlled trial of extended brief intervention for alcohol misuse in adults with mild to moderate intellectual disabilities living in the community; The EBI-LD study.

Author(s): Kouimtsidis, Christos; Bosco, Alessandro; Scior, Katrina; Baio, Gianluca; Hunter, Rachael; Pezzoni, Vittoria; Mcnamara, Eileen; Hassiotis, Angela

Source: Trials; May 2017; vol. 18 (no. 1); p. 216

Available in full text at Trials - from EBSCOhost

Abstract: BACKGROUND Extended brief interventions (EBIs) are effective in targeting alcohol misuse in the general population. However, little is known of the effects of EBI in adults with intellectual (also known as learning) disabilities. In this feasibility trial we compared EBI with usual care for alcohol misuse in adults with mild to moderate Intellectual Disability (ID). METHODS The study took place in three community ID networks of services in England. Participants aged 18-65 years with reported alcohol problems, a score ≥8 on the Alcohol Use Disorder Identification Test (AUDIT), and IQ <70 (+/-5%CI) were recruited and were randomly allocated to either EBI (five weekly sessions and one follow-up at 8 weeks) and usual care or usual care alone. Research assistants were blind to arm allocation. Research assessments took place at baseline, 2 and 3 months. The primary outcome was reduction in alcohol consumption measured by the AUDIT. Preliminary health economic analysis was performed to investigate the costs of delivering EBI and the feasibility of a cost-effectiveness analysis in a full trial. The trial is closed. RESULTS Participants were recruited from January 2014 to August 2015. Thirty individuals were randomised (15 in each arm) and provided primary outcome data. In regard to harmful drinking, at baseline, all the participants exceeded the relevant threshold. At 8 weeks, the proportion of participants with harmful drinking had decreased to 60% for both groups, and at 12 weeks it had decreased by 66% and 46% for the intervention and the control
groups, respectively. The unit cost for the delivery of EBI is £430. CONCLUSIONS Recruitment to this trial has been proven challenging as prevalence of alcohol misuse in the targeted population was lower than anticipated. EBI may provide an effective low-intensity treatment for this population. Participants’ and carers’ feedback on their experience was overall positive. Further work needs to be undertaken to ascertain the group of participants that should be participating in a future definitive trial.

Database: Medline

**Learning Disabilities and Emotional Intelligence.**

**Author(s):** Zysberg, Leehu; Kasler, Jon

**Source:** The Journal of psychology; May 2017; p. 1-13

**Abstract:** The literature is conflicted around the subject of the emotional abilities of individuals with Specific Learning Disabilities (SLDs): While many claim cognitive challenges are associated with emotional difficulties, some suggest emotional and interpersonal abilities are not compromised in such disorders and may help individuals compensate and cope effectively with the challenges they meet in learning environments. Two studies explored differences in emotional intelligence (EI) between young adults with and without SLD. Two samples (matched on gender, approximate age, and program of study; n = 100, and unmatched; n = 584) of college students took self-report and performance-based tests of EI (Ability-EI) as well as a measure of self-esteem and demographics associated with college performance (e.g.: SAT scores, gender, etc.). The results showed that while SAT scores and ability emotional intelligence (Ability-EI) were associated with college GPA, Ability-EI did not differ between the two groups, while self-report measures of EI and self-esteem did show differences, with the group with learning disabilities ranking lower. The effects remained stable when we controlled for demographics and potential intervening factors. The results suggest that EI may play a protective role in the association between background variables and college attainment in students with SLD. The results may provide a basis for interventions to empower students with SLD in academia.

Database: Medline

**Why RCN Nurse of the Year is such an inspiring winner.**

**Source:** Nursing standard (Royal College of Nursing (Great Britain) 1987); May 2017; vol. 31 (no. 37); p. 3

*Available in print at - from Nursing Standard; Notes: Donated journal some issues missing*

**Abstract:** Remember the name: Melanie Davies, RCN Nurse of the Year 2017 and a truly extraordinary woman. She has transformed care for people with learning disabilities on her ward, driven through changes across her hospital and health board in south Wales, and inspired others to follow suit across the country.

Database: Medline

**Cognitive control in children with learning disabilities: neuromarker for deficient executive functions.**

**Author(s):** Alahmadi, Nsreen

**Source:** Neuroreport; May 2017

**Abstract:** The neural underpinnings of learning disabilities (LD) are still not known. Recent discussions focus over whether domain-specific and/or domain-unspecific reasons might be responsible for LD either alone or in combination with each other. This study applied standard nonverbal Go-NoGo tasks (visual continuous performance test) to LD and healthy control children to examine whether they show deficient executive functions. During this Go-NoGo task, electroencephalogram was measured in addition to reaction times, hits, omissions, and commissions to the Go and NoGo stimuli. It was shown that children with LD reacted slower with variable responses to Go stimuli and made more omission errors in comparison with the healthy control children. The analysis of the event-related potential indicated that the deficient behavior in this task is associated with smaller - and in part nonexistent - P3d amplitudes. This neural activation indicates a different neural activation pattern during action inhibition in LD children. The neural networks involved in controlling action inhibition are mostly located in frontal brain areas, for which it has been shown that children with LD show neural activation deficiencies. This is possibly a consequence of a maturational delay of the frontal cortex.

Database: Medline

**Incorrect dosage of IQSEC2, a known intellectual disability and epilepsy gene, disrupts dendritic spine morphogenesis.**

**Author(s):** Hinze, S J; Jackson, M R; Lie, S; Jolly, L; Field, M; Barry, S C; Harvey, R J; Shoubridge, C

**Source:** Translational psychiatry; May 2017; vol. 7 (no. 5); p. e1110
Abstract: There is considerable genetic and phenotypic heterogeneity associated with intellectual disability (ID), specific learning disabilities, attention-deficit hyperactivity disorder, autism and epilepsy. The intelligence quotient (IQ) motif and SEC7 domain containing protein 2 gene (IQSEC2) is located on the X-chromosome and harbors mutations that contribute to non-syndromic ID with and without early-onset seizure phenotypes in both sexes. Although IQ and Sec7 domain mutations lead to partial loss of IQSEC2 enzymatic activity, the in vivo pathogenesis resulting from these mutations is not known. Here we reveal that IQSEC2 has a key role in dendritic spine morphology. Partial loss-of-function mutations were modeled using a lentiviral short hairpin RNA (shRNA) approach, which achieved a 57% knockdown of Iqsec2 expression in primary hippocampal cell cultures from mice. Investigating gross morphological parameters after 8 days of in vitro culture (8DIV) identified a 32% reduction in primary axon length, in contrast to a 27% and 31% increase in the number and complexity of dendrites protruding from the cell body, respectively. This increase in dendritic complexity and spread was carried through dendritic spine development, with a 34% increase in the number of protrusions per dendritic segment compared with controls at 15DIV. Although the number of dendritic spines had normalized by 21DIV, a reduction was noted in the number of immature spines. In contrast, when modeling increased dosage, overexpression of wild-type IQSEC2 led to neurons with shorter axons that were more compact and displayed simpler dendritic branching. Disturbances to dendritic morphology due to knockdown of Iqsec2 were recapitulated in neurons from Iqsec2 knockout mice generated in our laboratory using CRISPR/Cas9 technology. These observations provide evidence of dosage sensitivity for IQSEC2, which normally escapes X-inactivation in females, and links these disturbances in expression to alterations in the morphology of developing neurons.

Database: Medline


Author(s): Yonkaitis, Catherine F; Shannon, Robin A
Source: NASN school nurse (Print); May 2017; vol. 32 (no. 3); p. 178-184

Abstract: Every U.S. student is entitled to a free and appropriate education. School districts must identify and evaluate any child who they find is unable to engage fully in learning as a participant in the general education curriculum. The Individuals with Disabilities Education Act of 2004 requires that these students be assessed by qualified individuals in any areas that may be impacting learning, including health, vision, hearing, social and emotional status, communicative status, and motor abilities. The school nurse, as the health expert, has an important role to play as a member of the special education team in evaluating whether a student has health concerns that are impacting learning and how health barriers to learning might be reduced. As part of the full and individual evaluation, the school nurse composes a written report and makes recommendations to the team regarding necessary health services and other modifications the student may need. This article (Part 1 of 2) will outline the school nurse’s role in identification and evaluation of students who may benefit from special education services.

Database: Medline

Learning Disabilities and Low Social Status: The Role of Peer Academic Reputation and Peer Reputation of Teacher Liking.

Author(s): van der Sande, Lisa; Hendrickx, Marloes M H G; Boor-Klip, Henrike J; Mainhard, Tim
Source: Journal of learning disabilities; May 2017 ; p. 22219417708172

Abstract: Although many studies have found that children with learning disabilities (LD) are less liked by peers than children without LD, the results are not unequivocal. In the present study, we investigated the social status (in terms of likeability and popularity) of children with LD by considering peer academic reputation and peer reputation of teacher liking. These variables are potentially important alternative factors for differences in social status between children with and without LD. Fifth-grade students ( n = 1,453; Mage = 10.60) in 58 classes in the Netherlands completed peer nominations for academic reputation, teacher liking, and social status. The data were analyzed with Bayesian structural equation modeling. The associations between LD and social status were completely mediated by the lower peer academic reputation of children with LD. As expected, peer reputation of teacher liking served as a protective factor against low social status for children with low peer academic reputation in general but not specifically for children with LD. Implications for research and practice are discussed.

Database: Medline

Critical Issues in the Understanding of Young Elementary School Students at Risk for Problems in Written Expression: Introduction to the Special Issue.
A Synthesis of Reading and Spelling Interventions and Their Effects on Spelling Outcomes for Students With Learning Disabilities.

**Author(s):** Williams, Kelly J; Walker, Melodee A; Vaughn, Sharon; Wanzek, Jeanne

**Source:** Journal of learning disabilities; ; vol. 50 (no. 3); p. 286-297

**Abstract:** Spelling is one of the most challenging areas for students with learning disabilities (LD), and improving spelling outcomes for these students is of high importance. In this synthesis, we examined the effects of spelling and reading interventions on spelling outcomes for students with LD in Grades K through 12. A systematic search of peer-reviewed literature published between 2004 and 2014 was conducted using electronic databases and hand searches of relevant journals. To be eligible for inclusion, studies had to meet the following criteria: (a) Participants were identified with LD and were in Grades K through 12, (b) designs were either treatment/comparison or single case, (c) a reading or spelling intervention was implemented, (d) at least one spelling outcome was measured, and (e) instruction was in English. Ten studies met criteria for inclusion in the synthesis, and effectiveness ranged from ineffective to highly effective. Findings demonstrated that spelling outcomes for taught words were improved for students with LD with the use of explicit instruction or self-correction strategies.

**Database:** Medline

First-Year College Students With ADHD and/or LD.

**Author(s):** DuPaul, George J; Pinho, Trevor D; Pollack, Brittany L; Gormley, Matthew J; Laracy, Seth D

**Source:** Journal of learning disabilities; ; vol. 50 (no. 3); p. 238-251

**Abstract:** Students with attention-deficit/hyperactivity disorder (ADHD) and/or learning disabilities (LD) experience significant challenges in making the transition from high school to college. This study examined the ways first-year college students with ADHD, LD, ADHD+LD, and comparison peers differ in engagement, core self-evaluation, high school preparation behaviors, and goals/expectations. Participants were from the 2010 Cooperative Institutional Research Program Freshman Survey, including students with ADHD ( n = 5,511), LD ( n = 2,626), ADHD+LD ( n = 1,399), or neither disability ( n = 5,737). Controlling for SAT/ACT scores, family income, and parent education, students with ADHD, LD, or ADHD+LD differed from peers on self-ratings of academic and creative abilities and psychosocial functioning; school disengagement, substance use, and emotional difficulties during their last year of high school; reasons for attending college; and expectations for college activities. Several differences were found between disability groups. Implications for college support services and future research are discussed.

**Database:** Medline

Alleviating Parenting Stress in Parents with Intellectual Disabilities: A Randomized Controlled Trial of a Video-feedback Intervention to Promote Positive Parenting.

**Author(s):** Hodes, Marja W; Meppelder, Marieke; de Moor, Marleen; Kef, Sabina; Schuengel, Carlo

**Source:** Journal of applied research in intellectual disabilities : JARID; May 2017; vol. 30 (no. 3); p. 423-432

**Available in full text at** Journal of Applied Research in Intellectual Disabilities ; Notes: Click on login at the top right of page and then Institutional Login and choose the Athens Link. Enter your Athens Account details

**Abstract:** BACKGROUND Adapted parenting support may alleviate the high levels of parenting stress experienced by many parents with intellectual disabilities. METHODS Parents with mild intellectual disabilities or borderline intellectual functioning were randomized to experimental ( n = 43) and control (n = 42) conditions. Parents in both groups received care-as-usual. The experimental group also received an adapted version of video-feedback intervention for positive parenting and learning difficulties (VIPP-LD). Measures of parenting stress were obtained pre-test, post-test and 3-month follow-up. RESULTS
Randomization to the experimental group led to a steeper decline in parenting stress related to the child compared to the control group (d = 0.46). No statistically significant effect on stress related to the parent's own functioning or situation was found. CONCLUSIONS The results of the study suggest the feasibility of reducing parenting stress in parents with mild intellectual disability (MID) through parenting support, to the possible benefit of their children.

Database: Medline

Response abilities of children with Down Syndrome and other intellectual developmental disorders.

Author(s): Rao, Pratiksha Tilak; Guddattu, Vasudeva; Solomon, John Michael

Source: Experimental brain research; May 2017; vol. 235 (no. 5); p. 1411-1427

Abstract: Efficiency with which a task is performed results from the precise timing and force with which the task is executed. We aimed at assessing the influence of change in task constructs on the response abilities of children who are known to have impaired perceptual motor control. To answer this question, we assessed the response abilities in terms of response time(RT) and response force(RF) among children with Down Syndrome(DS), intellectual developmental disorders(IDD) and those who are typically developing. A response analyzer was used to assess their response abilities across a variety of task constructs namely while performing a simple response task, dual task (i.e. passive and active dual tasks), force modulation task and choice response task. Across all tasks, it was seen that their RT increased while RF decreased as the tasks became more complex in nature. The number of participants in the DS and IDD group diminished as the task complexity increased, reflecting their inherent difficulty in learning new tasks and executing a common expected response under different task conditions. The response abilities of the DS and IDD group was comparable across tasks and varied significantly from the TD group. The study enables us to understand the influence of task difficulties on the response abilities and participation across groups of children with and without disabilities. The results of the study necessitate the need to evaluate and find methods to train the response abilities of children with DS and IDD, which has considerable implications towards the performance of their daily life skills.

Database: Medline

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