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Learning Disabilities

JUNE 2017

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**Downs Syndrome**

**Core vocabulary of young children with Down syndrome.**

**Author(s):** Deckers, Stijn R J M; Van Zaal, Yvonne; Van Balkom, Hans; Verhoeven, Ludo  
**Source:** Augmentative and alternative communication (Baltimore, Md. : 1985); Jun 2017; vol. 33 (no. 2); p. 77-86  
**Abstract:** The aim of this study was to develop a core vocabulary list for young children with intellectual disabilities between 2 and 7 years of age because data from this population are lacking in core vocabulary literature. Children with Down syndrome are considered one of the most valid reference groups for researching developmental patterns in children with intellectual disabilities; therefore, spontaneous language samples of 30 Dutch children with Down syndrome were collected during three different activities with multiple communication partners (free play with parents, lunch- or snack-time at home or at school, and speech therapy sessions). Of these children, 19 used multimodal communication, primarily manual signs and speech. Functional word use in both modalities was transcribed. The 50 most frequently used core words accounted for 67.2% of total word use; 16 words comprised core vocabulary, based on commonality. These data are consistent with similar studies related to the core vocabularies of preschoolers and toddlers with typical development, although the number of nouns present on the core vocabulary list was higher for the children in the present study. This finding can be explained by manual sign use of the children with Down syndrome and is reflective of their expressive vocabulary ages.  
**Database:** Medline

**Age and gender-related differences in emotional and behavioural problems and autistic features in children and adolescents with Down syndrome: a survey-based study of 674 individuals.**

**Author(s):** Nærland, T.; Bakke, K. A.; Storvik, S.; Warner, G.; Howlin, P.  
**Source:** Journal of Intellectual Disability Research; Jun 2017; vol. 61 (no. 6); p. 594-603  
**Abstract:** Background Recent studies have indicated an increased risk of autism, behavioural and emotional problems and attention-deficit/hyperactivity disorder in individuals with Down syndrome. Method In a large-scale survey-based study, we examined the rates of these problems and their relationship to age and gender, in a sample of 674 individuals (4-18 years) with Down syndrome. The relationship with IQ level was also explored in a subsample ( n = 175). The Strengths and Difficulties Questionnaire and the Social Communication Questionnaire were used to assess behavioural and emotional problems and autism traits. Results On the Strengths and Difficulties Questionnaire, peer problems were the most frequently reported...
difficulty (48% > cut-off), followed by hyperactivity/inattention (34% > cut-off). On the Social Communication Questionnaire, 37% scored at or above cut-off (≥15) for autism spectrum disorder; 17% were at or above the suggested cut-off (≥22) for autism. Little association between age and behavioural or emotional problems or with severity of autistic symptomatology was found. However, peer problems were more common in adolescents than in junior school children (P < 0.001); Hyperactivity/inattention was less prevalent among adolescents (P < 0.001). Conclusions High rates of autistic features, emotional and behavioural problems are documented. These problems are related to age, gender and degree of intellectual disability.

Database: CINAHL

The profile of social functioning in children with Down syndrome.

Author(s): Næss, Kari-Anne B.; Nygaard, Egil; Ostad, Johanne; Dolve, Anne-Stine; Lyster, Solveig-Alma Halaas

Source: Disability & Rehabilitation; Jun 2017; vol. 39 (no. 13); p. 1320-1331

Abstract: Background: Practitioners and researchers have asserted for decades that social functioning is a strength in children with Down syndrome (DS). Nevertheless, some studies have concluded that children with DS may be at greater risk of impaired social functioning compared to typically developing controls. This cross-sectional study explores the profile of social functioning (social capabilities and social problems) in six-year-old children with DS, compares it with that of typically developing children and reveals possible differences in predictors between groups. Method: Parental reports and clinical tests were utilized. Results: The children with DS had generally weaker social capabilities compared to nonverbal mental age-matched controls, but no significant differences were found for social interactive play, community functioning and prosocial behaviour. No significant differences in predictors for social capabilities between the groups were found. The children with DS had more social problems than the typically developing controls with a similar chronological age and those with a similar nonverbal mental age, but no significant differences in emotional symptoms were found between the children with DS and either comparison group. Vocabulary was a more important predictor of social problems in the children with DS than in the typically developing control groups. Conclusion: Interventions for children with DS should strongly focus on integrating vocabulary skills and social functioning starting at an early age. Implications for Rehabilitation Children with Down syndrome need help and support in social functioning. Systematic training to optimize social capabilities and to prevent social problems should be prioritized. Structured and explicit learning of words important for social interaction with peers and for conflict solutions should be emphasized. Integrated interventions focusing on social functioning and vocabulary should begin in preschool to prepare children for participation in mainstream education.

Database: CINAHL

Patients with learning disabilities who lack capacity detained under the Mental Health Act in the UK: A case study.

Author(s): Sawhney, Indermeet; Zia, Asif; Gates, Bob

Source: British Journal of Learning Disabilities; Jun 2017; vol. 45 (no. 2); p. 138-141

Available in full text at British Journal of Learning Disabilities - 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: Accessible Summary In England and Wales, some people with learning disabilities may have to be detained under the Mental Health Act 2007 as patients in a hospital for a period of assessment and or treatment if they are suffering from a mental disorder, and it is for the interests of their own health and safety, or to protect others. Patients who are detained under Section 2 of the Mental Health Act 2007 can apply to the Mental Health Tribunal to decide whether they should be detained in a psychiatric hospital or be discharged. The Mental Health Tribunal has the power to discharge these patients after a hearing. Patients who lack capacity to apply to the tribunal are unable to have a tribunal hearing. The European Court has ruled that this is unfair to these patients. There needs to be a system in place to ensure that these patients get a tribunal hearing. Abstract Background In the UK, the Mental Health Tribunal is a long-established safeguard for patients detained under the Mental Health Act. This gives such patients an effective appeal mechanism to ensure legal protection of their liberty. This act contains sections that allow for civil detention in the case of mental disorder. The right to apply to the tribunal against such detention is underpinned by the right to liberty under Article 5 of the European Convention of Human Rights (ECHR). Some patients with learning disabilities may lack capacity and the ability to challenge their detention. Method This article presents a case study of a woman with Down’s syndrome and severe learning disabilities. Whilst this woman was detained under the Mental Health Act, she could have applied for a
review of her detention to the Mental Health Tribunal within 14 days. She did not do so because she lacked capacity to instruct solicitors. Subsequently, as a result of appeal, the case proceeded through English and European judicial review. Results The European Court of Human Rights, in the case of MH v UK (2013), has ruled that the appeals procedure for patients without capacity detained under Section 2 of the Mental Health Act is not compatible with Article 5(4) of the European Convention of Human Rights. The European Court has ruled that special procedural safeguards are required to enable this cohort of patients to exercise their rights guaranteed by Article 5(4). Conclusions Responsible clinicians [treating consultant psychiatrists] need to ensure that all patients detained under section 2 of the Mental Health Act have an assessment of their capacity to apply to the tribunal. There need to be systems in place to alert hospital managers when a patient lacks capacity to apply for a tribunal. Hospital managers should request the Secretary of State to apply for a tribunal in these instances. Knowledge of this ruling is relevant to informing the practice of other interdisciplinary healthcare professionals working with such patients.

**Database:** CINAHL

**What Do Parents of Children with Down Syndrome Think about Non-Invasive Prenatal Testing (NIPT)?**

**Author(s):** Schendel, Rachèl; Kater-Kuipers, Adriana; Vliet-Lachotzki, Elsbeth; Dondorp, Wybo; Cornel, Martina; Henneman, Lidewij

**Source:** Journal of Genetic Counseling; Jun 2017; vol. 26 (no. 3); p. 522-531

**Abstract:** This study explores the attitudes of parents of children with Down syndrome towards non-invasive prenatal testing (NIPT) and widening the scope of prenatal screening. Three focus groups (n = 16) and eleven individual interviews with Dutch parents (and two relatives) of children with Down syndrome were conducted. Safety, accuracy and earlier testing were seen as the advantages of NIPT. Some participants were critical about the practice of screening for Down syndrome, but acknowledged that NIPT enables people to know whether the fetus is affected and to prepare without risking miscarriage. Many feared uncritical use of NIPT and more abortions for Down syndrome. Concerns included the consequences for the acceptance of and facilities for children with Down syndrome, resulting in more people deciding to screen. Participants stressed the importance of good counseling and balanced, accurate information about Down syndrome. Testing for more disorders might divert the focus away from Down syndrome, but participants worried about ‘where to draw the line’. They also feared a loss of diversity in society. Findings show that, while parents acknowledge that NIPT offers a better and safer option to know whether the fetus is affected, they also have concerns about NIPT’s impact on the acceptance and care of children with Down syndrome.

**Database:** CINAHL

**Age and gender-related differences in emotional and behavioural problems and autistic features in children and adolescents with Down syndrome: a survey-based study of 674 individuals.**

**Author(s):** Nærland, T.; Bakke, K. A.; Storvik, S.; Warner, G.; Howlin, P.

**Source:** Journal of Intellectual Disability Research; Jun 2017; vol. 61 (no. 6); p. 594-603

**Abstract:** Background Recent studies have indicated an increased risk of autism, behavioural and emotional problems and attention-deficit/hyperactivity disorder in individuals with Down syndrome. Method In a large-scale survey-based study, we examined the rates of these problems and their relationship to age and gender, in a sample of 674 individuals (4-18 years) with Down syndrome. The relationship with IQ level was also explored in a subsample (n = 175). The Strengths and Difficulties Questionnaire and the Social Communication Questionnaire were used to assess behavioural and emotional problems and autism traits. Results On the Strengths and Difficulties Questionnaire, peer problems were the most frequently reported difficulty (48% > cut-off), followed by hyperactivity/inattention (34% > cut-off). On the Social Communication Questionnaire, 37% scored at or above cut-off (≥15) for autism spectrum disorder; 17% were at or above the suggested cut-off (≥22) for autism. Little association between age and behavioural or emotional problems or with severity of autistic symptomatology was found. However, peer problems were more common in adolescents than in junior school children (P < 0.001); Hyperactivity/inattention was less prevalent among adolescents (P < 0.001). Conclusions High rates of autistic features, emotional and behavioural problems are documented. These problems are related to age, gender and degree of intellectual disability.

**Database:** CINAHL
**Behaviour**

**Challenging Behaviour**

A randomised controlled trial on evaluation of the clinical efficacy of massage therapy in a multisensory environment for residents with severe and profound intellectual disabilities: a pilot study.

Author(s): Chan, J. S. L.; Chien, W. T.

Source: *Journal of Intellectual Disability Research*; Jun 2017; vol. 61 (no. 6); p. 532-548

Abstract: Background Recent literature has suggested that relaxation activities can reduce the challenging behaviours of people with intellectual disabilities, particularly in severe and profound grades, due to the counteractive effect of muscle relaxation on emotional frustration or psychological distress. Despite having inconclusive evidence, multisensory environment (MSE) and massage therapy (MT) are the commonly used approaches to relaxation among these people. However, these two approaches have not yet practised or tested in combination for reducing these people's challenging behaviours. Methods A preliminary clinical efficacy trial was conducted to evaluate the effects of MT, MSE and their combined use for residents with intellectual disabilities in a long-term care facility on reducing their challenging behaviours. Eligible residents were recruited and randomly assigned to one of the four study groups (n = 11-12 per group), that is, MT in MSE, MSE alone, MT alone or usual care, for a 10-week intervention after a 1-month washout period. Outcome measures, including the Behaviour Problem Inventory, pulse and respiration rates, Behaviour Checklist and Alertness Observation Checklist, were assessed at recruitment and immediately following the interventions. Results A total of 42 participants (17 men and 25 women) completed the study. There were no significant differences in frequency and severity of challenging behaviours and most of the outcome measures between the four groups at post-test. Nevertheless, there were statistical significant differences on the active and inactive state (Alertness Observation Checklist) between the three treatment and control groups. Many participants in the three treatment groups changed from an active to inactive state (i.e. reduced activity levels) throughout the interventions, especially the MT in MSE. Such inactivity might suggest the participants' brief exhaustion followed by a period of alertness during the treatment activities. But their attention span and social contact to the immediate environment could still be maintained. Conclusions Participants of MT in multisensory environment acquired more inactive state than the other study groups. This inactive state indicates a state of 'passive alertness', which is more likely in a relaxing manner.

Database: CINAHL

**Behavioural changes in patients with intellectual disability treated with perampanel.**

Author(s): Andres, E; Kerling, F; Hamer, H; Kasper, B; Winterholler, M

Source: *Acta neurologica Scandinavica*; Jun 2017

Abstract: OBJECTIVES The aim of this cross-sectional retrospective study was to assess the tolerability and efficacy of perampanel in patients with drug-resistant epilepsy who also suffered from intellectual disability (ID). PATIENTS AND METHODS We used an industry-independent, non-interventional retrospective evaluation based on standardized, daily seizure records. Twenty-seven patients with ID and drug-resistant epilepsy were started on perampanel between September 2012 and November 2015 after a 3-month observation period without perampanel treatment. Perampanel was given at a maximum dosage of 4-12 mg daily. Evaluation was carried out after 6, 12 and 24 months, including calculation of the retention rate. Mean seizure frequency was compared between the 3-month baseline period and subsequent 3-month treatment periods. The Clinical Global Impression scale was applied to assess qualitative changes in seizure severity, and the Aggressive Behaviour Scale (ABS) gave further insights into challenging behaviour. RESULTS Perampanel was efficacious and well tolerated in five of 25 patients. In 18 patients, perampanel treatment was stopped, mainly because of adverse events (n=6), lack of efficacy (n=3) or both (n=9). Behavioural changes were documented in 15 of 27 patients, with aggressive behaviour being the commonest effect; we observed ataxia (n=6) and sedation (n=8) in further patients. The ABS showed worsening of aggressive behaviour in six patients. CONCLUSIONS Perampanel was well tolerated and efficacious in one-fifth of our patients. We observed challenging behaviour, ataxia and sedation in a relevant number of patients with ID under perampanel treatment. Further studies are warranted to explore the tolerability of perampanel in patients with ID.

Database: Medline
Caregiver-Teacher Concordance of Challenging Behaviors in Children with Autism Spectrum Disorder Served in Community Mental Health Settings.

Author(s): Stadnick, Nicole; Chlebowski, Colby; Brookman-Frazee, Lauren

Source: Journal of Autism & Developmental Disorders; Jun 2017; vol. 47 (no. 6); p. 1780-1790

Abstract: Children with autism spectrum disorder (ASD) exhibit high rates of challenging behaviors that impair functioning and represent the primary presenting problem in mental health (MH) services. Obtaining symptom reports from multiple informants is critical for treatment planning. This study evaluated caregiver-teacher concordance of ratings of the intensity of challenging behaviors in children with ASD receiving MH services, and identified child clinical factors associated with concordance. This sample included 141 children (M = 9.07 years), their caregivers, and teachers. Caregiver-teacher concordance of challenging behaviors was low and impacted by the degree and type of child psychiatric comorbidity. Findings support the need for increased attention to the range of psychiatric problems children with ASD present to tailor treatment recommendations and service delivery.

Database: CINAHL

Nidotherapy compared with enhanced care programme approach training for adults with aggressive challenging behaviour and intellectual disability (NIDABID): cluster-randomised controlled trial.

Author(s): Tyrer, P.; Tarabi, S. A.; Bassett, P.; Liedtka, N.; Hall, R.; Nagar, J.; Imrie, A.; Tyrer, H.

Source: Journal of Intellectual Disability Research; Jun 2017; vol. 61 (no. 6); p. 521-531

Abstract: Background Aggressive challenging behaviour is very common in care homes for people with intellectual disability, and better psychological treatments are needed. Nidotherapy aims to change the environment of people with mental illness and is an appropriate treatment for this group of disorders. Method The design was a cluster randomised trial of 20 care homes in which the staff either received training in nidotherapy or the enhanced care programme approach (ECPA), with equivalent duration of treatment in each arm. Cluster randomisation of care homes was carried out at the beginning of the study by an independent statistician. Primary and secondary outcomes were not specified exactly in view of absence of previous study data, but changes over time in scores on two scales, the Modified Overt Aggression Scale and the Problem Behaviour Check List were the main outcome measures. Serious violent incidents were recorded using the Quantification of Violence Scale. All these measures were recorded monthly by research assistants who were carefully kept blind to the allocation of treatment. Results A total of 200 residents entered the trial, 115 allocated to the ECPA arm and 85 to the nidotherapy one. Seven residents left the care homes in the course of the study, and six were replaced; these were included 79 in the analysis as the trial was a pragmatic one. There were no material reductions in challenging behaviour in the first 8 months of the trial in either group, but in the last 7 months, those allocated to nidotherapy had a 33% reduction in Modified Overt Aggression Scale (MOAS) scores and a 43% reduction in Problem Behaviour Check List scores compared with 5% and 13%, respectively, for the ECPA group, differences which for the MOAS were close to statistical significance. Discussion Nidotherapy shows promise in the management of aggressive challenging behaviour in care homes, but a delay in its benefit might be expected if given to staff only. The treatment is worthy of further evaluation and development.

Database: CINAHL

Prevalence of psychotropic medication use and association with challenging behaviour in adults with an intellectual disability. A total population study.

Author(s): Bowring, D. L.; Totsika, V.; Hastings, R. P.; Toogood, S.; McMahon, M.

Source: Journal of Intellectual Disability Research; Jun 2017; vol. 61 (no. 6); p. 604-617

Abstract: Background There is a high prevalence of psychotropic medication use in adults with Intellectual Disabilities (ID), often in the absence of psychiatric disorder, also associated with challenging behaviour. Previous research has focused on specific sample frames or data from primary care providers. There is also a lack of consistency in the definition of challenging behaviour used. Methods We adopted a total population sampling method. Medication data on 265 adults with ID were classified according to the Anatomical Therapeutic Chemical classification system. The Behaviour Problems Inventory - short form classified challenging behaviours. We examined the association between challenging behaviour and the use of psychotropic medication, and whether any association would still be present after accounting for socio-demographic and clinical characteristics. Results 70.57% of adults with ID were prescribed at least one class of any medication (mean per person =2.62; range 0-14). Psychotropic medications were used by 37.73% of participants with antipsychotics the commonest type used by 21.89% of individuals.
Polypharmacy and high dosages were common. Generalised Linear Models indicated significant associations between psychotropic medication and the presence of a psychiatric diagnosis, challenging behaviour, older age and type of residence. Male gender was additionally associated with antipsychotic medication. Conclusions The use of a total population sample identified via multiple routes is less likely to overestimate prevalence rates of medication use. Current challenging behaviour was a predictor of medication use after controlling for other variables. Data indicate that there may be differences in prescribing patterns associated with different topographies of challenging behaviours.

Database: CINAHL

The topographies and operant functions of challenging behaviours in fragile X syndrome:
A systematic review and analysis of existing data.

Author(s): Hardiman, Rebecca Lyndsey; McGill, Peter
Source: Journal of Intellectual & Developmental Disability; Jun 2017; vol. 42 (no. 2); p. 190-203
Abstract: Background Challenging behaviour, such as self-injury and physical aggression, is an issue of concern regarding a high proportion of individuals with fragile X syndrome. The aim of this review was to provide a comprehensive overview of the topographies and operant functions of challenging behaviours within the syndrome. Method Five electronic databases were searched, identifying 18 manuscripts. Overall proportions of individuals with particular topographies of behaviour, or behaviour serving different functions, were calculated. Results Across all participants, biting was the most common form of self-injury for males but not females. A pattern of behavioural function was observed, characterised by high levels of social-negative reinforcement, such as escape from demands. Conclusion The existence of within-syndrome biases in the manifestation of behavioural challenges is supported by our review.

Database: CINAHL

Using adapted dialectical behavioral therapy to treat challenging behaviors, emotional dysregulation, and generalized anxiety disorder in an individual with mild intellectual disability

Author(s): Florez, Ivonne Andrea; Bethay, J. Scott
Source: Clinical Case Studies; Jun 2017; vol. 16 (no. 3); p. 200-215
Abstract: Individuals with intellectual disability (ID) are at increased risk of presenting challenging behaviors and comorbid mental illness. Preliminary findings show decreased challenging behaviors and overall increased functioning in individuals with ID and mental health problems who receive adapted dialectical behavior therapy (DBT). However, more research and documentation on how to adapt DBT in this population is warranted given that DBT is a promising intervention in individuals with ID. This article presents the case of an individual with mild ID who received adapted DBT for the treatment of challenging behaviors, emotional dysregulation, and generalized anxiety disorder. Treatment lasted 1 year and was conducted in a residential facility for individuals with ID. Improvement of symptoms and decrease in frequency of challenging behaviors were observed throughout the case. This case study demonstrates the potential utility of adapted DBT for individuals with ID and underscores the importance of teaching skills to clients with ID to help them become agents of their own change.

Database: PsycINFO

ADHD
A Causal and Mediation Analysis of the Comorbidity Between Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD).

Author(s): Sokolova, Elena; Oerlemans, Anoek; Rommelse, Nanda; Groot, Perry; Hartman, Catharina; Glennon, Jeffrey; Claassen, Tom; Heskes, Tom; Buitelaar, Jan
Source: Journal of Autism & Developmental Disorders; Jun 2017; vol. 47 (no. 6); p. 1595-1604
Abstract: Autism spectrum disorder (ASD) and Attention-deficit/hyperactivity disorder (ADHD) are often comorbid. The purpose of this study is to explore the relationships between ASD and ADHD symptoms by applying causal modeling. We used a large phenotypic data set of 417 children with ASD and/or ADHD, 562 affected and unaffected siblings, and 414 controls, to infer a structural equation model using a causal discovery algorithm. Three distinct pathways between ASD and ADHD were identified: (1) from impulsivity to difficulties with understanding social information, (2) from hyperactivity to stereotypic, repetitive behavior, (3) a pairwise pathway between inattention, difficulties with understanding social information, and verbal IQ. These findings may inform future studies on understanding the pathophysiological mechanisms behind the overlap between ASD and ADHD.
**A double-blind randomized pilot trial comparing computerized cognitive exercises to Tetris in adolescents with attention-deficit/hyperactivity disorder.**

**Author(s):** Bikic, Aida; Christensen, Torben Østergaard; Leckman, James F; Bilenberg, Niels; Dalsgaard, Soren

**Source:** Nordic journal of psychiatry; Jun 2017 ; p. 1-9

**Abstract:** BACKGROUND The purpose of this trial was to examine the feasibility and efficacy of computerized cognitive exercises from Scientific Brain Training (SBT), compared to the computer game Tetris as an active placebo, in a pilot study of adolescents with attention-deficit/hyperactivity disorder (ADHD). METHOD Eighteen adolescents with ADHD were randomized to treatment or control intervention for 7 weeks. Outcome measures were cognitive test, symptom, and motivation questionnaires. RESULTS SBT and Tetris were feasible as home-based interventions, and participants' compliance was high, but participants perceived both interventions as not very interesting or helpful. There were no significant group differences on cognitive and ADHD-symptom measures after intervention. Pre-post intra-group measurement showed that the SBT had a significant beneficial effect on sustained attention, while the active placebo had significant beneficial effects on working memory, both with large effect sizes. CONCLUSION Although no significant differences were found between groups on any measure, there were significant intra-group changes for each group.

**Database:** Medline

**Academic Achievement and Risk Factors for Adolescents with Attention-Deficit Hyperactivity Disorder in Middle School and Early High School.**

**Author(s):** Zendarski, Nardia; Sciberras, Emma; Mensah, Fiona; Hiscock, Harriet

**Source:** Journal of developmental and behavioral pediatrics : JDBP; Jun 2017

**Abstract:** OBJECTIVE Examine academic achievement of students with attention-deficit hyperactivity disorder (ADHD) during the early high school period and identify potentially modifiable risk factors for low achievement. METHOD Data were collected through surveys (adolescent, parent, and teacher) and direct assessment of Australian adolescents (12-15 yr; n = 130) with ADHD in early high school (i.e., US middle and high school grades). Academic achievement outcomes were measured by linking to individual performance on the National Assessment Program Literacy and Numeracy (NAPLAN) tests, direct assessment of reading and math, and teacher report of academic competence. Linear regression models examined associations between adolescent, parent/family, and school factors and NAPLAN domain scores. RESULTS Students with ADHD had lower NAPLAN scores on all domains and fewer met minimum academic standards in comparison with state benchmarks. The poorest results were for persuasive writing. Poor achievement was associated with lower intelligence quotient across all academic domains. Adolescent inattention, bullying, poor family management, male sex, and attending a low socioeconomic status school were associated with lower achievement on specific domains. CONCLUSION Students with ADHD are at increased academic risk during the middle school and early high school period. In addition to academic support, interventions targeting modifiable factors including inattention, bullying, and poor family management may improve academic achievement across this critical period.

**Database:** Medline

**ADHD treatment and diagnosis in relation to children’s birth month: Nationwide cohort study from Norway.**

**Author(s):** Karlstad, Øystein; Furu, Kari; Stoltenberg, Camilla; Håberg, Siri E; Bakken, Inger Johanne

**Source:** Scandinavian journal of public health; Jun 2017; vol. 45 (no. 4); p. 343-349

**Abstract:** BACKGROUND Studies from several countries have reported that children youngest in grade are at higher risk of attention-deficit/hyperactivity disorder (ADHD) diagnosis and treatment. Norwegian children start school the year they turn six, making children born in December youngest in their grade. We used data on medication, specialist healthcare diagnoses, and primary healthcare diagnoses from national registers to investigate associations between birth month and ADHD. METHODS All children born in Norway between 1998 and 2006 (N=509,827) were followed from age six until 31 December 2014. We estimated hazard ratios for ADHD medication and diagnoses by birth month in Cox proportional-hazards models. We compared risk among siblings to control for potentially confounding socioeconomic factors, and assessed risk of receiving ADHD medication by birth month while attending different grades in cross-sectional time-series analyses. RESULTS At end of follow-up, 5.3% of boys born in October-December had received ADHD medication, compared with 3.7% of boys born in January-March. Corresponding numbers...
for girls were 2.2% and 1.3%, respectively. The adjusted hazard ratio for ADHD medication for children born in October–December (reference: January–March) was 1.4 (95% confidence interval: 1.4–1.5) for boys and 1.8 (1.7–2.0) for girls. Analyses with diagnoses as outcome showed consistent results, and analyses restricted to siblings within the study population also supported the findings. Analysis by grade revealed an increased risk for children born late in the year from grade 3 onwards, with most marked differences in higher grades. CONCLUSIONS Children youngest in grade had the highest risk of receiving ADHD treatment. Differences were most marked among older children.

**Database:** Medline

**Adherence to Attention-Deficit/Hyperactivity Disorder Medication During the Transition to College.**

**Author(s):** Schaefer, Megan R.; Rawlinson, Alana Resmini; Wagoner, Scott T.; Shapiro, Steven K.; Kavookjian, Jan; Gray, Wendy N.

**Source:** Journal of Adolescent Health; Jun 2017; vol. 60 (no. 6); p. 706-713

**Abstract:** Purpose The present study explores the medication self-management experiences of adolescents with attention-deficit/hyperactivity disorder (ADHD) during their transition to young adulthood in college. Methods Participants were college freshmen with ADHD prescribed daily medication for their condition. Ten individual interviews were conducted using a semistructured interview script. Measures related to ADHD medication management were also completed. Qualitative data were analyzed via directed content analysis and quantitative data via descriptive statistics. Results Five themes emerged from interviews: (1) transitions to independence are often abrupt, and many adolescents lack critical self-management skills; (2) volitional nonadherence is high due to inaccurate disease beliefs, perceived academic demands, and medication side effects; (3) poor self-management negatively impacts school performance; (4) peer pressure to share medication affects social functioning and adherence; and (5) social support is greatly needed. Conclusions Participants with ADHD were not prepared to manage their chronic illness independently in context of increased demands and newfound freedom, resulting in negative academic consequences. Social factors also play an influential role in ADHD self-management, particularly related to the isolation associated with sharing the medication and its side effects. Intervention programs targeting medication self-management during the transition to independence are greatly needed for young adults with ADHD as high academic performance in college is critical for future success.

**Database:** CINAHL

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**Author(s):** Schaefer, Megan R; Rawlinson, Alana Resmini; Wagoner, Scott T; Shapiro, Steven K; Kavookjian, Jan; Gray, Wendy N

**Source:** The Journal of adolescent health : official publication of the Society for Adolescent Medicine; Jun 2017; vol. 60 (no. 6); p. 706-713

**Abstract:** PURPOSE The present study explores the medication self-management experiences of adolescents with attention-deficit/hyperactivity disorder (ADHD) during their transition to young adulthood in college. METHODS Participants were college freshmen with ADHD prescribed daily medication for their condition. Ten individual interviews were conducted using a semistructured interview script. Measures related to ADHD medication management were also completed. Qualitative data were analyzed via directed content analysis and quantitative data via descriptive statistics. RESULTS Five themes emerged from interviews: (1) transitions to independence are often abrupt, and many adolescents lack critical self-management skills; (2) volitional nonadherence is high due to inaccurate disease beliefs, perceived academic demands, and medication side effects; (3) poor self-management negatively impacts school performance; (4) peer pressure to share medication affects social functioning and adherence; and (5) social support is greatly needed. Common barriers to adherence included “don’t feel like taking medication” (90%) and “difficulties in sticking to a fixed medication schedule” (80%). Conclusions Participants with ADHD were not prepared to manage their chronic illness independently in context of increased demands and newfound freedom, resulting in negative academic consequences. Social factors also play an influential role in ADHD self-management, particularly related to the isolation associated with sharing the medication and its side effects. Intervention programs targeting medication self-management during the transition to independence are greatly needed for young adults with ADHD as high academic performance in college is critical for future success.

**Database:** Medline
Age-dependent and -independent changes in attention-deficit/hyperactivity disorder (ADHD) during spatial working memory performance.

Author(s): Bollmann, Steffen; Ghisleni, Carmen; Poil, Simon-Shlomo; Martin, Ernst; Ball, Juliane; Eich-Höchli, Dominique; Klaver, Peter; O’Gorman, Ruth L;Michels, Lars; Brandeis, Daniel

Source: The world journal of biological psychiatry : the official journal of the World Federation of Societies of Biological Psychiatry; Jun 2017; vol. 18 (no. 4); p. 279-290

Abstract: OBJECTIVES Attention-deficit/hyperactivity disorder (ADHD) has been associated with spatial working memory as well as frontostriatal core deficits. However, it is still unclear how the link between these frontostriatal deficits and working memory function in ADHD differs in children and adults. This study examined spatial working memory in adults and children with ADHD, focusing on identifying regions demonstrating age-invariant or age-dependent abnormalities. METHODS We used functional magnetic resonance imaging to examine a group of 26 children and 35 adults to study load manipulated spatial working memory in patients and controls. RESULTS In comparison to healthy controls, patients demonstrated reduced positive parietal and frontostriatal load effects, i.e., less increase in brain activity from low to high load, despite similar task performance. In addition, younger patients showed negative load effects, i.e., a decrease in brain activity from low to high load, in medial prefrontal regions. Load effect differences between ADHD and controls that differed between age groups were found predominantly in prefrontal regions. Age-invariant load effect differences occurred predominantly in frontostriatal regions. CONCLUSIONS The age-dependent deviations support the role of prefrontal maturation and compensation in ADHD, while the age-invariant alterations observed in frontostriatal regions provide further evidence that these regions reflect a core pathophysiology in ADHD.

Database: Medline

Association of Y-linked variants with impulsivity and aggression in boys with attention-deficit/hyperactivity disorder of Chinese Han descent.

Author(s): Liu, Lu; Cheng, Jia; Li, Haimei; Su, Yi; Sun, Li; Yang, Li; Qian, Qiujin; Wang, Yufeng

Source: Psychiatry research; Jun 2017; vol. 252 ; p. 185-187

Abstract: Y chromosome plays important role in brain function and may help to explain the sex difference in attention-deficit/hyperactivity disorder (ADHD). A total of 857 boys with ADHD and 574 male controls were genotyped for 14 Y-linked markers. Analyses for both dichotomous phenotype and quantitative traits and the interaction effects with MAOA were performed. The results indicated significant association of four markers (M88, M95, M175, and M119) with inhibition function and aggression in boys with ADHD. Positive interaction effects with MAOA were also detected. In conclusion, some Y-linked variants may be associated with the impulsivity and aggression in boys with ADHD.

Database: Medline

Associations among ADHD, Abnormal Eating and Overweight in a non-clinical sample of Asian children.

Author(s): Tong, Lian; Shi, Huijing; Li, Xiaoru

Source: Scientific reports; Jun 2017; vol. 7 (no. 1); p. 2844

Abstract: Attention-deficit/hyperactivity disorder (ADHD) has been found to be comorbid with obesity in adults, but the association in children is uncertain. Because the underlying mechanism of comorbidity in children has not been researched sufficiently, this study aims to explore the associations among ADHD, abnormal eating, and body mass index (BMI), as well as the mediating effect of depression in children. We conducted a cross-sectional study of 785 primary students in China. The parent-report version of ADHD Rating Scale-IV (ADHDRS-IV), the Child Eating Behaviour Questionnaire (CEBQ) and the Children's Eating Attitude Test (ChEAT) were used to identify ADHD symptoms and abnormal eating. The Child Behavior Checklist (CBCL) was applied to assess depression. Structural Equation Modeling was carried out to clarify the associations between ADHD symptoms, depression, abnormal eating, and overweight of students. We found that ADHD positively contributed to emotional eating and Bulimia Nervosa symptoms. However, neither emotional eating nor Bulimia Nervosa symptoms was related to BMI in children. We also found that ADHD significantly contributed to depression, and depression directly predicted emotional eating. In conclusion, ADHD increased the risk of abnormal eating in children, while no significant relationship existed between ADHD and BMI. Comorbid depression raised the risk of emotional eating, rather than Bulimia Nervosa symptoms.

Database: Medline
**Attention deficit/hyperactivity disorder and risk of injuries: a systematic review and meta-analysis.**

**Author(s):** Amiri, Shahrokh; Sadeghi-Bazargani, Homayoun; Nazari, Soulmaz; Ranjbar, Fatemeh; Abdi, Salman

**Source:** Journal of injury & violence research; Jun 2017; vol. 9 (no. 2)

Available in full text at Journal of Injury and Violence Research - from ProQuest

**Abstract:** BACKGROUND This study systematically reviewed the literature in order to determine the effect of ADHD on injuries and assessed the magnitude of the potential association. METHODS A systematic review of the studies examining the association of ADHD and injuries was carried out across multiple databases. Odds ratios and standardized mean differences were pooled. RESULTS A total of 35 studies were selected for quantitative analysis. The association of ADHD and injuries was confirmed over the meta-analysis of eligible studies. The odds ratio pooled over all comparative studies was 1.96 (95% CI: 1.6-2.4) using random effects model. Pooled odds ratio of 2.1 and 2.17 were calculated respectively when cohort and case-control studies or just cohort studies were included. The pooled odds ratio reduced to 1.8 (CI: 1.45-2.3) when studies on specific injuries were removed. For studies comparing scores of rating scales, the pooled standardized mean difference was 0.61 (95% CI: 0.03-1.2). CONCLUSIONS Those with ADHD are nearly two times more likely to be injured.

**Database:** Medline

**Attention-Deficit Hyperactivity Disorder-Like Traits and Distractibility in the Visual Periphery.**

**Author(s):** Panagiotidi, Maria; Overton, Paul G; Stafford, Tom

**Source:** Perception; Jun 2017; vol. 46 (no. 6); p. 665-678

**Abstract:** We examined the performance of nonclinical subjects with high and low levels of self-reported attention-deficit hyperactivity disorder (ADHD)-like traits in a novel distractibility paradigm with far peripheral visual distractors, the likely origin of many distractors in everyday life. Subjects were tested on a Sustained Attention to Response Task with distractors appearing before some of the target or nontarget stimuli. When the distractors appeared 80 ms before the targets or nontargets, participants with high levels of ADHD-like traits were less affected in their reaction times than those with lower levels. Reducing the distractor-target or nontarget interval to 10 ms removed the reaction time advantage for the high group. We suggest that at 80 ms, the distractors were cueing the arrival of the target or nontarget, and that those with high levels of ADHD-like traits were more sensitive to the cues. Increased sensitivity to stimuli in the visual periphery is consistent with hyperresponsiveness at the level of the superior colliculus.

**Database:** Medline

**Attention-Deficit/Hyperactivity Disorder Symptoms and Life Satisfaction in a Representative Adolescent and Adult Sample.**

**Author(s):** Hennig, Timo; Koglin, Ute; Schmidt, Sören; Petermann, Franz; Brähler, Elmar

**Source:** The Journal of nervous and mental disease; Jun 2017

**Abstract:** Although it is well documented that attention-deficit/hyperactivity disorder (ADHD) is associated with reduced life satisfaction, the mechanisms that might explain this co-occurrence are unclear. We examined the correlation of ADHD symptoms with life satisfaction and whether this association is mediated by (lacking) social support and depressive symptoms. Self-reported ADHD symptoms, life satisfaction, social support, and depressive symptoms were assessed in a representative, predominantly adult sample from the general population (14-91 years, N = 2517). Attention-deficit/hyperactivity disorder symptoms correlated negatively with life satisfaction (r = -0.41, p < 0.01), even after demographic factors (gender, age, income) and common risk factors (not being in a relationship, being unemployed) were controlled for (r = -0.39, p < 0.01). Social support mediated up to 23% and depressive symptoms up to 44% in the association between ADHD symptoms and life satisfaction. Counteracting problems with social relationships and treating depressive symptoms may help to increase life satisfaction in adults with ADHD symptoms.

**Database:** Medline

**Black and White Parents’ Willingness to Seek Help for Children’s Internalizing and Externalizing Symptoms.**

**Author(s):** Thurston, Idia B; Hardin, Robin; Decker, Kristina; Arnold, Trisha; Howell, Kathryn H; Phares, Vicky
Purpose of this study was to examine chronotype preferences in children aged between 7 and 12 years and ADHD symptoms, there is little evidence of this association considering the c increased eveningness. Despite the possibility of an association between chronotypes, sleep disturbances
deficit hyperactivity disorder
intermediate types, those who show characteristics of both morningness and eveningness types. Attention
physical and mental activities; eveningness types, people who prefer the afternoon or evening hours; and
Abstract:
Source: Journal of clinical psychology; Jun 2017
Abstract: OBJECTIVE Understanding social and environmental factors that contribute to parental help-seeking intentions is an important step in addressing service underutilization for children in need of treatment. This study examined factors that contribute to parents' intentions to seek formal and informal help for child psychopathology (anxiety and attention-deficit/hyperactivity disorder [ADHD]).METHODS A total of 251 parents (N = 128 mothers, N = 123 fathers; 49% Black, 51% White) read 3 vignettes describing children with anxiety, ADHD, and no diagnosis. Measures of problem recognition, perceived barriers, and formal (pediatricians, psychologists, teachers) and informal (religious leaders, family/friends, self-help) help seeking were completed. Four separate hierarchical logistic regression models were used to examine parental help-seeking likelihood from formal and informal sources for internalizing and externalizing symptoms. Predictors were socioeconomic status, parent race, age, and sex, parent problem recognition (via study vignettes), and perceived barriers to mental health service utilization. RESULT Mothers were more likely than fathers to seek help from pediatricians, psychologists, teachers, and religious leaders for child anxiety and pediatricians, religious leaders, and self-help resources for child ADHD. Black parents were more likely to seek help from religious leaders and White parents were more likely to use self-help resources. Problem recognition was associated with greater intentions to seek help from almost all formal and informal sources (except from friends/family).CONCLUSION Understanding factors that contribute to parental help seeking for child psychopathology is critical for increasing service utilization and reducing the negative effects of mental health problems. This study highlights the importance of decreasing help-seeking barriers and increasing problem recognition to improve health equity.
Database: Medline
Author(s): Matza, Louis S; Margolis, Mary Kay; Deal, Linda S; Farrand, Kimberly F; Erder, M Haim
Source: Value in health : the journal of the International Society for Pharmacoeconomics and Outcomes Research; Jun 2017; vol. 20 (no. 6); p. 828-833
Abstract: BACKGROUND Informant-reported outcome measures, usually completed by parents, are often administered in pediatric clinical trials with the intention of collecting data to support claims in a medical product label. Recently, there has been an emphasis on limiting these measures to observable content, as recommended in the US Food and Drug Administration guidance on patient-reported outcomes. This qualitative study explores the concept of observability using the example of childhood attention deficit/hyperactivity disorder (ADHD).METHODS Concept elicitation interviews were conducted with children (aged 6-12 years) diagnosed with ADHD and parents of children with ADHD to identify concepts for a potential parent-reported measure of functional impact of childhood ADHD. The observability of each concept was considered. RESULTS Of the 30 parents (30% females; mean age = 42.0 years), 24 had a child who was also interviewed (87.5% males; mean age = 9.6 years). Areas of functional impact reported by parents and/or children included the following: 1) functioning within the home/family, 2) academic performance, 3) school behavior, 4) social functioning, 5) emotional functioning, and 6) decreased self-efficacy. Parents cited many examples of direct observation at home, but opportunities for observation of some important areas of impact (e.g., school behavior and peer relationships) were limited. CONCLUSIONS Findings illustrate the substantial functional impairment associated with childhood ADHD while highlighting the challenges of developing informant-reported outcome measures limited to observable content. Because ADHD has an impact on children's functioning in a wide range of contexts, a parent-report measure that includes only observable content may fail to capture important aspects of functional impairment. Approaches for addressing this observability challenge are discussed.
Database: Medline
Chronotype and its relationship with sleep disorders in children with attention deficit hyperactivity disorder.
Author(s): Benk Durmuş, Fatma; Rodopman Arman, Ayşe; Ayaz, Ayşe Burcu
Source: Chronobiology international; Jun 2017; p. 1-9
Abstract: Chronotype can be classified as morningness types, people who prefer morning hours for their physical and mental activities; eveningness types, people who prefer the afternoon or evening hours; and intermediate types, those who show characteristics of both morningness and eveningness types. Attention deficit hyperactivity disorder (ADHD) has been linked with disturbances in chronotype, particularly increased eveningness. Despite the possibility of an association between chronotypes, sleep disturbances and ADHD symptoms, there is little evidence of this association considering the child population. The purpose of this study was to examine chronotype preferences in children aged between 7 and 12 years
who were diagnosed as having ADHD in the context of sleep disturbances. The Schedule for Affective Disorders and Schizophrenia for School Age Children-Present and Lifetime Version, Conner's Rating Scales, Children's Sleep Habit Questionnaire and Children's Chronotype Questionnaire were used for the evaluation of children with ADHD and healthy controls. The ADHD group was 73% combined-type, and the eveningness scores of the ADHD group (n = 52) were significantly higher than the control group (n = 52) (p < 0.01). There was a positive correlation between the higher scores of eveningness and total scores on resistance to sleep time (p < 0.09), respiratory problems during sleep and daytime sleepiness in the ADHD group. CSHQ total score was found to be a predictive factor for eveningness among children with ADHD (p < 0.01). These findings highlight possible reciprocal links between ADHD symptoms, sleep disturbances and chronotype in children aged 7-12 years, which might lead to individualized treatment options.

Database: Medline

**College Admissions Tests and LD and ADHD Documentation Guidelines: Consistency With Emerging Legal Guidance.**

**Author(s):** Lindstrom, Will; Lindstrom, Jennifer H.

**Source:** Journal of Disability Policy Studies; Jun 2017; vol. 28 (no. 1); p. 32-42

**Abstract:** Testing agencies request documentation to verify a test-taker’s disability status under the Americans With Disabilities Act of 2008 and Section 504 of the Rehabilitation Act of 1973. A number of recent legal developments, culminating in technical assistance from the U.S. Department of Justice, suggest changes in enforcement of relevant laws are imminent. This article reviews the legal developments and presents results of a survey of the learning disability and Attention-Deficit/Hyperactivity Disorder documentation guidelines of 10 standardized tests commonly used to aid admissions decisions for undergraduate and graduate programs. Consistent with the recent guidance, virtually all guidelines requested documentation from a qualified evaluator, a diagnosis, and accommodation recommendations and rationale. In contrast, agencies were less likely to request the information necessary to grant accommodations based on history of accommodation use. Few agencies had policies allowing submission of reduced amounts of documentation for students with lengthy histories of disabling conditions. Finally, guidelines frequently neglected to provide the guidance that evaluators need to generate useful documentation. Benefits and limitations of the recent legal guidance are discussed, and recommendations for testing and enforcement agencies, as well as secondary schools, are provided.

Database: CINAHL

**Early high school engagement in students with attention/deficit hyperactivity disorder.**

**Author(s):** Zendarski, Nardia; Sciberras, Emma; Mensah, Fiona; Hiscock, Harriet

**Source:** The British journal of educational psychology; Jun 2017; vol. 87 (no. 2); p. 127-145

**Abstract:** BACKGROUND Students with attention/deficit hyperactivity disorder (ADHD) continue to languish behind their peers with regard to academic achievement and education attainment. School engagement is potentially modifiable, and targeting engagement may be a means to improve education outcomes. AIMS To investigate school engagement for students with ADHD during the crucial high school transition period and to identify factors associated with low school engagement. SAMPLE Participants are adolescents (12-15 years) in the first and third year of high school with diagnosed ADHD (n = 130). Participants were recruited from 21 paediatric practices. METHODS Cross-sectional study assessing school engagement. Data were collected through direct assessment and child, parent, and teacher surveys. School engagement is measured as student attitudes to school (cognitive and emotional) and suspension rates (behavioural). Multivariable regression analyses examined student, family, and school factors affecting engagement. RESULTS In comparison with state data, students with ADHD in the first year of high school were less motivated (p < .01) and less connected to peers (p < .01). Overall, there was no discordance in third year attitudes. There were high rates of suspension in both years in comparison to state-wide suspensions (21% vs. 6%, p < .01). Explanatory factors for poor attitudes include adolescent depression, poor adolescent supervision, and devaluing education. Conduct problems and increased hyperactivity were related to increased likelihood of being suspended, whilst higher cognitive ability, family socio-economic status, and independent schools reduced risk. CONCLUSIONS Potentially modifiable individual and family factors including adolescent depression, behavioural problems, education values, and family supervision could be targeted to better manage the high school transition for students with ADHD.

Database: Medline

**Editorial: The continuing contributions of multimodal treatment of attention over nearly two decades to initial attention-deficit hyperactivity disorder pharmacotherapy and long-term clinical course.**
**Abstract**: The initial results of the Multimodal Treatment of Attention Deficit Hyperactivity Disorder (MTA) trial had profound effects on the way that Attention-Deficit Hyperactivity Disorder (ADHD) is managed clinically. Children from the original MTA cohort as well as a control group have been followed longitudinally for well over a decade and are beginning to provide important data regarding the long-term clinical course, treatment and consequences of ADHD into adulthood. Two articles in this issue of JCPP highlight important contributions from the MTA cohort. Swanson et al. highlights the potential long-term effects of stimulants on height whereas Sibley et al. highlights the importance of using multiple informants in assessing adulthood ADHD symptoms similar to children and suggest that current DSM criteria for ADHD may be overly stringent.

**Database**: Medline

Effect of trait anxiety on cognitive test performance in adolescents with and without attention-deficit/hyperactivity disorder.

**Author(s)**: Ruf, Barbara M; Bessette, Katie L; Pearlson, Godfrey D; Stevens, Michael C

**Source**: Journal of clinical and experimental neuropsychology; Jun 2017; vol. 39 (no. 5); p. 434-448

**Abstract**: INTRODUCTION Attention-deficit/hyperactivity disorder (ADHD) and anxiety are frequently comorbid disorders associated with different types of abnormal performance on neuropsychological tests. Although some studies have shown that comorbid anxiety alters ADHD test performance, results inconsistently show both improvements and worsening of different abilities, with failures to replicate across different anxiety disorders. Alternatively, trait anxiety may reflect a more stable influence on ADHD test performance than various diagnosable anxiety disorders. METHOD To better understand the possible enhancing or deleterious effects of anxiety on ADHD cognitive impairments, this study examined the effect of individual differences in trait anxiety measured by the Multidimensional Anxiety Scale for Children (MASC) on a battery of computerized, rapid-performance tests measuring attention and impulsivity-related performance in 98 Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) Combined-Subtype ADHD adolescents and 123 healthy controls. It was hypothesized that trait anxiety would attenuate response inhibition and attention deficits in ADHD. RESULTS ADHD-diagnosed adolescents with higher trait anxiety performed better on indices of sustained attention, reaction time, and motor variability, and had altered overall test-performance strategy, while response inhibition was affected in both ADHD and non-ADHD. CONCLUSIONS This study provides the first evidence that pathological levels of anxiety are not needed to see differences in ADHD neuropsychological test performance. Instead, mildly elevated trait anxiety confers a protective influence by reducing the degree of impairment seen in ADHD. These findings suggest that better performing ADHD adolescents might have optimized levels of cortical arousal, and raise new questions about how best to identify the neurobiological substrates responsible for the beneficial effects.

**Database**: Medline

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**Database**: Medline

**Abstract**: The present study aimed at revealing neurophysiological effects induced by electromyography (EMG) based biofeedback, considered as a semi-active control condition in neurofeedback studies, in adult attention-deficit/hyperactivity disorder (ADHD) patients. METHODS 20 adult ADHD patients trained their muscle activity in the left and right supraspinatus muscle over the course of 30 EMG biofeedback sessions. Changes induced by the EMG feedback were evaluated at a clinical and neurophysiological level; additionally, the relation between changes in EEG activity recorded at the vertex over the training course and changes of symptom severity over the treatment course were assessed in order to investigate the mechanisms underlying clinical effects of EMG biofeedback. RESULTS Participants showed significant behavioral improvements on a self-rating scale. There was a significant increase in alpha power, but no significant changes in the delta frequency range; changes in the theta and beta frequency range were not significant after adjustment for multiple comparisons. No statistically significant correlation was found between changes in EEG frequency bands and changes in ADHD symptoms. CONCLUSIONS The current results assessed by means of a single-electrode EEG constitute a starting point regarding a clearer understanding of mechanisms underlying clinical effects of EMG biofeedback.
Although we did not reveal systematic effects induced by EMG feedback on brain activity it remains an open question whether EMG biofeedback induces changes in brain regions or parameters we did not gather in the present study (e.g. motor cortex).

**Database: Medline**

**Evaluation of a drop-in clinic for young people with attention deficit hyperactivity disorder.**

**Author(s):** Sfar-Gandoura, Hanah; Ryan, Gemma Sinead; Melvin, Gail

**Source:** Nursing Children & Young People; Jun 2017; vol. 29 (no. 5); p. 24-32

**Abstract:** Aims To implement and evaluate a nurse-led, multi-agency drop-in clinic for young people with attention deficit hyperactivity disorder (ADHD). Method A repeated measures observational study over 12 months exploring clinic attendance and user satisfaction, crisis management and did not attend (DNA) rates, consultant time spent with patients, benefits to quality of care, and service flexibility. Results A total of 62 service users participated. A significant improvement in service user experience was observed (P=0.001). Crisis management attendances significantly increased (P=0.005). DNA rates did not reduce significantly (P=0.057). Service users attended for their medication review before or on their due date (P=0.011). Those who needed to were able to spend more time with the staff (P=0.001). Conclusion The clinic improved service accessibility and flexibility. It allowed adherence to clinical guidance, including uptake of psychosocial interventions. There was an overwhelmingly positive improvement in service user experience. Importantly, as contact with the ADHD nurse specialists increased, this significantly reduced the amount of time consultant community paediatricians spent with service users. Further research should examine the cost-effectiveness and longitudinal effect of the drop-in model.

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**Database:** Medline

**Family impact and parenting styles in families of children with ADHD**

**Author(s):** Muñoz-Silva, Alicia; Lago-Urbano, Rocío; Sanchez-Garcia, Manuel

**Source:** Journal of Child and Family Studies; Jun 2017

**Abstract:** Attention deficit hyperactivity disorder (ADHD) begins in childhood and is characterized by attention deficits, hyperactivity, or impulsiveness that is inconsistent with a child’s developmental level. The effects of ADHD are not limited to the child alone but can affect their familial context, particularly parenting styles. Using data from 68 parents of 6–11-year-old ADHD-diagnosed children, we attempted to identify the predictive variables of two parenting styles: criticism-rejection and permissiveness-indulgence. We analyzed two complex predictive models using structural equation modeling. We hypothesized that family impact variables would mediate the relation between the child’s behavior and parenting. The data showed that the child’s ADHD was only indirectly related to parenting styles, whereas child’s behavior problems had a direct relationship. The results stressed the central role of the child's behavior on family social life, parents’ marital relationship, and parents’ feelings about their children. These variables mediated the relationship between the children’s disorders and parenting styles. On the other hand, perceived social support had an inverse relationship with this negative family impact, and it even had relevant indirect effects on criticism and permissiveness.

**Database:** PsycINFO
Genetic and environmental aspects in the association between attention-deficit hyperactivity disorder symptoms and binge-eating behavior in adults: a twin study.

Author(s): Capusan, A J; Yao, S; Kuja-Halkola, R; Bulik, C M; Thornton, L M; Bendtsen, P; Marteinsdottir, I; Thorsell, A; Larsson, H

Source: Psychological medicine; Jun 2017 ; p. 1-13
Available in full text at Psychological Medicine - from ProQuest

Abstract: BACKGROUND Prior research demonstrated that attention-deficit hyperactivity disorder (ADHD) is associated with binge-eating behavior, binge-eating disorder (BED), and bulimia nervosa (BN). The aim of this study was to investigate these associations in an adult twin population, and to determine the extent to which ADHD symptoms and binge-eating behavior share genetic and environmental factors. METHODS We used self-reports of current ADHD symptoms and lifetime binge-eating behavior and associated characteristics from a sample of over 18 000 adult twins aged 20-46 years, from the population-based Swedish Twin Registry. Mixed-effects logistic regression was used to examine the association between ADHD and lifetime binge-eating behavior, BED, and BN. Structural equation modeling was used in 13 773 female twins to determine the relative contribution of genetic and environmental factors to the association between ADHD symptoms and binge-eating behavior in female adult twins. RESULTS ADHD symptoms were significantly associated with lifetime binge-eating behavior, BED, and BN. The heritability estimate for current ADHD symptoms was 0.42 [95% confidence interval (CI) 0.41-0.44], and for lifetime binge-eating behavior 0.65 (95% CI 0.54-0.74). The genetic correlation was estimated as 0.35 (95% CI 0.25-0.46) and the covariance between ADHD and binge-eating behavior was primarily explained by genetic factors (91%). Non-shared environmental factors explained the remaining part of the covariance. CONCLUSIONS The association between adult ADHD symptoms and binge-eating behavior in females is largely explained by shared genetic risk factors.

Database: Medline


Author(s): Pan, Pei-Yin; Yeh, Chin-Bin

Source: European Child & Adolescent Psychiatry; Jun 2017; vol. 26 (no. 6); p. 659-667

Abstract: Adolescents with attention-deficit/hyperactivity disorder (ADHD) often exhibit functional impairment even those having less visible symptoms. Therefore, it is of great clinical importance to identify ADHD symptoms among adolescents in the community. Furthermore, little is known regarding the role of internalizing symptoms in their quality of life. Thus, this study aimed to screen ADHD in a sample of high school students using the Adult ADHD Self-report Scale (ASRS) and to investigate the impact of internalizing symptoms on their well-being. In the first year, adolescents aged 15-17 years old from a senior high school (N = 1947) completed the Adult ADHD Self-report Scale (ASRS), Wender Utah Rating Scale, Impulsiveness Scale, Beck's Depression Inventory and Beck's Anxiety Inventory. In the second year, the World Health Organization Quality of Life-BREF was applied for the measurement of their psychosocial outcomes. Results showed that adolescents with higher ASRS scores manifested more severe concurrent depressive and anxiety symptoms. ADHD symptoms among these adolescents were significantly associated with poorer quality of life 1 year later (p < 0.001). And both depressive and anxiety symptoms were mediators in the relationship between ADHD symptoms and quality of life. The finding of this study supports that the concurrent internalizing symptoms may underlie the negative relations between ADHD symptoms and quality of life in adolescents in the community. The application of ASRS in adolescents may help clinicians in early intervention for their ADHD problems as well as emotional symptoms.

Database: CINAHL

Linking ADHD to the neural circuitry of attention

Author(s): Mueller, Adrienne; Hong, David S.; Shepard, Steven; Moore, Tirin

Source: Trends in Cognitive Sciences; Jun 2017; vol. 21 (no. 6); p. 474-488

Abstract: Attention deficit hyperactivity disorder (ADHD) is a complex condition with a heterogeneous presentation. Current diagnosis is primarily based on subjective experience and observer reports of behavioral symptoms—An approach that has significant limitations. Many studies show that individuals with ADHD exhibit poorer performance on cognitive tasks than neurotypical controls, and at least seven main functional domains appear to be implicated in ADHD. We discuss the underlying neural mechanisms of cognitive functions associated with ADHD, with emphasis on the neural basis of selective attention, demonstrating the feasibility of basic research approaches for further understanding cognitive behavioral
processes as they relate to human psychopathology. The study of circuit-level mechanisms underlying executive functions in nonhuman primates holds promise for advancing our understanding, and ultimately the treatment, of ADHD.

**Database:** PsycINFO

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**Database:** Medline

**Loneliness and social support in adolescent boys with attention deficit hyperactivity disorder in a special education setting**

**Author(s):** Elmose, Mette; Lasgaard, Mathias

**Source:** Journal of Child and Family Studies; Jun 2017

**Abstract:** Social difficulties have been suggested to exacerbate the risk of loneliness. The social difficulties in social relations often reported for adolescents with attention deficit hyperactivity disorder (ADHD) could be a risk for increased loneliness in adolescents with ADHD. However, current studies of the risk of loneliness in persons with ADHD are limited and their results are mixed. Especially the adolescent age group is poorly investigated and has not been studied as a separate group. In this study we investigate the experience of loneliness and social support in adolescents with attention deficit hyperactivity disorder (ADHD) in a special educational setting. Twenty-five adolescent boys with clinically diagnosed ADHD filled out self-report measures of loneliness, difficulties in making friends, and social support. The boys with ADHD were compared with 199 adolescent boys from regular schools. No difference in the degree of loneliness was found even if more adolescents with ADHD reported difficulties in making friends. These difficulties were related to loneliness in the control group, but not in the ADHD group. Social support from classmates and peers reduced the degree of loneliness in the ADHD group. Adolescent boys with ADHD in a special educational setting do not seem to be at a higher risk of loneliness in adolescence.

**Database:** PsycINFO

**Motor Vehicle Crash Risk Among Adolescents and Young Adults With Attention-Deficit/Hyperactivity Disorder.**

**Author(s):** Curry, Allison E; Metzger, Kristina B; Pfeiffer, Melissa R; Elliott, Michael R; Winston, Flaura K; Power, Thomas J

**Source:** JAMA pediatrics; Jun 2017

**Abstract:** Importance Attention-deficit/hyperactivity disorder (ADHD) often persists into adolescence, when motor vehicle crash risk peaks. We know little about when adolescents with ADHD get licensed and, once they do, the extent to which they have increased crash risk compared with adolescents without ADHD. Objectives To examine the association between ADHD and both driver licensing and crash involvement and whether it varies by sex, licensing age, and/or being prescribed ADHD medication at licensure. Design, Setting, and Participants This retrospective cohort study was conducted at 6 primary care practices of the Children's Hospital of Philadelphia, a large pediatric health care network in southeastern Pennsylvania and southern New Jersey. Using electronic health records, we defined a cohort of 2479 adolescents and young adults with ADHD and 15 865 without ADHD who were (1) born from 1987 to 1997; (2) residents of New Jersey and patients at 1 of 6 New Jersey primary care practices at age 12 years or older; and (3) age-eligible to obtain a driver's license from 2004 through 2014. Electronic health records data were then linked with New Jersey's statewide driver licensing and crash databases for 2004 through 2014. Main Outcomes and Measures Acquisition of a driver's license and first involvement as a driver in a police-reported crash. Survival analysis was used to estimate adjusted hazard ratios for licensing and crash outcomes through
age 25 years. Results The median age of individuals at the end of the study was 22.2 years (interquartile range, 19.7-24.8). Compared with individuals without ADHD, the licensing probability of individuals with ADHD 6 months after eligibility was 35% lower (for males: adjusted hazard ratio, 0.65; 95% CI, 0.61-0.70; females: adjusted hazard ratio, 0.64; 95% CI, 0.58-0.70). Among individuals with a driver's license, 764 of 1785 with ADHD (42.8%) and 4715 of 13,221 without ADHD (35.7%) crashed during the study period. The adjusted risk for first crash among licensed drivers with ADHD was 1.36 times higher than for those without ADHD (95% CI, 1.25-1.48) and did not vary by sex, licensing age, or over time. Only 129 individuals with ADHD (12.1%) were prescribed medication in the 30 days before licensure. Conclusions and Relevance Adolescents with ADHD get licensed less often and at an older age. Once licensed, this cohort has a greater risk of crashing. Additional research is needed to understand the specific mechanisms by which ADHD influences crash risk.

**Database:** Medline

**Neural response during anticipation of monetary loss is elevated in adult attention deficit hyperactivity disorder.**

**Author(s):** Wilbertz, Gregor; Delgado, Mauricio R; Tebartz Van Elst, Ludger; Maier, Simon; Philipsen, Alexandra; Blechert, Jens

**Source:** The world journal of biological psychiatry : the official journal of the World Federation of Societies of Biological Psychiatry; Jun 2017; vol. 18 (no. 4); p. 268-278

**Abstract:** OBJECTIVES Risky behaviour seriously impacts the life of adult patients with attention deficit hyperactivity disorder (ADHD). Such behaviours have often been attributed to their exaggerated reward seeking, but dysfunctional anticipation of negative outcomes might also play a role. METHODS The present study compared adult patients with ADHD (n = 28) with matched healthy controls (n = 28) during anticipation of monetary losses versus gains while undergoing functional magnetic resonance imaging (fMRI) and skin conductance recording. RESULTS Skin conductance was higher during anticipation of losses compared to gains in both groups. Affective ratings of predictive cues did not differ between groups. ADHD patients showed increased activity in bilateral amygdalae, left anterior insula (region of interest analysis) and left temporal pole (whole brain analysis) compared to healthy controls during loss versus gain anticipation. In the ADHD group higher insula and temporal pole activations went along with more negative affective ratings. CONCLUSIONS Neural correlates of loss anticipation are not blunted but rather increased in ADHD, possibly due to a life history of repeated failures and the respective environmental sanctions. Behavioural adaptations to such losses, however, might differentiate them from controls: future research should study whether negative affect might drive more risk seeking than risk avoidance.

**Database:** Medline

**New research promotes understanding of adults with ADHD.**

**Author(s):** Canady, Valerie A.

**Source:** Mental Health Weekly; Jun 2017; vol. 27 (no. 22); p. 3-4

**Abstract:** The article focuses on a study that promotes understanding of adults with attention deficit hyperactivity disorder (ADHD). It mentions that adults with ADHD experienced difficulties during afternoon and evening hours when medication has worn off. It also mentions that symptom impairments associated with ADHD occur across all settings of the adult patient day.

**Database:** CINAHL

**Nutritional and environmental factors in attention-deficit hyperactivity disorder (ADHD): A cross-sectional study.**

**Author(s):** San Mauro Martín, Ismael; Blumenfeld Olivares, Javier Andrés; Garicano Vilar, Elena; Echeverry López, Manuela; García Bernat, Marta; Quevedo Santos, Yaiza; Blanco López, Marta; Elortegui Pascual, Paloma; Borregón Rivilla, Elena; Rincón Barrado, Mario

**Source:** Nutritional neuroscience; Jun 2017; p. 1-7

Available in full text at Nutritional Neuroscience - from EBSCOhost

**Abstract:** OBJECTIVES Attention-deficit hyperactivity disorder (ADHD) has been related to nutrient deficiencies and ‘unhealthy’ diets, and to date there is only one study that examined the relationship between the Mediterranean diet and ADHD. The aim was to determine the association between those environmental, nutritional, and body composition factors that may affect the pathogenesis and symptomatology of patients with ADHD in Spain. METHODS A total of 89 children and adolescents (41 with diagnosed ADHD and 48 controls) were studied in an observation case-control study. Anthropometry, nutritional status, adherence to a Mediterranean diet, sedentary behaviour, and sleep were measured.
RESULTS Lower adherence to a Mediterranean diet was associated with ADHD diagnosis. Individuals with ADHD more often missed having a second serving of vegetables daily and showed reduced intakes of fish, pulses, and pasta or rice almost every day when compared with controls. Statistically significant differences (P < 0.05) were found for fish, cereal, no breakfast and commercially baked goods consumption. There were also statistically significant differences between ADHD individuals and controls when analysing sedentary behaviours and BMI (P < 0.05). CONCLUSION Low adherence to a Mediterranean diet might play a role in ADHD development. Not only specific nutrients but also the whole diet should be considered in ADHD. No clear association was found for anthropometry and sedentary behaviours.

Database: Medline

Online inferential and textual processing by adolescents with attention-deficit/hyperactivity disorder during reading comprehension: Evidence from a probing method.

Author(s): Yeari, Menahem; Avramovich, Adi; Schiff, Rachel

Source: Journal of clinical and experimental neuropsychology; Jun 2017; vol. 39 (no. 5); p. 485-501

Abstract: INTRODUCTION Previous studies have demonstrated that students with attention-deficit/hyperactivity disorder (ADHD) struggle particularly with grasping the implicit, inferential level of narratives that is crucial for story comprehension. However, these studies used offline tasks (i.e., after story presentation), used indirect measurements (e.g., identifying main ideas), and/or yielded inconclusive results using think-aloud techniques. Moreover, most studies were conducted with preschool or elementary school children with ADHD, using listening or televised story comprehension. In this study, we were interested in examining the spontaneous, immediate activation and/or suppression of forward-predictive inferences, backward-explanatory inferences, and inference-evoking textual information, as they occur online during reading comprehension by adolescents with ADHD. METHOD Participants with and without ADHD read short narrative texts, each of which included a predictive sentence, a bridging sentence that referred back to the predictive sentence via actualization of the predicted event, and two intervening sentences positioned between the predictive and bridging sentences that introduced a temporary transition from the main (predictive) episode. Activation and suppression of inferential and/or textual information were assessed using naming times of word probes that were implied by the preceding text, explicitly mentioned in it, or neither when following control texts. In some cases, a true-false inferential or textual question followed the probe. RESULTS Naming facilitations were observed for the control but not for the ADHD group, in responding to inference probes that followed the predictive and bridging sentences, and to text probes that followed the predictive sentences. Participants with ADHD were accurate, albeit slower, than controls in answering the true-false questions. CONCLUSIONS Adolescents with ADHD have difficulties in generating predictive and explanatory inferences and in retaining relevant textual information in working memory while reading, although they can answer questions after reading when texts are relatively short. These findings are discussed with regard to development of comprehension strategies for individuals with ADHD.

Database: Medline

Piloting a mobile health intervention to increase physical activity for adolescents with ADHD.

Author(s): Schoenfelder, Erin; Moreno, Megan; Wilner, Molly; Whitlock, Kathryn B; Mendoza, Jason A

Source: Preventive medicine reports; Jun 2017; vol. 6 ; p. 210-213

Abstract: Physical activity (PA) reduces symptoms of Attention Deficit Hyperactivity Disorder (ADHD); interventions to increase PA may improve functioning and health for adolescents with ADHD. Mobile health (mHealth) technology and social media constitute promising interactive modalities for engaging adolescents-who are at highest risk for ADHD treatment drop-out-in interventions to increase PA. The current pilot study evaluated feasibility and acceptability of an innovative intervention incorporating an mHealth-linked wearable activity tracker (Fitbit Flex) and a Facebook group to increase PA among adolescents with ADHD. 11 adolescents diagnosed with ADHD (age 14-18, m = 15.5; 54% female) participated in a 4-week trial utilizing the Fitbit Flex in conjunction with (1) weekly personalized step count goals (2) social support through a Facebook group and (3) daily text messages about PA. The study took place in the greater Seattle, Washington area in the fall of 2015. Adolescents completed online surveys twice per week to rate their ADHD symptoms and positive and negative mood states, and parents rated adolescent ADHD symptoms weekly. Participants were adherent to the study protocol and acceptability of the intervention was high. Linear mixed models indicated that participants significantly increased their average weekly steps over the course of the study and demonstrated improvements in both adolescent and parent-reported ADHD Inattentive symptoms. Results indicate that this mHealth intervention is engaging
and promising for increasing PA among adolescents with ADHD, and warrant further study. Implications for improving ADHD symptoms and overall functioning for this undertreated population are discussed.

**Database:** Medline

**Predicting attention-deficit/hyperactivity disorder severity from psychosocial stress and stress-response genes: a random forest regression approach.**

**Author(s):** van der Meer, D; Hoekstra, P J; van Donkelaar, M; Bralten, J; Oosterlaan, J; Heslenfeld, D; Faroane, S V; Franke, B; Buitelaar, J K; Hartman, C A

**Source:** Translational psychiatry; Jun 2017; vol. 7 (no. 6); p. e1145

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

**Abstract:** Identifying genetic variants contributing to attention-deficit/hyperactivity disorder (ADHD) is complicated by the involvement of numerous common genetic variants with small effects, interacting with each other as well as with environmental factors, such as stress exposure. Random forest regression is well suited to explore this complexity, as it allows for the analysis of many predictors simultaneously, taking into account any higher-order interactions among them. Using random forest regression, we predicted ADHD severity, measured by Conners' Parent Rating Scales, from 686 adolescents and young adults (of which 281 were diagnosed with ADHD). The analysis included 17,374 single-nucleotide polymorphisms (SNPs) across 29 genes previously linked to hypothalamic-pituitary-adrenal (HPA) axis activity, together with information on exposure to 24 individual long-term difficulties or stressful life events. The model explained 12.5% of variance in ADHD severity. The most important SNP, which also showed the strongest interaction with stress exposure, was located in a region regulating the expression of telomerase reverse transcriptase (TERT). Other high-ranking SNPs were found in or near NPSR1, ESR1, GABRA6, PER3, NR3C2 and DRD4. Chronic stressors were more influential than single, severe, life events. Top hits were partly shared with conduct problems. We conclude that random forest regression may be used to investigate how multiple genetic and environmental factors jointly contribute to ADHD. It is able to implicate novel SNPs of interest, interacting with stress exposure, and may explain inconsistent findings in ADHD genetics. This exploratory approach may be best combined with more hypothesis-driven research; top predictors and their interactions with one another should be replicated in independent samples.

**Database:** Medline

**Predictive factors of success in neurofeedback training for children with ADHD.**

**Author(s):** Okumura, Yasuko; Kita, Yosuke; Omori, Mikimasa; Suzuki, Kota; Yasumura, Akira; Fukuda, Ayako; Inagaki, Masumi

**Source:** Developmental neurorehabilitation; Jun 2017; p. 1-10

**Abstract:** **INTRODUCTION** Neurofeedback (NF) training aims the enhancement of self-regulation over brain activities. While it is largely recognized as an effective treatment for attention deficit hyperactivity disorder (ADHD), the existence of non-learners has also been reported. The present study explored pre-training assessment indices that could predict learners prior to NF training. **METHODS** Twenty-two children with ADHD participated in slow cortical potential (SCP) NF training and completed pre- and post-training assessments. Participants were classified into learners or non-learners based on their progress in the SCP regulation, and pre-training indices that differentiate the two groups were examined by decision tree analysis. **RESULTS AND DISCUSSION** The learner rate in NF training was 45.5%. Learners were predicted by pre-training cognitive and neurophysiological measures regarding Stroop tasks, which suggested relatively intact executive function as their characteristics. Given that NF training is not universally effective for children with ADHD, further studies are necessary to establish application criteria.

**Database:** Medline

**Prescribing of medication for attention deficit hyperactivity disorder among young people in the Clinical Practice Research Datalink 2005-2013: analysis of time to cessation.**

**Author(s):** Newlove-Delgado, Tamsin; Ford, Tamsin J; Hamilton, William; Stein, Ken; Ukoumunne, Obioha

**Source:** European child & adolescent psychiatry; Jun 2017

**Abstract:** The aim of this study was to examine the time to cessation of ADHD medication amongst young people with ADHD aged 16 in the period 2005-2013. Previous studies of prescribing in primary care reported high rates of medication cessation amongst 16 and 17 year olds with ADHD. The examination of trends since the introduction of new NICE guidance in 2008 will support service planning and improvement of outcomes over the vulnerable transition period from child to adult services. We used primary care records from the Clinical Practice Research Datalink and identified cases prescribed ADHD medication at the time of their 16th birthday during the study period. The outcome was time to medication cessation from...
the age of 16. Cessation of medication was defined as occurring at the beginning of a gap of over 6 months in prescriptions. 1620 cases were included. The median time to cessation was 1.51 years (95% CI 1.42-1.67). The estimated probability of remaining on medication was 0.63 (95% CI 0.61-0.65) at age 17 (i.e., at 1 year) and 0.41 (95% CI 0.39-0.43) at age 18. Young people with ADHD remain at high risk of cessation of medication during the transition from child to adult services. Despite the restriction that only primary care prescribing data were available, the results suggest continuing disparity between expected levels of symptom persistence and continuation of medication.

**Database:** Medline

**Psychotherapy for Adolescents With Attention-Deficit Hyperactivity Disorder: A Pediatrician's Guide.**

**Author(s):** Modesto-Lowe, Vania; Charbonneau, Victoria; Farahmand, Pantea

**Source:** Clinical Pediatrics; Jun 2017; vol. 56 (no. 7); p. 667-674

**Abstract:** Attention-deficit hyperactivity disorder (ADHD) presents with high levels of inattention, impulsiveness, and hyperactivity. ADHD starts in childhood and results in impairments that continue into adulthood. ADHD symptoms lead to decreased functionality in various life domains and result in poor academics, behavioral challenges, delayed independence, and strained relationships. Despite advances in diagnosis and treatment, persistent residual symptoms are common, highlighting the need for novel treatment strategies. This article aims to provide a review of the psychotherapeutic interventions available for teens that receive pharmacotherapy but continue to struggle with the residual symptoms of ADHD that interfere with academic function, relationship formation, and psychological development.

**Database:** CINAHL

**QuickStats: Percentage of Children and Teens Aged 4-17 Years Ever Diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) by Sex and Urbanization of County of Residence - National Health Interview Survey 2013-2015.**

**Source:** MMWR. Morbidity and mortality weekly report; Jun 2017; vol. 66 (no. 23); p. 625

Available in full text at MMWR: Morbidity & Mortality Weekly Report - from EBSCOhost

**Abstract:** During 2013-2015, the percentage of children and teens aged 4-17 years who had ever received a diagnosis of ADHD was significantly higher among boys than among girls within all urbanization levels. Among boys, those living in small metro and nonmetro micropolitan areas were more likely to have received a diagnosis of ADHD (17.4% and 16.4%, respectively) than were those living in large central (11.4%) and large fringe (12.7%) metropolitan areas. Among girls, those living in large central areas were less likely to have received a diagnosis of ADHD (4.4%) than those living in each of the other five types of urban/rural areas.

**Database:** Medline

**Racial and Ethnic Differences in ADHD Treatment Quality Among Medicaid-Enrolled Youth.**

**Author(s):** Cummings, Janet R.; Xu Ji; Allen, Lindsay; Lally, Cathy; Druss, Benjamin G.

**Source:** Pediatrics; Jun 2017; vol. 139 (no. 6); p. 1-11

**Abstract:** OBJECTIVES: We estimated racial/ethnic differences in attention-deficit/hyperactivity disorder (ADHD) care quality and treatment continuity among Medicaid-enrolled children. METHODS: Using Medicaid data from 9 states (2008 to 2011), we identified 172 322 youth (age 6 to 12) initiating ADHD medication. Outcome measures included: (1) adequate follow-up care in the (a) initiation and (b) continuation and maintenance (C&M) treatment phases; (2) combined treatment with medication and psychotherapy (versus medication alone); (3) medication discontinuation; and (4) treatment disengagement (i.e., discontinued medication and received no psychotherapy). Logistic regressions controlled for confounding measures. RESULTS: Among those initiating medication, three-fifths received adequate follow-up care in the initiation and C&M phases, and under two-fifths received combined treatment. Compared with whites, African American youth were less likely to receive adequate follow-up in either phase (P < .05), whereas Hispanic youth were more likely to receive adequate follow-up in the C&M phase (P < .001). African American and Hispanic youth were more likely than whites to receive combined treatment (P < .05). Over three-fifths discontinued medication, and over four-tenths disengaged from treatment. Compared with whites, African American and Hispanic children were 22.4% and 16.7% points more likely to discontinue medication, and 13.1% and 9.4% points more likely to disengage from treatment, respectively (P < .001). CONCLUSIONS: Care quality for Medicaid-enrolled youth initiating ADHD medication is poor, and racial/ethnic differences in these measures are mixed. The most important disparities occur in the higher rates of medication discontinuation among minorities, which translate into
higher rates of treatment disengagement because most youth discontinuing medication receive no psychotherapy.

**Database:** CINAHL

**Regulating the Regulators in Attention-Deficit/Hyperactivity Disorder: A Genetic Association Study of microRNA Biogenesis Pathways.**

**Author(s):** Karakas, Umit; Ay, Ozlem Izci; Ay, Mustafa Ertan; Wang, Wei; Sungur, Mehmet Ali; Çevik, Kenan; Dogru, Gurbet; Erdal, Mehmet Emin

**Source:** Omics: a journal of integrative biology; Jun 2017; vol. 21 (no. 6); p. 352-358

**Abstract:** Attention-deficit/hyperactivity disorder (ADHD) is one of the most prevalent complex psychiatric disorders in children as well as adults. ADHD impacts not only the affected individuals but also their families and social and professional networks. The clinical and diagnostic criteria for ADHD remain imprecise, in part, due to lack of robust biomarkers. ADHD comprises multiple subsets of diseases that present a shared set of downstream clinical findings, while displaying extensive molecular heterogeneity. This calls for innovation in diagnostic strategies that can help establish an ADHD diagnosis unequivocally as well as guiding precision medicine in this common mental health disorder. No study has examined, to the best of our knowledge, the upstream regulation of miRNAs that impact the downstream final ADHD phenotype. The latter focus on putative genetic biomarkers that regulate the regulators and can be tested empirically, for example, through genetic association analyses of the biogenesis pathways for miRNAs that impact the ADHD phenotype. Hence, we report here polymorphic variation in 10 miRNA biogenesis pathway candidate genes, including RNASEN, DGCR8, XPO5, RAN, DICER1, TARBP2, AGO1, AGO2, GEMIN3, and GEMIN4, in a large sample from the Eastern Mediterranean region (N = 355; 191 cases and 164 controls). We found that AGO1 rs5958961 was significantly associated with ADHD susceptibility (p < 0.05). While polymorphic variation in other miRNA biogenesis pathway genes did not display a significant association in the present sample, the observations reported herein on miRNA biogenesis variation offer a new avenue of research for innovation in biomarker discovery concerning ADHD and other complex psychiatric diseases with major global health burden.

**Database:** Medline

**Research Review: Language problems in children with Attention-Deficit Hyperactivity Disorder - a systematic meta-analytic review.**

**Author(s):** Korrel, Hannah; Mueller, Kathryn L; Silk, Tim; Anderson, Vicki; Sciberras, Emma

**Source:** Journal of child psychology and psychiatry, and allied disciplines; Jun 2017; vol. 58 (no. 6); p. 640-654

**Abstract:** BACKGROUND Children with Attention-Deficit Hyperactivity Disorder (ADHD) appear to have a higher risk of language problems compared with typically developing children, although the types of language problems experienced are less clear. This review aims to establish the types of language problems experienced by children with ADHD according to systematically reviewed literature and determine the empirical evidence for language problems in children with ADHD compared with non-ADHD controls. METHODS A standardized search protocol was used on databases: CINAHL, Medline, and PsychINFO. We identified studies with the following inclusion criteria: (a) confirmed ADHD status at the time of the study, (b) inclusion of a non-ADHD control group, (c) use of a validated language measure, and (d) age ≤ 18. t-Tests, Pearson’s r, and Hedges g effect sizes (ES) were calculated using summary statistics. Random effects meta-analyses were conducted for the language domain suitable for analysis. Publication bias was investigated using both the trim and fill and p-curve techniques. RESULTS Twenty-one studies were included in the systematic review (ADHD = 1,209; Control = 1,101), within which 60 of 68 separate analyses found significant differences between the ADHD and control group on the language measures (p < .05). Follow-up meta-analyses found evidence for large deficits in the ADHD groups overall (10/11 studies met p < .05; weighted mean ES [WMES]: 1.04); expressive (10/10 met p < .05; WMES: 1.23); receptive (12/14 met p < .05; WMES: 0.97), and pragmatic language (4/4 studies met p < .05; WMES: 0.98) compared with controls. CONCLUSIONS This study demonstrates that children with ADHD have poorer performance on measures of overall, expressive, receptive, and pragmatic language compared with controls. A screening of language functioning may be a valuable addition to the assessment of ADHD.

**Database:** Medline

**Resting state vagal tone in attention deficit (hyperactivity) disorder: A meta-analysis.**

**Author(s):** Koenig, Julian; Rash, Joshua A; Kemp, Andrew H; Buchhorn, Reiner; Thayer, Julian F; Kaess, Michael
**Source:** The world journal of biological psychiatry : the official journal of the World Federation of Societies of Biological Psychiatry; Jun 2017; vol. 18 (no. 4); p. 256-267

**Abstract:** OBJECTIVES To quantify evidence on resting-state vagal activity in patients with attention deficit hyperactivity disorder (ADHD) relative to controls using meta-analysis. METHODS Three electronic databases (PubMed, PsycINFO, CINAHL Plus) were reviewed to identify studies. Studies reporting on any measure of short-term, vagally mediated heart rate variability during resting state in clinically diagnosed ADHD patients as well as non-ADHD healthy controls were eligible for inclusion. RESULTS Eight studies reporting on 587 participants met inclusion criteria. Random-effect meta-analysis revealed no significant main effect comparing individuals with ADHD (n = 317) and healthy controls (n = 270) (Hedges’ g = 0.06, 95% CI: 0.18-0.29, Z = 0.48, P = 0.63; k = 8). Sub-group analysis showed consistent results among studies in adults (k = 2) and children (k = 6) with ADHD.CONCLUSIONS Unlike a variety of internalising psychiatric disorders, ADHD is not associated with altered short-term measures of resting-state vagal tone.

**Database:** Medline

**Safetym and Efficacy of Drugs for Treating Behavioural Insomnia in Children with Attention-Deficit/Hyperactivity Disorder: A Systematic Review with Methodological Quality Assessment.**

**Author(s):** Anand, Shweta; Tong, Henry; Besag, Frank M C; Chan, Esther W; Cortese, Samuele; Wong, Ian C K

**Source:** Paediatric drugs; Jun 2017; vol. 19 (no. 3); p. 235-250

**Abstract:** OBJECTIVE A large proportion of paediatric patients with attention-deficit/hyperactivity disorder (ADHD) have associated sleep problems which not only affect the child's wellbeing but also impact family functioning. Management of sleep problems is consequently an important aspect of overall ADHD management in children. Although some drugs are being used off-label for the management of paediatric insomnia, there is scant clinical evidence supporting their use. Our aim was to identify and assess the quality of published studies reporting the safety, tolerability and efficacy of drugs used for treating behavioural insomnia in children with ADHD. METHODS After an initial screen to determine which drugs were most commonly used, we conducted a systematic review of English-language publications from searches of PubMed, EMBASE, PsycINFO and two trial register databases to February 2017, using keywords 'clonidine', 'melatonin', 'zolpidem', 'eszopiclone', 'L-theanine', 'guanfacine', 'ADHD', 'sleep disorder' and 'children'. For quality assessment of included studies, we used the CONSORT checklist for randomised control trials (RCTs) and the Downs and Black checklist for non-RCTs. RESULTS Twelve studies were included. Two case series for clonidine, two RCTs and four observational studies for melatonin and one RCT each for zolpidem, eszopiclone, L-theanine and guanfacine. Of the 12 included studies, only one on eszopiclone scored excellent for quality. The quality of the rest of the studies varied from moderate to low. For clonidine, melatonin and L-theanine, improvements in sleep-onset latency and total sleep duration were reported; however, zolpidem, eszopiclone and guanfacine failed to show any improvement when compared with placebo. Clonidine, melatonin, L-theanine, eszopiclone and guanfacine were well tolerated with mild to moderate adverse events; zolpidem was associated with neurophysiologic adverse effects. CONCLUSION There is generally poor evidence for prescribing drugs for behavioural insomnia in children with ADHD. Further controlled studies are warranted.

**Database:** Medline

**Self-Reported Mindful Attention and Awareness, Go/No-Go Response-Time Variability, and Attention-Deficit Hyperactivity Disorder.**

**Author(s):** Keith, Julian R; Blackwood, Mallory E; Mathew, Rano T; Lecci, Len B

**Source:** Mindfulness; Jun 2017; vol. 8 (no. 3); p. 765-774

**Abstract:** The abilities to stabilize the focus of attention, notice attention lapses, and return attention to an intended object following lapses are precursors for mindfulness. Individuals diagnosed with attention-deficit hyperactivity disorder (ADHD) are deficient in the attentional and self-control skills that characterize mindfulness. The present study assessed the relationship between mindfulness and ADHD in young adults using the Mindful Attention and Awareness Scale (MAAS), a computerized Go/No-Go task (the Test of Variables of Attention (TOVA)), the World Health Organization Adult Self-Report Scale (ASRS), a tool used as an adult ADHD screen, the Beck Anxiety Inventory (BAI), and the Beck Depression Inventory-II (BDI-II). We recruited 151 adult volunteers (ages 18 to 40); 100 with confirmed ADHD diagnoses and 51 control participants. Overall, participants with prior diagnoses of ADHD scored lower on the MAAS than controls and ASRS scores were strongly negatively correlated MAAS scores. Attention performance index, response time, and response-time variability subscales of the TOVA were positively correlated with MAAS.
scores and negatively correlated with ASRS scores. Intrasubject response-time variability on the TOVA, a parameter associated with attention lapses, was also strongly negatively correlated with MAAS scores. Overall, participants' self-reported mindfulness, as measured by the MAAS, was strongly related to self-reports on a clinical measure of attention disorders, anxiety, depression, and multiple indices of concentration and mind wandering on a standardized Go/No-Go task, the TOVA.

**Database:** Medline

**Serious child and adolescent behaviour disorders; A valuation study by professionals, youth and parents**

**Author(s):** Vermeulen, Karin M.; Jansen, Daniëlle E. M. C.; Buskens, Erik; Knorth, Erik J.; Reijneveld, Sijmen A.

**Source:** BMC Psychiatry; Jun 2017; vol. 17

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

**Abstract:** Background: In child and youth care, quantitative estimates of the impact of serious behaviour problems have not yet been made. Such input is needed to support decision making on investments in treatment. Methods: We obtained valuations from 25 youth care professionals, 50 children (age 9–10) without serious behaviour problems and 36 adolescents (age 16–17) with and without serious behaviour disorders, and 46 parents with children in the aforementioned age categories. Valuations were estimated from 18 descriptions of behaviour disorders in youth aged 9 and 15 years. Descriptions included Oppositional Defiant Disorder (ODD), Conduct Disorder (CD), and Disruptive Behaviour Disorder (DBD). Comorbid conditions were Attention Deficit Hyperactivity Disorder and substance abuse. Valuations were obtained with the EuroQol questionnaire (EQ-5D-3 L) and a visual analogue scale (VAS). Results: Valuations were generally severe; problems were by and large reported to worsen quality of life by 50% compared to being fully healthy. Professionals regarded DBD with substance abuse as most severe (VAS values 0.41 for children, and 0.43 for adolescents, i.e. less than half of normal). They rated ODD as least severe (VAS values 0.58 for children, 0.59 for adolescents). Children, adolescents and parents gave lower valuations than professionals, and had a wider range of scores, particularly at the lower end of the scale. Conclusions: Behaviour disorders pose a formidable burden from the perspectives of professionals as well as children, adolescents and parents. These results may support medical decision making to set priorities with regard to prevention and treatment based on perceived severity.

**Database:** PsycINFO

**Specific Components of Pediatricians' Medication-Related Care Predict Attention-Deficit/Hyperactivity Disorder Symptom Improvement.**

**Author(s):** Epstein, Jeffery N; Kelleher, Kelly J; Baum, Rebecca; Brinkman, William B; Peugh, James; Gardner, William; Lichtenstein, Phil; Langberg, Joshua M

**Source:** Journal of the American Academy of Child and Adolescent Psychiatry; Jun 2017; vol. 56 (no. 6); p. 483

**Abstract:** OBJECTIVE The development of attention-deficit/hyperactivity disorder (ADHD) care quality measurements is a prerequisite to improving the quality of community-based pediatric care of children with ADHD. Unfortunately, the evidence base for existing ADHD care quality metrics is poor. The objective of this study was to identify which components of ADHD care best predict patient outcomes. METHOD Parents of 372 medication-naïve children in grades 1 to 5 presenting to their community-based pediatrician (N = 195) for an ADHD-related concern and who were subsequently prescribed ADHD medication were identified. Parents completed the Vanderbilt ADHD Parent Rating Scale (VAPRS) at the time ADHD was raised as a concern and then approximately 12 months after starting ADHD medication. Each patient's chart was reviewed to measure 12 different components of ADHD care. RESULTS Across all children, the mean decrease in VAPRS total symptom score during the first year of treatment was 11.6 (standard deviation 10.1). Of the 12 components of ADHD care, shorter times to first contact and more teacher ratings collected in the first year of treatment significantly predicted greater decreases in patient total symptom scores. Notably, it was timeliness of contacts, defined as office visits, phone calls, or email communication, that predicted more ADHD symptom decreases. Office visits alone, in terms of number or timeliness, did not predict patient outcomes. CONCLUSION The magnitude of ADHD symptom decrease that can be achieved with the use of ADHD medications was associated with specific components of ADHD care. Future development and modifications of ADHD quality care metrics should include these ADHD care components.

**Database:** Medline
Telephone-assisted self-help for parents of children with attention-deficit/hyperactivity disorder who have residual functional impairment despite methylphenidate treatment: a randomized controlled trial.

Author(s): Dose, Christina; Hautmann, Christopher; Buerger, Mareike; Schuermann, Stephanie; Woitecki, Katrin; Doepfner, Manfred

Source: Journal of child psychology and psychiatry, and allied disciplines; Jun 2017; vol. 58 (no. 6); p. 682-690

Abstract: BACKGROUND Self-help parenting interventions have been shown to be effective in the management of children with attention-deficit/hyperactivity disorder (ADHD) and may be useful when there are barriers to face-to-face therapist-led parent trainings. Previous studies indicate that behavioral interventions might be a useful adjunct to medication in children with residual ADHD symptoms, and regarding comorbid oppositional symptoms and multiple domains of functional impairment. In the present study, we examined whether a telephone-assisted self-help (TASH) parenting behavioral intervention (written materials plus telephone counseling) enhanced the effects of methylphenidate treatment in children with ADHD.METHODS In this randomized controlled trial, parents of 103 school-aged children with ADHD and residual functional impairment despite methylphenidate treatment were randomly assigned to either the enhancement group, which received the TASH intervention as adjunct to routine clinical care (including continued medication), or to the active control group, which received routine clinical care only (including continued medication). Parent-completed outcome measures at baseline and at 12 months (postassessment) included functional impairment, ADHD symptoms, oppositional defiant disorder (ODD) symptoms, parenting behavior, and parental satisfaction with the intervention (ClinicalTrials.gov: NCT01660425; URL: https://clinicaltrials.gov/ct2/show/NCT01660425).RESULTSIntention-to-treat analyses of covariance (ANCOVAs), which controlled for baseline data, revealed significant and moderate intervention effects for ODD symptoms and negative parenting behavior at the postassessment, whereas per-protocol analyses additionally showed significant and moderate effects on functional impairment (primary outcome). Parents expressed high satisfaction with the program. CONCLUSIONS The TASH program enhances effects of methylphenidate treatment in families who complete the intervention. The discontinuation rate of about 30% and comparison between completing and discontinuing families suggest that the program may be more suitable for families with a higher educational level and fewer additional stresses.

Database: Medline

The risk of injury in adults with attention-deficit hyperactivity disorder: A nationwide, matched-cohort, population-based study in Taiwan.

Author(s): Chien, Wu-Chien; Chung, Chi-Hsiang; Lin, Fu-Huang; Yeh, Chin-Bin; Huang, San-Yuan; Lu, Ru-Band; Chang, Hsin-An; Kao, Yu-Chen; Chiang, Wei-Shan; Chou, Yu-Ching; Tsao, Chang-Huei; Wu, Yung-Fu; Tzeng, Nian-Sheng

Source: Research in developmental disabilities; Jun 2017; vol. 65 ; p. 57-73

Abstract: BACKGROUND Few studies have investigated the risk of injuries associated with adults with attention-deficit hyperactivity disorder (ADHD), even though several studies have suggested a higher risk of injury in children and adolescents with ADHD. AIMSTo investigate the risk of injury in adults with ADHD.METHODS AND PROCEDURES We included 665 adults with ADHD from January 1, to December 31, 2000, and 1995 sex-, age- and index day-matched controls without ADHD from the Longitudinal Health Insurance Database (LHID) subset of the National Health Insurance Research Database in Taiwan. The Cox proportional hazard models were used to analyze the associations between the relevant demographics, and the psychiatric comorbidities and the risk of injury. OUTCOMES AND RESULTS The patients with ADHD had a 143% increased risk of overall injuries than the controls after considering all the confounding factors. In addition, the use of methylphenidate was associated with a 22.6% decrease in the risk of injuries in the patients with ADHD.CONCLUSIONS AND IMPLICATIONS Our findings strongly support that adults with ADHD are at an increased risk of injury, and imply that methylphenidate therapy may attenuate this risk.

Database: Medline

The role of socio-economic disadvantage in the development of comorbid emotional and conduct problems in children with ADHD.

Author(s): Flouri, Eirini; Midouhas, Emily; Ruddy, Alexandra; Moulton, Vanessa

Source: European Child & Adolescent Psychiatry; Jun 2017; vol. 26 (no. 6); p. 723-732
**Abstract:** Previous research shows that, compared to children without ADHD, children with ADHD have worse socio-emotional outcomes and more experience of socio-economic disadvantage. In this study, we explored if and how the increased emotional and behavioural difficulties faced by children with ADHD may be accounted for by their more disadvantaged socio-economic circumstances. Our study, using data from 180 children (149 boys) with ADHD from the Millennium Cohort Study, had two aims. First, to examine the role of socio-economic disadvantage in the trajectories of emotional and conduct problems in children with ADHD at ages 3, 5, 7 and 11 years. Second, to explore the roles of the home environment (household chaos) and parenting (quality of emotional support, quality of the parent-child relationship and harsh parental discipline) in mediating any associations between socio-economic disadvantage and child emotional and conduct problems. Using growth curve models, we found that socio-economic disadvantage was associated with emotional and conduct problems but neither the home environment nor parenting attenuated this association. Lower quality of the parent-child relationship and harsher discipline were associated with more conduct problems. It appears that socio-economic disadvantage and parenting contribute independently to the prediction of comorbid psychopathology in children with ADHD.

**Database:** CINAHL

**Treatment Patterns among Children and Adolescents with Attention-Deficit/Hyperactivity Disorder with or without Psychiatric or Neurologic Comorbidities in Sweden: A Retrospective Cohort Study.**

**Author(s):** Sikirica, Vanja; Gustafsson, Per A; Makin, Charles

**Source:** Neurology and therapy; Jun 2017; vol. 6 (no. 1); p. 115-130

**Abstract:** INTRODUCTION Attention-deficit/hyperactivity disorder (ADHD) is a common psychiatric disorder in children/adolescents and occurs frequently with psychiatric/neurologic comorbidities. The objective of this study was to assess the impact of psychiatric/neurologic comorbidities on pharmacotherapy patterns among patients with ADHD in Sweden. METHODS A retrospective cohort analysis was conducted using medical records from a regional database in Sweden. Patients aged 6-17 years, with ≥1 prescription for ADHD medication between July 1, 2007 and June 30, 2009, and continuously active in the database for ≥12 months before and after their prescription index date were selected. Patients were categorized as ADHD alone (ADHD-only) or with comorbidities (ADHD-comorbid). Between-group differences were analyzed before and after adjusting for potentially confounding variables. RESULTS Data on 1794 patients (1083 ADHD-only; 711 ADHD-comorbid) were analyzed. Among newly treated patients, 21.7% augmented their index therapy (ADHD-only, 20.5%; ADHD-comorbid, 24.4%; p = 0.23). After adjustment, ADHD-only patients were less likely (p = 0.002) to augment versus ADHD-comorbid patients [odds ratio = 0.44, 95% confidence interval (CI) 0.27, 0.73]. ADHD-comorbid patients received more prescriptions versus ADHD-only patients (mean 13.1 vs 10.0; p < 0.001), and had more outpatient visits (mean 11.9 vs. 8.1; p < 0.001) and hospitalizations (10.7% vs. 6.0%; p < 0.001). After adjustment, ADHD-only patients had fewer outpatient visits (p < 0.001) and referrals (p < 0.001) versus ADHD-comorbid patients (visits: β = -0.21, 95% CI -0.28, -0.13; referrals: β = -0.25, 95% CI -0.33, -0.18).CONCLUSION Patients with ADHD with comorbidities had more hospitalizations, physician visits, and medication prescriptions during 12 months' follow-up than did those with ADHD alone. ADHD therapy augmentation was prevalent among children/adolescents with ADHD, even among those without psychiatric/neurologic comorbidities.

**Database:** Medline

What does handedness reveal about ADHD? An analysis based on CPT performance.

**Author(s):** Simões, Eunice N; Carvalho, Ana Lucia Novais; Schmidt, Sergio L

**Source:** Research in developmental disabilities; Jun 2017; vol. 65 ; p. 46-56

**Abstract:** BACKGROUND Attention-deficit/hyperactivity disorder (ADHD) is a developmental disorder. Continuous performance Tests (CPTs) aid the diagnosis. Handedness is linked to disabilities.OBJECTIVES1-To study the association between handedness and ADHD; 2-To verify the usefulness of the CPT in school settings; 3-To examine the relationship between handedness and CPT performance. METHOD Each child was classified as right-consistent, left-consistent, or non-consistent. From the sample, 171 controls and 68 ADHDs fulfilled the inclusion criteria. The effect of handedness on the CPT was studied using a paired-sample that matched handedness by age, grade, gender, and ADHD. RESULTS Left-handed students had a probability of suffering from ADHD 2.88 greater than right-handers. ANOVAs on standardized scores indicated that the ADHD students exhibited higher number of errors and higher variability of reaction times as compared to the controls. Discriminant analysis indicated that these CPT parameters could discriminate ADHD from controls. Repeated ANOVAs showed a significant effect of handedness on commission errors (CE) because left-handers made more CEs than
right-handers.

**CONCLUSIONS**

1. The association between ADHD and handedness reflects that left-handers are less lateralized and have decreased interhemispheric connections;
2. The CPT can be used to measure different attention domains in school settings;
3. Left-handers have problems in the impulsive/hyperactivity domain.

**Database:** Medline

**Young adult outcomes in the follow-up of the multimodal treatment study of attention-deficit/hyperactivity disorder: symptom persistence, source discrepancy, and height suppression.**

**Author(s):** Swanson, James M; Arnold, L Eugene; Molina, Brooke S G; Sibley, Margaret H; Hechtman, Lily T; Hinshaw, Stephen P; Abikoff, Howard B; Stehli, Annamarie; Owens, Elizabeth B; Mitchell, John T; Nichols, Quyen; Howard, Andrea; Greenhill, Laurence L; Hoza, Betsy; Newcorn, Jeffrey H; Jensen, Peter S; Vitiello, Benedetto; Wigal, Timothy; Epstein, Jeffery N; Tamm, Leanne; Lakes, Kimberly D; Waxmonsky, James; Lerner, Marc; Etcovitch, Joy; Murray, Desiree W; Muenke, Maximilian; Acosta, Maria T; Arcos-Burgos, Mauricio; Pelham, William E; Kraemer, Helena C; MTA Cooperative Group

**Source:** Journal of child psychology and psychiatry, and allied disciplines; Jun 2017; vol. 58 (no. 6); p. 663-678

**Abstract:** BACKGROUND The Multimodal Treatment Study (MTA) began as a 14-month randomized clinical trial of behavioral and pharmacological treatments of 579 children (7-10 years of age) diagnosed with attention-deficit/hyperactivity disorder (ADHD)-combined type. It transitioned into an observational long-term follow-up of 515 cases consented for continuation and 289 classmates (258 without ADHD) added as a local normative comparison group (LNCG), with assessments 2-16 years after baseline. METHODS Primary (symptom severity) and secondary (adult height) outcomes in adulthood were specified. Treatment was monitored to age 18, and naturalistic subgroups were formed based on three patterns of long-term use of stimulant medication (Consistent, Inconsistent, and Negligible). For the follow-up, hypothesis-generating analyses were performed on outcomes in early adulthood (at 25 years of age). Planned comparisons were used to estimate ADHD-LNCG differences reflecting persistence of symptoms and naturalistic subgroup differences reflecting benefit (symptom reduction) and cost (height suppression) associated with extended use of medication. RESULTS For ratings of symptom severity, the ADHD-LNCG comparison was statistically significant for the parent/self-report average (0.51 ± 0.04, p < .0001, d = 1.11), documenting symptom persistence, and for the parent/self-report difference (0.21 ± 0.04, p < .0001, d = .60), documenting source discrepancy, but the comparisons of naturalistic subgroups reflecting medication effects were not significant. For adult height, the ADHD group was 1.29 ± 0.55 cm shorter than the LNCG (p < .01, d = .21), and the comparisons of the naturalistic subgroups were significant: the treated group with the Consistent or Inconsistent pattern was 2.55 ± 0.73 cm shorter than the subgroup with the Negligible pattern (p < .0005, d = .42), and within the treated group, the subgroup with the Consistent pattern was 2.36 ± 1.13 cm shorter than the subgroup with the Inconsistent pattern (p < .04, d = .38). CONCLUSIONS In the MTA follow-up into adulthood, the ADHD group showed symptom persistence compared to local norms from the LNCG. Within naturalistic subgroups of ADHD cases, extended use of medication was associated with suppression of adult height but not with reduction of symptom severity.

**Database:** Medline

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**Obsessive Compulsive Disorder**

**The Obsessive Compulsive Inventory-Child Version (OCI-CV): Further Evidence on Confirmatory Factor Analytic Structure, Incremental and Criterion Validity in Italian Community Children and Adolescents.**

**Author(s):** Pozza, Andrea; Barcaccia, Barbara; Dèttore, Davide

**Source:** Archives of Psychiatric Nursing; Jun 2017; vol. 31 (no. 3); p. 291-295

**Abstract:** Obsessive Compulsive Inventory-Child Version (OCI-CV) assesses six dimensions of OCD symptoms in childhood and adolescence. The current study used confirmatory methods to assess factor structure and reliability of the Italian OCI-CV in community children and adolescents. 1408 community children and adolescents completed the OCI-CV and a subgroup (n = 855) completed measures of other anxiety and depression symptoms. A six correlated factor structure showed good fit. Reliability was excellent for total OCI-CV and for the other scales ranged from good to acceptable. The OCI-CV confirmed good properties in terms of factor structure and reliability.

**Database:** CINAHL

Author(s): Holbert, Richard C.; Witter, Daniel P.

Source: Australian & New Zealand Journal of Psychiatry; Jun 2017; vol. 51 (no. 6); p. 642-643

Abstract: The article presents case study of a 18-year-old female suffering from obsessive–compulsive disorder (OCD) and recurrent major depressive disorder (MDD). Topics include use of transcranial magnetic stimulation (TMS) for treatment of OCD which utilizes time-varying magnetic field to non-invasively stimulate neuronal activity; sites in which TMS are used like pre-supplementary motor area (SMA); and decrease in the Yale–Brown Obsessive Compulsive Scale (YBOCS) by using TMS.

Database: CINAHL


Author(s): Bozorgmehr, Ali; Ghadirivasfi, Mohammad; Shahsavand Ananloo, Esmaeil

Source: Journal of neurogenetics; Jun 2017 ; p. 1-8

Abstract: Obsessive-compulsive disorder (OCD) is characterized by recurrent obtrusive and repetitive acts typically occurring following anxiety. In the last two decades, studies done on the gene sequences, large-scale and point mutations and gene-gene, gene-environment and gene-drug interactions have led to the discovery of hundreds of genes associated with OCD. Although each gene in turn is a part of the etiology of this disorder; however, OCD, like other mental disorders is complex and a comprehensive and integrated view is necessary to understand its genetic basis. In this study, through an extensive review of existing published studies, all genes associated with OCD were found. Then, in order to integrate the results, all the interactions between these genes were explored and the achievement was represented as an interactive genetic network. Furthermore, the reconstructed network was analyzed. It was found that GRIN2A, GRIN2B and GRIA2 are the most central nodes in the network. Functional and pathway enrichment analysis showed that glutamate-related pathways are the main deficient systems in patients with OCD. By studying genes shared between OCD and other diseases, it was cleared that OCD, epilepsy and some types of cancer have the most number of shared genes. The results of this study, in addition to reviewing the available results as a comprehensive and integrated manner, provide new hypotheses for future studies.

Database: Medline

Treatment of Obsessive Compulsive Disorder and Excessive Reassurance Seeking in an Older Adult: A Single Case Quasi-Experimental Design.

Author(s): Halldorsson, Brynjar; Salkovskis, Paul M

Source: Behavioural and cognitive psychotherapy; Jun 2017 ; p. 1-13

Abstract: BACKGROUND Cognitive behavioural interventions for excessive reassurance seeking (ERS) typically focus on encouraging individuals to refrain from seeking any reassurance and in some cases banning caregivers (e.g. family members) from providing it. However, this blanket consideration that reassurance is a bad thing that should simply be stopped may not always be appropriate or helpful. Cognitive behavioural treatment (CBT) targeting ERS by helping the sufferer to shift from seeking reassurance to seeking support may be a promising treatment intervention. AIMS This study aims to examine the targeted treatment of ERS in an older adult who has been suffering from severe obsessive compulsive disorder (OCD) for seven decades. METHOD Using a single case quasi-experimental design (ABCD), the frequency of reassurance seeking, urges to seek reassurance, OCD beliefs and anxiety were measured daily for almost a year in addition to standard symptom measures. RESULTS At the end of treatment, visual inspection showed that reassurance seeking was no longer considered excessive and OCD severity fell from the severe to non-clinical range across the treatment sessions. All treatment gains were maintained at follow-up. CONCLUSIONS This study illustrates how CBT can be successfully applied to treat long-standing OCD and ERS in an older adult. Engendering support as an alternative to reassurance seeking in CBT may be a particularly promising intervention for ERS.

Database: Medline

Randomized, Double-Blind, Placebo-Controlled Trial of N-Acetylcysteine Augmentation for Treatment-Resistant Obsessive-Compulsive Disorder.
Authors: Costa, Daniel L C; Diniz, Juliana B; Requena, Guaraci; Joaquim, Marinês A; Pittenger, Christopher; Bloch, Michael H; Miguel, Euripedes C; Shavitt, Roseli G

Source: *The Journal of clinical psychiatry*; Jun 2017

Available in full text at *Journal of Clinical Psychiatry* - from Physicians Postgraduate Press ; Notes: USERNAME: cowark PASSWORD: library1

**Abstract:** OBJECTIVE To evaluate the efficacy of serotonin reuptake inhibitor (SRI) augmentation with N-acetylcysteine (NAC), a glutamate modulator and antioxidant medication, for treatment-resistant obsessive-compulsive disorder (OCD). METHODS We conducted a randomized, double-blind, placebo-controlled, 16-week trial of NAC (3,000 mg daily) in adults (aged 18-65 years) with treatment-resistant OCD, established according to DSM-IV criteria. Forty subjects were recruited at an OCD-specialized outpatient clinic at a tertiary hospital (May 2012-October 2014). The primary outcome measure was the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) scores. To evaluate the variables group, time, and interaction effects for Y-BOCS scores at all time points, we used nonparametric analysis of variance with repeated measures. Secondary outcomes were the severity scores for anxiety, depression, specific OCD symptom dimensions, and insight. RESULTS Both groups showed a significant reduction of baseline Y-BOCS scores at week 16: the NAC group had a reduction of 4.3 points (25.6 to 21.3), compared with 3.0 points (24.8 to 21.8) for the placebo group. However, there were no significant differences between groups (P = .92). Adding NAC was superior to placebo in reducing anxiety symptoms (P = .02), but not depression severity or specific OCD symptom dimensions. In general, NAC was well tolerated, despite abdominal pain being more frequently reported in the NAC group (n [%]: NAC = 9 [60.0], placebo = 2 [13.3]; P < .01). CONCLUSIONS Our trial did not demonstrate a significant benefit of NAC in reducing OCD severity in treatment-resistant OCD adults. Secondary analysis suggested that NAC might have some benefit in reducing anxiety symptoms in treatment-resistant OCD patients.

**Database:** Medline

A register-based 13-year to 43-year follow-up of 70 patients with obsessive-compulsive disorder treated with capsulotomy.

Authors: Rück, Christian; Larsson, Johan K; Mataix-Cols, David; Ljung, Rickard

Source: *BMJ open*; Jun 2017; vol. 7 (no. 5); p. e013133

**Abstract:** OBJECTIVES Little is known about the long-term medical status of patients with severe obsessive-compulsive disorder (OCD) undergoing capsulotomy, a neurosurgical last-resort treatment. The present study used national registers to identify all operated patients with OCD in Sweden and evaluated their long-term medical status, including mortality, hospital admissions and psychotropic medication after capsulotomy for OCD. DESIGN Register-based long-term follow-up cohort study. PARTICIPANTS We used the procedural and diagnostic codes in the Swedish National Patient Register to define the study population between 1970 and March 2013. Verification by manual review of medical records of the indication for surgery in those identified by the register yielded the final study cohort of 70 patients, followed 13-43 years after surgery. The sensitivity of the case selection method was 86%. OUTCOME MEASURES We studied hospitalisation 5 years before and after surgery. Mortality data were derived from the Causes of Death Register. The Prescribed Drug Register was used to study psychotropic drug utilisation. RESULTS By March 2013, 29 of the 70 patients were deceased. Their mean age at the time of death was 68 years (SD = 14). Two patients had committed suicide and one had died of suspected suicide. Seventy per cent had been admitted to a psychiatric ward in the 5 years preceding surgery, and 84% in the first five postoperative years. Seventy-five per cent of those alive in 2012 were prescribed at least two psychotropic medications, often at high doses, the most common being antidepressants. CONCLUSIONS Malignant OCD has a poor long-term prognosis. Patients who are candidates for surgery should be informed that, while OCD symptoms may be ameliorated with surgery, they should not expect long-term freedom from medication and psychiatric care.

**Database:** Medline

Causal role for inverse reasoning on obsessive-compulsive symptoms: Preliminary evidence from a cognitive bias modification for interpretation bias study.

Authors: Wong, Shiu F; Grisham, Jessica R

Source: *Journal of behavior therapy and experimental psychiatry*; Jun 2017; vol. 57 ; p. 143-155

**Abstract:** BACKGROUND AND OBJECTIVES The inference-based approach (IBA) is a cognitive account of the genesis and maintenance of obsessive-compulsive disorder (OCD). According to the IBA, individuals with OCD are prone to using inverse reasoning, in which hypothetical causes form the basis of conclusions about reality. Several studies have provided preliminary support for an association between features of the
IBA and OCD symptoms. However, there are currently no studies that have investigated the proposed causal relationship of inverse reasoning in OCD.METHODS In a non-clinical sample (N = 187), we used an interpretive cognitive bias procedure to train a bias towards using inverse reasoning (n = 64), healthy sensory-based reasoning (n = 65), or a control condition (n = 58). Participants were randomly allocated to these training conditions. This manipulation allowed us to assess whether, consistent with the IBA, inverse reasoning training increased compulsive-like behaviours and self-reported OCD symptoms. RESULTS Results indicated that compared to a control condition, participants trained in inverse reasoning reported more OCD symptoms and were more avoidant of potentially contaminated objects. Moreover, change in inverse reasoning bias was a small but significant mediator of the relationship between training condition and behavioural avoidance. Conversely, training in a healthy (non-inverse) reasoning style did not have any effect on symptoms or behaviour relative to the control condition. LIMITATIONS As this study was conducted in a non-clinical sample, we were unable to generalise our findings to a clinical population. CONCLUSIONS Findings generally support the IBA model by providing preliminary evidence of a causal role for inverse reasoning in OCD.

Database: Medline

Obessive-compulsive skin disorders: a novel classification based on degree of insight.

Author(s): Zhu, Tian Hao; Nakamura, Mio; Farahnik, Benjamin; Abrouk, Michael; Reichenberg, Jason; Bhutani, Tina; Koo, John

Source: The Journal of dermatological treatment; Jun 2017; vol. 28 (no. 4); p. 342-346

Abstract: Individuals with obsessive-compulsive features frequently visit dermatologists for complaints of the skin, hair or nails, and often progress towards a chronic relapsing course due to the challenge associated with accurate diagnosis and management of their psychiatric symptoms. The current DSM-5 formally recognizes body dysmorphic disorder, trichotillomania, neurotic excoriation and body focused repetitive behavior disorder as psychodermatological disorders belonging to the category of Obsessive-Compulsive and Related Disorders. However there is evidence that other relevant skin diseases such as delusions of parasitosis, dermatitis artefacta, contamination dermatitis, AIDS phobia, trichotemnomania and even lichen simplex chronicus possess prominent obsessive-compulsive characteristics that do not necessarily fit the full diagnostic criteria of the DSM-5. Therefore, to increase dermatologists’ awareness of this unique group of skin disorders with OCD features, we propose a novel classification system called Obsessive-Compulsive Insight Continuum. Under this new classification system, obsessive-compulsive skin manifestations are categorized along a continuum based on degree of insight, from minimal insight with delusional obsessions to good insight with minimal obsessions. Understanding the level of insight is thus an important first step for clinicians who routinely interact with these patients.

Database: Medline

Seeking help for obsessive compulsive disorder (OCD): a qualitative study of the enablers and barriers conducted by a researcher with personal experience of OCD.

Author(s): Robinson, Karen J; Rose, Diana; Salkovskis, Paul M

Source: Psychology and psychotherapy; Jun 2017; vol. 90 (no. 2); p. 193-211

Abstract: OBJECTIVES Obsessive compulsive disorder (OCD) can be hugely disabling. Although very effective psychological treatments exist, many people delay years before seeking help or never seek treatment. There have been clinical observation and short questionnaire studies on why people delay, but little qualitative research exists on this complex subject. The present qualitative study aimed to identify the barriers to seeking treatment and the factors that encourage or push people to seek help for their OCD (positive and negative enablers). DESIGN A qualitative, exploratory study using in-depth, individual, semi-structured interviews was conducted by a researcher with personal experience of OCD. METHODS Seventeen people with OCD, contacted through the charity OCD-UK, were interviewed about the factors that impacted on their decision to seek help or not. The interviews were analysed using thematic analysis. RESULTS Barriers identified were stigma, ‘internal / cognitive’ factors, not knowing what their problem was, factors relating to their GP or treatment, and fear of criminalisation. Positive enablers identified were being supported to seek help, information and personal accounts of OCD in the media, and confidence in their GP. Negative enablers were reaching a crisis point and for some participants (whose intrusive thoughts were about harming children) feeling driven to seek treatment because of the nature of the thoughts, that is, seeking help to prevent the ‘harm’ they feared they were capable of doing. CONCLUSIONS Participants identified a range of barriers and enablers that impacted on their decision to seek help or not. These give important indicators about the likely causes for delayed help seeking in OCD and ways in which people might be encouraged to seek help earlier. PRACTITIONER POINTS People with OCD may face a wide range of barriers to seeking help, including concern about the reaction of health professionals. The level of
A pilot randomized controlled trial of time-intensive cognitive-behaviour therapy for postpartum obsessive-compulsive disorder: effects on maternal symptoms, mother-infant interactions and attachment.

**Author(s):** Challacombe, F L; Salkovskis, P M; Woolgar, M; Wilkinson, E L; Read, J; Acheson, R

**Source:** Psychological medicine; Jun 2017; vol. 47 (no. 8); p. 1478-1488

Available in full text at Psychological Medicine - from ProQuest

**Abstract:** BACKGROUND There is increasing recognition that perinatal anxiety disorders are both common and potentially serious for mother and child. Obsessive-compulsive disorder (OCD) can be triggered or exacerbated in the postpartum period, with mothers reporting significant effects on parenting tasks. However, there is little evidence concerning their effective treatment or the impact of successful treatment on parenting. METHOD A total of 34 mothers with OCD and a baby of 6 months old were randomized into either time-intensive cognitive-behaviour therapy (iCBT) or treatment as usual (TAU). iCBT took place after randomization at 6 months postpartum and was completed by 9 months. Maternal symptomatology, sensitivity in mother-infant interactions and parenting were assessed at baseline and reassessed at 12 months postpartum. At 12 months attachment was also assessed using Ainsworth's Strange Situation Procedure. A healthy control group of mothers and infants (n = 37) underwent the same assessments as a benchmark. RESULTS iCBT was successful in ameliorating maternal symptoms of OCD (controlled effect size = 1.31-1.90). However, mother-infant interactions were unchanged by treatment and remained less sensitive in both OCD groups than a healthy control group. The distribution of attachment categories was similar across both clinical groups and healthy controls with approximately 72% classified as secure in each group. CONCLUSIONS iCBT is an effective intervention for postpartum OCD. Sensitive parenting interactions are affected by the presence of postpartum OCD and this is not improved by successful treatment of OCD symptoms. However, the overall attachment bond appears to be unaffected. Longitudinal studies are needed to explore the impact of postpartum OCD as the child develops.

Conflict monitoring and adaptation as reflected by N2 amplitude in obsessive-compulsive disorder.

**Author(s):** Riesel, A; Klawohn, J; Kathmann, N; Endrass, T

**Source:** Psychological medicine; Jun 2017; vol. 47 (no. 8); p. 1379-1388

Available in full text at Psychological Medicine - from ProQuest

**Abstract:** BACKGROUND Feelings of doubt and perseverative behaviours are key symptoms of obsessive-compulsive disorder (OCD) and have been linked to hyperactive error and conflict signals in the brain. While enhanced neural correlates of error monitoring have been robustly shown, far less is known about conflict processing and adaptation in OCD. METHOD We examined event-related potentials during conflict processing in 70 patients with OCD and 70 matched healthy comparison participants, focusing on the stimulus-locked N2 elicited in a flanker task. Conflict adaptation was evaluated by analysing sequential adjustments in N2 and behaviour, i.e. current conflict effects as a function of preceding conflict. RESULTS Patients with OCD showed enhanced N2 amplitudes compared with healthy controls. Further, patients showed stronger conflict adaptation effects on reaction times and N2 amplitude. Thus, the effect of previous compatibility was larger in patients than in healthy participants as indicated by greater N2 adjustments in change trials (i.e. iC, cl). As a result of stronger conflict adaptation in patients, N2 amplitudes were comparable between groups in incompatible trials following incompatible trials. CONCLUSIONS Larger N2 amplitudes and greater conflict adaptation in OCD point to enhanced conflict monitoring leading to increased recruitment of cognitive control in patients. This was most pronounced in change trials and was associated with stronger conflict adjustment in N2 and behaviour. Thus, hyperactive conflict monitoring in OCD may be beneficial in situations that require a high amount of control to resolve conflict, but may also reflect an effortful process that is linked to distress and symptoms of OCD.

Reversal learning in patients with obsessive-compulsive disorder (OCD) and their unaffected relatives: Is orbitofrontal dysfunction an endophenotype of OCD?
Author(s): Tezcan, Didem; Tumkaya, Selim; Bora, Emre
Source: Psychiatry research; Jun 2017; vol. 252 ; p. 231-233

Abstract: It has been suggested that reversal learning deficits might be an endophenotype of OCD. To investigate this hypothesis, we administered a probabilistic reversal learning task (ProbRev) to OCD patients, their unaffected first-degree relatives, and healthy controls. Although the relatives had a performance in between OCDS and controls at the early phase of the ProbRev, their performance was similar to controls and was significantly better than OCD patients at the later stages of the test. Our findings imply that reversal learning impairment might be partly a trait-related feature of OCD but state-related factors can also contribute to observed deficits.

Database: Medline

Age at symptom onset is not associated with reduced action cancelation in adults with obsessive-compulsive disorder.

Author(s): Lei, Hui; Zhong, Mingtian; Fan, Jie; Zhang, Xiaocui; Cai, Lin; Zhu, Xiongzhao
Source: Psychiatry research; Jun 2017; vol. 252 ; p. 180-184

Abstract: The aim of the current study was to examine the association between age at symptom onset and action cancelation in adults with obsessive-compulsive disorder (OCD). Performance on the stop-signal task was compared among adult patients with early-onset OCD (n=63, onset age ≤19), late-onset OCD (n=33, onset age ≥20), and healthy controls (n=51). Stop-signal reaction time (SSRT) was significantly longer in both OCD groups compared to the control group. However, no significant differences were found between the two OCD groups. In addition, age at symptom onset was not associated with response inhibition performance in adults with OCD. The study findings support the existence of reduced performance on action cancelation in patients with OCD compared to healthy controls with no difference between early- and late-onset OCD subtypes.

Database: Medline

Long-term electrical stimulation of bed nucleus of stria terminalis for obsessive-compulsive disorder.

Author(s): Raymaekers, S; Vansteelant, K; Luyten, L; Bervoets, C; Demyttenaere, K; Gabriëls, L; Nuttin, A
Source: Molecular psychiatry; Jun 2017; vol. 22 (no. 6); p. 931-934

Abstract: We previously reported that bilateral electrical stimulation in the anterior limb of the internal capsule/bed nucleus of the stria terminalis (IC/BST) effectively reduces symptoms in severe treatment-resistant obsessive-compulsive disorder (OCD) patients. Here we used a linear mixed model to investigate the evolution of symptomatic and functional status of our patients (n=24) and examined if baseline variables could predict this evolution. Data were collected during routine, clinical psychiatric visits. Our analysis showed a long-term, sustained effect of electrical stimulation in the IC/BST. After a fast initial decline of OCD symptoms, these symptoms remain relatively stable. In addition, we found a strong ON/OFF effect of stimulation (e.g., due to battery depletion). Our data also show that it is not the surgical procedure but rather the electrical stimulation that drives the improvement in Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) scores. The Beck Depression Inventory (BDI) at baseline was the only predictor significantly related to the evolution of the Y-BOCS. A higher BDI at baseline seemed to be related to a smaller decrease of the Y-BOCS over time. In conclusion, electrical stimulation in the IC/BST has a fast and sustained effect on OCD and comorbid symptoms and functional status of patients.

Database: Medline

Over facilitation of unadapted cognitive processes in obsessive compulsive disorder as assessed with the computerized mirror pointing task.

Author(s): Dulude, Guillaume; O’Connor, Kieron; Audet, Jean-Sebastien; Bedard, Marc-André
Source: Journal of psychiatric research; Jun 2017; vol. 89 ; p. 73-80

Abstract: Response inhibition has been suggested to be dysfunctional in obsessive-compulsive disorder (OCD). However, this process involves intentional cognitive control, which does not correspond to the automatic emergence of stereotyped thoughts and behaviours usually reported by patients with OCD. In the present study, the excessive facilitation of unintentional processes was assessed in OCD by using the Computerized Mirror Pointing Task (CMPT). Seventy-six volunteers participated in this study, including 39 patients with OCD and 37 healthy controls. The CMPT was administered to all participants, and a score of appropriateness of the sensorimotor adaptation to the mirror inversion was computed from the initial deviation angle (IDA), that precedes the intentional readjustment of movement. Results showed that
Is Ondansetron Augmentation Effective in Obsessive-Compulsive Disorder?

**Author(s):** Kalyani, Bangalore G; Hegde, Aditya; Arumugham, Shyam Sundar; Narayanaswamy, Janardhanan C; Math, Suresh Bada; Reddy, Y C Janardhan

**Source:** Journal of clinical psychopharmacology; Jun 2017; vol. 37 (no. 3); p. 380-381

**Abstract:** BACKGROUND AND OBJECTIVES: Cognitive models of obsessive-compulsive disorder (OCD) highlight the role of cognitive biases for the development of the disorder. One of these biases, an inflated sense of responsibility has been associated with higher anger scores and latent aggression on self-report scales, especially in patients with compulsive checking. Validity of self-report assessment is, however, compromised by inaccuracy, social desirability, and low metacognitive awareness of traits and behaviors in patients. The aim of the present study was to extend the research on latent aggression in individuals with OCD by using an indirect, implicit measure of aggression. METHODS: Fifty-eight patients with OCD and 25 healthy controls were assessed with an Aggressiveness-Implicit Association Test (IAT), which is a reaction time task that assesses the strength of associations between the concept of "aggressiveness" and "me" compared to others. RESULTS: Contrary to our expectation, OCD patients with checking symptoms showed a more peaceful implicit self-concept than healthy controls. This result was corroborated by negative correlations between checking symptoms and implicit aggressiveness in the OCD sample. LIMITATIONS: No self-report measures on aggression or anger were included in the study. CONCLUSIONS: In comparison to previous research using self-report measures, our study indicates that implicit aspects of aggression do indeed differ from controlled aspects in patients with checking compulsions. Future research is necessary to better understand the role of aggressiveness in OCD and to derive implications for therapy.

**Database:** Medline

The structure, correlates, and treatment related changes of mindfulness facets across the anxiety disorders and obsessive compulsive disorder.

**Author(s):** Hawley, Lance L; Rogojanski, Jenny; Vorstenbosch, Valerie; Quilty, Lena C; Laposa, Judith M; Rector, Neil A

**Source:** Journal of anxiety disorders; Jun 2017; vol. 49 ; p. 65-75

**Abstract:** Research with non-clinical and clinical samples has examined how mindfulness concepts relate to psychological symptom presentations. However, there is less clarity when examining treatment-seeking patients who experience DSM-diagnosed anxiety and obsessive disorders - both cross-sectionally, and following empirically-supported treatments. The Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2008) conceptualizes mindfulness as consisting of five facets: Observing, Describing, Acting with Awareness, Nonreactivity, and Nonjudging. The current study examines the factor structure and predictive validity of the FFMQ in a large sample of treatment-seeking individuals with obsessive compulsive disorder (OCD), panic disorder with or without agoraphobia (PD/A), social anxiety disorder (SAD), and generalized anxiety disorder (GAD). Confirmatory factor analyses (CFA) established that both four and five-factor models (i.e., with and without inclusion of the Observing factor) provided an acceptable representation of the underlying FFMQ structure, but did not support a one-factor solution. For each of these diagnostic groups, hierarchical regression analyses clarified the association between specific FFMQ facets and diagnosis specific symptom change during CBT treatment. These findings are discussed in the context of the possible transdiagnostic relevance of specific mindfulness facets, and how these facets are differentially associated with diagnosis specific symptom alleviation during CBT.

**Database:** Medline
Cognitive-behavioral high parental involvement treatments for pediatric obsessive-compulsive disorder: A meta-analysis.

Author(s): Iniesta-Sepúlveda, Marina; Rosa-Alcázar, Ana I; Sánchez-Meca, Julio; Parada-Navas, José L; Rosa-Alcázar, Ángel

Source: Journal of anxiety disorders; Jun 2017; vol. 49 ; p. 53-64

Abstract: A meta-analysis on the efficacy of cognitive-behavior-family treatment (CBFT) on children and adolescents with obsessive-compulsive disorder (OCD) was accomplished. The purposes of the study were: (a) to estimate the effect magnitude of CBFT in ameliorating obsessive-compulsive symptoms and reducing family accommodation on pediatric OCD and (b) to identify potential moderator variables of the effect sizes. A literature search enabled us to identify 27 studies that fulfilled our selection criteria. The effect size index was the standardized pretest-postest mean change index. For obsessive-compulsive symptoms, the adjusted mean effect size for CBFT was clinically relevant and statistically significant in the posttest (dadj=1.464). For family accommodation the adjusted mean effect size was also positive and statistically significant, but in a lesser extent than for obsessive-compulsive symptoms (dadj=0.511).

Publication bias was discarded as a threat against the validity of the meta-analytic results. Large heterogeneity among effect sizes was found. Better results were found when CBFT was individually applied than in group (d+=2.429 and 1.409, respectively). CBFT is effective to reduce obsessive-compulsive symptoms, but offers a limited effect for family accommodation. Additional modules must be included in CBFT to improve its effectiveness on family accommodation.

Database: Medline

Sleep disturbances in obsessive-compulsive disorder: Association with non-response to repetitive transcranial magnetic stimulation (rTMS).

Author(s): Donse, Lana; Sack, Alexander T; Fitzgerald, Paul B; Arns, Martijn

Source: Journal of anxiety disorders; Jun 2017; vol. 49 ; p. 31-39

Abstract: Background Repetitive transcranial magnetic stimulation (rTMS) is a promising augmentation strategy for treatment-refractory OCD. However, a substantial group still fails to respond. Sleep disorders, e.g. circadian rhythm sleep disorders (CRSD), are highly prevalent in OCD and might mediate treatment response. The aims of the current study were to compare sleep disturbances between OCD patients and healthy subjects as well as between rTMS responders and non-responders, and most importantly to determine sleep-related predictors of rTMS non-response. Methods 22 OCD patients received at least 10 sessions rTMS combined with psychotherapy. Sleep disturbances were measured using questionnaires and actigraphy. Sleep in patients was compared to healthy subjects. Treatment response was defined as >35% reduction on YBOCS. Treatment response prediction models were based on measures of CRSD and insomnia. Results Sleep disturbances were more prevalent in OCD patients than healthy subjects. The OCD group consisted of 12 responders and 10 non-responders. The CRSD model could accurately predict non-response with 83% sensitivity and 63% specificity, whereas the insomnia model could not. Conclusions CRSD is more prevalent in OCD patients than healthy subjects, specifically in rTMS non-responders. Therefore, CRSD may serve as a biomarker for different subtypes of OCD corresponding with response to specific treatment approaches.

Database: Medline

Parsing the phenotype of obsessive-compulsive tic disorder (OCTD): a multidisciplinary consensus.

Author(s): Dell’Osso, Bernardo; Marazziti, Donatella; Albert, Umberto; Pallanti, Stefano; Gambini, Orsola; Tundo, Antonio; Zanaboni, Carlotta; Servello, Domenico; Rizzo, Renata; Scalone, Luciana; Benatti, Beatrice; Altamura, A Carlo; Porta, Mauro

Source: International journal of psychiatry in clinical practice; Jun 2017; vol. 21 (no. 2); p. 156-159

Abstract: Obsessive-Compulsive Disorder (OCD) and Tic Disorder (TD) are highly disabling and often comorbid conditions. Of note, the DSM-5 acknowledged a new 'tic-related' specifier for OCD, which might be referred to as Obsessive-Compulsive Tic Disorder (OCTD), raising new interest toward a better clinical characterisation of affected patients. Available literature indicates that early onset, male gender, sensory phenomena and obsessions of symmetry, aggressiveness, hoarding, exactness and sounds as well as comorbidity with Attention Deficit Hyperactivity Disorder (ADHD) may be of more frequent observation in patients with OCTD. In order to share expertise in the field from different perspectives, a multidisciplinary panel of Italian clinicians, specifically involved in the clinical care of OCD and TD patients, participated into a consensus initiative, aimed to produce a shared document. As a result, after having examined the most relevant literature, authors sought to critically identify and discuss main epidemiologic, socio-demographic
and clinical features characterising OCTD patients, along with other specific aspects including Health-Related Quality-of-Life (HRQoL), economic consequences related with the condition and its management, as well as treatment-related issues, that need to be further investigated.

**Database:** Medline

**Clinical features associated with increased severity of illness in tertiary clinic referred patients with obsessive compulsive disorder.**

**Author(s):** Dell'Osso, Bernardo; Benatti, Beatrice; Hollander, Eric; Altamura, A Carlo

**Source:** International journal of psychiatry in clinical practice; Jun 2017; vol. 21 (no. 2); p. 131-136

**Abstract:** OBJECTIVE Obsessive-compulsive disorder (OCD) is a prevalent and disabling condition. Specific patterns of psychiatric comorbidity, early age at onset, long duration of illness (DI) and untreated illness (DUI) have been associated with poor outcome in OCD. The present study was aimed to explore sociodemographic and clinical characteristics associated with increased severity of illness in a sample of OCD patients. METHODS A total of 124 OCD outpatients were recruited and divided into two groups on the basis of their severity of illness, as assessed through the Yale-Brown Obsessive Compulsive Scale (>24). Chi-squared test and t-test for independent samples were performed to compare sociodemographic and clinical variables between the two groups. RESULTS The group with increased severity of illness had a younger age, an earlier age at onset and age at first pharmacological treatment (p < .05). In addition, the same group showed a longer DI but a shorter DUI (p < .01). Moreover, significantly higher rates of psychiatric comorbidities (p < .01) were observed in the higher severity group. CONCLUSIONS Earlier age, age at onset and age at first pharmacological treatment, longer DI, shorter DUI and higher rate of psychiatric comorbidities were associated with increased severity of OCD. Further studies on larger samples are warranted to confirm the reported results.

**Database:** Medline

**There is an app for that! The current state of mobile applications (apps) for DSM-5 obsessive-compulsive disorder, posttraumatic stress disorder, anxiety and mood disorders.**

**Author(s):** Van Ameringen, Michael; Turna, Jasmine; Khalesi, Zahra; Pullia, Katrina; Patterson, Beth

**Source:** Depression and anxiety; Jun 2017; vol. 34 (no. 6); p. 526-539

**Abstract:** Mental health apps are viewed as a promising modality to extend the reach of mental health care beyond the clinic. They do so by providing a means of assessment, tracking, and treatment through a smartphone. Given that nearly 2/3 of the American population owns a smartphone, mental health apps offer the possibility of overcoming treatment barriers such as geographic location or financial barriers. Unfortunately, the excitement surrounding mental health apps may be premature as the current supporting literature regarding their efficacy is limited. The app marketplace is littered with apps claiming to treat or assess symptoms, but even those created by reputable organizations or those incorporating components of evidence-based treatments have not yet been validated in terms of their efficacy. This review aims to provide a comprehensive review of the current state of the mental health app literature by examining published reports of apps designed for DSM-5 anxiety and mood disorders, OCD, and PTSD. The breadth of apps reviewed includes those oriented around assessment, symptom tracking, and treatment as well as “multipurpose” apps, which incorporate several of these components. This review will also present some of the most popular mental health apps which may have clinical utility and could be prescribed to clients. While we discuss many potential benefits of mental health apps, we focus on a number of issues that the current state of the app literature presents. Overall there is a significant disconnect between app developers, the scientific community and health care, leaving the utility of existing apps questionable.

**Database:** Medline

**Intrusive thoughts in patients with obsessive compulsive disorder and non-clinical participants: a comparison using the International Intrusive Thought Interview Schedule.**

**Author(s):** Bouvard, Martine; Fournet, Nathalie; Denis, Anne; Sixdenier, Adelaïde; Clark, David

**Source:** Cognitive behaviour therapy; Jun 2017; vol. 46 (no. 4); p. 287-299

**Abstract:** The International Intrusive Thought Interview Schedule (IITIS) was used to assess and compare the unwanted intrusive thoughts (UITs) reported in a group of patients with obsessive compulsive disorder (OCD) and a non-clinical group. Although all participants reported at least one type of intrusion, OCD patients experienced more intrusive thoughts than non-clinical participants, and this difference was statistically significant. In the OCD group, intrusive thoughts were more frequent, interfered more with daily life, were considered to be more important to get out of the mind, and were more difficult to stop than in
non-clinical participants. The two groups did not differ significantly in terms of five appraisals of the most distressing intrusive thought. One appraisal (importance) was used far more by the OCD group than the non-clinical group. For three appraisals (intolerance of anxiety, need to control, and intolerance of uncertainty), the difference was smaller. Only two of the strategies for controlling the most upsetting intrusive thought (ritual and avoidance) were of value in differentiating between the two groups. The IITIS (an instrument used to assess intrusions in non-clinical samples) appears to be of value for the assessment of patients with OCD.

**Database:** Medline

**App-guided exposure and response prevention for obsessive compulsive disorder: an open pilot trial.**

**Author(s):** Boisseau, Christina L; Schwartzman, Carly M; Lawton, Jessica; Mancebo, Maria C

**Source:** Cognitive behaviour therapy; Jun 2017 ; p. 1-12

**Abstract:** Although effective treatments for obsessive-compulsive disorder (OCD) exist, there are significant barriers to receiving evidence-based care. Mobile health applications (Apps) offer a promising way of overcoming these barriers by increasing access to treatment. The current study investigated the feasibility, acceptability, and preliminary efficacy of LiveOCDFree, an App designed to help OCD patients conduct exposure and response prevention (ERP). Twenty-one participants with mild to moderate symptoms of OCD were enrolled in a 12-week open trial of App-guided self-help ERP. Self-report assessments of OCD, depression, anxiety, and quality of life were completed at baseline, mid-treatment, and post-treatment. App-guided ERP was a feasible and acceptable self-help intervention for individuals with OCD, with high rates of retention and satisfaction. Participants reported significant improvement in OCD and anxiety symptoms pre- to post-treatment. Findings suggest that LiveOCDFree is a feasible and acceptable self-help intervention for OCD. Preliminary efficacy results are encouraging and point to the potential utility of mobile Apps in expanding the reach of existing empirically supported treatments.

**Database:** Medline

**Investigating the role of anticipatory reward and habit strength in obsessive-compulsive disorder.**

**Author(s):** Ferreira, Gabriela M; Yücel, Murat; Dawson, Andrew; Lorenzetti, Valentina; Fontenelle, Leonardo F

**Source:** CNS spectrums; Jun 2017; vol. 22 (no. 3); p. 295-304

**Abstract:** Aims To determine the rates and associated illness characteristics of obsessive-compulsive disorder (OCD) patients who describe their symptoms as either rewarding or habitual. METHODS Seventy-three treatment-seeking OCD patients who had their dominant compulsive behavior assessed with a structured interview (the Temporal Impulsive-Compulsive Scale-Revised) to track the progression of rewarding (ie, gain in positive affect), aversive (ie, decrease in negative affect), and neutral (or non-affective) states and a self-report scale (the Self-Report Habit Index) to evaluate their habitual features. Additional measures included structured diagnostic interviews for axis I and II disorders, measures of OCD symptoms severity, and a battery of instruments to comprehensively assess relevant aspects of sensitivity to reward and fear. RESULTS Almost half (49%) of our OCD patients (particularly washers) endorsed that they anticipated obtaining a reward (ie, positive affect) from the enactment of their dominant compulsive behavior. Washers stood out in that their positive affects during and after compulsive behaviors were highly (and positively) correlated with duration of illness. In contrast, habit strength did not differ between washers, checkers, and arrangers, although it also correlated with duration of illness among checkers. Furthermore, the severity of OCD and comorbidity with impulse control disorders predicted up to 35% of the variance in the habit strength of OCD behaviors. CONCLUSION Compulsive washing may be more clearly characterized by problems in reward processing. In contrast, duration of checking, severity of OCD, and comorbidity with impulse control disorders shape compulsive behaviors by imparting them with habitual tendencies.

**Database:** Medline

**The medial forebrain bundle as a target for deep brain stimulation for obsessive-compulsive disorder.**

**Author(s):** Coenen, Volker A; Schlaepfer, Thomas E; Goll, Peter; Reinacher, Peter C; Voderholzer, Ulrich; Tebartz van Elst, Ludger; Urbach, Horst; Freyer, Tobias

**Source:** CNS spectrums; Jun 2017; vol. 22 (no. 3); p. 282-289

**Abstract:** Deep brain stimulation (DBS) is a promising putative modality for the treatment of refractory psychiatric disorders such as major depression and obsessive-compulsive disorder (OCD). Several targets
have been posited; however, a clear consensus on differential efficacy and possible modes of action remain unclear. DBS to the supero-lateral branch of the medial forebrain bundle (sLMFB) has recently been introduced for major depression (MD). Due to our experience with sLMFB stimulation for MD, and because OCD might be related to similar dysfunctions of the reward system, treatment with sLMFB DBS seams meaningful. Here we describe our first 2 cases together with a hypothetical mode of action. We describe diffusion tensor imaging (DTI) fiber tractographically (FT)-assisted implantation of the bilateral DBS systems in 2 male patients. In a selected literature overview, we discuss the possible mode of action. Both patients were successfully implanted and stimulated. The follow-up time was 12 months. One patient showed a significant response (Yale-Brown Obsessive-Compulsive Scale [YBOCS] reduction by 35%); the other patient reached remission criteria 3 months after surgery (YBOCS<14) and showed mild OCD just above the remission criterion at 12 months follow-up. While the hypermetabolism theory for OCD involves the cortico-striato-thalamo-cortical (CSTC) network, we think that there is clinical evidence that the reward system plays a crucial role. Our findings suggest an important role of this network in mechanisms of disease development and recovery. In this uncontrolled case series, continuous bilateral DBS to the sLMFB led to clinically significant improvements of ratings of OCD severity. Ongoing research focuses on the role of the reward system in OCD, and its yet-underestimated role in this underlying neurobiology of the disease.

Database: Medline

**Pavlovian disgust conditioning as a model for contamination-based OCD: Evidence from an analogue study.**

**Author(s):** Armstrong, Thomas; Olutunji, Bunmi O

**Source:** Behaviour research and therapy; Jun 2017; vol. 93 ; p. 78-87

**Abstract:** Pavlovian fear conditioning provides a model for anxiety-related disorders, including obsessive-compulsive disorder (OCD). However, disgust is the predominant emotional response to contamination, which is a common theme in OCD. The present study sought to identify disgust conditioning abnormalities that may underlie excessive contamination concerns relevant to OCD. Individuals high and low in contamination concern (HCC, n = 32; LCC, n = 30) completed an associative learning task in which one neutral face (conditioned stimulus; CS+) was followed by a disgusting image (unconditioned stimulus; US) and another neutral face (CS-) was unreinforced. Following this acquisition procedure, there was an extinction procedure in which both CSs were presented unreinforced. The groups did not show significant differences in discriminant responding to the CSs following acquisition. However, following extinction, the HCC group reported less reduction in their expectancy of the US following the CS+, and also reported greater disgust to the CS+, compared to the LCC group. Increased disgust to the CS+ following both acquisition and extinction was correlated with increased symptoms of contamination-based OCD and increased disgust sensitivity. Additionally, disgust sensitivity mediated group differences in disgust responding to the CS+ at acquisition and extinction. Also, failure to adjust US expectancy in response to extinction partially mediated group differences in disgust to the CS+ following extinction. Together, these findings suggest that excessive contamination concerns observed in OCD may be related to difficulty inhibiting acquired disgust, possibly due to elevated disgust sensitivity that characterizes the disorder.

Database: Medline

**Enhanced action tendencies in obsessive-compulsive disorder: An ERP study.**

**Author(s):** Dayan, Adi; Berger, Andrea; Anholt, Gideon Emanuel

**Source:** Behaviour research and therapy; Jun 2017; vol. 93 ; p. 13-21

**Abstract:** Obsessive-compulsive disorder (OCD) is characterized by repeated thoughts and behaviors. This study explored the stages of motor response preparation that precede action performance or inhibition: We investigated whether OCD is related to enhanced action tendencies in response to external stimuli. Response preparation processes were assessed using the event-related potential (ERP) component of the readiness potential (RP). ERPs were recorded while 15 participants with OCD and 16 healthy controls performed a variation of the go/no-go task and the stop-signal task using schematic faces (angry and neutral). The OCD group presented with a greater RP slope gradient and amplitude over bilateral frontoparietal areas corresponding to the motor cortex. The amplitude effect was further enhanced under negative valence, compared to the neutral condition. Results support the hypothesis that stronger readiness for action might characterize OCD, especially in the presence of threatening stimuli. These findings - specifically correlated with OCD and not with anxiety and depression symptoms - may underlie habitual behavior and embodiment tendencies in OCD. This study suggests that early stages of motor preparation might be important to the etiology and maintenance of OCD.

Database: Medline
Sudden gains in exposure therapy for obsessive-compulsive disorder.

**Author(s):** Collins, Lindsey M; Coles, Meredith E

**Source:** Behaviour research and therapy; Jun 2017; vol. 93 ; p. 1-5

**Abstract:** Prior research in the treatment of depression and anxiety has demonstrated that a sudden reduction in symptoms between two consecutive sessions (sudden gain) is related to lower post-treatment symptom severity (e.g. Hofmann, Schulz, Meuret, Moscovitch, & Suvak, 2006; Tang & DeRubeis, 1999). However, only one study has examined sudden gains in the treatment of obsessive compulsive disorder (OCD). In that study, one-third of the patients with OCD experienced a sudden gain (Aderka et al., 2012). Further, patients who had a sudden gain had lower clinician-rated OCD symptom severity post-treatment (Aderka et al., 2012). In replication, the current study examined the frequency, characteristics, and clinical impact of sudden gains in 27 OCD patients during exposure and response prevention (ERP) therapy. Fifty two percent of patients experienced a sudden gain. The mean magnitude of a sudden gain represented, on average, 61.4% of total symptom reduction. Following treatment, individuals who had experienced a sudden gain were rated as less severe on the clinical global impression scale, but they did not experience a greater reduction in OCD symptoms (pre-to post-treatment) than those without a sudden gain. None of the pre-treatment characteristics tested were found to significantly predict whether a patient would have a sudden gain. Additional research examining predictors of, and patterns of, change in OCD symptoms is warranted.

**Database:** Medline

The Progressive Cascading Model Improves Exposure Delivery in Trainee Therapists Learning Exposure Therapy for Obsessive-Compulsive Disorder

**Author(s):** Reid, Adam M.; Guzick, Andrew G.; Balkhi, Amanda M.; McBride, Megan; Geffken, Gary R.; McNamara, Joseph P. H.

**Source:** Training and Education in Professional Psychology; Jun 2017

Available in full text at Training and Education in Professional Psychology - from ProQuest

**Abstract:** Researchers postulate that a lack of training in exposure therapy may underlie the poor dissemination that has been observed. The current study sought to provide support for the progressive cascading model (PCM), which was developed to train novice therapists in exposure-based techniques. The PCM is promising considering its scalability and financial feasibility. Forty-two trainee therapists completed a rotation at a university clinic specializing in obsessive–compulsive disorder where they were trained within the PCM. After training, therapists delivered exposure therapy in a more intense manner with fewer cautious delivery behaviors (e.g., allowing anxiety reduction strategies) and distress reduction behaviors (e.g., reassuring safety). Therapists also had fewer negative beliefs about exposure therapy and reported lower disgust sensitivity post-training. The PCM appears to be a potentially effective training model for teaching exposure-based techniques and warrants additional research. Such a model is timely considering the poor dissemination of exposure therapy and the movement toward competency-based education in graduate school.

**Database:** PsycINFO

The structure of past and future events in borderline personality disorder, eating disorder, and obsessive–compulsive disorder

**Author(s):** Rasmussen, Anne S.; Jørgensen, Carsten R.; O'Connor, Maja; Bennedsen, Birgit E.; Godt, Kristine D.; Boye, Rikke; Berntsen, Dorthe

**Source:** Psychology of Consciousness: Theory, Research, and Practice; Jun 2017; vol. 4 (no. 2); p. 190-210

Available in full text at Psychology of Consciousness: Theory, Research, and Practice - from ProQuest

**Abstract:** The narrative structure and episodic richness of self-generated past and future events were examined in patients diagnosed with borderline personality disorder (BPD), eating disorder (ED), and obsessive–compulsive disorder (OCD), respectively, and compared with a nonclinical control group. The 3 patient groups generated fewer events characterized by a classic narrative structure, with the event narrative building up to a high point followed by an evaluation. The narrative structures demonstrated by the BPD and ED groups were most deviant from the control group in terms of more frequently involving an impoverished narrative structure for past events and in terms of generating fewer future events with specific episodic contents. These deficits were more marked in the BPD group. The findings show that the ability to construct coherent past and future events is compromised across clinical diagnoses, but more so in patients diagnosed with BPD.
**Tourette’s**

*Pediatric obsessive-compulsive disorder with tic symptoms: clinical presentation and treatment outcome.*

**Author(s):** Højgaard, Davíð R M A; Skarphedinsson, Gudmundur; Nissen, Judith Becker; Hybel, Katja A; Ivarsson, Tord; Thomsen, Per Hove

**Source:** European child & adolescent psychiatry; Jun 2017; vol. 26 (no. 6); p. 681-689

**Abstract:** Some studies have shown that children and adolescents with obsessive-compulsive disorder (OCD) and co-morbid tics differ from those without co-morbid tics in terms of several demographic and clinical characteristics. However, not all studies have confirmed these differences. This study examined children and adolescents with OCD and with possible or definite tic specifiers according to the DSM-5 in order to see whether they differ from patients without any tic symptoms regarding clinical presentation and outcome of cognitive behavioral therapy (CBT). The full sample included 269 patients (aged 7-17) with primary DSM-IV OCD who had participated in the Nordic Long-term Treatment Study (NordLOTS). Symptoms of tics were assessed using the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS-PL). One or more tic symptoms were found in 29.9% of participants. Those with OCD and co-morbid tic symptoms were more likely male, more likely to have onset of OCD at an earlier age, and differed in terms of OCD symptom presentation. More specifically, such participants also showed more symptoms of OCD-related impairment, externalization, autism spectrum disorder (ASD), social anxiety, and attention-deficit/hyperactivity disorder (ADHD). However, the two groups showed no difference in terms of OCD severity or outcome of CBT. Children and adolescents with OCD and co-morbid tic symptoms differ from those without tic symptoms in several aspects of clinical presentation, but not in their response to CBT. Our results underscore the effectiveness of CBT for tic-related OCD.CLINICAL TRIALS REGISTRATION Nordic Long-term Obsessive-Compulsive Disorder (OCD) Treatment Study; www.controlled-trials.com ; ISRCTN66385119.

**General**

*Teaching children with autism spectrum disorder and other developmental disabilities to perform multistep requesting using an iPad.*

**Author(s):** Alzrayer, Nouf M; Banda, Devender R; Koul, Rajinder

**Source:** Augmentative and alternative communication (Baltimore, Md. : 1985); Jun 2017; vol. 33 (no. 2); p. 65-76

**Abstract:** Many children with autism spectrum disorders (ASD) and/or developmental disabilities are unable to meet their daily communication needs with speech alone. These individuals are considered potential candidates for speech-generating devices (SGDs) and mobile technologies with AAC-specific applications. The purpose of this study was to determine the effectiveness of systematic instruction on teaching multistep requesting skills using an iPad loaded with Proloquo2Go to children with ASD and other developmental disabilities. The participants in this study were four children between the ages of 8 and 10 years diagnosed with ASD and/or other developmental disabilities. The results indicated that for these participants, the intervention was effective in increasing multistep requesting using the iPad. All participants were successful to varying degrees in navigating across pages and combining symbols to request preferred items. Additionally, the participants demonstrated generalization of newly acquired skills by requesting different preferred items and activities during the generalization probes. Results are discussed and implications for research and practice are presented.

**Experiences of women with learning disabilities undergoing dialectical behaviour therapy in a secure service.**

**Author(s):** Thomson, Michaela; Johnson, Paula

**Source:** British Journal of Learning Disabilities; Jun 2017; vol. 45 (no. 2); p. 106-113

Available in full text at British Journal of Learning Disabilities - 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:** Accessible summary Dialectical behaviour therapy is a ‘talking’ therapy developed by Marsha Linehan. It helps people who are living in the community and also living in hospitals and people who may have problems managing their emotions. In recent years, dialectical behaviour therapy has been used to help people with learning disabilities cope with feelings of anxiety, trauma-related disorders and mood disorders, but there are not many research papers showing how it is used in forensic learning disability services. This research tells the story of seven women with learning disabilities who took part in dialectical behaviour therapy whilst living in a forensic service. Their story and experiences are important in research literature and will help other services to think about what is needed when they introduce a new type of therapy such as dialectical behaviour therapy.

**Database:** CINAHL

**Adults with learning disabilities experiences of using community dental services: Service user and carer perspectives.**

**Author(s):** Lees, Carolyn; Poole, Helen; Brennan, Michelle; Irvine, Fiona

**Source:** British Journal of Learning Disabilities; Jun 2017; vol. 45 (no. 2); p. 114-120

Available in full text at British Journal of Learning Disabilities - 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:** Accessible summary The government and other organisations say that improving health care is important for people with learning disabilities. We asked people with learning disabilities and the people who look after them what it was like for them when they went to the dentist. Those we asked said that when they went to the dentist, they knew that those they saw knew about looking after their teeth. Some of those we talked to though said that certain things needed to be better. Abstract Background The government alongside other health and social care organisations have identified the need to improve the care provided for people with learning disabilities. Materials and Methods This service evaluation aimed to explore the experiences of people with learning disabilities and their carers who accessed community dental services using a qualitative research design. Adults with learning disabilities (n = 4) and their carers (n = 6) took part in one to one, face to face semi structured interviews. Results and Discussion Generally, participants were satisfied with community dental services and in particular valued the skills and the competence of practitioners. However, when dissatisfaction was expressed this was generally as a result of poor communication and the transition from child to adult dental services. Conclusions A number of recommendations are identified and discussed in relation to engagement with adults with learning disabilities and their carers in the development and delivery of community dental services.

**Database:** CINAHL

**Do levels of evidence affect breadth of service? A study on the use of clinical guidance in a learning disability service.**

**Author(s):** Pateraki, Eleni; Macmahon, Kenneth

**Source:** British Journal of Learning Disabilities; Jun 2017; vol. 45 (no. 2); p. 121-128

Available in full text at British Journal of Learning Disabilities - 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:** Accessible summary The government suggests to the NHS what talking psychological therapies should be given to people when they have worries or problems. This study examined a service for people with learning disabilities in Scotland. It tried to find out whether the service was doing what the government suggests. The study found that the people who were seen by the service often had more than one difficulty, and the service gave extra talking psychological therapy to them. We think that this study shows that people with learning disabilities should have more treatments available for them to meet their needs. Abstract Background For services across the UK, increasing emphasis is placed on the use of evidence-
based psychological treatments. In this context, the Scottish Government published the MATRIX, a best-practice clinical governance document, with a brief section on therapies for people with learning disabilities. As with most clinical guidelines, randomised controlled trials were considered the 'gold standard.' However, within the learning disability field, the existing evidence base is relatively limited, resulting in a narrow guidance for services. Methods This study evaluated the use of best-practice guidance (the MATRIX), in a psychology service for adults with learning disabilities, covering one of the largest NHS Boards in Scotland. A randomly selected 50% (N = 73) of case notes opened since October 2011 (publication date for the MATRIX) was reviewed. Eight case notes were second-rated by an independent clinician. Results Findings showed that service users typically presented with multiple psychological difficulties, and clinicians offered a range of therapies additional to those suggested in the guidance. This was particularly evident in cases managed by clinical psychologists. Conclusions Applying rigid therapeutic recommendations may limit opportunities for integrative practice. The potential impact of inflexibly adopting clinical guidelines on service planning and resources is discussed.

**Database: CINAHL**

**Patients with learning disabilities who lack capacity detained under the Mental Health Act in the UK: A case study.**

**Author(s):** Sawhney, Indermeet; Zia, Asif; Gates, Bob

**Source:** British Journal of Learning Disabilities; Jun 2017; vol. 45 (no. 2); p. 138-141

Available in full text at British Journal of Learning Disabilities - 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:** Accessible Summary In England and Wales, some people with learning disabilities may have to be detained under the Mental Health Act 2007 as patients in a hospital for a period of assessment and or treatment if they are suffering from a mental disorder, and it is for the interests of their own health and safety, or to protect others. Patients who are detained under Section 2 of the Mental Health Act 2007 can apply to the Mental Health Tribunal to decide whether they should be detained in a psychiatric hospital or be discharged. The Mental Health Tribunal has the power to discharge these patients after a hearing. Patients who lack capacity to apply to the tribunal are unable to have a tribunal hearing. The European Court has ruled that this is unfair to these patients. There needs to be a system in place to ensure that these patients get a tribunal hearing. Abstract Background In the UK, the Mental Health Tribunal is a long-established safeguard for patients detained under the Mental Health Act. This gives such patients an effective appeal mechanism to ensure legal protection of their liberty. This act contains sections that allow for civil detention in the case of mental disorder. The right to apply to the tribunal against such detention is underpinned by the right to liberty under Article 5 of the European Convention of Human Rights (ECHR). Some patients with learning disabilities may lack capacity and the ability to challenge their detention. Method This article presents a case study of a woman with Down's syndrome and severe learning disabilities. Whilst this woman was detained under the Mental Health Act, she could have applied for a review of her detention to the Mental Health Tribunal within 14 days. She did not do so because she lacked capacity to instruct solicitors. Subsequently, as a result of appeal, the case proceeded through English and European judicial review. Results The European Court of Human Rights, in the case of MH v UK (2013), has ruled that the appeals procedure for patients without capacity detained under Section 2 of the Mental Health Act is not compatible with Article 5(4) of the European Convention of Human Rights. The European Court has ruled that special procedural safeguards are required to enable this cohort of patients to exercise their rights guaranteed by Article 5(4). Conclusions Responsible clinicians [treating consultant psychiatrists] need to ensure that all patients detained under section 2 of the Mental Health Act have an assessment of their capacity to apply to the tribunal. There need to be systems in place to alert hospital managers when a patient lacks capacity to apply for a tribunal. Hospital managers should request the Secretary of State to apply for a tribunal in these instances. Knowledge of this ruling is relevant to informing the practice of other interdisciplinary healthcare professionals working with such patients.

**Database: CINAHL**

**Adapting compassion focused therapy for an adult with a learning disability-A case study.**

**Author(s):** Cooper, Rosalind; Frearson, Julia

**Source:** British Journal of Learning Disabilities; Jun 2017; vol. 45 (no. 2); p. 142-150

Available in full text at British Journal of Learning Disabilities - 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: Accessible summary Compassion focused therapy is a talking therapy., It helps people be kind to themselves., We do not know whether this therapy can help people with learning disabilities., Here, we talk about what happened when a man with a learning disability had the therapy., We hope that other people will use the therapy too., This will improve therapy for people with learning disabilities., Abstract Background Joe was referred to the Community Learning Disabilities Team (CLDT) for support around low mood and overeating. Initial formulation suggested compassion focused therapy (CFT) as an intervention. The evidence base for using CFT with people with learning disabilities is currently limited. Materials and Methods Adaptations were made to the CFT framework, accounting for Joe's learning disability. A case study design was used to investigate the effectiveness of intervention. Joe attended 13 sessions of assessment, formulation and intervention. Client feedback was incorporated to assess suitability of the CFT approach and adaptations made. Results and Conclusions Changes in scores on outcome measures were limited. However, findings from this exploratory study suggest that CFT can be meaningfully adapted for use within the field of learning disabilities. Implications for clinical practice and directions for future research are discussed.

Database: CINAHL

‘Me Against the World’: Autoethnographic poetry.

Author(s): Robinson, Shawn Anthony

Source: Disability & Society; Jun 2017; vol. 32 (no. 5); p. 748-752

Abstract: The existing literature on race and ethnicity overlooks learning disability (LD), and the latter often overlooks Black males and segregated schooling. Thus, this poetic account embodies the voice of a Black male with LD. As an autoethnographer, I applied critical disability theory to learn and become cognizant about my academic journey and identity development. Autoethnography allowed me to examine my personal experiences to understand the cultural experiences that were meaningful during my academic journey. The purpose of the poetic account serves two purposes: to shatter all notions that Black males with LD in special education cannot succeed academically; and to become a voice by offering an inside perspective of how I understood my position in special education. Moreover, this account is important because it is rare that scholarship captures the combination of academic literature and poetry among Black students who have navigated the special education system.

Database: CINAHL

Is risk-taking behaviour more prevalent among adolescents with learning disabilities?

Author(s): Palfiova, Michaela; Veselska, Zuzana Dankulincova; Bobakova, Daniela; Holubicikova, Jana; Cermak, Ivo; Heckova, Andrea Madarasova; van Dijk, Jitse P.; Reijneveld, Sijmen A.

Source: European Journal of Public Health; Jun 2017; vol. 27 (no. 3); p. 501-506


Abstract: Background: Reports from schools indicate that adolescents with learning disabilities (LD) frequently show risk-taking behaviour (RTB), but evidence is lacking. The aim of the study was to assess the associations between LD status and RTBs among Slovak adolescents and to explore whether family affluence and family composition have a moderating or mediating role in these associations. Methods: Data from the Slovak national HBSC study 2014 were analyzed. The sample comprised 1549 15-year-old adolescents (mean age: 15.4; 52.5% boys). RTBs were defined as early sexual experience, truancy, fighting, bullying, early smoking initiation and drunkenness. The associations between LD status and RTBs were assessed using binary logistic regression; the mediating as well as moderating role of family affluence and family composition was explored as well. Results: Adolescents with LD are two times more likely to be engaged in early sexual experiences (OR 2.39; 95% CI 1.45-3.95), fighting (OR 1.72; 95% CI 1.01-2.95) and bullying (OR 2.08; 95% CI 1.26-3.44), but not in early smoking initiation, drunkenness or truancy. Family affluence and family composition did not moderate or mediate these associations. Conclusions: Adolescents with LD are at high risk of early sexual experiences, fighting and bullying but not of smoking initiation, drunkenness or truancy. Non-intact and poor families do not increase the risks associated with LD status of adolescents; however, in these families adolescents with LD are more prevalent.

Database: CINAHL

A Longitudinal Comparison of Enrollment Patterns of Students Receiving Special Education in Urban Neighborhood and Charter Schools.

Author(s): Waitoller, Federico R.; Maggin, Daniel M.; Trzaska, Agata

Source: Journal of Disability Policy Studies; Jun 2017; vol. 28 (no. 1); p. 3-12
Abstract: The purpose of this study is to compare and examine special education enrollment trends across disability categories and grade spans for public neighborhood and charter schools in the City of Chicago. Using multilevel longitudinal data analysis methods, we examined annual school enrollment and demographic reports. Our findings indicated that neighborhood schools serve significantly higher proportions of students receiving special education services (SRSE) than charter schools at the aggregate grade level (i.e., elementary and high school enrollments) and at each grade level. In addition, we found that charter schools enroll equal or significantly higher proportions of students with learning disabilities (LD), speech and language impairments (SLI), other health impairments (OHI), and emotional disturbance (ED), and substantially smaller proportions of students with autism, sensory impairments (SI), and intellectual disabilities (ID), when compared with neighborhood schools. However, we found that these differences vary between grade levels. We discuss the implications of these findings for policies affecting charter school authorization and contract renewal, and for policies establishing special education enrollment targets in charter schools.

Database: CINAHL

College Admissions Tests and LD and ADHD Documentation Guidelines: Consistency With Emerging Legal Guidance.

Author(s): Lindstrom, Will; Lindstrom, Jennifer H.
Source: Journal of Disability Policy Studies; Jun 2017; vol. 28 (no. 1); p. 32-42

Abstract: Testing agencies request documentation to verify a test-taker’s disability status under the Americans With Disabilities Act of 2008 and Section 504 of the Rehabilitation Act of 1973. A number of recent legal developments, culminating in technical assistance from the U.S. Department of Justice, suggest changes in enforcement of relevant laws are imminent. This article reviews the legal developments and presents results of a survey of the learning disability and Attention-Deficit/Hyperactivity Disorder documentation guidelines of 10 standardized tests commonly used to aid admissions decisions for undergraduate and graduate programs. Consistent with the recent guidance, virtually all guidelines requested documentation from a qualified evaluator, a diagnosis, and accommodation recommendations and rationale. In contrast, agencies were less likely to request the information necessary to grant accommodations based on history of accommodation use. Few agencies had policies allowing submission of reduced amounts of documentation for students with lengthy histories of disabling conditions. Finally, guidelines frequently neglected to provide the guidance that evaluators need to generate useful documentation. Benefits and limitations of the recent legal guidance are discussed, and recommendations for testing and enforcement agencies, as well as secondary schools, are provided.

Database: CINAHL

Fathers of people with intellectual disability: A review of the literature.

Author(s): Davys, Deborah; Mitchell, Duncan; Martin, Rachel
Source: Journal of Intellectual Disabilities; Jun 2017; vol. 21 (no. 2); p. 175-196
Available in full text at Journal of Intellectual Disabilities - from SAGE ; Notes: Sign in with OpenAthens details

Abstract: The aim of this article is to review the literature related to fathers of people who have an intellectual disability (ID). Electronic databases and citation tracking were used to collate data using key terms such as fathers, adults with an ID, learning disability, mental handicap and developmental disability. Relevant articles were analysed and compared for commonality and difference. Eight themes emerged from the literature: response to diagnosis, varied response to ID, concern for the future, work, roles and relationships, impact of fathers upon child development, fathers and service providers, fathers’ needs and coping strategies. This review of the literature presents areas of similarity and divergence and highlights the lack of information that relates specifically to fathers of adults. There are clear messages to service providers to support the inclusion of fathers and the need for further research in this area is indicated.

Database: CINAHL

Health professionals’ experiences of behavioural family therapy for adults with intellectual disabilities: a thematic analysis.

Author(s): Hutchison, J.; Lang, K.; Anderson, G.; MacMahon, K.
Source: Journal of Psychiatric & Mental Health Nursing; Jun 2017; vol. 24 (no. 5); p. 272-281

Abstract: Accessible summary What is known on the subject? Behavioural Family Therapy (BFT) has been shown to help people with some severe mental health conditions, such as schizophrenia, by reducing relapse rates and stress within families. It can be difficult to put family interventions, like BFT, into clinical
practice., Families where someone has an intellectual disability can experience more stress compared to those who do not, but we know very little about using BFT with families where a member has an intellectual disability. What this paper adds to existing knowledge? We interviewed nine Community Learning Disability Nurses and Allied Health Professionals about their experiences delivering BFT to families where one member has an intellectual disability. We found that therapists’ experiences of delivering BFT were broadly positive, although they found some aspects of their service frustrating., Explain the importance of the paper’s findings for a non-specialist audience The study identifies the perceived benefits of BFT as a model to work with families, where a member has an intellectual disability. The study highlights some of the challenges experienced by practitioners, notably issues with engagement and some issues specific to working with adults with an intellectual disability., The findings suggest that it needs to be clear which families would benefit most from BFT, that interventions need to be adapted for people with intellectual disabilities and that Community Learning Disability Nurses and Allied Health Professionals should have support from management to deliver these interventions., Abstract Introduction Studies have found family interventions (FIs) to be effective in reducing stress and relapse rates for a variety of mental health conditions. However, implementing FIs into clinical practice is challenging. Studies have suggested that levels of stress within some families of people with intellectual disabilities can be high. However, there is little reported about the use and implementation of FIs, such as Behavioural Family Therapy (BFT), in adult intellectual disability services. Purpose of study To explore the experiences of practitioners delivering BFT to adults with intellectual disabilities. Method A qualitative methodology was employed, using semi-structured individual interviews with BFT therapists from a health professional background (n = 9). Data were analysed thematically. Results Two overarching themes were identified: positivity and frustration. Discussion Implementation of therapy was identified as being broadly successful but with some underlying challenges, notably wider organizational issues and some issues specific to working with adults with intellectual disabilities. Implications for practice The broadly positive experiences reported provide encouragement for the delivery of FIs, such as BFT, to adults with intellectual disabilities, by professions outwith psychology. However, there is a need to provide clarity on referral processes, adapt materials accordingly for this client group and ensure that supportive management and supervision is available to therapists.

Database: CINAHL

Perceptions of learning disability nurses and support staff towards people with a diagnosis of schizophrenia.

Author(s): McCorkindale, S.; Fleming, M. P.; Martin, C. R.

Source: Journal of Psychiatric & Mental Health Nursing; Jun 2017; vol. 24 (no. 5); p. 282-292

Abstract: Accessible summary What is known about the subject? People with learning disability are more likely than the general population to develop schizophrenia., Personal recovery philosophies are based on positive attitudes and an optimism that recognizes and values people and their strengths and capacity to achieve goals., Little is known from previous studies about the illness perceptions of learning disability practitioners who work with people that experience both a learning disability and schizophrenia., The illness beliefs of learning disability practitioners about schizophrenia may mediate the potential for social exclusion and limit recovery outcomes., What this study/paper adds to existing knowledge? The findings show that the illness beliefs of learning disability practitioners and support workers regarding schizophrenia are pessimistic in terms of the consequences for people with schizophrenia and learning disability and their relatives as well as the chronic course of the illness., What are the implications for clinical practice? This study identifies the nature of LD practitioner perceptions about schizophrenia and provides guidance about how personal recovery philosophies can be applied to the management of LD and schizophrenia., The beliefs of learning disability practitioners and support workers regarding schizophrenia need to be reframed to support better recovery outcomes and social inclusion for this group., The findings from this study can inform the development of training in bio-psycho-social models of schizophrenia, recovery approaches, family/carer interventions, clinical supervision, mentorship and reflection on clinical practice, which could be potentially useful strategies to help facilitate a reframing of beliefs., Abstract Background and purpose of study The prevalence of schizophrenia in people with learning disability is 3-4%. This is the first study to investigate the illness perceptions of learning disability (LD) practitioners towards people with schizophrenia. Methods Learning disability practitioners (n = 210) that work with people with LD and schizophrenia completed a modified version of the Illness Perception Questionnaire Schizophrenia Carers Version (IPQ-SCV). Descriptive and correlational analyses were conducted for all of the IPQ-SCV subscales. Results A significant positive correlation was found between consequences relative and consequences patient (0.495, P < 0.001), and a negative correlation was found between timeline episodic and timeline chronic (−0.243, P < 0.001) subscales. Discussion Consistent with previous evidence found regarding negative staff attitudes to schizophrenia recovery outcomes, course and chronicity, the current
investigation has extended and confirmed these observations to staff working with individuals with comorbid schizophrenia and learning disability. Implications for practice This study identifies the nature of LD practitioner perceptions about schizophrenia and contributes to the development of the recovery philosophy in relation to the management of LD and schizophrenia. The findings inform the design of training modules in bio-psycho-social models of schizophrenia, recovery approaches, family intervention, clinical supervision and reflection. These can help LD practitioners to reframe their schizophrenia/ LD illness beliefs.

Database: CINAHL

**Celebrating the work of learning disability nurses.**

**Author(s):** Walker, Christine

**Source:** Learning Disability Practice; Jun 2017; vol. 20 (no. 3); p. 5-5

**Abstract:** An introduction is presented in which the editor discusses various reports within the issue on topics including the highlights of the "2017 Positive Choices" conference, nursing students who selected learning disability nursing, and profile of learning disability nurse Melanie Davies.

Database: CINAHL

**England’s CNO defends £10 million transfer delay.**

**Author(s):** Longhurst, Chris

**Source:** Learning Disability Practice; Jun 2017; vol. 20 (no. 3); p. 6-6

**Abstract:** The article discusses the reasons for the delay of transferring the multi-million learning disability fund from services provided in hospitals to community-based hospitals according to Chief Nursing Officer for England Jane Cummings.

Database: CINAHL

**Specialist hospital set to close in 2019.**

**Source:** Learning Disability Practice; Jun 2017; vol. 20 (no. 3); p. 6-6

**Abstract:** The article reports that the specialist learning disabilities hospital called Mersey Care Whalley Hospital in Lancashire, England will close in 2019 as part of a move toward more community care and to reduce long-term inpatient stays.

Database: CINAHL

**Drop in student places on learning disability undergraduate courses since 2015.**

**Source:** Learning Disability Practice; Jun 2017; vol. 20 (no. 3); p. 7-7

**Abstract:** The article discusses the reported decline in the number of places on learning disability nursing undergraduate programmes in England since 2015 according to a study conducted by the Nursing Standard using the data obtained from the Health Education England.

Database: CINAHL

**In brief.**

**Source:** Learning Disability Practice; Jun 2017; vol. 20 (no. 3); p. 7-7

**Abstract:** This section offers news briefs relating to learning disability nursing in Great Britain as of June 2017, including an item about the "Stopping the Over-Medication of People with a learning disability (STOMP) campaign, and an item about the "Books Beyond Words" initiative.

Database: CINAHL

**Nurses buoyant despite NHS cuts, staff survey reveals.**

**Author(s):** Duffin, Christian

**Source:** Learning Disability Practice; Jun 2017; vol. 20 (no. 3); p. 8-9

**Abstract:** The article discusses the findings of the "National Health Service (NHS) Staff Survey 2016" conducted by the NHS England and published in March 2017. Topics covered include the British government’s efforts in resolving the nursing staff shortage crisis according to Royal College of Nursing (RCN) general secretary Janet Davies, details relating to the reported overall engagement of learning disability nurses, and recommendations for improving nursing staff engagement.

Database: CINAHL

**journal scan.**
Abstract: The article presents the highlights of published studies relating to learning disability nursing. Topics covered include "Alzheimer's disease in people with Down's syndrome: the prospects for and the challenges of developing preventative treatments" published in the "Journal of Neurology," a study about workforce development for people with intellectual disabilities, and "Ethics Case Study: Fulfulling Lives?" conducted by the National Co-ordinating Centre for Public Engagement.

Database: CINAHL

Spare the humiliation.

Author(s): O'Driscoll, David

Abstract: The article discusses the author's views with regards to the challenges facing people with learning disabilities. Topics covered include the highlights of the film "I, Daniel Blake" directed by Ken Loach, the different degrees of humiliation experienced by people with learning disabilities, and the long-term effects of humiliation on people with learning disabilities. It also discusses the author's efforts in providing learning disability service for people with learning disabilities.

Database: CINAHL

An open letter to the prime minister.

Author(s): Johnson, Wendy

Abstract: The article discusses the potential impact of the British government's new assessment criteria for people with learning disabilities, and mentions topics including the revised charging policy, Great Britain's Care Act 2014, and how the government's policy affected the author's daughter Rachael.

Database: CINAHL

Developing learning disability nursing.

Author(s): Wiggins, Lois

Abstract: The article presents questions and answers relating to learning disability nursing discussed at the "Living the Commitment Conference" held in November 2016, including questions about nursing staff recruitment, the skills of a learning disability nurse, and learning disability nursing issues.

Database: CINAHL

'Ve need all of you and more of you'.

Author(s): Walker, Christine

Abstract: The article discusses the highlights of the "2017 Positive Choices" conference held in England. Topics covered include the British government's support for learning disability students according to England's chief nursing officer Jane Cummings, the outline of the "Reducing Pre-registration Attrition and Improving Retention (RePAIR)" project according Health Education England academic adviser Mary Lovegrove, and the government's commitment to the "Transforming Care" agenda.

Database: CINAHL

Learning Disability Practice finalists.

Source: Learning Disability Practice; Jun 2017; vol. 20 (no. 3); p. 20-20

Abstract: The article presents the profiles of Learning Disability Practice finalists for the "Nurse of the Year" award to be given by the Royal College of Nursing (RCN), wherein the finalists include consultant nurse Jim Blair, learning disability nurse Amy Wixey, and professional lead Helen Laverty.

Database: CINAHL

Supporting people across the lifespan: the role of learning disability nurses.

Source: Learning Disability Practice; Jun 2017; vol. 20 (no. 3); p. 22-27

Abstract: Strengthening the Commitment, the Modernising Learning Disabilities Nursing Review, highlighted the importance of learning disability nurses providing support across the lifespan. This article
describes an activity undertaken at the Living the Commitment Conference in Cardiff in November 2016, at which delegates were asked to identify the roles of learning disability nurses at different lifespan stages. The article examines the responses, which were thematically analysed, and highlights a range of support, some of which is provided across all lifespan stages, and some at specific periods. Responses also identified new and emerging roles across a range of settings, and the importance of influencing policy and commissioning of services. It is not possible to determine whether these roles are fulfilled across the UK, and the article recommends scoping these roles, and using the findings to inform development of learning disability nursing practice, education and research.

Database: CINAHL

Understanding of the Care Act 2014 among carers of adults with learning disabilities.

Author(s): Gant, Valerie
Source: Learning Disability Practice; Jun 2017; vol. 20 (no. 3); p. 28-33

Abstract: Aims The Care Act 2014 gives carers the right to an assessment of their needs and provides a structure for a more personalised approach to care and support. This study aimed to explore the perspectives of carers of adults with learning disabilities of the act, and examine the potential opportunities for, and concerns and misunderstandings about, its implementation. Methods A qualitative methodology was used, with face-to-face semi-structured interviews conducted with nine carers of adults with a learning disability. A coding framework identified elementary thematic patterns and formations, which were developed into more manageable sets of themes. These were refined and arranged to yield meaningful and potentially useful themes. The article focuses on one theme - knowledge and implementation of the Care Act 2014. Findings All participants had heard of the act but none had received information about it from a learning disability healthcare professional, and believed it was difficult to find information about it. They recognised the significance of the legislation but their main concern was if, when and how its application would meaningfully affect their lives. Conclusion The enhancement of carers' status under the Care Act 2014 is an opportunity for learning disability professionals to practise more holistically and work collaboratively with carers, supported by legislation. Evaluation of the training of learning disability practitioners in how to engage with the act, and its effectiveness, should be undertaken to enable policymakers to enhance the potential for making, and sustaining, real differences to the lives of carers.

Database: CINAHL

Using the hub and spoke student placement model in learning disability settings.

Author(s): McClimens, Alex; Brewster, Jacqui
Source: Learning Disability Practice; Jun 2017; vol. 20 (no. 3); p. 34-38

Abstract: The hub and spoke model of nursing student placement has been around in various guises for some time. What began as an informal and unplanned arrangement is now policy, as student learners on placements are increasingly located across a range of environments to gain different experiences. Most commentaries on hub and spoke focus on the experiences of permanent staff and students on adult nursing programmes. This article describes a small-scale case study that examined perspectives on a hub and spoke placement programme of students taking a joint learning disability and social work degree. It also considers the placement providers’ perspectives. Analysis shows that service providers focused on accommodating students as best they could within the parameters of their service and that, although the students found the experience disorienting initially, they appreciated the benefits of moving between localities.

Database: CINAHL

'I enjoy supporting people to reach their full potential'...Brian Evans

Author(s): Evans, Brian
Source: Learning Disability Practice; Jun 2017; vol. 20 (no. 3); p. 40-40

Abstract: An interview with learning disability nurse Brian Evans is presented. Topics covered include Evans' role as clinical nurse specialist for learning disabilities at University of Hospitals of Morecambe Bay National Health Service (NHS) Trust, his employment history, and the challenges he encountered in being a learning disability nurse. Evans also talks about his achievements, his inspirations, and his views with regards to the essential qualities of a learning disability nurse.

Database: CINAHL

A review of cognitive impairments in children with intellectual disabilities: Implications for cognitive behaviour therapy.
Author(s): Hronis, Anastasia; Roberts, Lynette; Kneebone, Ian I

Source: The British journal of clinical psychology; Jun 2017; vol. 56 (no. 2); p. 189-207

Abstract: OBJECTIVE Nearly half of children with intellectual disability (ID) have comorbid affective disorders. These problems are chronic if left untreated and can significantly impact upon future vocational, educational, and social opportunities. Despite this, there is a paucity of research into effective treatments for this population. Notably, one of the most supported of psychological therapies, cognitive behaviour therapy (CBT), remains largely uninvestigated in children with ID. The current review considers the neuropsychological profile of children and adolescents with mild to moderate ID, with a view to informing how CBT might best be adapted for children and adolescents with ID.METHOD Narrative review of literature considering the neuropsychological profiles of children and adolescents with ID, with specific focus upon attention, memory, learning, executive functioning, and communication. Studies were identified through SCOPUS, PsycINFO, and PubMed databases, using combinations of the key words 'intellectual disability', 'learning disability', 'neuropsychology', 'attention', 'learning', 'memory', 'executive function', 'language', and 'reading'. RESULTS Children with ID have significant deficits in attention, learning, memory, executive functions, and language. These deficits are likely to have a negative impact upon engagement in CBT. Suggestions for adapting therapy to accommodate these wide ranging deficits are proposed. CONCLUSIONS There are multiple cognitive factors which need to be considered when modifying CBT for children who have ID. Furthermore, research is required to test whether CBT so modified is effective in this population. PRACTITIONER POINTS Clinical implications Effective ways of providing cognitive behavioural therapy (CBT) to children with intellectual disability (ID) is unclear. This study provides a framework of potential adaptations for clinical practice As rates of mental illness for children with intellectual disability are high, and rates of treatment provision low, it is hoped that the recommendations provided in this study will encourage more mental health practitioners to provide CBT to children with ID. Limitations These recommendations are based only upon neuropsychological literature. Trialling the effectiveness of an adapted form of CBT for children and adolescents with ID is required. There are varying causes of intellectual disability, with differences in cognitive profiles. The utility of the recommendations made here may vary according to specific aetiologies.

Database: Medline

Learning disability identification consistency: The impact of methodology and student evaluation data.

Author(s): Maki, Kathrin E; Burns, Matthew K; Sullivan, Amanda

Source: School psychology quarterly : the official journal of the Division of School Psychology, American Psychological Association; Jun 2017; vol. 32 (no. 2); p. 254-267

Available in full text at School Psychology Quarterly - from ProQuest

Abstract: Learning disability (LD) identification has long been controversial and has undergone substantive reform. This study examined the consistency of school psychologists' LD identification decisions across three identification methods and across student evaluation data conclusiveness levels. Data were collected from 376 practicing school psychologists from 22 states. Eighty-three percent (n = 313) of participants were female. Ninety-one percent (n = 342) of participants identified as Caucasian, 4% (n = 15) Latino, 1.3% (n = 5) African American, .8% (n = 3) Asian/Pacific Islander, .3% (n = 1) Native American/Alaskan Native, and 1.3% (n = 5) 2 or more races. Participants were randomly assigned to 1 of 9 conditions and used 1 type of identification method and examined 1 type of student evaluation data to determine if a student should be identified with LD. Results showed that overall identification consistency was somewhat low (73.7%, κ = .45). There were no differences in identification consistency across identification methods χ²(2, N = 376) = 3.78, p = .151, but there were differences in identification consistency across conclusiveness levels of student evaluation data χ²(2, N = 376) = 50.40, p = .0001. Implications for practice, training, and research are also discussed, including the need of school psychologists to consider psychometric issues in LD identification as well as the need to further research the impact of student data conclusiveness in LD identification. (PsycINFO Database Record

Database: Medline

Heritage and Stigma. Co-producing and communicating the histories of mental health and learning disability.

Author(s): Ellis, Rob

Source: Medical humanities; Jun 2017; vol. 43 (no. 2); p. 92-98

Abstract: University engagement with mental health services has traditionally been informed by the vocational and pedagogical links between the two sectors. However, a growth in the interest in public
history and in the history of mental healthcare has offered new opportunities for those in the humanities to engage new audiences and to challenge perceptions about care in the past. The introduction of the 'impact agenda' and related funding streams has further encouraged academics to contribute to historical debates, and to those concerning current services. One such example of this is the Arts and Humanities Research Council funded Heritage and Stigma project at the University of Huddersfield, which was conceived to support mental health and learning disability charities in the exploration and dissemination of their own histories. Using this project as a case study, this paper will draw on primary source material to reflect on the opportunities and challenges of working in partnership with such groups. In particular, it will consider the need to address issues of stigma and exclusion in tandem with a critical understanding of the moves to 'community care' instigated by landmark legislation in the form of the 1959 Mental Health Act. Overall, it provides evidence of an inclusive, coproducive model of design and highlights the positive contribution to communicating mental health made by those based in the humanities.

Database: Medline

Communities in action: developing a dental ambassador training programme for adults with learning disability.

Author(s): Witton, R; Potterton, R; Smith, W

Source: Community dental health; Jun 2017; vol. 34 (no. 2); p. 77-79

Abstract: Adults with learning disabilities may be at higher risk of poor oral health. The community outreach programme attached to Plymouth University Peninsula Dental School used established links with local agencies for this group to try out an intervention using service users as dental ambassadors. A programme was developed to meet the needs of the group and training in oral health key messages was provided along with support in presentation skills. Early evaluation shows promise in terms of feasibility, interest and improved self-care. Public health competencies being illustrated: Strategic leadership, communication, teaching and training, and collaborative working for health and oral health improvement.

Database: Medline

Transition: the experiences of support workers caring for people with learning disabilities towards the end of life.

Author(s): O'Sullivan, Gavan; Harding, Richard

Source: BMJ supportive & palliative care; Jun 2017; vol. 7 (no. 2); p. 158-163

Abstract: AIM This research aims to provide a better understanding of the experience of support workers, as paid carers, caring for adults with learning disabilities (LDs) nearing the end of life in residential settings. BACKGROUND In the past 100 years, people with LDs (also referred to as 'learning difficulty', 'mental retardation' and 'intellectual disability' internationally) are living longer with life expectancy approaching the population norm and more likely to die from diseases such as cancer, respiratory and vascular diseases. Community-based supported accommodation has become the foremost provider for people with LDs in their late 30 s or over in the UK. In the midst of the transition from living to dying for people with LDs, and even postdeath, the needs of support workers are often neglected against a background where most are unqualified, often with little experience of death and dying event, and with limited access to clinical supervision and education.METHODS3 focus groups involving 13 support workers were conducted at 3 independent service provider settings for people with LDs in London. FINDINGS In recounting the experiences of these groups of support workers, 6 themes are described: strong emotional bond and identification; collaboration with other services; training issues around the extended role; support within the organisation; relationship with family/other residents; and grieving the 'loss'. CONCLUSIONS Although support workers play a key role in meeting the end-of-life care needs of people with LDs in residential settings, their own needs are often neglected. There are still significant gaps in understanding these needs and practice development in this area.

Database: Medline

Emotion knowledge, emotion regulation, and psychosocial adjustment in children with nonverbal learning disabilities

Author(s): Metsala, Jamie L.; Galway, Tanya M.; Ishaik, Galit; Barton, Veronica E.

Source: Child Neuropsychology; Jul 2017; vol. 23 (no. 5); p. 609-629

Abstract: Nonverbal learning disability is a childhood disorder with basic neuropsychological deficits in visuospatial processing and psychomotor coordination, and secondary impairments in academic and social-emotional functioning. This study examines emotion recognition, understanding, and regulation in a clinic-referred group of young children with nonverbal learning disabilities (NLD). These processes have
been shown to be related to social competence and psychological adjustment in typically developing (TD) children. Psychosocial adjustment and social skills are also examined for this young group, and for a clinic-referred group of older children with NLD. The young children with NLD scored lower than the TD comparison group on tasks assessing recognition of happy and sad facial expressions and tasks assessing understanding of how emotions work. Children with NLD were also rated as having less adaptive regulation of their emotions. For both young and older children with NLD, internalizing and externalizing problem scales were rated higher than for the TD comparison groups, and the means of the internalizing, attention, and social problem scales were found to fall within clinically concerning ranges. Measures of attention and nonverbal intelligence did not account for the relationship between NLD and Social Problems. Social skills and NLD membership share mostly overlapping variance in accounting for internalizing problems across the sample. The results are discussed within a framework wherein social cognitive deficits, including emotion processes, have a negative impact on social competence, leading to clinically concerning levels of depression and withdrawal in this population.

**Database:** PsycINFO

**Health care and risk of early death for people with learning disabilities**

**Author(s):** Harding, Celia

**Source:** Developmental Medicine & Child Neurology; Jun 2017; vol. 59 (no. 6)

**Abstract:** Comments on an article by S. Amin et al. (see record 2016-59923-001). Amin et al. important paper considers the causes of mortality in individuals with tuberous sclerosis complex (TSC), and reports that those with learning disabilities are at significantly greater risk of early death compared to their peers with TSC who do not have learning needs. Patients with learning disabilities are known to be at higher risk of poor health across the lifespan compared to typically developing peers. Amin et al. correctly suggest that one reason for a higher death rate within the group who had a learning disability was the possible inability of clients to be able to identify symptoms indicative of disease progression and difficulties in communicating to others any changes in health.

**Database:** PsycINFO

**The Employers' perspective on barriers and facilitators to employment of people with intellectual disability: A differential mixed-method approach.**

**Author(s):** Kocman, Andreas; Fischer, Linda; Weber, Germain

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

**Abstract:** BACKGROUND Obtaining employment is among the most important ambitions of people with intellectual disability. Progress towards comprehensive inclusive employment is hampered by numerous barriers. Limited research is available on these barriers and strategies to overcome them. METHOD A mixed method approach in a sample of 30 HR-managers was used to assess (i) differences in perceived barriers for employment of people with specific disabilities and mental disorders; (ii) barriers specific to employing people with intellectual disability; (iii) strategies to overcome these barriers. RESULTS Employers perceive more barriers for hiring people with intellectual disability and mental disorders than for physical disabilities. Employment for this population is hampered by a perceived lack of skills and legal issues. Strategies perceived as beneficial are supplying information, changes in organizational strategies and legal changes. CONCLUSIONS Employers’ differentiated expectations and reservations towards hiring individuals with specific disabilities need to be taken into account to increase employment for people with intellectual disability.

**Database:** Medline

"They just said inappropriate contact." What do service users hear when staff talk about sex and relationships?

**Author(s):** Grace, Nici; Greenhill, Beth; Withers, Paul

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

**Abstract:** BACKGROUND Research into how people with intellectual disabilities (ID) pursue intimate relationships in care settings presents some contradictory findings; despite increasingly liberal staff views, service users experience significant restrictions. This study attempts to explore this gap within a secure hospital, examining service user's representations of staff discourses about sexuality and intimate relationships. METHOD Semi-structured interviews with eight service users with intellectual disability were analysed using critical discourse analysis. RESULTS Analysis enabled construction of 11 themes falling into three categories. Dominant discourses appeared to maintain the integrity of the institution, enable staff to occupy a position of power and demonstrate service users’ responses to perceived control.
CONCLUSIONS Discourses around sex appear to serve the interests of staff and the hospital, while being restrictive and often incomprehensible to service users. Implications for service development, and future research directions, are considered in the context of “Transforming Care.”

Database: Medline

Agency, social and healthcare supports for adults with intellectual disability at the end of life in out-of-home, non-institutional community residences in Western nations: A literature review.

Author(s): Moro, Teresa T; Savage, Teresa A; Gehlert, Sarah

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

Abstract: BACKGROUND The nature and quality of end-of-life care received by adults with intellectual disabilities in out-of-home, non-institutional community agency residences in Western nations is not well understood. METHOD A range of databases and search engines were used to locate conceptual, clinical and research articles from relevant peer-reviewed journals. RESULTS The present authors present a literature review of the agency, social and healthcare supports that impact end-of-life care for adults with intellectual disabilities. More information is needed about where people with intellectual disabilities are living at the very end of life and where they die. CONCLUSIONS The support needs for adults with intellectual disabilities will change over time, particularly at the end of life. There are some areas, such as removing barriers to providing services, staff training, partnerships between agencies and palliative care providers, and advocacy, where further research may help to improve the end-of-life care for adults with intellectual disabilities.

Database: Medline

Reimagining Childhood: Responding to the Challenge Presented by Severe Developmental Disability.

Author(s): Salter, Erica K

Source: HEC forum : an interdisciplinary journal on hospitals' ethical and legal issues; Jun 2017

Abstract: Through an exploration of the experience of severe and profound intellectual disability, this essay will attempt to expose the predominant, yet usually obscured, medical anthropology of the child and examine its effects on pediatric bioethics. I will argue that both modern western society and modern western medicine do, actually, have a robust notion of the child, a notion which can find its roots in three influential thinkers: Aristotle, Immanuel Kant and Jean Piaget. Together, these philosophers offer us a compelling vision: the child is primarily a future rational, autonomous adult. While this tacit understanding has arguably widespread effects on such things as our concept of good parenting, of proper schooling, and so on, I will focus on the effect is has on the treatment of children with severe developmental disabilities. When examined in light of this population, the dominant medical anthropology of the child will be shown to be deficient. Instead, I argue for an expansion—indeed, a full reimagining—of our notions of childhood, not only to re-infuse dignity into the lives of children with SDD, but to better represent the goods of childhood, generally.

Database: Medline

Adherence to continuous positive airway pressure in adults with an intellectual disability.

Author(s): Luijks, Kim A; Vandenburgsche, Nele L; Pevernagie, Dirk; Overeem, Sebastiaan; Pillen, Sigrid

Source: Sleep medicine; Jun 2017; vol. 34 ; p. 234-239

Abstract: STUDY OBJECTIVES This retrospective study evaluated the feasibility of continuous positive airway pressure (CPAP) therapy in adults with intellectual disabilities (ID).METHODSCPAP therapy of 24 obstructive sleep apnea syndrome (OSA) patients with ID were compared to age- and sex-matched adults with normal cognitive functioning. All ID patients received an intensive in-hospital training protocol to stimulate adherence. Good adherence was defined as a use of >70% of the nights and >4 h/night. Influencing factors were assessed. RESULTS Baseline apnea-hypopnea index (AHI) was significantly higher in ID patients compared to controls (median 34/h (range 6-101) versus 17/h (range 5-50), p = 0.013). The required average duration of in-hospital training was four nights (range 1-8 days). At six weeks, 60% of the ID patients showed good adherence and 65% at six months, compared to 71% and 50% respectively in the control group. Mean CPAP use per night was equal in both groups both at six weeks (5 h in both groups) and six months (ID 6:30 h vs control 5 h (p = 0.18)). CPAP adherence correlated with baseline AHI in the control patients, but not in ID patients. There was no correlation between CPAP adherence and the level of ID or the degree of support at home. CONCLUSIONS Using an intensive training protocol it is very
A randomized controlled trial of a telehealth parenting intervention: A mixed-disability trial.

**Author(s):** Hinton, Sharon; Sheffield, Jeanie; Sanders, Matthew R; Sofronoff, Kate

**Source:** Research in developmental disabilities; Jun 2017; vol. 65 ; p. 74-85

**Abstract:** BACKGROUND The quality of parenting a child receives has a major impact on development, wellbeing and future life opportunities. AIMS This study examined the efficacy of Triple P Online - Disability (TPOL-D) a telehealth intervention for parents of children with a disability. METHODS Ninety-eight parents and carers of children aged 2-12 years diagnosed with a range of developmental, intellectual and physical disabilities were randomly assigned to either the intervention (51) or treatment-as-usual (47) control group. RESULTS At post-intervention parents receiving the TPOL-D intervention demonstrated significant improvements in parenting practices and parenting self-efficacy, however a significant change in parent-reported child behavioral and emotional problems was not detected. At 3-month follow up intervention gains were maintained and/or enhanced. A significant decrease in parent-reported child behavioral and emotional problems was also detected at this time. CONCLUSIONS The results indicate that TPOL-D is a promising telehealth intervention for a mixed-disability group.

**Database:** Medline

Employment and choice-making for adults with intellectual disability, autism, and down syndrome.

**Author(s):** Bush, Kelsey L; Tassé, Marc J

**Source:** Research in developmental disabilities; Jun 2017; vol. 65 ; p. 23-34

**Abstract:** BACKGROUND Adults with disabilities are employed at a significantly lower rate than adults without disabilities. Of adults with disabilities in the workforce, more individuals work in a facility setting rather than a community setting, despite efforts to improve community inclusion. Choice-making has been proposed as a predictive factor for employment for individuals with disabilities. AIMS The purpose of this research was to examine the current state of employment for three groups of adults with intellectual disability (ID): individuals with autism spectrum disorder (ASD), individuals with Down syndrome (DS), and individuals with idiopathic ID. Choice-making and its relation to improved employment outcomes was explored. METHODS This study used National Core Indicator's Adult Consumer Survey datasets from years 2011-2012 and 2012-2013. Factor analyses revealed latent variables from six choice-making questions in the Adult Consumer Survey. Ordinal logistic regression was used to identify factors related to employment status. RESULTS Adults with DS had the highest rates of paid community jobs, but adults with ID had the highest rates of choice-making. ID severity level and short-term choice-making had the greatest effects on employment status in all three groups. CONCLUSIONS Employment rates remain low despite national efforts to find jobs for people with disabilities. Choice-making is a unique factor that was found to be associated with employment status and provides a target for interventions to increase employability.

**Database:** Medline

Social inclusion of individuals with intellectual disabilities in the military.

**Author(s):** Werner, Shirli; Hochman, Yael

**Source:** Research in developmental disabilities; Jun 2017; vol. 65 ; p. 103-113

**Abstract:** BACKGROUND Despite policies advocating the social inclusion of persons with disabilities in all settings that are a part of everyday life within society, individuals with intellectual disabilities (ID) are usually excluded from service in the military. AIMS This study examined the meaning of service in the military for individuals with ID from the perspective of various stakeholder groups. METHODS AND PROCEDURES Semi-structured qualitative interviews were conducted with 31 individuals with ID, 36 relatives, and 28 commanders. The recent model for social inclusion developed by Simplician et al. (2015) served as the basis for analyses. OUTCOMES AND RESULTS Findings suggest a successful social inclusion process for individuals with ID, which resulted in them feeling as an integral part and as contributing members of the military unit and of society at large. Social inclusion in the military was described with reference to two overlapping and interacting domains of interpersonal relationships and community participation. CONCLUSIONS AND IMPLICATIONS The interaction between interpersonal relationships within the military and community participation has led to positive outcomes for soldiers with ID. Recommendations are provided for the continued inclusion of individuals with ID in the military and in other everyday settings.

**Database:** Medline
The applicability of bright light therapy in adults with moderate, severe or profound intellectual disabilities: a brief report.

Author(s): Hermans, H; Soerokromo, N; Evenhuis, H

Source: Journal of intellectual disability research : JIDR; Jun 2017; vol. 61 (no. 6); p. 618-623

Abstract: BACKGROUND Bright light therapy (BLT) is effective in the treatment of depression in the general population. It may be a good treatment option for adults with intellectual disabilities (ID) too. However, its applicability and effectiveness are not studied in groups of adults with ID, yet. Our aim was to study the applicability of BLT in adults with ID.METHODS Bright light therapy was offered for 2 weeks, using a 10 000 lux light box, to 14 adults with moderate, severe or profound ID. Applicability of BLT and change in depressive symptoms were studied with questionnaires. RESULTS Bright light therapy was successfully applied for ≥10 days in 10 participants. It was also applicable in participants with rather severe challenging behaviour. Before BLT, nine participants scored above the cut-off score of the ADAMS' depressive mood subscale. After BLT, six of them scored below cut-off. CONCLUSIONS Bright light therapy is applicable in adults with moderate, severe of profound ID. Its effectiveness as a treatment for depression in adults with ID should be further studied.

Database: Medline

Prevalence of psychotropic medication use and association with challenging behaviour in adults with an intellectual disability. A total population study.

Author(s): Bowring, D L; Totsika, V; Hastings, R P; Toogood, S; McMahon, M

Source: Journal of intellectual disability research : JIDR; Jun 2017; vol. 61 (no. 6); p. 604-617

Abstract: BACKGROUND There is a high prevalence of psychotropic medication use in adults with Intellectual Disabilities (ID), often in the absence of psychiatric disorder, also associated with challenging behaviour. Previous research has focused on specific sample frames or data from primary care providers. There is also a lack of consistency in the definition of challenging behaviour used. METHODS We adopted a total population sampling method. Medication data on 265 adults with ID were classified according to the Anatomical Therapeutic Chemical classification system. The Behaviour Problems Inventory - short form classified challenging behaviours. We examined the association between challenging behaviour and the use of psychotropic medication, and whether any association would still be present after accounting for socio-demographic and clinical characteristics.RESULTS70.57% of adults with ID were prescribed at least one class of any medication (mean per person =2.62; range 0-14). Psychotropic medications were used by 37.73% of participants with antipsychotics the commonest type used by 21.89% of individuals. Polypharmacy and high dosages were common. Generalised Linear Models indicated significant associations between psychotropic medication and the presence of a psychiatric diagnosis, challenging behaviour, older age and type of residence. Male gender was additionally associated with antipsychotic medication. CONCLUSIONS The use of a total population sample identified via multiple routes is less likely to overestimate prevalence rates of medication use. Current challenging behaviour was a predictor of medication use after controlling for other variables. Data indicate that there may be differences in prescribing patterns associated with different topographies of challenging behaviours.

Database: Medline

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

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

Source: Journal of intellectual disability research : JIDR; Jun 2017; vol. 61 (no. 6); p. 560-567

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

**Development and psychometric properties of the Psychological Therapies Outcome Scale - Intellectual Disabilities (PTOS-ID).**

**Author(s):** Vlissides, N; Beail, N; Jackson, T; Williams, K; Golding, L

**Source:** Journal of intellectual disability research : JIDR; Jun 2017; vol. 61 (no. 6); p. 549-559

**Abstract:** BACKGROUND There are few valid and reliable psychological therapy outcome measures available for use with people with intellectual disabilities (ID). The current study involved the development of a new scale; the Psychological Therapies Outcome Scale - Intellectual Disabilities (PTOS-ID), and the examination of its validity and internal consistency. METHOD The PTOS-ID was administered to 175 people who have ID accessing specialist ID services. The construct validity of the scale was investigated through exploratory factor analysis, concurrent validity through comparison with the Brief Symptom Inventory and internal reliability through internal consistency analysis. RESULTS Three factors emerged from the principal components analysis with high levels of internal consistency: (1) anger and mood (α = 0.82); (2) positive well-being (α = 0.81); and (3) anxiety (α = 0.76). Factors (1) and (2) were combined to measure psychological distress (α = 0.85), which correlated strongly with the Global Severity Index of the Brief Symptom Inventory (r = 0.85). CONCLUSIONS This preliminary study suggests that the PTOS-ID is a psychometrically robust measure of psychological distress and psychological well-being that can be used with people with ID. Further research is required to assess its reliability and ability to detect change.

**A randomised controlled trial on evaluation of the clinical efficacy of massage therapy in a multisensory environment for residents with severe and profound intellectual disabilities: a pilot study.**

**Author(s):** Chan, J S L; Chien, W T

**Source:** Journal of intellectual disability research : JIDR; Jun 2017; vol. 61 (no. 6); p. 532-548

**Abstract:** BACKGROUND Recent literature has suggested that relaxation activities can reduce the challenging behaviours of people with intellectual disabilities, particularly in severe and profound grades, due to the counteractive effect of muscle relaxation on emotional frustration or psychological distress. Despite having inconclusive evidence, multisensory environment (MSE) and massage therapy (MT) are the commonly used approaches to relaxation among these people. However, these two approaches have not yet practised or tested in combination for reducing these people's challenging behaviours. METHODS A preliminary clinical efficacy trial was conducted to evaluate the effects of MT, MSE and their combined use for residents with intellectual disabilities in a long-term care facility on reducing their challenging behaviours. Eligible residents were recruited and randomly assigned to one of the four study groups (n = 11-12 per group), that is, MT in MSE, MSE alone, MT alone or usual care, for a 10-week intervention after a 1-month washout period. Outcome measures, including the Behaviour Problem Inventory, pulse and respiration rates, Behaviour Checklist and Alertness Observation Checklist, were assessed at recruitment and immediately following the interventions. RESULTS A total of 42 participants (17 men and 25 women) completed the study. There were no significant differences in frequency and severity of challenging behaviours and most of the outcome measures between the four groups at post-test. Nevertheless, there were statistical significant differences on the active and inactive state (Alertness Observation Checklist) between the three treatment and control groups. Many participants in the three treatment groups changed from an active to inactive state (i.e. reduced activity levels) throughout the interventions, especially the MT in MSE. Such inactivity might suggest the participants' brief exhaustion followed by a period of alertness during the treatment activities. But their attention span and social contact to the immediate environment could still be maintained. CONCLUSIONS Participants of MT in multisensory environment acquired more inactive state than the other study groups. This inactive state indicates a state of 'passive alertness', which is more likely in a relaxing manner.

**New horizons for mental health research in intellectual disabilities.**

**Author(s):** Strydom, André; Melville, Craig

**Source:** Journal of intellectual disability research : JIDR; Jun 2017; vol. 61 (no. 6); p. 519-520

**Database:** Medline
Efforts to increase social contact in persons with profound intellectual and multiple disabilities: Analysing individual support plans in the Netherlands.

Author(s): Kamstra, Aafke; van der Putten, Annette Aj; Vlaskamp, Carla

Source: Journal of intellectual disabilities : JOID; Jun 2017; vol. 21 (no. 2); p. 158-174

Abstract: Most people with profound intellectual and multiple disabilities (PIMD) have limited social contact and it is unclear what is done to maintain or increase these contacts. Individual support planning (ISP) can be used in the systematic enhancement of social contacts. This study analyses the content of ISPs with respect to the social contacts of people with PIMD. ISPs for 60 persons with PIMD in the Netherlands were inductively coded and illustrated with quotations. It turned out that every ISP contained information about social contacts. Of all the quotations extracted, 71.2% were about current conditions, 6.2% were about the future and less than 1% concerned actual goals. The social contacts of people with PIMD are mentioned in their ISPs, but this is rarely translated into goals. The results of the current study suggest that attention should be paid to ensuring that professionals understand the importance of social contacts and their application in practice.

Database: Medline

Supporting mentors working with students with intellectual disabilities in higher education.

Author(s): Giust, Amanda M; Valle-Riestra, Diana M

Source: Journal of intellectual disabilities : JOID; Jun 2017; vol. 21 (no. 2); p. 144-157

Abstract: Project Panther LIFE is an inclusive postsecondary transition program for students with intellectual disabilities providing university access and participation with the primary goal of employment at program completion. Students in the program receive support from their academic mentors and peer coaches during the academic year. This study examines the skills and activities mentors use during their weekly sessions with students with intellectual disabilities and identifies areas in which mentors may require further support or training. Data analysis revealed major themes related to inclusion, self-determination, and adaptive behavior skills. Upon review of the data, we suggest that mentors need ongoing support from transition programs especially in areas related to encouraging self-advocacy and supporting time management.

Database: Medline

A preliminary investigation of the suitability of aquatics for people with severe and profound intellectual disabilities.

Author(s): Aherne, Cian; Coughlan, Barry

Source: Journal of intellectual disabilities : JOID; Jun 2017; vol. 21 (no. 2); p. 118-133

Abstract: BACKGROUND Aquatics is an under-researched but possibly appropriate form of activity for people with severe to profound intellectual disabilities (SPIIDs). AIM The current pilot study investigates the suitability of an aquatics programme for service users with SPIIDs. METHOD Four service users with SPID completed an 8-12-session aquatics programme. Front-line staff (N = 6) were interviewed after the programme to explore its suitability. A thematic analysis of the interviews was utilized. RESULTS The thematic analysis unearthed main themes of effects, facilitators, barriers, strengths and needs. CONCLUSION Aquatics can be an appropriate and beneficial form of physical activity for people with SPIIDs, but there are many barriers to participation. Tailored programmes are required. Further investigation of the experiences of people with SPIIDs in relation to physical activity is recommended.

Database: Medline

Offenders with intellectual disabilities in prison: what happens when they leave?

Author(s): Murphy, G H; Chiu, P; Triantafyllopoulou, P; Barnoux, M; Blake, E; Cooke, J; Forrester-Jones, R V E; Gore, N J; Beecham, J K

Source: Journal of intellectual disability research : JIDR; Jun 2017
Abstract: BACKGROUND People with intellectual disabilities, if convicted of offences, may be sentenced to prison, but little is known about their life when they are released. METHOD This study followed up men with intellectual disabilities who were leaving prisons in England. RESULTS The men were hard to contact, but 38 men were interviewed, on average 10 weeks after leaving prison. The men were living in a variety of situations and often were very under-occupied, with limited social networks. A total of 70% were above the clinical cut-off for anxiety, and 59.5% were above the clinical cut-off for depression. The men were receiving little support in the community, and many had been reinterviewed by police. CONCLUSIONS Community teams need to provide better support to this very vulnerable group.

Database: Medline


Author(s): Watchman, Karen; Janicki, Matthew P.; Splaine, Michael; Larsen, Frode K.; Gomiero, Tiziano; Lucchino, Ronald

Source: American Journal of Alzheimer's Disease & Other Dementias; Jun 2017; vol. 32 (no. 4); p. 230-237

Abstract: The World Health Organization (WHO) has called for the development and adoption of national plans or strategies to guide public policy and set goals for services, supports, and research related to dementia. It called for distinct populations to be included within national plans, including adults with intellectual disability (ID). Inclusion of this group is important as having Down's syndrome is a significant risk factor for early-onset dementia. Adults with other ID may have specific needs for dementia-related care that, if unmet, can lead to diminished quality of old age. An International Summit on Intellectual Disability and Dementia, held in Scotland, reviewed the inclusion of ID in national plans and recommended that inclusion goes beyond just description and relevance of ID. Reviews of national plans and reports on dementia show minimal consideration of ID and the challenges that carers face. The Summit recommended that persons with ID, as well as family carers, should be included in consultation processes, and greater advocacy is required from national organizations on behalf of families, with need for an infrastructure in health and social care that supports quality care for dementia.

Database: CINAHL

A feasibility study into the measurement of physical activity levels of adults with intellectual disabilities using accelerometers and the International Physical Activity Questionnaire.

Author(s): Dairo, Yetunde M.; Collett, Johnny; Dawes, Helen

Source: British Journal of Learning Disabilities; Jun 2017; vol. 45 (no. 2); p. 129-137

Available in full text at British Journal of Learning Disabilities - 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: Accessible summary Most physical activity (PA) studies exclude individuals with severe and profound intellectual disabilities, and the reasons for these exclusions are unclear. Therefore, this study explored the practicalities of recruiting and measuring adults with intellectual disabilities, including those with severe and profound intellectual disabilities,. Each individual and their carer or family filled in a questionnaire where they were asked about their PA over the previous 7 days; thereafter, they were given an accelerometer for 7 days to measure their physical activities,. Four things were found to be important for this type of study: (i) where participants lived; (ii) what was used in measuring their PA; (iii) their reported PA was similar to what their family/carer reported; and (iv) it was also similar to what was measured,. The study showed that it is possible to measure PA irrespective of the intellectual disability severity and that adults with intellectual disabilities can tell you about their PA and so can their relatives/carers without the need for expensive equipment,. Abstract Background Few studies have measured physical activity ( PA) levels of adults with intellectual disabilities using both objective and subjective methods, but none included individuals with profound intellectual disabilities. To inform effective measurement of PA across the disability spectrum, this study explored: the feasibility of measuring PA levels using the International Physical Activity Questionnaire-short version ( IPAQ-s) and a wrist-worn 7-day accelerometer; examined the level of agreement between instruments/raters; and established the recruitment rate. From the literature reviewed, no study has investigated these issues. Materials and Methods Two-hundred adults with intellectual disabilities from a local authority lists in UK were invited to participate. Participants were administered an accelerometer for seven days and the IPAQ-s (self and carer-reported). Results Twenty participants with mild to profound intellectual disabilities (20-70 years) were recruited. The response rate
was significantly different between home (16%) and residential homes (4%); \( \chi^2(1) = 7.7, p < .05 \). All participants completed the IPAQ-s but only 15 completed 7-day accelerometer. Self and carer-reported PA had perfect agreement on IPAQ-s, and agreements between instruments using PA guidelines was substantial (\( k = 0.6, p < .05 \)). However, mean moderate-vigorous PA min/week differed between measures at 145 and 207 from IPAQ-s and accelerometer respectively. Conclusions Recruitment demonstrated a need for better engagement with residential homes. While both the IPAQ-s and accelerometers can be used to evaluate PA levels, the IPAQ-s was more acceptable and carer report was accurate, but it underestimated absolute moderate-vigorous PA levels. These findings indicate that IPAQ-s can be used to measure PA levels, including in those with profound intellectual disabilities.

**Database:** CINAHL

**Optimising the Care of Children with Intellectual Disabilities in Hospital.**

**Author(s):** Glasper, Edward Alan  
**Source:** Comprehensive Child & Adolescent Nursing; Jun 2017; vol. 40 (no. 2); p. 63-67

**Abstract:** Emeritus Professor Edward Alan Glasper, from the University of Southampton discusses the complexities of care delivery to children in hospital with intellectual disabilities.

**Database:** CINAHL

**A narrative review of acute care nurses’ experiences nursing patients with intellectual disability: underprepared, communication barriers and ambiguity about the role of caregivers.**

**Author(s):** Lewis, Peter; Gaffney, Ryan J; Wilson, Nathan J  
**Source:** Journal of Clinical Nursing; Jun 2017; vol. 26 (no. 11/12); p. 1473-1484

**Abstract:** Aims and objectives To describe how nurses experience caring for people with intellectual disability in an acute care setting. Background Recent advances in the care of people with intellectual disability in hospital are primarily based upon the experiences of people with intellectual disability and their caregivers. Little is known about the experiences of registered nurses caring for people with intellectual disability, yet the experiences of nurses in delivering care largely determine the quality of care experienced by people with intellectual disability and their caregivers. Methods A narrative literature review using electronic database searches was conducted using variants of the terms disability, nursing and acute care. Results Through our reading of the recent literature describing the experiences of nurses caring for people with intellectual disability in an acute care setting, we have identified three themes: (1) nurses feel underprepared when caring for patients with intellectual disability, (2) nurses experience challenges when communicating with people with intellectual disability and (3) nurses have ambiguous expectations of paid and unpaid caregivers. Conclusion The enablers of and barriers to the delivery of nursing care in acute care settings need to be made explicit and researchers and nurses need to collaborate in the development, implementation and evaluation of care delivery strategies. Relevance to clinical practice Nurses need to be adequately prepared to care for people with intellectual disability. Preparation should include dealing with the complexities of communicating with people with intellectual disability and practical experience of doing so in clinical and educational environments that ensure the safety and dignity of nurses and people with intellectual disability. Nurses need supportive strategies for developing therapeutic relationships with a range of informal and formal caregivers.

**Database:** CINAHL

**The behavioural process underlying augmentative and alternative communication usage in direct support staff.**

**Author(s):** Rombouts, Ellen; Maes, Bea; Zink, Inge  
**Source:** Journal of Intellectual & Developmental Disability; Jun 2017; vol. 42 (no. 2); p. 101-113

**Abstract:** Background Research findings suggest that direct support staff use augmentative and alternative communication (AAC) inconsistently. Various staff-related factors have been identified, and researchers agree that these factors somehow interrelate. Therefore, we approached AAC use as a behavioural process and examined the synergy between staff-related factors. Method Fifteen direct support staff and 10 speech-language/occupational therapists who work with adults who have an intellectual disability and use AAC were individually interviewed. Transcripts were studied using thematic analysis. Results Three main themes were discerned: consistent versus inconsistent AAC usage in direct support staff; time as a real and virtual barrier; friction in the peer–expert relationship. Conclusions Direct support staff primarily used AAC when there was an acute need for communication support. In contrast, both direct support staff and
speech-language therapists felt that direct support staff should consistently provide augmented input. This discrepancy was driven by team dynamics as well as actual and perceived lack of time.

**Database:** CINAHL

**Perceptions and expectations of regular support meetings between staff and people with an intellectual disability.**

**Author(s):** Reuzel, Ellen; Bosman, Anna M. T.; Embregts, Petri J. C. M.; van Nieuwenhuijzen, Maroesjka; Jahoda, Andrew

**Source:** Journal of Intellectual & Developmental Disability; Jun 2017; vol. 42 (no. 2); p. 142-150

**Abstract:** Background Client-centred models of care emphasise the importance of collaborative working between staff and clients with an intellectual disability (ID). How people with an ID perceive the nature of their engagement with staff is relatively unknown. This study investigated the perceptions of staff and people with an ID about the goals for their meetings and what aspects of the meetings they viewed as important. Method Interviews were carried out with 9 client–staff dyads. Prior to their meeting, staff and clients were asked about their expectations. Afterwards, both parties were asked about what they believed happened during the interaction. The participants’ answers were subjected to a thematic analysis. Results People with an ID appreciated the opportunity to tell their story and valued reliable, practical support and advice. A trusting relationship was important to both clients and staff. Only staff viewed promoting clients’ autonomy as important. Conclusion Staff and people with an ID appear to differ in their expectations and perceptions regarding regular support meetings.

**Database:** CINAHL

**Prevalence of parents with intellectual disability in Australia.**

**Author(s):** Man, Nicola Wing; Wade, Catherine; Llewellyn, Gwynnnyth

**Source:** Journal of Intellectual & Developmental Disability; Jun 2017; vol. 42 (no. 2); p. 173-179

**Abstract:** Background Parenting by people with intellectual disability is attracting increasing attention, and policymakers and service providers require empirical evidence to develop sound policy and service responses. The purpose of the study was to identify prevalence and demographic data on parents with ID in Australia compared with parents with other disabilities and the population of parents without disability. Method The Survey of Disability, Ageing and Carers, 2009, was identified as the most suitable survey, and design-weighted analysis was performed. Results An estimated 0.41% of Australian parents had intellectual disability, equating to 17,000 parents with ID. Parents with ID were more likely to have only 1 child and to reside outside a capital city compared with parents without disability. Conclusions These findings provide benchmark data for monitoring, over time, the prevalence of parents with ID and point to policy and service responses for parents with only 1 child and for those in outer urban, regional, and rural areas of Australia.

**Database:** CINAHL

**A case study of an intentional friendship between a volunteer and adult with severe intellectual disability: "My life is a lot richer!".**

**Author(s):** Bigby, Christine; Craig, Diane

**Source:** Journal of Intellectual & Developmental Disability; Jun 2017; vol. 42 (no. 2); p. 180-189

**Abstract:** Background Friendships between people with and without intellectual disability remain elusive. Little is known about factors that support the development of such friendships and what services can do to promote the likelihood that contact will develop into friendship. Method A case study approach was used to explore the qualities and development of a long-term friendship between 2 women, 1 of whom has severe intellectual disability. Qualitative methods of data collection and analysis were used including interviews and field notes from participant observation. Findings The relationship progressed through 3 stages of introduction, consolidation, and autonomy supported by the working practices and culture of the disability support organisation. Individualised activity, the role of a connector, and a culture of positive expectations underpinned the growth of the friendship. Conclusions Friendships do not happen by chance but require thought, attention, dedicated resources, and commitment to long-term outcomes to be achieved.

**Database:** CINAHL

**You and me: The structural basis for the interaction of people with severe and profound intellectual disability and others.**

**Author(s):** Griffiths, Colin; Smith, Martine

**Source:** Journal of Intellectual Disabilities; Jun 2017; vol. 21 (no. 2); p. 103-117
Abstract: Interaction between two people may be construed as a continuous process of perception and action within the dyad. A theoretical framework is proposed in this article that explains the concepts and processes which comprise the interaction process. The article explores the transactional nature of interaction, through analysis of narrative data from two dyads, each comprising a person with severe or profound intellectual and multiple disability and a service worker. The novel application of grounded theory to analyse video data of non-verbal communication data in order to develop the theoretical framework is reviewed. Previously, attuning has been identified as the key process that drives interaction. This article explores the other concepts of the theory proposed, namely, setting, being, stimulus, action, attention and engagement. The article concludes by contrasting this theory of the interaction process with other related concepts and suggests how application of the proposed framework may enhance practice.

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Vitamin D deficiency in an inpatient forensic intellectual disability service.

Author(s): Chester, Verity; Simmons, Hayley; Henriksen, Marie; Alexander, Regi T.
Source: Journal of Intellectual Disabilities; Jun 2017; vol. 21 (no. 2); p. 134-143

Abstract: No research has examined vitamin D deficiency among inpatients within forensic intellectual disability services, despite their potentially increased risk. Tests of serum 25(OHD) concentration in blood are routinely offered to patients within the service as part of the admission and annual physical health check. Results were classified as deficient 75. Deficient or insufficient patients were offered supplement treatment and retested within 6 months. Levels were compared between groups: level of security and gender. At baseline, 87% of patients were deficient or insufficient, whilst 13% were sufficient or optimal. At follow-up, 53% had sufficient or optimal levels. However, some patients remained deficient (13%) or insufficient (34%) due to non-compliance with treatment. Women appeared more likely to be deficient. High levels of vitamin D deficiency were found among this population. Vitamin D screening and treatment is a simple and effective way of improving the physical health of this population.

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Nidotherapy compared with enhanced care programme approach training for adults with aggressive challenging behaviour and intellectual disability (NIDABID): cluster-randomised controlled trial.

Author(s): Tyrer, P.; Tarabi, S. A.; Bassett, P.; Liedtka, N.; Hall, R.; Nagar, J.; Imrie, A.; Tyrer, H.
Source: Journal of Intellectual Disability Research; Jun 2017; vol. 61 (no. 6); p. 521-531

Abstract: Background Aggressive challenging behaviour is very common in care homes for people with intellectual disability, and better psychological treatments are needed. Nidotherapy aims to change the environment of people with mental illness and is an appropriate treatment for this group of disorders. Method The design was a cluster randomised trial of 20 care homes in which the staff either received training in nidotherapy or the enhanced care programme approach (ECPA), with equivalent duration of treatment in each arm. Cluster randomisation of care homes was carried out at the beginning of the study by an independent statistician. Primary and secondary outcomes were not specified exactly in view of absence of previous study data, but changes over time in scores on two scales, the Modified Overt Aggression Scale and the Problem Behaviour Check List were the main outcome measures. Serious violent incidents were recorded using the Quantification of Violence Scale. All these measures were recorded monthly by research assistants who were carefully kept blind to the allocation of treatment. Results A total of 200 residents entered the trial, 115 allocated to the ECPA arm and 85 to the nidotherapy one. Seven residents left the care homes in the course of the study, and six were replaced; these were included 79 in the analysis as the trial was a pragmatic one. There were no material reductions in challenging behaviour in the first 8 months of the trial in either group, but in the last 7 months, those allocated to nidotherapy had a 33% reduction in Modified Overt Aggression Scale (MOAS) scores and a 43% reduction in Problem Behaviour Check List scores compared with 5% and 13%, respectively, for the ECPA group, differences which for the MOAS were close to statistical significance. Discussion Nidotherapy shows promise in the management of aggressive challenging behaviour in care homes, but a delay in its benefit might be expected if given to staff only. The treatment is worthy of further evaluation and development.

Database: CINAHL
The Impact of Culture on Attitudes Toward the Sexuality of People with Intellectual Disabilities.

Author(s): Ditchman, Nicole; Easton, Amanda; Batchos, Elisabeth; Rafajko, Sean; Shah, Noopur

Source: Sexuality & Disability; Jun 2017; vol. 35 (no. 2); p. 245-260

Abstract: Although sexuality is a central component of human life, it is often discouraged and inaccessible to many adults with intellectual disabilities (ID). Common misperceptions and stereotypes of people with ID, such as being asexual, childlike, or innocent, impact the provision of sexual education, opportunities, and rights for many people with ID. The aim of this study was to examine the impact of gender, familiarity with ID, and cultural orientation on predicting attitudes towards the sexuality of people with ID. Participants included 227 students from two U.S. universities with a large international student population. Collectively, predictors explained 32% of the variance in attitudes towards sexuality, with cultural orientation variables accounting for the greatest amount (27%). Using Triandis’ four-factor conceptualization of culture, horizontal individualism and horizontal collectivism were associated with more positive attitudes, and vertical individualism was associated with more negative attitudes. Results highlight the impact of individual and societal characteristics on attitudes, suggesting that cultural orientation plays a role in mitigating and perpetuating stigma toward individuals with ID. Implications for research and practice are provided.

Identity, difference and diversity

Author(s): Northway, Ruth

Source: Journal of Intellectual Disabilities; Jun 2017; vol. 21 (no. 2); p. 101-102

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

Abstract: This editorial discusses identity, difference and diversity within the context of intellectual disabilities (ID). For people with intellectual disabilities, it is often their identity as someone with an intellectual disability that others view as being dominant even if the individual concerned does not view themselves in that way. Of course being considered to have an intellectual disability can be important in terms of gaining access to specialist services and financial support. It can also be helpful in securing reasonable adjustments or accommodations that enable access to wider community facilities such as education and healthcare. Identity, however, has many dimensions and this is no less true of people with intellectual disabilities. Even the term ‘intellectual disabilities’ itself is applied to people with widely differing abilities and support needs and therefore encompasses a wide range of life experiences. It is also important to consider how different aspects of identity interact in different and sometimes complex ways. Understanding how intellectual disabilities impact on people’s lives is essential but not sufficient:

The applicability of bright light therapy in adults with moderate, severe or profound intellectual disabilities: a brief report.

Author(s): Hermans, H.; Soerokromo, N.; Evenhuis, H.

Source: Journal of Intellectual Disability Research; Jun 2017; vol. 61 (no. 6); p. 618-623

Abstract: Background Bright light therapy (BLT) is effective in the treatment of depression in the general population. It may be a good treatment option for adults with intellectual disabilities (ID) too. However, its applicability and effectiveness are not studied in groups of adults with ID, yet. Our aim was to study the applicability of BLT in adults with ID. Methods Bright light therapy was offered for 2 weeks, using a 10 000 lux light box, to 14 adults with moderate, severe or profound ID. Applicability of BLT and change in depressive symptoms were studied with questionnaires. Results Bright light therapy was successfully applied for ≥10 days in 10 participants. It was also applicable in participants with rather severe challenging behaviour. Before BLT, nine participants scored above the cut-off score of the ADAMS’ depressive mood subscale. After BLT, six of them scored below cut-off. Conclusions Bright light therapy is applicable in adults with moderate, severe of profound ID. Its effectiveness as a treatment for depression in adults with ID should be further studied.

Weeding Out the Justification for Marijuana Treatment in Patients with Developmental and Behavioral Conditions.

Author(s): Nelson, Theodora; Liu, Yi Hui; Bagot, Kara S; Stein, Martin T

Source: Journal of developmental and behavioral pediatrics : JDBP; Jun 2017
Abstract: CASE Alex is a 13-year-old adolescent with high-functioning autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD)-combined type, anxiety, and depression. He has been resistant to engaging in therapy and treatment with various medications has been unsuccessful. Alex's parents are concerned about his anxiety, isolation, oppositional behaviors, academic underachievement, truancy, and substance use. A recent altercation with his stepfather led to a police intervention and a brief removal of Alex from the home. Alex previously used alcohol and other drugs; at present, he reports that his current drug use consists of frequently smoking pot. Alex states that he uses marijuana to relieve his anxiety and does not understand why this is problematic as marijuana is now legal in his state. Kevin is a 24-year-old adult man with diagnoses of autism spectrum disorder, mild intellectual disability, and schizoaffective disorder. He has a long history of challenging and problematic behaviors including aggression toward self and others, property destruction, inappropriate sexual behaviors, elopement, emotional outbursts, anxiety, and suicidal ideation. Past diagnoses include bipolar affective disorder, depression, and intermittent explosive disorder. Kevin is notably obese and somnolent. His current medications include 8 psychotropic medications, 3 antiallergy medications, levothyroxine, and a fish oil supplement. His father reports that medications have gradually been added and dosages increased over time. Two weeks ago, his new psychiatrist initiated a trial of medical marijuana. His father hopes that the marijuana will allow Kevin's other medications to be decreased or discontinued. Linda is an 11-year-old girl with high-functioning autism spectrum disorder, anxiety, and ADHD-inattentive subtype. Anxiety has been her most impairing condition, and Linda has been responding well to a treatment with cognitive behavioral therapy and a selective serotonin reuptake inhibitor. She is also working with her therapist on strategies to address her symptoms of ADHD. Linda has had no side effects from her medication and she and her family have been pleased with her progress. At a follow-up appointment, her mother brings an article from the lay press authored by a parent who claims that marijuana "saved" her autistic son. Linda's mother asks if marijuana should be considered for her daughter.

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