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Self-Reported Presence and Experience of Pain in Adults with Down Syndrome.

Author(s): de Knegt, Nanda C.; Lobbezoo, Frank; Schuengel, Carlo; Evenhuis, Heleen M.; Scherder, Erik J. A.

Source: Pain Medicine; Jul 2017; vol. 18 (no. 7); p. 1247-1263

Abstract: Objective. The aim was to examine whether the presence of pain (based on physical conditions and participants’ report) and self-reported pain experience in adults with Down syndrome (DS) differ from general population controls. Design. Cross-sectional study of 224 adults with DS (mean age = 38.1 years, mild-severe intellectual disabilities) and 142 age-matched controls (median age = 40.5 years, mean estimated IQ = 105.7) in the Netherlands. Methods. File-based medical information was evaluated. Self-reported presence and experience of pain were assessed in rest and after movement during a test session (affect with facial affective scale (FAS: 0.04–0.97), intensity assessed with numeric rating scale (NRS: 0–10). Results. Compared with controls, more DS participants had physical conditions that may cause pain and/or discomfort (p = .004, 50% vs 35%), but fewer DS participants reported pain during the test session (p = .003, 58% vs 73%). Of the participants who indicated pain and comprehended self-reporting scales (n = 198 FAS, n = 161 NRS), the DS group reported a higher pain affect and intensity than the controls (p < .001, FAS: 0.75–0.85 vs 0.50–0.59, NRS: 6.00–7.94 vs 2.00–3.73). Conclusions. Not all adults with DS and painful/discomforting physical conditions reported pain. Those who did indicated a higher pain experience than adults from the general population. Research into spontaneous self-report of pain, repeated pain assessment, and acute pain is needed in people with DS for more insight into pain experience and mismatches between self-report and medical information.

Database: CINAHL

A nationwide, cross-sectional survey on unusual sleep postures and sleep-disordered breathing-related symptoms in people with Down syndrome.


Source: Journal of Intellectual Disability Research; Jul 2017; vol. 61 (no. 7); p. 656-667

Abstract: Background People with Down syndrome (DS) often have sleep-disordered breathing (SDB). Unusual sleep postures, such as leaning forward and sitting, are observed in people with DS. This study aimed to clarify the prevalence of unusual sleep postures and their relationships with SDB-related symptoms (SDB-RSs), such as snoring, witnessed apnoea, nocturnal awakening and excessive daytime
sleepiness. Methods A questionnaire, including demographic characteristics and the presence of unusual sleep postures, as well as SDB-RSs, was completed by 1149 parents of people with DS from Japan. Results Unusual sleep postures were recorded in 483 (42.0%) people with DS. These participants were significantly younger and had a history of low muscle tone more frequently than people without unusual sleep postures. In all ages, the leaning forward posture was more frequent than sitting. People with DS with unusual sleep postures suffered from SDB-RSs. Those who slept in the sitting posture had more frequent SDB-RSs than did those who slept with the leaning forward posture. Snoring, witnessed apnoea and nocturnal awakening were observed in 73.6, 27.2 and 58.2% of participants, respectively. Snoring increased with aging. Witnessed apnoea was more common in males and in those with hypothyroidism than in females and in those without hypothyroidism. Conclusions Our study shows that there is a close relationship between unusual sleep postures and SDB-RSs. We recommend that all people with DS with unusual sleep postures should be checked for the presence of SDB.

Database: CINAHL

**Pain and Cognitive Functioning in Adults with Down Syndrome.**

**Author(s):** de Knegt, Nanda C.; Lobbezoo, Frank; Schuengel, Carlo; Evenhuis, Heleen M.; Scherder, Erik J. A.

**Source:** Pain Medicine; Jul 2017; vol. 18 (no. 7); p. 1264-1277

**Abstract:** Objective. The aim of the present study was to examine whether cognitive functioning (i.e., memory and executive functioning) is related to self-reported presence of pain (i.e., affirmative answer to the question whether the individual feels pain) and experience of pain (i.e., intensity and affect) in adults with Down syndrome (DS). Design, Setting, and Subjects. Cross-sectional study of 224 adults with DS (mean age = 38.1 years, mild-severe intellectual disabilities) in the Netherlands. Methods. File-based medical information was evaluated. Self-reported presence and experience of pain were assessed during a test session, both in rest and after movement (affect with the facial affective scale [FAS], intensity with the numeric rating scale [NRS]). Neuropsychological tests for memory and executive functioning were used. Results. Participants with lower memory scores were more likely to report the presence of pain, while controlling for age, gender, physical conditions that may cause pain, language comprehension, and vocabulary (p = .030, 58.4% classification rate, N = 154). No statistically significant associations were found between executive functioning and self-reported presence of pain or between cognitive functioning and self-reported pain experience. Conclusions. Memory seems to be related to the self-reported presence of pain in adults with DS after explicit inquiry, although the clinical use of this model is yet limited. Therefore, further research is needed for insight into the role of cognitive processes in self-report (e.g., involving aspects such as acquiescence and repeated measurements) to evaluate whether neuropsychological examination could contribute to pain assessment in DS.

Database: CINAHL

**Physical Activity Patterns in Infants With and Without Down Syndrome...**

[including commentary by Alison Wigstrom-Hoseth, Julia Looper].

**Author(s):** Ketcheson, Leah; Pitchford, E. Andrew; Hyun-Jin Kwon; Ulrich, Dale A.

**Source:** Pediatric Physical Therapy; Jul 2017; vol. 29 (no. 3); p. 200-206

**Abstract:** Purpose: Individuals with Down syndrome (DS) are at greater risk for obesity than their peers who are developing typically. One factor contributing to an early onset of obesity is low levels of physical activity (PA). However, there is little known regarding PA patterns during infancy. Methods: The purpose of this study was to examine the daily PA patterns in 22 infants developing typically and 11 infants with Down syndrome (aged 1-12 months) using Actigraph GT3X+ (wrist and ankle). Results: No significant differences between groups were identified in PA counts at the ankle. Both groups produced significantly more PA at the wrist than at the ankle and PA counts increased across months in age. Conclusion: This study represents an important first step in establishing baseline PA patterns during infancy.

Database: CINAHL

**Behaviour**

**Challenging Behaviour**

**Incorporating Relationship-Based Care Into a Nurse Education Program for Managing Disruptive Patient Behaviors.**

**Author(s):** Lee, Betty; Del Rosario, Kristian; Byron-Iyamah, Cecily
Abstract: Purpose: In the hospitalized patient, stressors can be manifested as disruptive behaviors. Nursing staff confronted with disruptive behaviors from their patients or families may have difficulty delivering care and developing therapeutic relationships. The purpose of this project was to evaluate the effects of an education program using the concepts of relationship-based care with role-play and reflective practice on the knowledge, attitudes, and confidence of the nursing staff in managing disruptive patient behaviors. Description: Nursing staff (N = 68) from an adult medical unit participated in an interactive education program. We compared participants' self-responses about knowledge, attitudes, and confidence before intervention and at 3-month and 1-year postintervention. The number of disruptive incidents requiring hospital security was also measured. Outcome: At 3-month and 1-year postintervention, staff reported higher levels of knowledge, attitudes, and confidence in managing disruptive behaviors. The number of disruptive incidents per 1000 patient days decreased from 0.78 to 0.39. Conclusion: Effectively managing disruptive behaviors creates a safe, healthy environment for patients and nurses. Role-play and reflective practice are useful educational methods to teach skills to manage these encounters. Clinical nurse specialists can play a key role in developing innovative education programs through interprofessional collaboration.

Database: CINAHL


Author(s): Bourke-Taylor, Helen; Pallant, Julie; Cordier, Reinie

Source: The American journal of occupational therapy : official publication of the American Occupational Therapy Association; ; vol. 71 (no. 4); p. 7104220010p1

Available in full text at American Journal of Occupational Therapy - from EBSCOhost

Abstract: OBJECTIVE In this article, we evaluate psychometric properties of the Child's Challenging Behaviour Scale, Version 2 (CCBS-2) with mothers of young, typically developing children. METHOD A cross-sectional mail survey with Australian mothers (N = 337) included the CCBS-2, the Depression Anxiety Stress Scales, and the Parents' Evaluation of Developmental Status scale. RESULTS Internal consistency was good, and no gender differences in CCBS-2 scores were significant. Significant results included differences between CCBS-2 scores: among children grouped according to age, among children grouped according to pre- and post-school entry, among mothers grouped according to extent of any symptom type, and between this sample and a previously collected age-matched sample of children with disabilities. CONCLUSION Of the properties tested, results support sound psychometrics. The CCBS-2 can be used to differentiate children according to age, school entry, and disability as well as to identify families for potential services in behavior management and mental health.

Database: Medline

Does item overlap render measured relationships between pain and challenging behaviour trivial? Results from a multicentre cross-sectional study in 13 German nursing homes.

Author(s): Kutschar, Patrick; Bauer, Zsuzsa; Gnass, Irmela; Osterbrink, Jürgen

Source: Nursing inquiry; Jul 2017; vol. 24 (no. 3)

Abstract: Several studies suggest that pain is a trigger for challenging behaviour in older adults with cognitive impairment. However, such measured relationships might be confounded due to item overlap as instruments share similar or identical items. The purpose of this study was to examine whether the frequently observed association between pain and challenging behaviour might be traced back to item overlap. This multicentre cross-sectional study was conducted in 13 nursing homes and examined pain (measure: Pain Assessment in Advanced Dementia Scale) and challenging behaviour (measure: Cohen-Mansfield Agitation Inventory) in 150 residents with severe cognitive impairment. The extent of item overlap was determined by juxtaposition of both measures' original items. As expected, comparison between these instruments revealed an extensive item overlap. The statistical relationship between the two phenomena can be traced back mainly to the contribution of the overlapping items, which renders the frequently stated relationship between pain and challenging behaviour trivial. The status quo of measuring such associations must be contested: constructs' discrimination and instruments' discrimination have to be discussed critically as item overlap may lead to biased conclusions and assumptions in research as well as to inadequate care measures in nursing practice.

Database: Medline
An exploratory factor analysis and construct validity of the Resident Choice Assessment Scale with paid carers of adults with intellectual disabilities and challenging behavior in community settings

Author(s): Ratti, Victoria; Vickerstaff, Victoria; Crabtree, Jason; Hassiotis, Angela

Source: Journal of Mental Health Research in Intellectual Disabilities; Jul 2017; vol. 10 (no. 3); p. 198-216
Available in full text at Journal of Mental Health Research in Intellectual Disabilities - from Taylor & Francis

Notes: Sign in with OpenAthens details

Abstract: Introduction: The Resident Choice Assessment Scale (RCAS) is used to assess choice availability for adults with intellectual disabilities (ID). The aim of the study was to explore the factor structure, construct validity, and internal consistency of the measure in community settings to further validate this tool. Method: 108 paid carers of adults with ID living in supported accommodation and residential care facilities in urban, rural, and semirural areas in England completed the RCAS. Exploratory factor analyses were performed and the construct validity and internal consistency of the emerging factors were assessed. Results: Principal axis factoring with oblique rotations suggested a scale with two factors ( Everyday Choices and Participation in Household Activities) which explained 45% of the variance; the factors showed favorable construct validity as they identified significant differences between those living in residential care homes compared with supported living; the factors also differentiated between people with different levels of intellectual impairment with less choice and participation in domestic activities for those with more severe ID compared to their counterparts with moderate and mild impairment. Five items did not load onto any factor, suggesting that these could be dropped from the scale when administered in community settings, thus resulting in an 18-item measure (RCAS-18). Conclusion: The RCAS-18 may provide a useful measure to assess choice availability for people with ID supported by paid carers in the community. The revised measure may be more suitable in capturing choice than the original version for use in community samples.

Database: PsycINFO

The protective effect of character maturity in child aggressive antisocial behavior.

Author(s): Kerekes, Nóra; Falk, Örjan; Brändström, Sven; Anckarsäter, Henrik; Råstam, Maria; Hofvander, Björn

Source: Comprehensive psychiatry; Jul 2017; vol. 76 ; p. 129-137

Abstract: BACKGROUND Childhood aggressive antisocial behavior (CD) is one of the strongest predictors of mental health problems and criminal behavior in adulthood. The aims of this study were to describe personality profiles in children with CD, and to determine the strength of association between defined neurodevelopmental symptoms, dimensions of character maturity and CD. METHOD A sample of 1886 children with a close to equal distribution of age (9 or 12) and gender, enriched for neurodevelopmental and psychiatric problems were selected from the nationwide Child and Adolescent Twin Study in Sweden. Their parents rated them according to the Junior Temperament and Character Inventory following a telephone interview during which information about the children's development and mental health was assessed with the Autism-Tics, AD/HD and other Comorbidities inventory. RESULT Scores on the CD module significantly and positively correlated with scores on the Novelty Seeking temperament dimension and negatively with scores on character maturity (Self-Directedness and Cooperativeness). In the group of children with either neurodevelopmental or behavioral problems, the prevalence of low or very low character maturity was 50%, while when these two problems coexisted the prevalence of low or very low character maturity increased to 70%. Neurodevelopmental problems (such as: oppositional defiant disorder, symptoms of attention deficit/hyperactivity disorder and autism spectrum disorder) and low scores on character maturity emerged as independently significant predictors of CD; in a multivariable model, only oppositional defiant symptoms and impulsivity significantly increased the risk for coexisting CD while a mature self-agency in a child (Self-Directedness) remained a significant protective factor. CONCLUSION These results suggest that children's willpower, the capacity to achieve personally chosen goals may be an important protective factor - even in the presence of neurodevelopmental and psychiatric problems against progressing into persistent negative outcomes, such as aggressive antisocial behaviors.

Database: Medline

Inverse associations between cord vitamin D and attention deficit hyperactivity disorder symptoms: A child cohort study.

Author(s): Mossin, Mats H.; Aaby, Jens B.; Dalgård, Christine; Lykkedegn, Sine; Christesen, Henrik T.; Bilenberg, Niels
**Source:** Australian & New Zealand Journal of Psychiatry; Jul 2017; vol. 51 (no. 7); p. 703-710

Available in print at Brian Oliver Centre Library - Coventry & Warwickshire Partnership NHS Trust - from Australian & New Zealand Journal of Psychiatry

**Abstract:** Objective: To examine the association between cord 25-hydroxyvitamin D2+3 (25(OH)D) and attention deficit hyperactivity disorder symptoms in toddlers, using Child Behaviour Checklist for ages 1.5-5. Method: In a population-based birth cohort, a Child Behaviour Checklist for ages 1.5-5 questionnaire was returned from parents of 1233 infants with mean age 2.7 (standard deviation 0.6) years. Adjusted associations between cord 25(OH)D and Child Behaviour Checklist-based attention deficit hyperactivity disorder problems were analysed by multiple regression. Results: The median cord 25(OH)D was 44.1 (range: 1.5-127.1) nmol/L. Mean attention deficit hyperactivity disorder problem score was 2.7 (standard deviation 2.1). In adjusted analyses, cord 25(OH)D levels >25 nmol/L and >30 nmol/L were associated with lower attention deficit hyperactivity disorder scores compared to levels ≤25 nmol/L (ρ = 0.035) and ≤30 nmol/L (ρ = 0.043), respectively. The adjusted odds of scoring above the 90th percentile on the Child Behaviour Checklist-based attention deficit hyperactivity disorder problem scale decreased by 11% per 10 nmol/L increase in cord 25(OH)D. Conclusion: An inverse association between cord 25(OH)D and attention deficit hyperactivity disorder symptoms in toddlers was found, suggesting a protective effect of prenatal vitamin D.

**Database:** CINAHL

For best ADHD outcomes, contact patient soon after medication initiation and get teacher ratings for a year afterward.

**Source:** Brown University Child & Adolescent Psychopharmacology Update; Jul 2017; vol. 19 (no. 7); p. 1-3

**Abstract:** Knowing how to best predict patient outcomes in care for attention-deficit hyperactivity disorder (ADHD) is essential if community-based pediatric treatment is to be as successful as possible. However, the evidence base for measuring quality care for ADHD is poor. The most common and effective treatment for decreasing ADHD symptoms is medication, but those decreases can be made even bigger by adding certain practices to the medication.

**Database:** CINAHL

**Educators' experiences of managing students with ADHD: a qualitative study.**

**Author(s):** Moore, D. A.; Russell, A. E.; Arnell, S.; Ford, T. J.

**Source:** Child: Care, Health & Development; Jul 2017; vol. 43 (no. 4); p. 489-498

**Abstract:** Background The symptoms of attention-deficit/hyperactivity disorder are associated with difficulty coping with the social, behavioural and academic components of school. Compared with medication and other non-pharmacological treatment, there is less evidence relating to school-based interventions to support children with ADHD. There is additionally an absence of any research focused on the experiences and practices of educators in the UK around how they work with children who are inattentive, impulsive and hyperactive. Methods Forty-two educational practitioners from primary, secondary and alternate provision schools in the UK participated in focus groups or individual interviews that explored (1) their experiences of managing students with ADHD in the classroom and (2) factors that helped and hindered them in this endeavour. Transcripts were analysed using thematic analysis. Results Analysis identified six themes: broad strategies, student-centred, inclusive strategies, labelling, medication and relationships. Participants' experiences of managing students with ADHD drew upon a wide range of strategies that typically involved responding to individual needs in an inclusive manner, so individuals with ADHD could access the classroom with their peers. Participants spoke about three factors that helped and hindered managing students with ADHD. Labelling of students with ADHD was reported, with the negative aspects of labelling, such as stigmatization, affecting the classroom. Educators reported mixed experiences regarding the helpfulness of medication; where helpful, it allowed the use of strategies in the classroom. Although students with ADHD were described as having rollercoaster relationships, positive relationships were considered key to the support of children with these difficulties. Conclusions This study suggests that factors such as attitudes towards ADHD, relationships experienced by students with ADHD and other treatments being delivered need to be carefully considered before strategies are put in place in the classroom. This study supports the need for further work on the implementation of evidence-based school interventions for ADHD.

**Database:** CINAHL

**ADHD: Insurance and Mental Health Service Use.**

**Author(s):** Pastor, Patricia N.; Simon, Alan E.; Reuben, Cynthia A.
Source: Clinical Pediatrics; Jul 2017; vol. 56 (no. 8); p. 729-736

Abstract: We describe mental health service use by insurance among children aged 4 to 17 with diagnosed attention-deficit/ hyperactivity disorder (ADHD). Using parent reports from 2010-2013 National Health Interview Survey, we estimate the percentage that received services for emotional and behavioral difficulties (EBD): medication, other nonmedication services, and none (neither medication nor other nonmedication services). Among children with diagnosed ADHD, 56.0% had used medication for EBD, 39.8% had contact with a mental health professional, 32.2% had contact with a general doctor about the child's EBD, and 20.4% received special education services for EBD. Medication use was more often reported for privately or publicly insured children than uninsured children (P < .001), and uninsured children more often received no services (P < .001). Publicly insured children were more likely than privately insured children to receive other nonmedication services (P < .001). Less than a third (28.9%) of all children received no services as compared to almost half (48.8%) of uninsured children.

Database: CINAHL

Phenomenology of hoarding in children with comorbid attention-deficit/hyperactivity disorder (ADHD): The perceptions of parents.

Author(s): Lynch, Fiona A.; Moulding, Richard; McGillivray, Jane A.

Source: Comprehensive Psychiatry; Jul 2017; vol. 76 ; p. 1-10

Abstract: Individuals with ADHD and comorbid hoarding disorder are vulnerable to severe consequences from hoarding symptoms. Despite this, and the early onset of hoarding disorder, the nature of hoarding symptoms in children with comorbid ADHD is unknown. We therefore explored the phenomenology of hoarding symptoms among ten 8–12 year olds with ADHD and clinically significant hoarding symptoms through parental perceptions. Parents completed in-depth semi-structured interviews. The data was analyzed using Interpretative Phenomenological Analysis. Six superordinate themes were identified: emotional distress; parental avoidance and accommodating behaviors; family impacts of hoarding; excessive acquisition and saving; executive functioning; parental insight and intervention. In contrast to previous suggestions that emotional distress was not associated with hoarding in ADHD, these findings highlight that emotional distress appeared to be core to the hoarding disorder profile of the present sample of children with ADHD. This has important implications for health practitioners who may consider conceptualizing, assessing, and treating hoarding symptoms in children with comorbid ADHD using a cognitive behavioral model of hoarding disorder.

Database: CINAHL

Insomnia in adult attention-deficit/hyperactivity disorder: A comparison with borderline personality disorder population in a clinical setting and control participants.

Author(s): Weibel, Sébastien; Jermann, Françoise; Weiner, Luisa; Nicastro, Rosetta; Ardu, Stefano; Pham, Eleonore; Hasler, Roland; Dayer, Alexandre; Prada, Paco; Perroud, Nader

Source: Comprehensive Psychiatry; Jul 2017; vol. 76 ; p. 119-128

Abstract: Objectives Many adults with attention-deficit/hyperactivity disorder (ADHD) report sleeping difficulties. The relationship between sleep and ADHD is poorly understood, and shows discrepancies between subjective and objective measures. In order to determine the specificity of sleep-associated symptoms in ADHD, subjective sleep assessments among ADHD adult patients were compared with control subjects and with individuals suffering from borderline personality disorder (BPD). Methods 129 outpatients with ADHD, 70 with BPD (including 17 patients with BPD and ADHD comorbidity), and 65 control participants were assessed for sleep quality, insomnia, and sleepiness, using the Pittsburgh Sleep Quality Index (PSQI), the Insomnia Severity Index (ISI), and the Epworth Sleepiness Scale (ESS). Results ADHD- and BPD-sufferers achieved higher insomnia and lower sleep quality scores than control subjects. Clinical groups did not differ in terms of sleep quality, although insomnia was more severe among BPD patients. Depression scores explained most of sleep symptoms, but even when controlling for depression, ADHD sufferers showed higher sleep latency. Inattentive symptoms were associated with somnolence, while hyperactive/impulsive symptoms were associated with insomnia and lower sleep efficiency. Conclusion Sleep-related symptoms associated with ADHD were partly explained by non-specific factors, especially depression symptoms. In a dimensional perspective, hyperactive and inattentive symptoms were associated with specific sleep symptoms.

Database: CINAHL

The protective effect of character maturity in child aggressive antisocial behavior.
Author(s): Kerekés, Nóra; Falk, Örjan; Brändström, Sven; Anckarsäter, Henrik; Råstam, Maria; Hofvander, Björn

Source: Comprehensive Psychiatry; Jul 2017; vol. 76 ; p. 129-137

Abstract: Background Childhood aggressive antisocial behavior (CD) is one of the strongest predictors of mental health problems and criminal behavior in adulthood. The aims of this study were to describe personality profiles in children with CD, and to determine the strength of association between defined neurodevelopmental symptoms, dimensions of character maturity and CD. Methods A sample of 1886 children with a close to equal distribution of age (9 or 12) and gender, enriched for neurodevelopmental and psychiatric problems were selected from the nationwide Child and Adolescent Twin Study in Sweden. Their parents rated them according to the Junior Temperament and Character Inventory following a telephone interview during which information about the children's development and mental health was assessed with the Autism-Tics, AD/HD and other Comorbidities inventory. Result Scores on the CD module significantly and positively correlated with scores on the Novelty Seeking temperament dimension and negatively with scores on character maturity (Self-Directedness and Cooperativeness). In the group of children with either neurodevelopmental or behavioral problems, the prevalence of low or very low character maturity was 50%, while when these two problems coexisted the prevalence of low or very low character maturity increased to 70%. Neurodevelopmental problems (such as: oppositional defiant disorder, symptoms of attention deficit/hyperactivity disorder and autism spectrum disorder) and low scores on character maturity emerged as independently significant predictors of CD; in a multivariable model, only oppositional defiant symptoms and impulsivity significantly increased the risk for coexisting CD while a mature self-agency in a child (Self-Directedness) remained a significant protective factor. Conclusion These results suggest that children's willpower, the capacity to achieve personally chosen goals may be an important protective factor – even in the presence of neurodevelopmental and psychiatric problems – against progressing into persistent negative outcomes, such as aggressive antisocial behaviors.

Database: CINAHL

Predictive validity of parent- and self-rated ADHD symptoms in adolescence on adverse socioeconomic and health outcomes.

Author(s): Du Rietz, Ebba; Kuja-Halkola, Ralf; Brikell, Isabella; Jangmo, Andreas; Sariaslan, Amir; Lichtenstein, Paul; Kuntsi, Jonna; Larsson, Henrik

Source: European Child & Adolescent Psychiatry; Jul 2017; vol. 26 (no. 7); p. 857-867

Abstract: There is scarcity of research investigating the validity of self-report of attention deficit hyperactivity disorder (ADHD) symptoms compared to other informants, such as parents. This study aimed to compare the predictive associations of ADHD symptoms rated by parents and their children across adolescence on a range of adverse socioeconomic and health outcomes in early adulthood. Parent- and self-rated ADHD symptoms were assessed in 2960 individuals in early (13-14 years) and late adolescence (16-17 years). Logistic regression analyses were used to compare the associations between parent- and self-rated ADHD symptoms at both time points and adverse life outcomes in young adulthood obtained from Swedish national registries. Both parent- and self-ratings of ADHD symptoms were associated with increased risk for adverse outcomes, although associations of parent-ratings were more often statistically significant and were generally stronger (OR = 1.12-1.49, p < 0.05) than self-ratings (OR = 1.07-1.17, p < 0.05). After controlling for the other informant, parent-ratings of ADHD symptoms in both early and late adolescence significantly predicted academic and occupational failure, criminal convictions and traffic-related injuries, while self-ratings of ADHD symptoms only in late adolescence predicted substance use disorder and academic failure. Our findings suggest that both parent- and self-ratings of ADHD symptoms in adolescence provides valuable information on risk of future adverse socioeconomic and health outcomes, however, self-ratings are not valuable once parent-ratings have been taken into account in predicting most outcomes. Thus, clinicians and researchers should prioritize parent-ratings over self-ratings.

Database: CINAHL

Educational and Health Outcomes of Children Treated for Attention-Deficit/Hyperactivity Disorder.

Author(s): Fleming, Michael; Fitton, Catherine A.; Steiner, Markus F. C.; McLay, James S.; Clark, David; King, Albert; Mackay, Daniel F.; Pell, Jill P.

Source: JAMA Pediatrics; Jul 2017; vol. 171 (no. 7); p. 1-8

Abstract: IMPORTANCE Attention-deficit/hyperactivity disorder (ADHD) affects 39 million people worldwide; in isolation, it doubles annual health care costs and, when associated with comorbid mental
health problems, it quadruples the costs. OBJECTIVE To compare the education and health outcomes of schoolchildren treated for ADHD with their peers. DESIGN, SETTING, AND PARTICIPANTS In this population-based cohort study, individual-level record linkage was performed of 8 Scotland-wide administrative databases covering dispensed prescriptions, admissions to acute and psychiatric hospitals, maternity records, annual pupil census, examinations, school absences and exclusions, and unemployment. The study cohort comprised 766 244 children attending Scottish primary, secondary, and special schools at any point between September 21, 2009, and September 18, 2013. Data analysis was performed from June 1, 2015, to December 6, 2016. EXPOSURES Medication approved solely for ADHD treatment. MAIN OUTCOMES AND MEASURES Special educational needs, academic attainment, unauthorized absence, exclusion, age at leaving school, unemployment after leaving, and hospitalization. Outcomes were adjusted for potential sociodemographic, maternity, and comorbidity confounders. RESULTS Of the 766 244 schoolchildren, 7413 (1.0%) were treated for ADHD; 6287 (84.8%) were male. These children had higher rates of unauthorized absence (adjusted incidence rate ratio [IRR], 1.16; 95%CI, 1.14-1.19) and exclusion (adjusted IRR, 5.79; 95%CI, 5.45-6.16), more commonly had a record of special educational need (adjusted odds ratio [OR], 8.62; 95%CI, 8.26-9.00), achieved lower academic attainment (adjusted OR, 3.35; 95%CI, 3.00-3.75), were more likely to leave school before age 16 years (1546 [64.3%] vs 61 235 [28.4%]), and were more likely to be unemployed (adjusted OR, 1.39; 95%CI, 1.25-1.53). Children with ADHD were more likely to require hospitalization overall (adjusted hazard ratio [HR], 1.25; 95%CI, 1.19-1.31) and for injury (adjusted HR, 1.52; 95%CI, 1.40-1.65). CONCLUSIONS AND RELEVANCE Even while receiving medication, children with ADHD fare worse than their peers across a wide range of outcomes relating not only to education but also to health.

Database: CINAHL

The Prevalence of Internet Addiction Among a Japanese Adolescent Psychiatric Clinic Sample With Autism Spectrum Disorder and/or Attention-Deficit Hyperactivity Disorder: A Cross-Sectional Study.

Author(s): So, Ryuhei; Makino, Kazunori; Fujiwara, Masaki; Hirota, Tomoya; Ohcho, Kozo; Ikeda, Shin; Tsubouchi, Shouko; Inagaki, Masatoshi

Source: Journal of Autism & Developmental Disorders; Jul 2017; vol. 47 (no. 7); p. 2217-2224

Abstract: Extant literature suggests that autism spectrum disorder (ASD) and attention-deficit hyperactivity disorder (ADHD) are risk factors for internet addiction (IA). The present cross-sectional study explored the prevalence of IA among 132 adolescents with ASD and/or ADHD in a Japanese psychiatric clinic using Young’s Internet Addiction Test. The prevalence of IA among adolescents with ASD alone, with ADHD alone and with comorbid ASD and ADHD were 10.8, 12.5, and 20.0%, respectively. Our results emphasize the clinical importance of screening and intervention for IA when mental health professionals see adolescents with ASD and/or ADHD in psychiatric services.

Database: CINAHL

A Clinician’s Guide to Co-occurring ADHD Among Adolescent Substance Users: Comorbidity, Neurodevelopmental Risk, and Evidence-Based Treatment Options.

Author(s): Hogue, Aaron; Evans, Steven W.; Levin, Frances R.

Source: Journal of Child & Adolescent Substance Abuse; Jul 2017; vol. 26 (no. 4); p. 277-292

Abstract: This article introduces neurodevelopmental and clinical considerations for treating adolescents with co-occurring attention deficit hyperactivity disorder (ADHD) and adolescent substance use (ASU) in outpatient settings. We first describe neurobiological impairments common to ADHD and ASU, including comorbidity with conduct disorder, that evoke a profile of multiplicative developmental risk. We then present two evidence-based options for targeting ADHD-related problems during ASU treatment. Medication integration interventions utilize family ADHD psychoeducation to prompt decision making about ADHD medication and integrate medication management into behavioral services. Clinic-based academic training interventions utilize family interventions to improve the home academic environment and boost organization skills. We conclude with recommendations for ADHD assessment and intervention sequencing.

Database: CINAHL

The Effect of Attention-Deficit/Hyperactivity Disorder and Methylphenidate Treatment on the Adult Auditory Temporal Order Judgment Threshold.

Author(s): Fostick, Leah

Source: Journal of Speech, Language & Hearing Research; Jul 2017; vol. 60 (no. 7); p. 2124-2128
Abstract: Purpose: The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition notes that attention-deficit/hyperactivity disorder (ADHD) diagnosed in childhood will persist into adulthood among at least some individuals. There is a paucity of evidence, however, regarding whether other difficulties that often accompany childhood ADHD will also continue into adulthood, specifically auditory processing deficits. The aim of this study was to examine the effect of ADHD and the stimulant medication methylphenidate on auditory perception performance among adults. Method: A total of 33 adults diagnosed with ADHD according to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition criteria (ADHD group) and 48 adults without ADHD (non-ADHD group) performed an auditory temporal order judgment task. Participants with ADHD performed the task twice: with and without taking methylphenidate (Ritalin), in random order. Results: Temporal order judgment thresholds of the ADHD group were significantly higher than those of the non-ADHD group. Methylphenidate significantly decreased temporal order judgment thresholds within the ADHD group, making their performance similar to the non-ADHD participants. Conclusions: Auditory processing difficulties of those diagnosed with ADHD seem to persist into adulthood. Similar to findings with children, methylphenidate treatment improves performance on tasks requiring this ability among adults. Therefore, given the association between auditory temporal processing and linguistic skills, the beneficial effect of methylphenidate on adults' academic achievement may be accomplished by positively affecting auditory temporal processing. Further studies in this line of research are needed.

Database: CINAHL

Care Provision and Prescribing Practices of Physicians Treating Children and Adolescents With ADHD.

Author(s): Patel, Ayush; Medhekar, Rohan; Ochoa-Perez, Melissa; Aparasu, Rajender R.; Chan, Wenyaw; Sherer, Jeffrey T.; Alonzo, Joy; Chen, Hua

Source: Psychiatric Services; Jul 2017; vol. 68 (no. 7); p. 681-688

Abstract: Objective: Care provision and prescribing practices of physicians treating children with attention-deficit hyperactivity disorder (ADHD) were compared. Methods: A retrospective cohort study was conducted with the 1995-2010 General Electric Centricity Electronic Medical Record database. The sample included children (≤18 years) with newly diagnosed ADHD (ICD-9-CM code 314.XX) who received a prescription for a stimulant or atomoxetine. Identification of comorbid psychiatric disorders, duration from initial ADHD diagnosis to treatment, prescription of other psychotropic medications, and follow-up care during the ten months after the ADHD treatment initiation were compared across provider type (primary care physicians [PCPs], child psychiatrists, and physicians with an unknown specialty). The associations between provider type and practice variations were further determined by multivariate logistic regression accounting for patient demographic characteristics, region, insurance type, and prior mental health care utilizations. Results: Of the 66,719 children identified, 75.8% were diagnosed by PCPs, 2.6% by child psychiatrists, and 21.6% by physicians whose specialty was unknown. Child psychiatrists were less likely than PCPs to initiate ADHD medication immediately after the diagnosis. However, once the ADHD treatment was initiated, they were more likely to prescribe psychotropic polytherapy even after analyses accounted for the comorbid psychiatric disorders identified. Only one-third of ADHD cases identified by both PCPs and child psychiatrists have met the HEDIS quality measure for ADHD medication-related follow-up visits. Conclusions: Differences were found by physician type in care of children with ADHD. Additional studies are needed to understand clinical consequences of these differences and the implications for care coordination across provider specialties.

Database: CINAHL

Multifamily Group Intervention for Chinese Parents and Their Children with Attention Deficit Hyperactivity Disorder in a Chinese Context.

Author(s): Ma, Joyce L. C.; Lai, Kelly Y. C.; Wan, Erica S. F.

Source: Social Work with Groups; Jul 2017; vol. 40 (no. 3); p. 244-260

Abstract: Despite the empirical evidence of multifamily group (MFG) in helping children with mental health needs in Western contexts, there is a dearth of clinical studies in Chinese societies such as Hong Kong to explore such adaption to help Chinese families of children diagnosed with attention deficit hyperactivity disorder. In this article, the authors describe the MFG model adapted to the Chinese context and assess the perceived helpfulness of the intervention, using a client-driven approach in evaluation. The parents’ evaluation toward the MFG program is positive whereas the children’s feedback is less favorable. Modifications have been made including a 30-minute pregrou meeting for the parents and more challenging games and outdoor activities for the children.

Database: CINAHL
Between- and Within-Person Associations Between Negative Life Events and Alcohol Outcomes in Adolescents With ADHD.

Author(s): King, Kevin M; Pedersen, Sarah L; Louie, Kristine T; Pelham, William E; Molina, Brooke S G

Source: Psychology of addictive behaviors : journal of the Society of Psychologists in Addictive Behaviors; Jul 2017

Available in full text at Psychology of Addictive Behaviors - from ProQuest

Abstract: Escalations in alcohol use during adolescence may be linked with exposure to negative life events, but most of this research has focused on between-person associations. Moreover, adolescents with attention-deficit hyperactivity disorder (ADHD) may be an especially vulnerable population, reporting more life events and alcohol involvement and may even be more sensitive to the effects of life events on alcohol outcomes compared with those without ADHD. We tested the between- and within-person effects of the number and perceptions of negative life events on the development of alcohol use outcomes from age 14 to 17 years in 259 adolescents with and without ADHD using generalized estimating equations. Between-person differences in exposure to negative life events across adolescence, but not the perception of those events, were associated with a higher likelihood of alcohol use and drunkenness at age 17 years. Within-person differences in life events were associated with alcohol use above and beyond that predicted by an adolescent's typical trajectory over time. Parent- and teacher-reported ADHD symptoms were associated with more negative perceptions of life events and with greater alcohol use and drunkenness at age 17 years, but symptoms did not moderate the life event-alcohol association. Interventions should consider the variables that produce vulnerability to life events as well as the immediate impact of life events. That the accumulation of life events, rather than their perceived negativity, was associated with alcohol outcomes indicates that interventions targeting the reduction of negative events, rather than emotional response, may be more protective against alcohol use in adolescence.

Database: Medline

Critical exploration of co-occurring Attention-Deficit/Hyperactivity Disorder, mood disorder and Substance Use Disorder.

Author(s): Regnart, Judith; Truter, Ilse; Meyer, Anneke

Source: Expert review of pharmacoeconomics & outcomes research; Jul 2017 ; p. 1-8

Abstract: INTRODUCTION Co-occurring disorders (CODs) describe a Substance Use Disorder (SUD) accompanied by a comorbid psychiatric disorder. Attention-Deficit/Hyperactivity Disorder (ADHD) and mood disorders are common CODs with high prevalence rates in SUD populations. It is proposed that literature on a tri-condition presentation of ADHD, mood disorder and SUD is limited. Areas covered: A literature search was conducted using a keyword search on EBSCOhost. Initially 2 799 records were identified, however, only two articles included all three conditions occurring concurrently in individuals. CODs constitute a major concern due to their overarching burden on society as a whole. Diagnosis and treatment of such patients is challenging. There is evidence that dysfunction of dopamine in the brain reward circuitry impacts the development or symptomology of all three disorders. Disparity exists regarding whether ADHD or mood disorders are greater modifiers for increased SUD severity. However, it has been reported that poor functional capacity may have a greater influence than comorbidities on SUD development. Expert commentary: Challenges exist which confound the clear distinction of CODs, however, with greater emergence of adult ADHD its screening in SUD populations should become standard practice to establish data on multi-condition presentations with the ultimate goal of improving clinical outcomes.

Database: Medline

Sleep, chronotype, and sleep hygiene in children with attention-deficit/hyperactivity disorder, autism spectrum disorder, and controls.

Author(s): van der Heijden, K B; Stoffelsen, R J; Popma, A; Swaab, H

Source: European child & adolescent psychiatry; Jul 2017

Abstract: Sleep problems are highly prevalent in ADHD and autism spectrum disorder (ASD). Better insight in the etiology is of clinical importance since intervention and prevention strategies of sleep problems are directed at underlying mechanisms. We evaluated the association of sleep problems and sleep patterns with sleep hygiene (behavioral/environmental practices that influence sleep quality, e.g. caffeine use), access to electronic media, chronotype, and anxiety/depression in children aged 6-12 years with ADHD, ASD, or typical development (TD) using parental questionnaires. ANOVA and linear regression analyses were adjusted for age and sex. Children with ADHD and ASD showed more sleep problems (63.6
and 64.7%, vs 25.1% in TD) and shorter sleep duration than controls, while differences between ADHD and ASD were not significant. Sleep hygiene was worse in ADHD and ASD compared to TD, however, the association of worse sleep hygiene with more sleep problems was only significant in ASD and TD. There was a significant association of access to electronic media with sleep problems only in typically developing controls. Chronotype did not differ significantly between groups, but evening types were associated with sleep problems in ADHD and TD. Associations of greater anxiety/depression with more sleep problems were shown in ADHD and TD; however, anxiety/depression did not moderate the effects of chronotype and sleep hygiene. We conclude that sleep problems are highly prevalent in ADHD and ASD, but are differentially related to chronotype and sleep hygiene. In ASD, sleep problems are related to inadequate sleep hygiene and in ADHD to evening chronotype, while in TD both factors are important. Clinical implications are discussed.

Database: Medline

**Household Diversion of Prescription Stimulants: Medication Misuse by Parents of Children with Attention-Deficit/Hyperactivity Disorder.**

**Author(s):** Pham, Tammy; Milanaik, Ruth; Kaplan, Alyson; Papaioannou, Helen; Adesman, Andrew

**Source:** Journal of child and adolescent psychopharmacology; Jul 2017

**Abstract:** OBJECTIVES The primary objective of this study is to investigate household diversion of stimulant medication. Secondary objectives are to examine clinical/demographic predictors of diversion, types of formulations diverted, exposure to household diversion in the media, and storage of prescription stimulants within households. METHODS Questionnaires were completed by 180 parents of youth who were currently taking stimulant medication for treatment of attention-deficit/hyperactivity disorder (ADHD). Parents were asked whether they or another adult in the home had ever taken their child's stimulant medication or given one child's stimulant medication to another child in the home. Additionally, data regarding demographics, parental ADHD (diagnosed or suspected), past suspicions of missing medication, and medication storage were also collected. Responses were compared using Pearson's chi-squared test with Yates' continuity correction. RESULTS Sixteen percent of parents reported diversion of stimulant medication to another household member, with the majority admitting to taking the medication themselves. Another 13% had been tempted to illicitly self-administer their child's medication. Parents with suspected or diagnosed ADHD showed greater risk of self-administration or temptation to do so, compared to parents without (33% vs. 17%, \( p = 0.01 \)). The majority of parents (71%) stored prescription stimulants "in plain sight," or "out of sight but available to all." CONCLUSION Although previous research has focused on peer diversion among adolescents and young adults, clinicians must be vigilant for the possibility of diversion by parents of children treated with stimulant medication.

Database: Medline

**Beyond the pill: new medication delivery options for ADHD.**

**Author(s):** Cutler, Andrew J; Mattingly, Gregory W

**Source:** CNS spectrums; Jul 2017; p. 1-12

**Abstract:** Successful treatment of pediatric disorders has necessitated the development of alternative medication formulations, as children may prefer alternative dosage forms to tablets or capsules. This is especially true for attention-deficit/hyperactivity disorder (ADHD), which is one of the most common chronic pediatric conditions and often involves children with a variety of overlapping physical, psychological, or neurodevelopmental disorders. A special challenge for developing alternative dosage forms for ADHD treatment is the incorporation of a once-daily long-acting formulation. Traditional ADHD medication formulations have been limited, and issues surrounding prescribed dosing regimens—including poor medication adherence, difficulty swallowing, and the lack of dosing titration options—persist in ADHD treatment. In other disease areas, the development of alternative formulations has provided options for patients who have issues with consuming solid dosage forms, particularly children and individuals with developmental disorders. In the light of these new developments, several alternative formulations for ADHD medications are under development or have recently become available. This article reviews the various strategies for developing alternative dosage forms in other disease areas and discusses the application of these strategies in ADHD treatment. Alternative dosage forms may increase medication adherence, compliance, and patient preference and, therefore, improve the overall treatment for ADHD.

Database: Medline

**Differential Risk of Increasing Psychotropic Polypharmacy Use in Children Diagnosed With ADHD as Preschoolers.**
Author(s): Winterstein, Almut G; Soria-Saucedo, Rene; Gerhard, Tobias; Correll, Christoph U; Olsson, Mark

Source: The Journal of clinical psychiatry; Jul 2017

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

Abstract: OBJECTIVE To characterize treatment trajectories in children newly diagnosed with attention-deficit/hyperactivity disorder (ADHD). METHODS We utilized billing records of children aged 3 to 18 years in 28 US states’ Medicaid programs between 1999 and 2006. Children entered the cohort at the first ADHD diagnosis (ICD-9-CM: 314.00) preceded by ≥ 6 months with no psychotropic medication use and no psychiatric diagnoses. We followed children for 5 years to assess use of (1) psychotropic polypharmacy (the use of ≥ 3 psychotropic medication classes), (2) antipsychotics, and (3) anticonvulsants. We used mixed-effects logistic regression to model the probability of each utilization outcome as a function of age at ADHD diagnosis and follow-up year, adjusted for sociodemographic factors. RESULTS Our cohort included 16,626 children of whom 79.2% received stimulants, 33.2% antidepressants, and 23.1% α-agonists, and 25.3% received psychotropic polypharmacy treatment at least once in a subsequent year. Antipsychotics (7.1%-14.7%), anticonvulsants (4.0%-7.9%), and psychotropic polypharmacy (8.5%-13.4%) use increased from year 1 to 5, but this increase was confined to children between ages 3 and 9 at ADHD diagnosis. Children diagnosed at age 3 had the most substantial increase in each outcome (OR = 1.80 [95% CI, 1.36-2.38]; 1.85 [1.38-2.47]; 2.14 [1.45-3.16]), respectively. Also, 39.1% of 9,680 children-years with psychotropic polypharmacy therapy had no psychiatric diagnoses other than ADHD. CONCLUSIONS Psychotropic polypharmacy, antipsychotic, and anticonvulsant use increased with each year of follow-up. This effect was strongly mediated by the age of ADHD diagnosis with substantial increases in preschoolers but no corresponding effect in older children. It was only partially explained by physician diagnoses of concomitant mental disorders.

Database: Medline

Examining the effect of social bonds on the relationship between ADHD and past arrest in a representative sample of adults.

Author(s): van der Maas, Mark; Kolla, Nathan J; Erickson, Patricia G; Wickens, Christine M; Mann, Robert E; Vingilis, Evelyn

Source: Criminal behaviour and mental health : CBMH; Jul 2017

Abstract: BACKGROUND Several studies have found a connection between attentional deficit hyperactivity disorder (ADHD) and criminal behaviour in clinical and prison samples of adults, but there is a lack of representative general population data on this. AIM To test relationships between histories of ADHD and arrest. Our main research question was whether any such relationship is direct or best explained by co-occurring variables, especially indicators of social bonds. METHOD Data were from a sample of 5,376 adults (18+) representative of the general population of Ontario, Canada. Logistic regression analysis was used to explore the relationship between self-reported arrest on criminal charges and ADHD as measured by the Adult Self Report Scale (ASRS-v1.1). Indicators of strong social bonds (post secondary education, household size) and weak bonds (drug use, antisocial behaviours, alcohol dependence) were also obtained at interview and included in the statistical models. RESULTS In a main effects model, screening positive for ADHD was twice as likely (OR 2.05 CI 1.30, 3.14) and past use of medications for ADHD three times as likely (OR 3.94 CI 2.46, 6.22) to be associated with ever having been arrested. These associations were no longer significant after controls for weak and strong social bonds were added to the models. In the best fitting statistical model, ever having been arrested was not associated with ADHD, but it was significantly associated with indicators of strong and weak social bonds. CONCLUSIONS The observed connection between ADHD and criminality may be better understood through their shared relationships with indicators of poor social bonds. These include antisocial behaviour more generally, but also drug use and failure to progress to any form of tertiary education, including vocational training.

Database: Medline

Effect of an Ecological Executive Skill Training Program for School-aged Children with Attention Deficit Hyperactivity Disorder: A Randomized Controlled Clinical Trial.

Author(s): Qian, Ying; Chen, Min; Shuai, Lan; Cao, Qing-Jiu; Yang, Li; Wang, Yu-Feng

Source: Chinese medical journal; Jul 2017; vol. 130 (no. 13); p. 1513-1520

Abstract: BACKGROUND As medication does not normalize outcomes of children with attention deficit hyperactivity disorder (ADHD), especially in real-life functioning, nonpharmacological methods are important to target this field. This randomized controlled clinical trial was designed to evaluate the effects of
a comprehensive executive skill training program for school-aged children with ADHD in a relatively large sample. METHODS The children (aged 6-12 years) with ADHD were randomized to the intervention or waitlist groups. A healthy control group was composed of gender- and age-matched healthy children. The intervention group received a 12-session training program for multiple executive skills. Executive function (EF), ADHD symptoms, and social functioning in the intervention and waitlist groups were evaluated at baseline and the end of the final training session. The healthy controls (HCs) were only assessed once at baseline. Repeated measures analyses of variance were used to compare EF, ADHD symptoms, and social function between intervention and waitlist groups. RESULTS Thirty-eight children with ADHD in intervention group, 30 in waitlist group, and 23 healthy children in healthy control group were included in final analysis. At posttreatment, intervention group showed significantly lower Behavior Rating Inventory of Executive Function (BRIEF) total score (135.89 ± 16.80 vs. 146.09 ± 23.92, P= 0.04) and monitoring score (18.05 ± 2.67 vs. 19.77 ± 3.10, P= 0.02), ADHD-IV overall score (41.11 ± 7.48 vs. 47.20 ± 8.47, P< 0.01), hyperactivity-impulsivity (HI) subscale score (18.92 ± 5.09 vs. 21.93 ± 4.93, P= 0.02), and inattentive subscale score (22.18 ± 3.56 vs. 25.27 ± 5.06, P< 0.01), compared with the waitlist group. Repeated measures analyses of variance revealed significant interactions between time and group on the BRIEF inhibition subscale (F = 5.06, P= 0.03), working memory (F = 4.48, P= 0.04), ADHD-IV overall score (F = 21.72, P< 0.01), HI subscale score (F = 19.08, P< 0.01), and inattentive subscale score (F = 12.40, P< 0.01). Multiple-way analysis of variance showed significant differences on all variables of BRIEF, ADHD-rating scale-IV, and WEISS Functional Impairment Scale-Parent form (WFIRS-P) among the intervention and waitlist groups at posttreatment and HCs at baseline. CONCLUSIONS This randomized controlled study on executive skill training in a relatively large sample provided some evidences that the training could improve EF deficits, reduce problematic symptoms, and potentially enhance the social functioning in school-aged children with ADHD.

Database: Medline

**COMT and DAT1 polymorphisms moderate the indirect effect of parenting behavior on youth ADHD symptoms through neurocognitive functioning.**

**Author(s):** Morgan, Julia E; Caplan, Barbara; Tung, Irene; Noroña, Amanda N; Baker, Bruce L; Lee, Steve

**Source:** Child neuropsychology : a journal on normal and abnormal development in childhood and adolescence; Jul 2017 ; p. 1-21

**Abstract:** Although gene × environment interactions contribute to youth attention-deficit/hyperactivity disorder (ADHD) symptoms, the pathways mediating these influences are unknown. We tested genetic moderation of indirect effects from parenting behavior to youth ADHD symptoms through multiple neurocognitive factors. Two hundred and twenty-nine youth with and without ADHD were assessed at baseline (Wave 1; ages 5-10) and at a 2-year follow-up (Wave 2; ages 7-13). At Wave 1, youth completed a neurocognitive battery including measures of response inhibition, visuospatial working memory, and fluid reasoning, and a standardized parent-child interaction task yielding observational measures of positive and negative parenting. At Wave 2, youth psychopathology was rated by parents and teachers using multiple methods (i.e., structured interview, rating scale). We employed moderated multiple mediation and compared conditional indirect effects across youth genotypes at two biologically plausible genetic loci. Controlling for parent ADHD symptoms as well as youth demographic factors and co-occurring externalizing symptoms, these genetic factors moderated the indirect effect from Wave 1 parenting to multiple-informant Wave 2 ADHD symptoms through Wave 1 neurocognitive functioning. This preliminary study is the first to identify genetic moderation of mediated effects underlying ADHD symptoms and suggests that specific gene × parenting interactions may underlie neurocognitive functioning deficits and subsequent ADHD.

Database: Medline

**Diffusion tensor imaging studies of attention-deficit/hyperactivity disorder: meta-analyses and reflections on head motion.**

**Author(s):** Aoki, Yuta; Cortese, Samuele; Castellanos, Francisco Xavier

**Source:** Journal of child psychology and psychiatry, and allied disciplines; Jul 2017

**Abstract:** BACKGROUND Diffusion tensor imaging studies have shown atypical fractional anisotropy (FA) in individuals with attention-deficit/hyperactivity disorder (ADHD), albeit with conflicting results. We performed meta-analyses of whole-brain voxel-based analyses (WBVBA) and tract-based spatial statistics (TBSS) studies in ADHD, along with a qualitative review of TBSS studies addressing the issue of head motion, which may bias results. METHODS We conducted a systematic literature search (last search on April 1st, 2016) to identify studies comparing FA values between individuals with ADHD and typically developing (TD) participants. Signed differential mapping was used to compute effect sizes and integrate
WBVBA and TBSS studies, respectively. TBSS datasets reporting no between-group motion differences were identified. RESULTS We identified 14 WBVBA (ADHDn = 314, TDn = 278) and 13 TBSS datasets (ADHDn = 557, TDn = 568). WBVBA meta-analysis showed both significantly lower and higher FA values in individuals with ADHD; TBSS meta-analysis showed significantly lower FA in ADHD compared with TD in four clusters: two in the corpus callosum (isthmus and posterior midbody), one in right inferior fronto-occipital fasciculus, and one in left inferior longitudinal fasciculus. However, four of six datasets confirming no group-differences in motion showed no significant between-group FA differences. CONCLUSIONS A growing diffusion tensor imaging (DTI) literature (total N = 1,717) and a plethora of apparent findings suggest atypical interhemispheric connection in ADHD. However, FA results in ADHD should be considered with caution, since many studies did not examine potential group differences in head motion, and most of the studies reporting no difference in motion showed no significant results. Future studies should address head motion as a priority and assure that groups do not differ in head motion.

Database: Medline

Medical comorbidities in children and adolescents with autism spectrum disorders and attention deficit hyperactivity disorders: a systematic review.

Author(s): Muskens, Jet B; Velders, Fleur P; Staal, Wouter G

Source: European child & adolescent psychiatry; Jul 2017

Abstract: Somatic disorders occur more often in adult psychiatric patients than in the general adult population. However, in child and adolescent psychiatry this association is unclear, mainly due to a lack of integration of existing data. To address this issue, we here present a systematic review on medical comorbidity in the two major developmental disorders autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) and formulate clinical recommendations. The literature was searched using the PubMed and PsycINFO databases (2000-1 May 2016) with the keywords "(((child and adolescent) AND (Autism OR Attention Deficit Hyperactivity Disorder* OR ADHD)) AND (("Cardiovascular Diseases" [Mesh] OR "Endocrine System Diseases" [Mesh] OR "Immune System Diseases" [Mesh] OR "Neurobehavioral Manifestations" [Mesh] OR "Gastrointestinal Disorders" [Mesh] OR "Somatic OR Autoimmune disease OR Nervous system disease OR Infection OR Infectious disease)). Two raters independently assessed the quality of the eligible studies. The initial search identified 5278 articles. Based on inclusion and exclusion criteria 104 papers were selected and subsequently subjected to a quality control. This quality was assessed according to a standardized and validated set of criteria and yielded 29 studies for inclusion. This thorough literature search provides an overview of relevant articles on medical comorbidity in ADHD and/or ASD, and shows that medical disorders in these children and adolescents appear to be widespread. Those who work with children with ASD and/or ADHD should be well aware of this and actively promote routine medical assessment. Additionally, case-control studies and population-based studies are needed to provide reliable prevalence estimates. Future studies should furthermore focus on a broader evaluation of medical disorders in children and adolescents with ADHD and/or ASD to improve treatment algorithm in this vulnerable group.

Database: Medline


Author(s): Thompson, Trevor; Lloyd, Andrew; Joseph, Alain; Weiss, Margaret

Source: Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation; Jul 2017; vol. 26 (no. 7); p. 1879-1885

Abstract: PURPOSE The Weiss Functional Impairment Rating Scale-Parent Form (WFIRS-P) is a 50-item scale that assesses functional impairment on six clinically relevant domains typically affected in attention-deficit/hyperactivity disorder (ADHD). As functional impairment is central to ADHD, the WFIRS-P offers potential as a tool for assessing functional impairment in ADHD. These analyses were designed to examine the overall performance of WFIRS-P in differentiating ADHD and non-ADHD cases using receiver operating characteristics (ROC) analysis. This is the first attempt to empirically determine the level of functional impairment that differentiates ADHD children from normal controls. METHODS This observational study comprised 5-19-year-olds with physician-diagnosed ADHD (n = 476) and non-ADHD controls (n = 202). ROC analysis evaluated the ability of WFIRS-P to discriminate between ADHD and non-ADHD, and identified a WFIRS-P cut-off score that optimises correct classification. Data were analysed for the complete sample, for males versus females and for participants in two age groups (5-12 versus 13-19 years).RESULTS Area under the curve (AUC) was 0.91 (95% confidence interval 0.88-0.93) for the overall WFIRS-P score, suggesting highly accurate classification of ADHD distinct from non-ADHD. Sensitivity (0.83) and specificity (0.85) were maximal for a mean overall WFIRS-P score of 0.65, suggesting
that this is an appropriate threshold for differentiation. DeLong's test found no significant differences in AUCs for males versus females or 5-12 versus 13-19 years, suggesting that WFIRS-P is an accurate classifier of ADHD across gender and age. CONCLUSIONS When assessing function, WFIRS-P appears to provide a simple and effective basis for differentiating between individuals with/without ADHD in terms of functional impairment. CLASSIFICATION Disease-specific applications of QOL research.

**Database:** Medline

**ADHD patients fail to maintain task goals in face of subliminally and consciously induced cognitive conflicts.**

**Author(s):** Gohil, K; Bluschke, A; Roessner, V; Stock, A-K; Beste, C

**Source:** Psychological medicine; Jul 2017; vol. 47 (no. 10); p. 1771-1783

Available in full text at Psychological Medicine - from ProQuest

**Abstract:** BACKGROUND Attention deficit hyperactivity disorder (ADHD) patients have been reported to display deficits in action control processes. While it is known that subliminally and consciously induced conflicts interact and conjointly modulate action control in healthy subjects, this has never been investigated for ADHD. METHOD We investigated the (potential) interaction of subliminally and consciously triggered response conflicts in children with ADHD and matched healthy controls using neuropsychological methods (event-related potentials; ERPs) to identify the involved cognitive sub-processes. RESULTS Unlike healthy controls, ADHD patients showed no interaction of subliminally and consciously triggered response conflicts. Instead, they only showed additive effects as their behavioural performance (accuracy) was equally impaired by each conflict and they showed no signs of task-goal shielding even in cases of low conflict load. Of note, this difference between ADHD and controls was not rooted in early bottom-up attentional stimulus processing as reflected by the P1 and N1 ERPs. Instead, ADHD showed either no or reversed modulations of conflict-related processes and response selection as reflected by the N2 and P3 ERPs. CONCLUSION There are fundamental differences in the architecture of cognitive control which might be of use for future diagnostic procedures. Unlike healthy controls, ADHD patients do not seem to be endowed with a threshold which allows them to maintain high behavioural performance in the face of low conflict load. ADHD patients seem to lack sufficient top-down attentional resources to maintain correct response selection in the face of conflicts by shielding the response selection process from response tendencies evoked by any kind of distractor.

**Database:** Medline

**Lucy Maude Montgomery and Anne of Green Gables: An Early Description of Attention-Deficit/Hyperactivity Disorder.**

**Author(s):** Edison, Jessica Katz; Clardy, Christopher

**Source:** Pediatric annals; Jul 2017; vol. 46 (no. 7); p. e270

Available in full text at Pediatric Annals - from ProQuest

**Abstract:** Attention-deficit/hyperactivity disorder (ADHD) was added to the Diagnostic and Statistical Manual of Mental Disorders, third edition, revised in 1987. Similar disorders had appeared earlier, and many consider the first description of ADHD to be a lecture in 1902 about children with an "abnormal defect in moral control" but normal intelligence. This definition of ADHD is more alarming than the current one. Anne Shirley, the protagonist of the novel Anne of Green Gables (written by Lucy Maude Montgomery and published in 1908), shares the hyperactive and inattentive qualities that fit the current definition of ADHD. She also lacks the menacing characteristics of the 1902 description. This indicates that ADHD, by its modern definition, was probably present in the early 1900s. Furthermore, the character of Anne Shirley shares many biographical similarities with her author, suggesting that Montgomery herself may have had ADHD. Thus, looking at literature from the past not only provides insight into the timeline of ADHD, but also into the thought process of an individual with ADHD. By viewing literary classics through a medical lens, we may gain insight into other diseases as well. [Pediatr Ann. 2017; 46(7):e270-e272.]

**Database:** Medline

**Feedback-based probabilistic category learning is selectively impaired in attention/hyperactivity deficit disorder.**

**Author(s):** Gabay, Yafit; Goldfarb, Liat

**Source:** Neurobiology of learning and memory; Jul 2017; vol. 142 ; p. 200-208

**Abstract:** Although Attention-Deficit Hyperactivity Disorder (ADHD) is closely linked to executive function deficits, it has recently been attributed to procedural learning impairments that are quite distinct from the
form. These observations challenge the ability of the executive function framework solely to account for the diverse range of symptoms observed in ADHD. A recent neurocomputational model emphasizes the role of striatal dopamine (DA) in explaining ADHD’s broad range of deficits, but the link between this model and procedural learning impairments remains unclear. Significantly, feedback-based procedural learning is hypothesized to be disrupted in ADHD because of the involvement of striatal DA in this type of learning. In order to test this assumption, we employed two variants of a probabilistic category learning task known from the neuropsychological literature. Feedback-based (FB) and paired associate-based (PA) probabilistic category learning were employed in a non-medicated sample of ADHD participants and neurotypical participants. In the FB task, participants learned associations between cues and outcomes initially by guessing and subsequently through feedback indicating the correctness of the response. In the PA learning task, participants viewed the cue and its associated outcome simultaneously without receiving an overt response or corrective feedback. In both tasks, participants were trained across 150 trials. Learning was assessed in a subsequent test without a presentation of the outcome or corrective feedback. Results revealed an interesting disassociation in which ADHD participants performed as well as control participants in the PA task, but were impaired compared with the controls in the FB task. The learning curve during FB training differed between the two groups. Taken together, these results suggest that the ability to incrementally learn by feedback is selectively disrupted in ADHD participants. These results are discussed in relation to both the ADHD dopaminergic dysfunction model and recent findings implicating procedural learning impairments in those with ADHD.

**Database:** Medline

**Teenage Parenthood and Birth Rates for Individuals With and Without Attention-Deficit/Hyperactivity Disorder: A Nationwide Cohort Study.**

**Author(s):** Østergaard, Søren D; Dalsgaard, Søren; Faraone, Stephen V; Munk-Olsen, Trine; Laursen, Thomas M

**Source:** Journal of the American Academy of Child and Adolescent Psychiatry; Jul 2017; vol. 56 (no. 7); p. 578

**Abstract:** OBJECTIVE Prior studies have established that attention-deficit/hyperactivity disorder (ADHD) is associated with risky sexual behavior, but it remains unknown whether individuals with ADHD also are more likely to become parents while being teenagers. This aspect is clinically relevant because teenage parenthood is associated with adverse outcomes for parents and children. Therefore, the main aim of this study was to investigate whether individuals with ADHD would be more likely to become teenage parents compared with individuals without ADHD.METHOD This is a historical prospective cohort study based on nationwide data from Danish registers. The cohort consisted of all individuals (N = 2,698,052) born in Denmark from January 1, 1960 through December 31, 2001. The association between ADHD (n = 27,479 cases) and parenthood (first child) in age intervals of 12 to 16, 17 to 19, 20 to 24, 25 to 29, 30 to 34, 35 to 39, and 40 years and above was investigated by Poisson regression and expressed as incidence rate ratios (IRRs) with accompanying 95% CIs. IRRs can be interpreted as relative risks. RESULTS Compared with individuals without ADHD, those with ADHD were significantly more likely to become parents at 12 to 16 years of age (IRR for females 3.62, 95% CI 2.14-6.13; IRR for males 2.30, 95% CI 1.27-4.17) and at 17 to 19 years of age (IRR for females 1.94, 95% CI 1.62-2.33; IRR for males 2.27, 95% CI 1.90-2.70).CONCLUSION Individuals with ADHD are significantly more likely to become teenage parents compared with individuals without ADHD. Therefore, it might be appropriate to target this group with an intervention program that includes sexual education and contraceptive counseling.

**Database:** Medline

**Attention Deficit Hyperactivity Disorder in Children With Sickle Cell Disease Referred for an Evaluation.**

**Author(s):** Acquazzino, Melissa A; Miller, Meghan; Myrvik, Matthew; Newby, Robert; Scott, John Paul

**Source:** Journal of pediatric hematology/oncology; Jul 2017; vol. 39 (no. 5); p. 350-354

**Abstract:** Neuropsychological deficits, including difficulties with attention, are well described in children with sickle cell disease (SCD). Very little is known about attention deficit hyperactivity disorder (ADHD) in children with SCD. The objective of this study was to determine the proportion of ADHD in children with SCD referred for neuropsychological evaluation. This prospective, cross-sectional study included patients (age, 4 to 18 y) with SCD and completion of a neuropsychological evaluation between December 2013 and March 2016. Patients were referred for neuropsychological evaluation because of concern regarding school performance, development, and/or behavior. The diagnosis of ADHD was made by a neuropsychologist on the basis of the diagnostic criteria in the Diagnostic Statistical Manual-Fourth or Fifth Editions. ADHD medication usage rate was obtained by medical record review. Of the 89 patients with SCD referred for
neuropsychological evaluation, 25% (95% confidence interval, 16%-35%) met diagnostic criteria for ADHD. Only 21% of the patients with SCD and ADHD were prescribed an ADHD medication. Our study supports routine ADHD screening in children with SCD who have poor school performance or behavioral concerns. Despite the benefits of pharmacologic treatment, the majority of patients with SCD and ADHD did not receive a medication for management of their ADHD.

**Database:** Medline

**Dual System for Enhancing Cognitive Abilities of Children with ADHD Using Leap Motion and eye-Tracking Technologies.**

**Author(s):** Garcia-Zapirain, Begoña; de la Torre Díez, Isabel; López-Coronado, Miguel

**Source:** Journal of medical systems; Jul 2017; vol. 41 (no. 7); p. 111

**Abstract:** Attention Deficit Hyperactivity Disorder (ADHD) is a brain disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that affects with development or functioning. It affects 3-5% of all American and European children. The objective of this paper is to develop and test a dual system for the rehabilitation of cognitive functions in children with ADHD. A technological platform has been developed using the " .NET framework", which makes use of two physiological sensors, -an eye-tracker and a hand gesture recognition sensor- in order to provide children with the opportunity to develop their learning and attention skills. The two physiological sensors we utilized for the development are the Tobii X1 Light Eye Tracker and the Leap Motion. SUS and QUIS questionnaires have been carried out. 19 users tested the system and the average age was 10.88 years (SD = 3.14). The results obtained after tests were performed were quite positive and hopeful. The learning of the users caused by the system and the interfaces item got a high punctuation with a mean of 7.34 (SD = 1.06) for SUS questionnaire and 7.73 (SD = 0.6) for QUIS questionnaire. We didn't find differences between boys and girls. The developed multimodal rehabilitation system can help to children with attention deficit and learning issues. Moreover, the teachers may utilize this system to track the progression of their students and see their behavior.

**Database:** Medline

**Substance Use Among Adolescents with Attention-Deficit/Hyperactivity Disorder: Reasons for Use, Knowledge of Risks, and Provider Messaging/Education.**

**Author(s):** Harstad, Elizabeth; Wisk, Lauren E; Ziemnik, Rosemary; Huang, Qian; Salimian, Parissa; Weitzman, Elissa R; Levy, Sharon

**Source:** Journal of developmental and behavioral pediatrics : JDBP; ; vol. 38 (no. 6); p. 417-423

**Abstract:** OBJECTIVE Adolescents with attention-deficit/hyperactivity disorder (ADHD) are at increased risk for alcohol and marijuana use. This study's objective is to describe adolescents' ADHD-specific reasons for marijuana use, knowledge of ADHD-specific alcohol risks, and reported subspecialty provider messaging/education regarding alcohol use among adolescents with ADHD. METHODS Youths with ADHD aged 12 to 18 years completed a survey about alcohol and marijuana use, ADHD-specific reasons for marijuana use, knowledge of ADHD-specific alcohol risks, and reported provider messaging/education regarding alcohol use. We assessed knowledge toward substance use using descriptive statistics. We used χ and t tests to determine whether knowledge or provider messaging/education differed by sociodemographic characteristics. RESULTS Of the 96 participants, 61.5% were male, average age was 15.7 years; 31.3% reported past-year alcohol use and 20.8% reported past-year marijuana use. The majority (65.2%) said "no/don't know" to both "Can alcohol make ADHD symptoms worse?" and "Can alcohol interfere or get in the way of the medications you take?" Older participants were more likely to correctly answer the medication question "yes." Despite most (74%) participants reporting that their provider asked about alcohol use, few youth reported that their providers gave specific messages/education that alcohol could make ADHD symptoms worse (9.4%) or interfere with ADHD medications (14.6%); older participants and past-year alcohol users were more likely to have received these alcohol-specific messages. CONCLUSION Many youth with ADHD are unaware of the risks of alcohol use in relation to ADHD and providers are not consistently discussing these risks in the context of clinical ADHD care.

**Database:** Medline

**Association Between Parenting Style and Social Outcomes in Children with and Without Attention-Deficit/Hyperactivity Disorder: An 18-Month Longitudinal Study.**

**Author(s):** Bhide, Sampada; Sciberras, Emma; Anderson, Vicki; Hazell, Philip; Nicholson, Jan M

**Source:** Journal of developmental and behavioral pediatrics : JDBP; ; vol. 38 (no. 6); p. 369-377
Abstract: OBJECTIVE In a community-based sample of children with attention-deficit/hyperactivity disorder (ADHD) (n = 179) and non-ADHD controls (n = 212), this longitudinal study explored changes in parenting style over time; and whether parenting style prospectively predicts child functional outcomes. METHODS Attention-deficit/hyperactivity disorder diagnosis was assessed using the Conners ADHD index and Diagnostic Interview Schedule for Children IV. Children (70.3% boys) were assessed at baseline (mean age: 7.3 yr) and after 18 months (mean age: 8.9 yr) using a range of parent- and teacher-reported measures of child socioemotional and academic functioning. Parenting style was assessed through parent-reported measures of warmth, consistency, and anger. RESULTS At 18-month follow-up, there was a small significant decline in parenting warmth and parenting anger, and an increase in parenting consistency across groups. In the ADHD group, parenting warmth at baseline was positively related to 18-month prosocial behavior and responsibility by parent report, whereas parenting consistency predicted these child outcomes by teacher report. Parenting anger was positively associated with peer problems and negatively associated with prosocial behavior, self-control, and responsibility by parent report. Associations were similar for non-ADHD controls and all associations held after adjusting for a range of family, child, and parent factors. After additional adjustment of baseline levels of child functioning, parenting warmth and consistency continued to be associated with 18-month child outcomes. Parenting style was unrelated to emotional problems and academic competence over time. CONCLUSION Parenting style is independently related to aspects of future social outcomes of children with ADHD. Results hold implications for parenting interventions aimed at managing ADHD-related social impairments over time.

Database: Medline

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

Author(s): Zendraski, Narda; Sciberras, Emma; Mensah, Fiona; Hiscock, Harriet

Source: Journal of developmental and behavioral pediatrics : JDBP; ; vol. 38 (no. 6); p. 358-368

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

Meta-analysis of cognitive-behavioral treatments for adult ADHD.

Author(s): Knouse, Laura E; Teller, Jonathan; Brooks, Milan A

Source: Journal of consulting and clinical psychology; Jul 2017; vol. 85 (no. 7); p. 737-750

Available in full text at Journal of Consulting and Clinical Psychology - from ProQuest

Abstract: OBJECTIVE We conducted a meta-analysis of cognitive-behavioral treatment (CBT) studies for adult attention-deficit/hyperactivity disorder (ADHD), examining effects versus control and effects pre-to-post treatment to maximize the clinical and research utility of findings from this growing literature. METHOD Eligible studies tested adults meeting criteria for Diagnostic and Statistical Manual of Mental Disorders ADHD as determined by interview or using a standardized rating scale and measured ADHD symptoms or related impairment at baseline and posttreatment. We analyzed data from 32 studies from published and unpublished sources available through December 2015. Effect size calculations included up to 896 participants. RESULTS Using a random effects model, we found that CBTs had medium-to-large effects from pre- to posttreatment (self-reported ADHD symptoms: g = 1.00; 95% confidence interval [CI]: 0.84, 1.16; self-reported functioning g = .73; 95% CI [0.46, 1.00]) and small-to-medium effects versus control (g = .65; 95% CI [0.44, 0.86] for symptoms, .51; 95% CI [0.23, 0.79] for functioning). Effect sizes were heterogeneous for most outcome measures. Studies with active control groups showed smaller effect
sizes. Neither participant medication status nor treatment format moderated pre-to-post treatment effects, and longer treatments were not associated with better outcomes. CONCLUSIONS Current CBTs for adult ADHD show comparable effect sizes to behavioral treatments for children with ADHD, which are considered well-established treatments. Future treatment development could focus on identifying empirically supported principles of treatment-related change for adults with ADHD. We encourage researchers to report future findings in a way that is amenable to meta-analytic review.

**Database:** Medline

**Girls with childhood ADHD as adults: Cross-domain outcomes by diagnostic persistence.**

**Author(s):** Owens, Elizabeth B; Zalecki, Christine; Gillette, Peter; Hinshaw, Stephen P

**Source:** *Journal of consulting and clinical psychology*; Jul 2017; vol. 85 (no. 7); p. 723-736

Available in full text at *Journal of Consulting and Clinical Psychology* - from ProQuest

**Abstract:** OBJECTIVE To ascertain adult outcomes in 10 domains reflecting symptomatology (internalizing, externalizing, self-injury, substance use), attainment (education, employment), and impairment (health, social, driving, overall) as a function of both childhood diagnosis of attention-deficit/hyperactivity disorder (ADHD) and persistence of ADHD symptoms across time. METHOD We prospectively followed 140 grade-school-aged girls with rigorously diagnosed childhood ADHD and 88 age- and ethnicity-matched comparison girls for 16 years. Outcome measures were obtained via self- and parent-report questionnaires, interviews, and objective tests. RESULTS Childhood ADHD, whether it remitted or persisted, was a pernicious risk factor for a limited number of poor outcomes, including low educational attainment, unplanned pregnancy, body mass index (BMI), and clinician-rated impairment. Childhood ADHD that persisted over time, whether completely or partially, was associated with a number of additional detrimental outcomes in the externalizing, internalizing, self-injury, occupational, social, and overall impairment domains. Finally, in this all-female sample, ADHD was not associated with objective measures of employment, substance use, or driving outcomes. CONCLUSIONS We discuss the considerable impairments accruing from both childhood-limited and adult-persisting ADHD, with major implications for the health and well-being of females with this neurodevelopmental disorder.

**Database:** Medline

**Parenting Stress as a Mediator Between Childhood ADHD and Early Adult Female Outcomes.**

**Author(s):** Gordon, Chanelle T; Hinshaw, Stephen P

**Source:** *Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association*, Division 53; 2017; vol. 46 (no. 4); p. 588-599

**Abstract:** The purpose of this study is to examine the mediating role of parenting stress (both parental distress and stress due to dysfunctional interactions in the mother-daughter relationship [PSDI]) in the link between childhood attention-deficit/hyperactivity disorder (ADHD) status and several important young adult outcomes. The diverse sample comprised 140 girls with ADHD and 88 age- and ethnicity-matched comparisons, evaluated at ages 6-12 years and followed prospectively for five years (M age = 14.2) and 10 years (M age = 19.6). The PSDI experienced by a mother during her daughter's adolescence mediated the link between her daughter's childhood ADHD status and adult externalizing and internalizing symptoms. PSDI also mediated the link between ADHD status and young adult nonsuicidal self-injury and had an indirect effect in the relation between childhood ADHD and young adult depressive symptoms. The mediating role of PSDI with respect to internalizing symptoms and depressive symptoms remained in place even when covarying adolescent internalizing/depressive symptoms. Parenting stress, particularly related to maternal perceptions of dysfunctional interactions with adolescent daughters, serves as a key mediator in the association between childhood ADHD status and important domains of young adult functioning. Minimizing parenting stress and dysfunctional mother-daughter interactions during adolescence might reduce the risk of adverse adult outcomes for girls with ADHD.

**Database:** Medline

**Structural and functional connectivity in children and adolescents with and without attention deficit/hyperactivity disorder.**

**Author(s):** Bos, Dienke J; Oranje, Bob; Achterberg, Michelle; Vlaskamp, Chantal; Ambrosino, Sara; de Reus, Marcel A; van den Heuvel, Martijn P; Rombouts, Serge A R B; Durston, Sarah

**Source:** *Journal of child psychology and psychiatry, and allied disciplines*; Jul 2017; vol. 58 (no. 7); p. 810-818
**Abstract**: BACKGROUND Attention deficit/hyperactivity disorder (ADHD) has frequently been associated with changes in resting-state functional connectivity, and decreased white matter (WM) integrity. In the current study, we investigated functional connectivity within Default Mode and frontal control resting-state networks (RSNs) in children with and without ADHD. We hypothesized the RSNs of interest would show a pattern of impaired functional integration and segregation and corresponding changes in WM structure.

**METHODS** Resting-state fMRI and diffusion-weighted imaging data were acquired from 35 participants with ADHD and 36 matched typically developing peers, aged 6 through 18 years. Functional connectivity was assessed using independent component analysis. Network topology and WM connectivity were further investigated using graph theoretical measures and tract-based spatial statistics (TBSS).

**RESULTS** Resting-state fMRI analyses showed increased functional connectivity in right inferior frontal gyrus (IFG), and bilateral medial prefrontal cortex (mPFC) within the Default Mode and frontal control networks. Furthermore, a more diffuse spatial pattern of functional connectivity was found in children with ADHD. We found no group differences in structural connectivity as assessed with TBSS or graph theoretical measures.

**CONCLUSIONS** Resting-state networks show a more diffuse pattern of connectivity in children with ADHD. The increases in functional connectivity in right IFG and bilateral mPFC in children with ADHD may reflect reduced or delayed functional segregation of prefrontal brain regions. As these functional changes were not accompanied by changes in WM, they may precede the development of the frequently reported changes in WM structure.

**Database**: Medline

**Psychiatric Comorbidities Modify the Association Between Childhood ADHD and Risk for Suicidality: A Population-Based Longitudinal Study.**

**Author(s)**: Yoshimasu, Kouichi; Barbaresi, William J; Colligan, Robert C; Voigt, Robert G; Killian, Jill M; Weaver, Amy L; Katusic, Slavica K

**Source**: Journal of attention disorders; Jul 2017 ; p. 1087054717718264

**Abstract**: OBJECTIVE The objective of this study was to evaluate the effect of psychiatric comorbidities on the association between childhood ADHD and suicidality among adults. METHOD Subjects were recruited from a population-based birth cohort. Participating adult subjects with childhood ADHD and non-ADHD controls were administered a structured psychiatric interview to assess suicidality and psychiatric comorbidities. Associations were assessed using logistic regression. RESULTS Compared with controls, ADHD cases were significantly more likely to meet criteria for suicidality. Subjects with childhood ADHD who met criteria for generalized anxiety disorder had a higher than expected risk of suicidality with an observed odds ratio of 10.94 (95% confidence interval [4.97, 24.08]) compared with an expected odds ratio of 4.86, consistent with a synergistic interaction effect. Significant synergistic interactions were also observed for hypomanic episode and substance-related disorders. CONCLUSION Childhood ADHD is significantly associated with adult suicidal risk. Comorbidity between ADHD and some psychiatric disorders is associated with a higher suicidal risk than expected.

**Database**: Medline

**Parent Psychopathology and Neurocognitive Functioning in Children With ADHD.**

**Author(s)**: Agha, Sharifah Shameem; Zammit, Stanley; Thapar, Anita; Langley, Kate

**Source**: Journal of attention disorders; Jul 2017 ; p. 1087054717718262

**Abstract**: OBJECTIVE The objective of this study was to examine the association between parent mental health (ADHD and depression) and offspring performance on neurocognitive tasks in children with ADHD. METHOD The clinical sample consisted of 570 children (85% males, mean age: 10.77 years) with ADHD who completed neurocognitive tasks measuring working memory, attention set-shifting, and motivational deficits. Questionnaire measures were used to assess ADHD and depression symptom presence in parents. RESULTS Controlling for ADHD severity, children of parents with ADHD had poorer working memory (B = -.25, 95% confidence interval [CI] [-0.45, -0.07], p = .01) and increased errors on the extra dimensional shift stage of the set-shifting task (B = .26 95% CI [0.02, 0.50], p = .04). Parent depression was not associated with offspring performance on any of the assessed neurocognitive tasks. CONCLUSION Children with ADHD who have a parent with ADHD symptom presence are a subgroup of children who may have additional neurocognitive impairments that have potential implications when implementing interventions that target cognition and learning.

**Database**: Medline

**Effects of Physical Activity Intervention on Motor Proficiency and Physical Fitness in Children With ADHD: An Exploratory Study.**
**Author(s):** Pan, Chien-Yu; Chang, Yu-Kai; Tsai, Chia-Liang; Chu, Chia-Hua; Cheng, Yun-Wen; Sung, Ming-Chih

**Source:** Journal of attention disorders; Jul 2017; vol. 21 (no. 9); p. 783-795

**Abstract:** OBJECTIVE This study explored how a 12-week simulated developmental horse-riding program (SDHRP) combined with fitness training influenced the motor proficiency and physical fitness of children with ADHD.METHOD Twelve children with ADHD received the intervention, whereas 12 children with ADHD and 24 typically developing (TD) children did not. The fitness levels and motor skills of the participants were assessed using standardized tests before and after the 12-week training program. RESULTS Significant improvements were observed in the motor proficiency, cardiovascular fitness, and flexibility of the ADHD training group following the intervention. CONCLUSION Children with ADHD exhibit low levels of motor proficiency and cardiovascular fitness; thus, using the combined 12-week SDHRP and fitness training positively affected children with ADHD.

**Database:** Medline

**ADHD, Conduct Disorder, Substance Use Disorder, and Nonprescription Stimulant Use.**

**Author(s):** Brook, Judith S; Balka, Elinor B; Zhang, Chenshu; Brook, David W

**Source:** Journal of attention disorders; Jul 2017; vol. 21 (no. 9); p. 776-782

**Abstract:** OBJECTIVE To assess whether the relationship of an ADHD diagnosis by adolescence to nonprescription stimulant use in adulthood is direct or indirect, via Conduct Disorder (CD) and/or Substance Use Disorder (SUD).METHOD Data were obtained from multiple waves of interviews and questionnaires completed by 551 community-based participants when they were between the mean ages of 14.1 and 36.6 years.RESULTSThe results of the structural equation model (SEM) supported both a direct association between early ADHD and later nonprescription stimulant use (B = .18, z= 2.74) and the relationship from ADHD to later nonprescription stimulant use (B = .01, z = 1.72) via CD and SUD.CONCLUSION The longitudinal data supporting these paths suggest that efforts to prevent and treat the misuse of nonprescription stimulants may be more effective if attention is paid to those with a history of ADHD, as well as to those who also had CD and SUD.

**Database:** Medline

**Use of Multiple Informants to Identify Children at High Risk for ADHD in Turkish School-Age Children.**

**Author(s):** Güler, Ayşegül Selcen; Scahill, Lawrence; Jeon, Sangchoon; Taşkın, Beril; Dedeoğlu, Ceyda; Ünal, Selin; Yazgan, Yankı

**Source:** Journal of attention disorders; Jul 2017; vol. 21 (no. 9); p. 764-775

**Abstract:** OBJECTIVE To examine the distribution of parent- and teacher-rated ADHD symptoms in a Turkish community sample to identify children at high risk for ADHD and to explore the psychosocial correlates of these high-risk children. METHOD An 18-item SNAP-IV (Swanson, Nolan, and Pelham) and a three-item impairment scale were completed by parents and teachers on 3,110 children between 7 and 14 years of age from three public schools in Istanbul. RESULTS Using various case definitions for ADHD, we observed a range of prevalence estimates based on parent (2.7%-9.6%) and teacher (2%-10.1%) reports. Teacher-identified ADHD was associated with low family income and low parental education; parent-identified ADHD was associated with perceived need for mental health treatment. CONCLUSION Statistically driven threshold on a symptom scale may overestimate the rate of high-risk children. Relying on one informant is likely to miss some children at high risk. As in clinical practice, therefore, data from multiple informants and evidence of impairment are essential for identifying ADHD.

**Database:** Medline

**Homogeneous Combinations of ASD-ADHD Traits and Their Cognitive and Behavioral Correlates in a Population-Based Sample.**

**Author(s):** van der Meer, Jolanda M J; Lappenschaar, Martijn G A; Hartman, Catharina A; Greven, Corina U; Buitelaar, Jan K; Rommelse, Nanda N J

**Source:** Journal of attention disorders; Jul 2017; vol. 21 (no. 9); p. 753-763

**Abstract:** OBJECTIVE Autism Spectrum Disorders (ASD) and ADHD are assumed to be the extreme manifestations of continuous heterogeneous traits that frequently co-occur. This study aims to identify subgroups of children with distinct ASD-ADHD trait profiles in the general population, using measures sensitive across both trait continua, and show how these subgroups differ in cognitive functioning. METHOD We examined 378 children (6-13 years) from a population-based sample. RESULTS Latent class analyses (LCA) detected three concordant classes with low (10.1%), medium (54.2%), or high (13.2%)
scores on both traits, and two discordant classes with more ADHD than ASD characteristics (ADHD > ASD, 18.3%) and vice versa (ASD > ADHD, 4.2%). Findings suggest that ASD and ADHD traits usually are strongly related in the unaffected population, and that a minority of children displays atypical discordant trait profiles characterized by differential visual-spatial functioning. CONCLUSION This dissociation suggests that heterogeneity in ASD and ADHD is rooted in heterogeneity in the lower unaffected end of the distribution.

Database: Medline

Co-Occurrence of ODD and CD in Preschool Children With Symptoms of ADHD.

Author(s): Bendiksen, Bothild; Svensson, Elisabeth; Aase, Heidi; Reichborn-Kjennerud, Ted; Friis, Svein; Myhre, Anne M; Zeiner, Pål
Source: Journal of attention disorders; Jul 2017; vol. 21 (no. 9); p. 741-752

Abstract: OBJECTIVE Patterns of co-occurrence between ADHD, Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD) were examined in a sample of non-referred preschool children. ADHD subtypes and sex differences were also explored. METHOD Children aged 3.5 years (n = 1,048) with high scores on ADHD characteristics were recruited from the Norwegian Mother and Child Cohort Study and clinically assessed, including a semi-structured psychiatric interview. RESULTS In children with ADHD, concurrent ODD was present more often than CD (31% vs. 10%), but having ADHD gave higher increase in the odds of CD than of ODD (ODD: odds ratio [OR] = 6.7, 95% confidence interval [CI] = [4.2, 10.8]; CD: OR = 17.6, 95% CI = [5.9, 52.9]). We found a greater proportion of children having the combined ADHD subtype as well as more severe inattentiveness among children with co-occurring CD compared with ODD. Sex differences were minor. CONCLUSION There are important differences in co-occurring patterns of ODD and CD in preschool children with ADHD.

Database: Medline


Author(s): Virring, Anne; Lambek, Rikke; Jennum, Poul Jørgen; Møller, Lene Ruge; Thomsen, Per Hove
Source: Journal of attention disorders; Jul 2017; vol. 21 (no. 9); p. 731-740

Abstract: OBJECTIVE Little systematic information is available regarding how sleep problems influence daytime functioning in children with ADHD, as the role of ADHD presentations and comorbidity is unclear. METHOD In total, 397 children were assessed with the Children's Sleep Habits Questionnaire, the Weiss Functional Impairment Rating Scale, and the ADHD Rating Scale. RESULTS We found a moderate, positive correlation between sleep problems and impaired functioning in both children with ADHD and in typically developed children. ADHD presentations did not differ significantly with respect to sleep problem profile, but having a comorbid internalizing or autistic disorder lead to higher sleep problem score. CONCLUSION Sleep problems and impaired daily functioning were more common in children with ADHD, but the overall association between sleep problems and impaired daily functioning was similar in clinical and nonclinical children. Internalizing or autistic comorbid disorders added significantly to the sleep problems.

Database: Medline

Self- and Parent-Rated Quality of Life of a Treatment Naïve Sample of Children With ADHD: The Impact of Age, Gender, Type of ADHD, and Comorbid Psychiatric Conditions According to Both a Categorical and a Dimensional Approach.

Author(s): Dallos, Gyöngyvér; Miklósi, Mónika; Keresztény, Ágnes; Velő, Szabina; Szentiványi, Dóra; Gádoros, Júlia; Balázs, Judit
Source: Journal of attention disorders; Jul 2017; vol. 21 (no. 9); p. 721-730

Abstract: OBJECTIVE Our aim was to evaluate the Quality of Life (QoL) of treatment naïve children with ADHD. METHOD Data from 178 parent-child dyads were analyzed using multiple regression to assess the relationships between QoL, and characteristics of ADHD and comorbidity psychopathology .RESULTS Lower self-reported QoL was associated with female gender, higher age, more symptoms of anxiety and trauma-related disorders in dimensional approach, and with the comorbid diagnoses of trauma-related disorders and oppositional defiant disorder (ODD)/conduct disorder (CD) in categorical approach. Lower parent-reported QoL was related to older age and increasing number of symptoms of mood and anxiety disorders on one hand, and any diagnosis of mood and anxiety disorders and ODD/CD on the other. CONCLUSION Our results draw the attention to the importance of taking into account age, gender, and both self- and
parent reports when measuring QoL of children with ADHD and both dimensional and categorical approaches should be used.

Database: Medline

Bipolar Disorder in Children With ADHD: A Clinical Sample Study.

Author(s): Donfrancesco, Renato; Di Trani, Michela; Andriola, Elda; Leone, Daniela; Torrioli, Maria G; Passarelli, Francesca; DelBello, Melissa P

Source: Journal of attention disorders; Jul 2017; vol. 21 (no. 9); p. 715-720

Abstract: OBJECTIVE To explore the impact of early-onset bipolar disorder (pediatric bipolar disorder [PBD]) on ADHD. METHOD We compared ADHD symptom severity, ADHD subtype distribution, and rates of comorbid and familial psychiatric disorders between 49 ADHD children with comorbid PBD and 320 ADHD children without PBD. RESULTS Children with ADHD and PBD showed higher scores in the Hyperactive and Inattentive subscales of the ADHD Rating Scale, than children with ADHD alone. The frequency of combined subtype was significantly higher in ADHD children with PBD, than in those with ADHD alone. ADHD children with PBD showed a higher rate of familial psychiatric disorders than ADHD children without PBD. The rate of conduct disorder was significantly greater in children with PBD and ADHD compared with children with ADHD alone. CONCLUSION ADHD along with PBD presents with several characteristics that distinguish it from ADHD alone, suggesting that these may be distinct disorders.

Database: Medline

Acute Stimulant Treatment and Reinforcement Increase the Speed of Information Accumulation in Children with ADHD.

Author(s): Fosco, Whitney D; White, Corey N; Hawk, Larry W

Source: Journal of abnormal child psychology; Jul 2017; vol. 45 (no. 5); p. 911-920

Abstract: The current studies utilized drift diffusion modeling (DDM) to examine how reinforcement and stimulant medication affect cognitive task performance in children with ADHD. In Study 1, children with (n = 25; 88 % male) and without ADHD (n = 33; 82 % male) completed a 2-choice discrimination task at baseline (100 trials) and again a week later under alternating reinforcement and no-reinforcement contingencies (400 trials total). In Study 2, participants with ADHD (n = 29; 72 % male) completed a double-blind, placebo-controlled trial of 0.3 and 0.6 mg/kg methylphenidate and completed the same task utilized in Study 1 at baseline (100 trials). Children with ADHD accumulated information at a much slower rate than controls, as evidenced by a lower drift rate. Groups were similar in nondecision time and boundary separation. Both reinforcement and stimulant medication markedly improved drift rate in children with ADHD (ds = 0.70 and 0.95 for reinforcement and methylphenidate, respectively); both treatments also reduced boundary separation (ds = 0.70 and 0.39). Reinforcement, which emphasized speeded accuracy, reduced nondecision time (d = 0.37), whereas stimulant medication increased nondecision time (d = 0.38). These studies provide initial evidence that frontline treatments for ADHD primarily impact cognitive performance in youth with ADHD by improving the speed/efficiency of information accumulation. Treatment effects on other DDM parameters may vary between treatments or interact with task parameters (number of trials, task difficulty). DDM, in conjunction with other approaches, may be helpful in clarifying the specific cognitive processes that are disrupted in ADHD, as well as the basic mechanisms that underlie the efficacy of ADHD treatments.

Database: Medline

Executive Functioning and Engagement in Physical and Relational Aggression among Children with ADHD.

Author(s): McQuade, Julia D; Breaux, Rosanna P; Miller, Rose; Mathias, Laney

Source: Journal of abnormal child psychology; Jul 2017; vol. 45 (no. 5); p. 899-910

Abstract: Although evidence suggests that executive functioning (EF) impairments are implicated in physically aggressive behavior (e.g., hitting) these cognitive impairments have rarely been examined with regard to relational aggression (e.g., gossip, systematic exclusion). Studies also have not examined if EF impairments underlie the expression of aggression in children with attention-deficit/hyperactivity disorder (ADHD) and if child gender moderates risk. Children with and without clinical elevations in ADHD symptoms (N = 124; ages 8-12 years; 48 % male) completed a battery of EF tests. Parent and teacher report of ADHD and oppositional defiant disorder (ODD) symptoms and teacher report of engagement in physical and relational aggression were collected. Models tested the unique association of EF abilities with physical and relational aggression and the indirect effect through the expression of ADHD or ODD behaviors; child gender was also tested as a moderator. EF impairment was uniquely associated with
physical aggression, but better EF ability was associated with relational aggression. For boys, poor EF also was indirectly associated with greater physical aggression through the expression of ADHD behaviors. However, ADHD symptoms were unrelated to relational aggression. ODD symptoms also predicted physical aggression for boys but relational aggression for girls. Results suggest that there are multiple and distinct factors associated with engagement in physical and relational aggression and that better EF may actually promote relational aggression. Established models of physical aggression should not be assumed to map on to explanations of relational aggression.

**Database:** Medline

**Factors Associated with Healthy and Impaired Social Functioning in Young Adolescents with ADHD.**

**Author(s):** Ray, A Raisa; Evans, Steven W; Langberg, Joshua M

**Source:** Journal of abnormal child psychology; Jul 2017; vol. 45 (no. 5); p. 883-897

**Abstract:** There is variability in the extent to which adolescents with attention-deficit/hyperactivity disorder (ADHD) exhibit social impairment, as the same diagnosis does not necessarily entail impairment in the same area(s) of functioning. The current study entailed a cross-sectional examination of enhancers to healthy social functioning and risk factors to parent- and self-rated social impairment in 324 middle school youth (ages 10-14 years) with ADHD. A series of binary logistic regression analyses were conducted to evaluate a risk-resilience model for social functioning, including testing compensatory (i.e., main; buffering) and protective (i.e., interaction) effects of enhancers in the presence of identified risk factors. Youth conduct problems, youth depression, and negative parenting emerged as risk factors. Self-rated social acceptance, activity participation (breadth and intensity), and parent involvement were enhancers of healthy social functioning. Of these enhancers, activity participation (breadth and intensity) and parent involvement showed buffering effects against the negative impact of the risk factors on social functioning. None of the enhancers displayed protective effects. The findings of this study enhance our understanding of the social functioning of young adolescents with ADHD, who comprise an understudied population relative to younger children with similar problems.

**Database:** Medline

**Mother-Child Relationship in Youths with Attention-Deficit Hyperactivity Disorder and their Siblings.**

**Author(s):** Chang, Jane Pei-Chen; Gau, Susan Shur-Fen

**Source:** Journal of abnormal child psychology; Jul 2017; vol. 45 (no. 5); p. 871-882

**Abstract:** Despite impaired mother-child interactions noted in youth with attention-deficit/hyperactivity disorder (ADHD), there is no such information for their siblings. This study aimed to test whether the affected and unaffected siblings, like youth with ADHD, also encountered impaired mothering and mother-child relationships as compared to typically developing youth (TD). The sample consisted of 122 probands (107 males, 87.7 %), aged 10-16, with DSM-IV ADHD, 44 affected (26 males, 59.1 %) and 78 unaffected (28 males, 35.9 %) siblings, and 122 TD youth. Both participants and their mothers received psychiatric interviews (K-SADS-E) about the participants and reported maternal parenting style, mother-child interactions and child behavioral problems at home. Based on both reports, probands with ADHD and affected siblings (only youth report) had more impaired relationships, more behavioral problems at home, and less perceived family support than unaffected siblings and TD youth. Proband with ADHD had higher maternal authoritarian control than unaffected siblings. The findings suggest that impaired mothering, mother-child interactions, and family support are related to the presence of ADHD diagnosis in both probands and their affected siblings.

**Database:** Medline

**ADHD Symptoms in Post-Institutionalized Children Are Partially Mediated by Altered Frontal EEG Asymmetry.**

**Author(s):** Frenkel, Tahl I; Koss, Kalsea J; Donzella, Bonny; Frenn, Kristin A; Lamm, Connie; Fox, Nathan A; Gunnar, Megan R

**Source:** Journal of abnormal child psychology; Jul 2017; vol. 45 (no. 5); p. 857-869

**Abstract:** Individual differences in the propensity for left versus right frontal electroencephalogram (EEG) asymmetry may underlie differences in approach/withdrawal tendencies and mental health deficits. Growing evidence suggests that early life adversity may shape brain development and contribute to the emergence of mental health problems. The present study examined frontal EEG asymmetry (FEA) following the transition to family care in children adopted internationally from institutional care settings.
between 15 and 36 months of age (N = 82; 46 female, 36 male). Two comparison groups were included: an international adoption control consisting of children adopted from foster care with little to no institutional deprivation (N = 45; 17 female, 28 male) and a post-adoption condition control consisting of children reared in birth families of the same education and income as the adoptive families (N = 48; 23 female, 25 male). Consistent with evidence of greater approach and impulsivity-related behavior problems in post-institutionalized (PI) children, PI status was associated with greater left FEA than found in the other two groups. In addition, left FEA served as a mediator between institutionalization and age 5 ADHD symptoms for girls. Age at adoption and other preadoption factors were examined with results suggesting that earlier adoption into a supportive family resulted in a more typical pattern of brain functioning. Findings support the idea that the capacity of brain activity to evidence typical functioning following perturbation may differ in relation to the timing of intervention and suggest that the earlier the intervention of adoption, the better.

Database: Medline

**Parenting as a Mechanism of Change in Psychosocial Treatment for Youth with ADHD, Predominantly Inattentive Presentation.**

Author(s): Haack, Lauren M; Villodas, Miguel; McBurnett, Keith; Hinshaw, Stephen; Pfiffner, Linda J

Source: Journal of abnormal child psychology; Jul 2017; vol. 45 (no. 5); p. 841-855

Abstract: We investigated whether parenting and child behavior improve following psychosocial treatment for Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Presentation (ADHD-I) and whether parenting improvements mediate child outcomes. We analyzed data from a randomized clinical trial investigating the efficacy of a multicomponent psychosocial intervention (Child Life and Attention Skills, CLAS, n = 74) in comparison to Parent-Focused Treatment (PFT, n = 74) and treatment as usual (TAU, n = 51) for youth with ADHD-I (average child age = 8.6 years, range 7-11 years, 58 % boys). Child and parent/family functioning were assessed prior to treatment, immediately following treatment, and at follow-up into the subsequent school year using parent and teacher reports of inattention, organization, social skills, academic competency (teachers only), parenting daily hassles, and positive and negative parenting behaviors (parents only). Both treatment groups improved on negative parenting and home impairment, but only CLAS families also improved on positive parenting as well as academic impairment. Improvements in positive and negative parenting mediated treatment effects on child impairment independent of improvements in child inattention, implicating parenting as an important mechanism of change in psychosocial treatment for ADHD-I. Further, whereas parent-focused training produces improvements in negative parenting and impairment at home for children with ADHD-I, a multicomponent approach (incorporating child skills training and teacher consultation) more consistently produces improvements at school and in positive parenting, which may contribute to improvements in social skills into the next school year.

Database: Medline

**The pragmatic language, communication skills, parent-child relationships, and symptoms of children with ADHD and their playmates 18-months after a parent-delivered play-based intervention.**

Author(s): Wilkes-Gillan, Sarah; Cantrill, Alycia; Parsons, Lauren; Smith, Cally; Cordier, Reinie

Source: Developmental neurorehabilitation; Jul 2017; vol. 20 (no. 5); p. 317-322

Abstract: OBJECTIVE This study examined the communication skills, pragmatic language, parent-child relationships, and attention deficit hyperactivity disorder (ADHD) symptoms of children with ADHD and their playmates 18-months after a pilot parent-delivered intervention for improving social play skills and pragmatic language. METHODS Participants were five children with ADHD, their parents, and five typically-developing playmates. Outcomes were measured immediately post and 18-months following the intervention. Parent-rated norm-based assessments and an observational measure were used. Differences within and between the ADHD and playmate groups were examined. RESULTS Children maintained all skills gained 18-months following the intervention. Compared to a normative sample, children with ADHD remained below the average range on aspects of communication skills, parent-child relationships, and ADHD symptom levels 18-months following intervention. CONCLUSIONS After intervention, children with ADHD still experienced pragmatic language skills below those of their peers on norm-based assessments that measure their skills across contexts. School-based interventions are needed to facilitate ongoing skill development and generalization.

Database: Medline

**Medication Effects on EEG Biomarkers in Attention-Deficit/Hyperactivity Disorder.**

Author(s): Isiten, Havva Nuket; Cebi, Merve; Sutcuabasi Kaya, Bernis; Metin, Baris; Tarhan, Nevzat
**Source:** Clinical EEG and neuroscience; Jul 2017; vol. 48 (no. 4); p. 246-250

Available in full text at Clinical EEG and Neuroscience - from ProQuest

**Abstract:** EEG biomarkers have become increasingly used to aid in diagnosis of attention-deficit/hyperactivity disorder (ADHD). Despite several studies suggesting that EEG theta/beta ratio may help discriminating ADHD from other disorders, the effect of medications on theta/beta ratio is not known. Forty-three children with ADHD that were evaluated with quantitative EEG before and after methylphenidate were included in the study. Theta/beta ratio, theta and beta powers for whole brain, central, and frontal areas were calculated. Theta/beta power decreased significantly after treatment; however, this change was largely due to an increase in beta power, rather than a fall in theta power. The results suggest that beta power is sensitive to medication effects, while theta power remains as a trait biomarker unaffected by medication status. The value of EEG biomarkers for monitoring neuropsychological performance and clinical status should be explored by future studies.

**Database:** Medline

**Time-based prospective memory difficulties in children with ADHD and the role of time perception and working memory.**

**Author(s):** Mioni, Giovanna; Santon, Silvia; Stablum, Franca; Cornoldi, Cesare

**Source:** Child neuropsychology : a journal on normal and abnormal development in childhood and adolescence; Jul 2017; vol. 23 (no. 5); p. 588-608

**Abstract:** Time-based prospective memory (PM) is the ability to remember to perform an intended action at a given time in the future. It is a competence that is crucial for effective performance in everyday life and may be one of the main causes of problems for individuals who have difficulty in planning and organizing their life, such as children with attention deficit/hyperactivity disorder (ADHD). This study systematically examines different aspects of time-based PM performance in a task that involves taking an action at a given future time in a group of 23 children with ADHD who were compared with a matched group of typically-developing (TD) children. The children were asked to watch a cartoon and then answer a questionnaire about its content (ongoing task). They were also asked to press a key every 2 minutes while watching the cartoon (PM task). The relationships of time perception and verbal working memory with PM performance were examined by administering appropriate tasks. The results showed that the children with ADHD were less accurate than the TD children in the PM task and exhibited less strategic time-monitoring behavior. Time perception was found to predict PM accuracy, whereas working memory was mainly involved in time-monitoring behavior, but this applied more to the TD group than to the ADHD group, suggesting that children with ADHD are less able to use their cognitive resources when meeting a PM request.

**Database:** Medline

**Obsessive Compulsive Disorder**

"HERE’S WHAT IT REALLY FEELS LIKE to have OCD …welcome to my brain”.

**Author(s):** SCHEELER, CECELIA

**Source:** Good Housekeeping; Jul 2017; vol. 265 (no. 1); p. 96-98

**Abstract:** In this article, the author focuses on her conditions under the obsessive-compulsive disorder (OCD). It mentions that OCD is a mental disorder that are excessive and unreasonable thoughts that typically compel people with OCD, and states that she took medication for OCD. It also mentions that she had issue related to disclaimer before strangers and wrinkling on nose.

**Database:** CINAHL

**The associations between childhood trauma, neuroticism and comorbid obsessive-compulsive symptoms in patients with psychotic disorders.**

**Author(s):** Schreuder, Marieke Josien; Schirmbeck, Frederike; Meijer, Carin; de Haan, Lieve; GROUP Investigators

**Source:** Psychiatry research; Aug 2017; vol. 254 ; p. 48-53

**Abstract:** Various studies reported remarkably high prevalence rates of obsessive-compulsive symptoms (OCS) in patients with a psychotic disorder. Little is known about the pathogenesis of this co-occurrence. The current study aimed to investigate the contribution of shared underlying risk factors, such as childhood trauma and neuroticism, to the onset and course of OCS in patients with psychosis. Data were retrieved from 161 patients with psychosis included in the ‘Genetic Risk and Outcome in Psychosis’ project. Patients completed measures of OCS and psychotic symptoms at study entrance and three years later. Additionally,
childhood maltreatment and neuroticism were assessed. Between-group comparisons revealed increased neuroticism and positive symptoms in patients who reported comorbid OCS compared to OCS-free patients. Subsequent mediation analyses suggested a small effect of childhood abuse on comorbid OCS severity at baseline, which was mediated by positive symptom severity. Additionally, results showed a mediating effect of neuroticism as well as a moderating effect of positive symptoms on the course of OCS severity over time. OCS severity in patients with psychosis might thus be associated with common vulnerability factors, such as childhood abuse and neuroticism. Furthermore, the severity of positive symptoms might be associated with more severe or persistent comorbid OCS.

**Database:** Medline

**Abstract:** INTRODUCTION Obsessive-compulsive personality disorder (OCPD) has a pervasive pattern of preoccupation with orderliness, perfection, and mental and interpersonal control at the expense of flexibility, openness, and efficiency. The aims of the present study were to explore the relationship between OCPD and psychological stress and psychological tests. METHODS We evaluated 63 OCPD patients and 107 healthy controls (HCs). We collected saliva samples from patients and controls before and after a social stress procedure, the Trier Social Stress Test (TSST), to measure the concentrations of salivary alpha-amylase (sAA) and salivary cortisol. The Childhood Trauma Questionnaire (CTQ), Profile of Mood State (POMS), State-Trait Anxiety Inventory (STAI), Beck Depression Inventory (BDI), Social Adaptation Self-Evaluation Scale (SASS), and Depression and Anxiety Cognition Scale (DACS) were administered to patients and HCs. RESULTS Following TSST exposure, the salivary amylase and cortisol levels were significantly decreased in male patients compared with controls. Additionally, OCPD patients had higher CTQ, POMS, STAI, and BDI scores than HCs and exhibited significantly higher anxiety and depressive states. OCPD patients scored higher on future denial and threat prediction as per the DACS tool. According to a stepwise regression analysis, STAI, POMS, and salivary cortisol responses were independent predictors of OCPD. CONCLUSIONS Our results suggested that attenuated sympathetic and parasympathetic reactivity in male OCPD patients occurs along with attenuated salivary amylase and cortisol responses to the TSST. In addition, there was a significant difference between OCPD patients and HCs in child trauma, mood, anxiety, and cognition. The finding support the modeling role of cortisol (20min) on the relationships between STAI trait and depression among OCPD.

**Database:** Medline

**Abstract:** INTRODUCTION In DSM-5, body dysmorphic disorder (BDD) was reclassified under the obsessive-compulsive and related disorders (OCRDs), but little is known about the nature of BDD beliefs. This study aimed to compare level of insight in BDD relative to obsessive-compulsive disorder (OCD) and psychotic disorders: Revisiting this issue in light of DSM-5.

**Author(s):** Toh, Wei Lin; Castle, David J; Mountjoy, Rachel L; Buchanan, Ben; Farhall, John; Rossell, Susan L

**Source:** Comprehensive psychiatry; Aug 2017; vol. 77 ; p. 100-108

**Abstract:** INTRODUCTION In DSM-5, body dysmorphic disorder (BDD) was reclassified under the obsessive-compulsive and related disorders (OCRDs), but little is known about the nature of BDD beliefs. This study aimed to compare level of insight in BDD and consider related implications for DSM-5 classification. METHOD Participants were 27 BDD, 19 obsessive-compulsive disorder (OCD), and 20 psychosis (SZ) participants as well as 42 non-clinical controls (NC), who completed the Brown Assessment of Beliefs Scale (BABS) and Peters Delusions Inventory (PDI). RESULTS For total (and most individual) BABS items, BDD and SZ participants scored significantly higher than OCD and NC participants. On the PDI, there were significant group differences in number of questions endorsed, with clinical groups scoring significantly higher than the NC group on dimensions of distress and preoccupation, but not conviction. CONCLUSION These findings suggest appearance-related concerns in BDD somewhat resemble delusions seen in psychosis (and not OCD), and convey important nosological and therapeutic implications.

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Abstract: BACKGROUND Autism spectrum disorder (ASD) and obsessive-compulsive disorder (OCD) share inhibitory control deficits possibly underlying poor control over stereotyped and repetitive and compulsive behaviors, respectively. However, it is unclear whether these symptom profiles are mediated by common or distinct neural profiles. This comparative multimodal meta-analysis assessed shared and disorder-specific neuroanatomy and neurofunction of inhibitory functions. METHODS A comparative meta-analysis of 62 voxel-based morphometry and 26 functional magnetic resonance imaging (fMRI) studies of inhibitory control was conducted comparing gray matter volume and activation abnormalities between patients with ASD (structural MRI: 911; fMRI: 188) and OCD (structural MRI: 928; fMRI: 247) and control subjects. Multimodal meta-analysis compared groups across voxel-based morphometry and fMRI.

RESULTS Both disorders shared reduced function and structure in the rostral and dorsomedial prefrontal cortex including the anterior cingulate. OCD patients had a disorder-specific increase in structure and function of left basal ganglia (BG) and insula relative to control subjects and ASD patients, who had reduced right BG and insula volumes versus OCD patients. In fMRI, ASD patients showed disorder-specific reduced left dorsolateral-prefrontal activation and reduced posterior cingulate deactivation, whereas OCD patients showed temporoparietal underactivation. CONCLUSIONS The multimodal comparative meta-analysis shows shared and disorder-specific abnormalities. Whereas the rostrodorsomedial prefrontal cortex was smaller in structure and function in both disorders, this was concomitant with increased structure and function in BG and insula in OCD patients, but a reduction in ASD patients, presumably reflecting a disorder-specific frontostriatoinsular dysregulation in OCD in the form of poor frontal control over overactive BG, and a frontostratoinsular maldevelopment in ASD with reduced structure and function in this network. Disorder-differential mechanisms appear to drive overlapping phenotypes of inhibitory control abnormalities in patients with ASD and OCD.

Database: Medline

Relationships between obsessive-compulsive disorder, depression and functioning before and after exposure and response prevention therapy.

Author(s): Motivala, Sarosh J; Arellano, Maria; Greco, Rebecca; Aiken, David; Hutchenson, Nathan; Tadayonnejad, Reza; O'Neill, Joseph; Feusner, Jamie D

Source: International journal of psychiatry in clinical practice; Jul 2017 ; p. 1-20

Abstract: OBJECTIVE Obsessive-compulsive disorder (OCD) is associated with impaired functioning and depression. Our aim was to examine relationships between OCD symptoms, depression, and functioning before and after exposure and response prevention (ERP), a type of cognitive-behavioral therapy for OCD, specifically examining whether functioning, depression and other cognitive factors like rumination and worry acted as mediators. METHODS Forty-four individuals with OCD were randomized to four weeks of intensive ERP treatment first (n = 23) or waitlist then treatment (n = 21). We used a bootstrapping method to examine mediation models. RESULTS OCD symptoms, depression and functioning significantly improved from pre- to post-intervention. Functioning mediated the relationship between OCD symptoms and depression and the relationship between functioning and depression was stronger at post-treatment. Depression mediated the relationship between OCD symptoms and functioning, but only at post-intervention. Similarly, rumination mediated the relationship between OCD symptoms and depression at post-intervention. CONCLUSIONS Our findings suggest that after ERP, relationships between depression and functioning become stronger. Following ERP, treatment that focuses on depression and functioning, including medication management for depression, cognitive approaches targeting rumination, and behavioral activation to boost functionality may be important clinical interventions for OCD patients.

Database: Medline

Children with Obsessive-Compulsive Symptomology in the General Population: Different Subtypes?

Author(s): Zijlmans, Josjan; Marhe, Reshmi; van der Ende, Jan; Verhulst, Frank C; Popma, Arne; Tiemeier, Henning; van den Heuvel, Odile A

Source: Journal of developmental and behavioral pediatrics : JDBP; Jul 2017

Abstract: OBJECTIVE Obsessive-compulsive disorder (OCD) is a moderately prevalent neurodevelopmental disorder, and many children suffer from subclinical obsessive-compulsive (OC) symptoms. The disorder is heterogeneous and has high comorbidity rates. In early disease stages of psychiatric disorders, symptoms are typically hard to attribute exclusively to specific disorders. The authors investigated whether profiles of neuropsychiatric symptoms can be distinguished within a large population-based study of school-aged children (7-10 years) scoring high on OC symptoms. METHODS OC symptoms and comorbid symptoms common in pediatric OCD were assessed: symptoms of attention-deficit...
hyperactivity disorder, oppositional defiant disorder, autism, and anxiety. Latent profile analysis was performed on the subgroup of children scoring high on OC symptoms (high-OC sample, n = 209, i.e., 4.5% of total sample, n = 4632) using the z scores of the measures of comorbid symptoms as indicators. RESULTS Three distinguishable profiles were found within the high-OC sample. The first subgroup ("OC-specific"; 81.3%, 3.7% of total sample) had only OC-specific problems, the second subgroup ("Comorbid OC"; 11.0%, 0.5% of total sample) had high scores on all measures of comorbid symptomology, and the third subgroup ("Autistic OC"; 7.7%, 0.3%, of total sample) scored especially high on autism. CONCLUSION The findings show that profiles based on neuropsychiatric symptoms can be distinguished within a population-based sample of school-aged children scoring high on obsessive-compulsive symptoms. These profiles may be useful in establishing patterns of symptom course during development. Longitudinal follow-up is necessary to ascertain whether at a later age these subgroups still differ in their symptom profile and neuropsychiatric trajectory.

Database: Medline

Association splitting of the sexual orientation-OCD-relevant semantic network.

Author(s): Ching, Terence H W; Williams, Monnica T

Source: Cognitive behaviour therapy; Jul 2017; p. 1-17

Abstract: There is little research on treating symptoms of sexual orientation-obsessive-compulsive disorder (SO-OCD). Semantic networks represent a new cognitive approach for understanding cognitive mechanisms of SO-OCD. Specifically, we tested whether the self-help cognitive technique of association splitting (AS) developed from this approach would be efficacious in reducing SO-OCD symptoms and thought suppression. One hundred and twenty heterosexual undergraduates (82 females, 38 males) were randomly assigned to either the AS or waitlist control group. At baseline and four weeks later, participants completed items assessing SO-OCD symptoms, measures of sexual obsessions and thought suppression, and an association task in which they generated associations to different cue words. Generated associations were coded based on SO-OCD relevance and emotional valence. Results indicated reductions in SO-OCD-relevant associations across levels of emotional valence and SO-OCD-irrelevant negative associations, and increases in SO-OCD-irrelevant positive and neutral associations, only in the AS group. Furthermore, there were reductions in SO-OCD symptoms, sexual obsessions, and thought suppression only in the AS group. Importantly, these findings were obtained with overall large effect sizes. AS appears to be an efficacious self-help technique in reducing SO-OCD symptoms, sexual obsessions, and thought suppression. Clinical implications, limitations, and suggestions for future research are discussed.

Database: Medline


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

Source: Psychiatry research; Jul 2017; vol. 256 ; p. 417-422

Abstract: Illness anxiety and OCD symptoms appear to overlap in their presentation as well as in other conceptually important ways (e.g., dysfunctional cognitions). Little research, however, has directly examined these putative relationships. The present study examined the extent to which illness anxiety symptoms were associated with OCD symptom dimensions and relevant cognitive factors in a large treatment-seeking sample of patients with OCD. Patients completed a battery of self-report measures of OCD and health anxiety symptoms and related cognitive biases. Results from regression analyses indicated that illness anxiety symptoms were associated with harm obsessions and checking rituals, as well as with the tendency to overestimate threat and responsibility for harm. Illness anxiety was not associated with perfectionism. Conceptual and clinical implications of these findings are discussed.

Database: Medline

Repetitive transcranial magnetic stimulation of the supplementary motor area in treatment-resistant obsessive-compulsive disorder: An open-label pilot study.

Author(s): Lee, Young-Ji; Koo, Bon-Hoon; Seo, Wan-Seok; Kim, Hye-Geum; Kim, Ji-Yean; Cheon, Eun-Jin

Source: Journal of clinical neuroscience : official journal of the Neurosurgical Society of Australasia; Jul 2017

Abstract: Obsessive-compulsive disorder (OCD) is a severely distressing disorder represented by obsessions and compulsions. A significant proportion of OCD patients fail to improve with conventional
treatment methods. Repetitive transcranial magnetic stimulation (rTMS) has been proposed as an alternative for OCD treatment. Functional neuroimaging studies indicate that OCD is associated with increased activity in the supplementary motor area (SMA), a region that plays an important role in the pathophysiology of this disorder. In this study, we assessed the efficacy of augmentation with 1Hz rTMS over the SMA in treatment-resistant OCD patients. The participants received 1Hz rTMS over the SMA in 20 daily sessions for 4 weeks. We observed significant reduction in Yale-Brown Obsessive Compulsive Scale (Y-BOCS) score at the 4th week of the treatment. Reduction in compulsion contributed to the reduction of global Y-BOCS whereas there was no significant reduction in obsession. Clinical global impression-global improvement also showed significant change at the 2nd and 4th week of the treatment. No additional significant changes or significant adverse effects were seen. These findings suggest that 1Hz rTMS over the SMA can be an efficient and safe add-on therapeutic method in treatment-resistant patients with OCD. Further controlled studies in larger samples are required to confirm the effect of 1Hz rTMS over the SMA in OCD.

**Database:** Medline

**Preclinical molecular imaging of glutamatergic and dopaminergic neuroreceptor kinetics in obsessive compulsive disorder.**

**Author(s):** Servaes, S; Glorie, D; Verhaeghe, J; Stroobants, S; Staelens, S

**Source:** Progress in neuro-psychopharmacology & biological psychiatry; Jul 2017; vol. 77; p. 90-98

**Abstract:** BACKGROUND Molecular neuroimaging was applied in the quinpirole rat model for compulsive checking in OCD to visualize the D2- and mGluR5-receptor occupancy with Raclopride and ABP-688 microPET/CT.METHODS Animals (n=48) were exposed to either saline (CTRL; 1mL/kg) or quinpirole (QP; dopamine D2-agonist, 0.5mg/kg) in a single injection (RAC and ABP acute groups) or twice-weekly during 7 weeks (chronic group). Animals underwent PET/CT after the 1st injection (acute) or before initial exposure and following the 10th injection in week 5 (chronic). For the latter, each injection was paired with an open field test and video tracking. RESULTS The QP animals displayed a strong increase in visiting frequency (checking) in the chronic group (+699.29%) compared to the control animals. Acute administration of the drug caused significant (p<0.01) decreases in D2R occupancy in the CP (-42.03%±4.01%). Chronic exposure resulted in significantly stronger decreases in the CP (-52.29%±3.79%). Furthermore significant increases in mGluR5 occupancy were found in the CP (10.36%±4.09%), anterior cingulate cortex (13.26%±4.01%), amygdala (24.36%±6.86%), entorhinal cortex (18.49%±5.14%) and nucleus accumbens (13.8%±4.87%) of the chronic group, not present after acute exposure. CONCLUSIONS Compared to acute exposure, sensitisation to QP as a model for OCD differs both on a dopaminergic and glutamateric level, indicating involvement of processes such as receptor internalization and changes in extracellular availability of both neurotransmitters.

**Database:** Medline

**A trans-diagnostic perspective on obsessive-compulsive disorder.**

**Author(s):** Gillan, C M; Fineberg, N A; Robbins, T W

**Source:** Psychological medicine; Jul 2017; vol. 47 (no. 9); p. 1528-1548

Available in full text at Psychological Medicine - from ProQuest

**Abstract:** Progress in understanding the underlying neurobiology of obsessive-compulsive disorder (OCD) has stalled in part because of the considerable problem of heterogeneity within this diagnostic category, and homogeneity across other putatively discrete, diagnostic categories. As psychiatry begins to recognize the shortcomings of a purely symptom-based psychiatric nosology, new data-driven approaches have begun to be utilized with the goal of solving these problems: specifically, identifying trans-diagnostic aspects of clinical phenomenology based on their association with neurobiological processes. In this review, we describe key methodological approaches to understanding OCD from this perspective and highlight the candidate traits that have already been identified as a result of these early endeavours. We discuss how important inferences can be made from pre-existing case-control studies as well as showcasing newer methods that rely on large general population datasets to refine and validate psychiatric phenotypes. As exemplars, we take 'compulsivity' and 'anxiety', putatively trans-diagnostic symptom dimensions that are linked to well-defined neurobiological mechanisms, goal-directed learning and error-related negativity, respectively. We argue that the identification of biologically valid, more homogeneous, dimensions such as these provides renewed optimism for identifying reliable genetic contributions to OCD and other disorders, improving animal models and critically, provides a path towards a future of more targeted psychiatric treatments.

**Database:** Medline
Examining procedural working memory processing in obsessive-compulsive disorder.

**Author(s):** Shahar, Nitzan; Teodorescu, Andrei R; Anholt, Gideon E; Karmon-Presser, Anat; Meiran, Nachshon

**Source:** Psychiatry research; Jul 2017; vol. 253 ; p. 197-204

**Abstract:** Previous research has suggested that a deficit in working memory might underlie the difficulty of obsessive-compulsive disorder (OCD) patients to control their thoughts and actions. However, a recent meta-analyses found only small effect sizes for working memory deficits in OCD. Recently, a distinction has been made between declarative and procedural working memory. Working memory in OCD was tested mostly using declarative measurements. However, OCD symptoms typically concerns actions, making procedural working-memory more relevant. Here, we tested the operation of procedural working memory in OCD. Participants with OCD and healthy controls performed a battery of choice reaction tasks under high and low procedural working memory demands. Reaction-times (RT) were estimated using ex-Gaussian distribution fitting, revealing no group differences in the size of the RT distribution tail (i.e., τ parameter), known to be sensitive to procedural working memory manipulations. Group differences, unrelated to working memory manipulations, were found in the leading-edge of the RT distribution and analyzed using a two-stage evidence accumulation model. Modeling results suggested that perceptual difficulties might underlie the current group differences. In conclusion, our results suggest that procedural working-memory processing is most likely intact in OCD, and raise a novel, yet untested assumption regarding perceptual deficits in OCD.

**Database:** Medline

Obsessive-compulsive disorder and family accommodation: A 3-year follow-up.

**Author(s):** Gomes, Juliana Braga; Cordioli, Aristides Volpato; Heldt, Elizeth

**Source:** Psychiatry research; Jul 2017; vol. 253 ; p. 107-109

**Abstract:** The present study assessed 3-year maintenance of family accommodation (FA) reduction in a sample from a randomized clinical trial that assessed the impact of 12 sessions of cognitive-behavioral group therapy (CBGT) for obsessive-compulsive disorder (OCD), with the involvement of family members in two sessions. Of the 46 original pairs of patients/family members, 35 were assessed at 3 years. Demographic and clinical characteristics remained similar. Post-CBGT improvement of OCD symptoms remained significant; FA reduced 39% after the therapy and 51% at follow-up. FA reduction remained over time, underscoring the importance of permanently assessing FA and involving family members when treating OCD.

**Database:** Medline

Quantifying dimensional severity of obsessive-compulsive disorder for neurobiological research.

**Author(s):** Shavitt, Roseli G; Requena, Guaraci; Alonso, Pino; Zai, Gwyneth; Costa, Daniel L C; de Bragança Pereira, Carlos Alberto; do Rosário, Maria Conceição; Morais, Ivanil; Fontenelle, Leonardo; Cappi, Carolina; Kennedy, James; Menchon, Jose M; Miguel, Euripides; Richter, Peggy M A

**Source:** Progress in neuro-psychopharmacology & biological psychiatry; Jul 2017; vol. 79 ; p. 206-212

**Abstract:** Current research to explore genetic susceptibility factors in obsessive-compulsive disorder (OCD) has resulted in the tentative identification of a small number of genes. However, findings have not been readily replicated. It is now broadly accepted that a major limitation to this work is the heterogeneous nature of this disorder, and that an approach incorporating OCD symptom dimensions in a quantitative manner may be more successful in identifying both common as well as dimension-specific vulnerability genetic factors. As most existing genetic datasets did not collect specific dimensional severity ratings, a specific method to reliably extract dimensional ratings from the most widely used severity rating scale, the Yale-Brown Obsessive Compulsive Scale (YBOCS), for OCD is needed. This project aims to develop and validate a novel algorithm to extrapolate specific dimensional symptom severity ratings in OCD from the existing YBOCS for use in genetics and other neurobiological research. To accomplish this goal, we used a large data set comprising adult subjects from three independent sites: the Brazilian OCD Consortium, the Sunnybrook Health Sciences Centre in Toronto, Canada and the Hospital of Bellvitge, in Barcelona, Spain. A multinomial logistic regression was proposed to model and predict the quantitative phenotype [, , the severity of each of the five homogeneous symptom dimensions of the Dimensional YBOCS (DYBOCS)] in subjects who have only YBOCS (categorical) data. YBOCS and DYBOCS data obtained from 1183 subjects were used to build the model, which was tested with the leave-one-out cross-validation method. The model's goodness of fit, accepting a deviation of up to three points in the predicted DYBOCS score, varied from 78% (symmetry/order) to 84% (cleaning/contamination and hoarding dimensions). These
results suggest that this algorithm may be a valuable tool for extracting dimensional phenotypic data for neurobiological studies in OCD.

**Database:** Medline

**Face and Object Perception in Body Dysmorphic Disorder versus Obsessive-Compulsive Disorder: The Mooney Faces Task.**

**Author(s):** Toh, Wei Lin; Castle, David J; Rossell, Susan L

**Source:** Journal of the International Neuropsychological Society : JINS; Jul 2017; vol. 23 (no. 6); p. 471-480

**Abstract:** OBJECTIVES Body dysmorphic disorder (BDD) is characterized by repetitive behaviors and/or mental acts occurring in response to preoccupations with perceived defects or flaws in physical appearance. There are some similarities, but also important differences, between BDD and obsessive-compulsive disorder (OCD), not just in terms of core clinical symptoms, but possibly in the domain of perception. This study compared the nature and extent of perceptual anomalies in BDD versus OCD and health controls (HC), using a modified Mooney task. METHODS We included 21 BDD, 19 OCD, and 21 HC participants, who were age-, sex-, and IQ-matched. A set of 40 Mooney faces and 40 Mooney objects arranged in three configurations (i.e., upright, inverted, or scrambled) were presented under brief (i.e., 500 ms) free-viewing conditions. Participants were asked to decide whether each image represented a human face, an object, or neither in a forced-choice paradigm. RESULTS The BDD group showed significantly reduced face and object inversion effects relative to the other two groups. This was accounted for BDD participants being significantly more accurate in identifying inverted Mooney faces and objects than the other participants. CONCLUSIONS These data were interpreted as reflecting an overreliance on independent components at the expense of holistic (configural) processing in BDD. (JINS, 2017, 23, 471-480).

**Database:** Medline

**A model-based analysis of decision making under risk in obsessive-compulsive and hoarding disorders.**

**Author(s):** Aranovich, Gabriel J; Cavagnaro, Daniel R; Pitt, Mark A; Myung, Jay I; Mathews, Carol A

**Source:** Journal of psychiatric research; Jul 2017; vol. 90 ; p. 126-132

**Abstract:** Attitudes towards risk are highly consequential in clinical disorders thought to be prone to "risky behavior", such as substance dependence, as well as those commonly associated with excessive risk aversion, such as obsessive-compulsive disorder (OCD) and hoarding disorder (HD). Moreover, it has recently been suggested that attitudes towards risk may serve as a behavioral biomarker for OCD. We investigated the risk preferences of participants with OCD and HD using a novel adaptive task and a quantitative model from behavioral economics that decomposes risk preferences into outcome sensitivity and probability sensitivity. Contrary to expectation, compared to healthy controls, participants with OCD and HD exhibited less outcome sensitivity, implying less risk aversion in the standard economic framework. In addition, risk attitudes were strongly correlated with depression, hoarding, and compulsion scores, while compulsion (hoarding) scores were associated with more (less) "rational" risk preferences. These results demonstrate how fundamental attitudes towards risk relate to specific psychopathology and thereby contribute to our understanding of the cognitive manifestations of mental disorders. In addition, our findings indicate that the conclusion made in recent work that decision making under risk is unaltered in OCD is premature.

**Database:** Medline

**Comorbidity, age of onset and suicidality in obsessive-compulsive disorder (OCD): An international collaboration.**

**Author(s):** Brakoulias, V; Starcevic, V; Belloch, A; Brown, C; Ferrao, Y A; Fontenelle, L F; Lochner, C; Marazziti, D; Matsunaga, H; Miguel, E C; Reddy, Y C J; do Rosario, M C; Shavitt, R G; Shyam Sundar, A; Stein, D J; Torres, A R; Viswasam, K

**Source:** Comprehensive psychiatry; Jul 2017; vol. 76 ; p. 79-86

**Abstract:** OBJECTIVES To collate data from multiple obsessive-compulsive disorder (OCD) treatment centers across seven countries and five continents, and to report findings in relation to OCD comorbidity, age of onset of OCD and comorbid disorders, and suicidality, in a large clinical and ethnically diverse sample, with the aim of investigating cultural variation and the utility of the psychiatric diagnostic classification of obsessive-compulsive and related disorders. METHODS Researchers in the field of OCD were invited to contribute summary statistics on current and lifetime psychiatric comorbidity, age of onset of
OCD and comorbid disorders and suicidality in their patients with OCD. RESULTS Data from 3711 adult patients with primary OCD came from Brazil (n=955), India (n=802), Italy (n=750), South Africa (n=565), Japan (n=322), Australia (n=219), and Spain (n=98). The most common current comorbid disorders were major depressive disorder (28.4%; n=1055), obsessive-compulsive personality disorder (24.5%, n=478), generalized anxiety disorder (19.3%, n=716), specific phobia (19.2%, n=714) and social phobia (18.5%, n=686). Major depression was also the most commonly co-occurring lifetime diagnosis, with a rate of 50.5% (n=1874). OCD generally had an age of onset in late adolescence (mean=17.9 years, SD=1.9). Social phobia, specific phobia and body dysmorphic disorder also had an earlier age of onset. Co-occurring major depressive disorder, generalized anxiety disorder and psychotic disorders tended to have a later age of onset than OCD. Suicidal ideation within the last month was reported by 6.4% (n=200) of patients with OCD and 9.0% (n=314) reported a lifetime history of suicide attempt. CONCLUSIONS In this large cross-continental study, comorbidity in OCD was common. The high rates of comorbid major depression and anxiety disorders emphasize the need for clinicians to assess and monitor for these disorders. Earlier ages of onset of OCD, specific phobia and social phobia may indicate some relatedness between these disorders, but this requires further study. Although there do not appear to be significant cultural variations in rates or patterns of comorbidity and suicidality, further research using similar recruitment strategies and controlling for demographic and clinical variables may help to determine whether any sociocultural factors protect against suicidal ideation or psychiatric comorbidity in patients with OCD.

Database: Medline

Symptoms of obsessive-compulsive disorder predict cannabis misuse

**Author(s):** Spradlin, Alexander; Mauzay, Dakota; Cuttler, Carrie

**Source:** Addictive Behaviors; Sep 2017; vol. 72; p. 159-164

**Abstract:** Introduction: Cannabis use has been linked to many psychological disorders. There is, however, a paucity of research investigating the link between cannabis use and obsessive-compulsive disorder (OCD). The present study sought to examine this link by exploring associations between severity of OCD symptoms, cannabis use, and cannabis misuse; determining whether these associations exist above and beyond symptoms of anxiety, depression, and stress; and testing the mediating role of cannabis coping motives (i.e., using cannabis to cope with negative affect and other problems). Methods: A large sample of young adult cannabis users (n = 430) completed an online survey containing measures of OCD symptoms, cannabis use, cannabis misuse, and cannabis use motives. Results: Severity of OCD (as indexed by higher scores on the Obsessive-Compulsive Inventory-Revised) was unrelated to frequency and quantity of cannabis use, but it was significantly, positively related to increased cannabis misuse. These effects persisted after controlling for anxiety, depression, and stress. The specific feature of obsessing was found to consistently predict cannabis misuse. Finally, an indirect effect of severity of OCD on cannabis misuse via coping motives was discovered. Conclusions: Together, these findings indicate that there may be an association between OCD and cannabis misuse that is independent of anxiety, depression, and stress, and that is mediated by coping motives. Based on these findings, we recommend that individuals with OCD symptoms avoid using cannabis because they may be more vulnerable to the development of problematic use and cannabis use disorder.

Database: PsycINFO

Switching between internally and externally focused attention in obsessive-compulsive disorder: Abnormal visual cortex activation and connectivity

**Author(s):** Stern, Emily R.; Muratore, Alexandra F.; Taylor, Stephan F.; Abelson, James L.; Hof, Patrick R.; Goodman, Wayne K.

**Source:** Psychiatry Research: Neuroimaging; Jul 2017; vol. 265; p. 87-97

**Abstract:** Obsessive-compulsive disorder (OCD) is characterized by excessive absorption with internally-generated distressing thoughts and urges, with difficulty incorporating external information running counter to their fears and concerns. In the present study, we experimentally probed this core feature of OCD through the use of a novel attention switching task that investigates transitions between internally focused (IF) and externally focused (EF) attentional states. Eighteen OCD patients and 18 controls imagined positive and negative personal event scenarios (IF state) or performed a color-word Stroop task (EF state). The IF/EF states were followed by a target detection (TD) task requiring responses to external stimuli. Compared to controls, OCD patients made significantly more errors and showed reduced activation of superior and inferior occipital cortex, thalamus, and putamen during TD following negative IF, with the inferior occipital hypoactivation being significantly greater for TD following negative IF compared to TD following the other conditions. Patients showed stronger functional connectivity between the inferior occipital region and dorsomedial prefrontal cortex. These findings point to an OCD-related impairment in...
the visual processing of external stimuli specifically when they follow a period of negative internal focus, and suggest that future treatments may wish to target the transition between attentional states

Database: PsycINFO

Meta-analytic investigations of common and distinct grey matter alterations in youths and adults with obsessive-compulsive disorder

Author(s): Hu, Xinyu; Du, Mingying; Chen, Lizhou; Li, Lei; Zhou, Ming; Zhang, Lianqing; Liu, Qi; Lu, Lu; Mreedha, Kunal; Huang, Xiaqi; Gong, Qiyong

Source: Neuroscience and Biobehavioral Reviews; Jul 2017; vol. 78 ; p. 91-103

Abstract: Obsessive-compulsive disorder (OCD) is a disabling illness with onset generally in childhood. OCD-youths differ from OCD-adults with regard to gender distribution, comorbidity patterns and treatment options. However, little is known about the neural correlate differences underpin those two populations. The current meta-analysis summarizes voxel based morphometry findings to elucidate whether differences of neural correlates exist between these two populations. Both OCD-youths and OCD-adults demonstrated greater striatal volume and smaller prefrontal grey matter volume (GMV). However, smaller GMV in left visual cortex was observed in OCD-youths only, while smaller GMV in anterior cingulate gyrus and greater GMV in cerebellum were demonstrated only in OCD-adults. Meta-regression showed greater GMV in left putamen was most prominent in samples with higher percentages of medicated OCD-adults. Our findings confirmed the most consistent GMV alterations in OCD were in prefrontal-striatal circuitry. Besides, other regions may involve at different developmental stages including deficits of visual cortex in OCD-youths and abnormalities of limbic-cerebellar circuit in OCD-adults. Medication effect may be more pronounced in the striatum, especially the putamen.

Database: PsycINFO

Polygenic risk score and heritability estimates reveals a genetic relationship between ASD and OCD


Source: European Neuropsychopharmacology; Jul 2017; vol. 27 (no. 7); p. 657-666

Abstract: Obsessive-compulsive disorder (OCD) and Autism spectrum disorder (ASD) are both highly heritable neurodevelopmental disorders that conceivably share genetic risk factors. However, the underlying genetic determinants remain largely unknown. In this work, the authors describe a combined genome-wide association study (GWAS) of ASD and OCD. The OCD dataset includes 2998 individuals in nuclear families. The ASD dataset includes 6898 individuals in case-parents trios. GWAS summary statistics were examined for potential enrichment of functional variants associated with gene expression levels in brain regions. The top ranked SNP is rs4785741 (chromosome 16) with P value = 6.9×10 −7 in our re-analysis. Polygenic risk score analyses were conducted to investigate the genetic relationship within and across the two disorders. These analyses identified a significant polygenic component of ASD, predicting 0.11% of the phenotypic variance in an independent OCD data set. In addition, we examined the genomic architecture of ASD and OCD by estimating heritability on different chromosomes and different allele frequencies, analyzing genome-wide common variant data by using the Genome-wide Complex Trait Analysis (GCTA) program. The estimated global heritability of OCD is 0.427 (se = 0.093) and 0.174 (se = 0.053) for ASD in these imputed data.

Database: PsycINFO

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, Adelaide; Clark, David

Source: Cognitive Behaviour Therapy; Jul 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:** PsycINFO

**Cost-effectiveness of deep brain stimulation versus treatment as usual for obsessive-compulsive disorder**

**Author(s):** Ooms, Pieter; Blankers, Matthijs; Figee, Martijn; Bergfeld, Isidoro O.; van den Munckhof, Pepijn; Schuurman, P. Richard; Denys, Damiaan

**Source:** Brain Stimulation; 2017; vol. 10 (no. 4); p. 836-842

**Abstract:** Background: Deep Brain Stimulation (DBS) is effective for obsessive-compulsive disorder (OCD), but requires expensive medical procedures. To date, no study has examined the cost-effectiveness of DBS for OCD. Objective: To perform the first economic evaluation of DBS for therapy refractory OCD. Methods: We conducted a 2-year prospective, open cost-effectiveness study, comparing DBS (n = 17) with treatment as usual (TAU) (n = 11), with cost per Quality-Adjusted-Life-Year (QALY) as outcome measure. Apart from the base-case, or primary analysis, we conducted two practice-based scenarios: (1) standard care scenario, without research and innovation costs, and (2) rechargeable scenario, in which we assume the use of a rechargeable battery. Base-case and both scenarios were extrapolated to four years to estimate long-term cost-effectiveness. Results: Compared to TAU, DBS provides an additional 0.26 QALY (SD = 0.16). Median cost per QALY gained is estimated at €141,446 for base-case, €115,916 for standard care and €65,394 for the rechargeable scenario. Extending the time-horizon to four years results in a median cost per QALY of €80,313 for base-case, €69,287 for standard care, and turned out to be cost-saving at €4678 per QALY for the rechargeable scenario. Assuming a willingness to pay threshold of €80,000/QALY, DBS, under base-case and standard care had 25% and 35% probability of being more cost-effective than TAU. With the rechargeable scenario and in all scenarios extrapolated to four years, the probability of cost-effectiveness was equal or higher than TAU. Conclusions: This study indicates DBS for OCD is cost-effective in the long-term, especially when rechargeable batteries are taken into account.

**Database:** PsycINFO

**Tourette’s/Tics**

**Parent and Patient Perceptions of Functional Impairment Due to Tourette Syndrome: Development of a Shortened Version of the Child Tourette Syndrome Impairment Scale.**

**Author(s):** Barfell, Kara S Francis; Snyder, Ryan R; Isaacs-Cloes, Kelly M; Garris, Jordan F; Roeckner, Alyssa R; Horn, Paul S; Guthrie, Michael D; Wu, Steve W; Gilbert, Donald L

**Source:** Journal of child neurology; Jul 2017; vol. 32 (no. 8); p. 725-730

**Abstract:** The Child Tourette Syndrome Impairment Scale (CTIM) rates 37 problems in school, social, and home domains separately for tics and for comorbid diagnoses. However, a shorter version would be easier to implement in busy clinics. Using published data from 85 children with Tourette syndrome, 92 controls, and parents, factor analysis was used to generate a "mini-CTIM" composed of 12 items applied to tic and comorbid diagnoses. Child- and parent-rated mini-CTIM scores were compared and correlated across raters and accounting for clinician-rated tic severity and presence of attention-deficit hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD). The mini-CTIM achieved domain Cronbach alphas ranging from 0.71 to 0.94 and intra-item correlation coefficients ranging from 0.84 to 0.96. The resulting scale correlated with clinician-rated tic severity and reflected the presence of ADHD and OCD. The mini-CTIM appears promising as a practical assessment tool for tic- and non-tic-related impairment in children with Tourette syndrome.

**Database:** Medline

**Autism Spectrum Symptoms in a Tourette’s Disorder Sample.**

**Author(s):** Darrow,Sabrina M; Grados, Marco; Sandor, Paul; Hirschtritt, Matthew E; Illmann, Cornelia; Osiiecki, Lisa; Dion, Yves; King, Robert; Pauls, David; Budman, Cathy L; Cath, Danielle C; Greenberg, Erica; Lyon, Gholson J; McMahon, William M; Lee, Paul C; Delucchi, Kevin L; Scharf, Jeremiah M; Mathews, Carol A
Abstract: OBJECTIVE Tourette's disorder (TD) and autism spectrum disorder (ASD) share clinical features and possibly an overlapping etiology. The aims of this study were to examine ASD symptom rates in participants with TD, and to characterize the relationships between ASD symptom patterns and TD, obsessive-compulsive disorder (OCD), and attention-deficit/hyperactivity disorder (ADHD). METHODS Participants with TD (n = 535) and their family members (n = 234) recruited for genetic studies reported TD, OCD, and ADHD symptoms and completed the Social Responsiveness Scale Second Edition (SRS), which was used to characterize ASD symptoms. RESULTS SRS scores in participants with TD were similar to those observed in other clinical samples but lower than in ASD samples (mean SRS total raw score = 51; SD = 32.4). More children with TD met cut-off criteria for ASD (22.8%) than adults with TD (8.7%). The elevated rate in children was primarily due to high scores on the SRS Repetitive and Restricted Behaviors (RRB) subscale. Total SRS scores were correlated with TD (r = 0.27), OCD (r = 0.37), and ADHD (r = 0.44) and were higher among individuals with OCD symptom-based phenotypes than for those with tics alone. CONCLUSION Higher observed rates of ASD among children affected by TD may in part be due to difficulty in discriminating complex tics and OCD symptoms from ASD symptoms. Careful examination of ASD-specific symptom patterns (social communication vs. repetitive behaviors) is essential. Independent of ASD, the SRS may be a useful tool for identifying patients with TD with impairments in social communication that potentially place them at risk for bullying and other negative sequelae.

Database: Medline

Suicide in Tourette's and Chronic Tic Disorders.

Author(s): Fernández de la Cruz, Lorena; Rydell, Mina; Runeson, Bo; Brander, Gustaf; Rück, Christian; D’Onofrio, Brian M; Larsson, Henrik; Lichtenstein, Paul; Mataix-Cols, David

Source: Biological psychiatry; Jul 2017; vol. 82 (no. 2); p. 111-118

Abstract: BACKGROUND Persons with neuropsychiatric disorders are at increased risk of suicide, but there is little data concerning Tourette's and chronic tic disorders (TD/CTD). We aimed to quantify the risk of suicidal behavior in a large nationwide cohort of patients with TD/CTD, establish the contribution of psychiatric comorbidity to this risk, and identify predictors of suicide. METHODS Using a validated algorithm, we identified 7736 TD/CTD cases in the Swedish National Patient Register during a 44-year period (1969-2013). Using a matched case-cohort design, patients were compared with general population control subjects (1:10 ratio). Risk of suicidal behavior was estimated using conditional logistic regressions. Predictors of suicidal behavior in the TD/CTD cohort were studied using Cox regression models. RESULTS In unadjusted models, TD/CTD patients, compared with control subjects, had an increased risk of both dying by suicide (odds ratio: 4.39; 95% confidence interval [CI]: 2.89-6.67) and attempting suicide (odds ratio: 3.86; 95% CI: 3.50-4.26). After adjusting for psychiatric comorbidities, the risk was reduced but remained substantial. Persistence of tics beyond young adulthood and a previous suicide attempt were the strongest predictors of death by suicide in TD/CTD patients (hazard ratio: 11.39; 95% CI: 3.71-35.02, and hazard ratio: 5.65; 95% CI: 2.21-14.42, respectively). CONCLUSION STD/CTD are associated with substantial risk of suicide. Suicidal behavior should be monitored in these patients, particularly in those with persistent tics, history of suicide attempts, and psychiatric comorbidities. Preventive and intervention strategies aimed to reduce the suicidal risk in this group are warranted.

Database: Medline

Randomized, Double-Blind, Placebo-Controlled Trial Demonstrates the Efficacy and Safety of Oral Aripiprazole for the Treatment of Tourette’s Disorder in Children and Adolescents.

Author(s): Sallee, Floyd; Kohegyi, Eva; Zhao, Joan; McQuade, Robert; Cox, Kevin; Sanchez, Raymond; van Beek, Alet; Nyilas, Margareetta; Carson, William; Kurlan, Roger

Source: Journal of child and adolescent psychopharmacology; Jul 2017

Abstract: OBJECTIVES Aripiprazole modulates dopaminergic and serotonergic pathways that may play a role in the pathogenesis of Tourette’s disorder (TD). This trial evaluated the efficacy and safety of oral aripiprazole in the suppression of tics in children and adolescents with TD. METHODS This phase 3, randomized, double-blind, placebo-controlled trial (ClinicalTrials.gov, NCT017277700) recruited patients who were 7-17 years old with a diagnosis of TD from hospitals, private practices, and research clinics at 76 sites in the United States, Canada, Hungary, and Italy. Patients were randomized in a 1:1:1 ratio by using an interactive voice/web-response system to low-dose aripiprazole (5 mg/day if <50 kg; 10 mg/day if ≥50 kg), high-dose aripiprazole (10 mg/day if <50 kg; 20 mg/day if ≥50 kg), or placebo for 8 weeks. Randomization was stratified by region (North America or Europe) and baseline body weight (<50 kg vs. ≥50 kg). The primary efficacy endpoint was mean change from baseline to week 8 in the Yale Global Tic
Severity Scale Total Tic Score (YGTSS-TTS) for the intent-to-treat population. RESULTS Between November 2012 and May 2013, 133 patients were recruited and randomized to low-dose aripiprazole (n = 44), high-dose aripiprazole (n = 45), or placebo (n = 44). Least-squares mean treatment differences versus placebo in change from baseline to week 8 in the YGTSS-TTS were statistically significant (high dose, -9.9 [95% confidence interval, CI, -13.8 to -5.9], low dose, -6.3 [95% CI, -10.2 to -2.3]). At week 8, 69% (29/42) of patients in the low-dose and 74% (26/35) of patients in the high-dose aripiprazole groups demonstrated a Clinical Global Impression-Tourette's Syndrome improvement score of 1 (very much improved) or 2 (much improved) compared with 38% (16/42) in the placebo group. The most common adverse events (AEs) were sedation (low dose, 8/44 [18.2%], high dose, 4/45 [8.9%], placebo, 1/44 [2.3%]), somnolence (low dose, 5/44 [11.4%], high dose, 7/45 [15.6%], placebo, 1/44 [2.3%]), and fatigue (low dose, 3/44 [6.8%], high dose, 7/45 [15.6%], placebo, 0). No serious AEs or deaths occurred.

CONCLUSIONS This study indicates that oral aripiprazole is a safe and effective treatment for tics in children and adolescents with TD.

Database: Medline


Author(s): Liu, Yue; Wang, Jieqiong; Zhang, Jishui; Wen, Hongwei; Zhang, Yue; Kang, Huiying; Wang, Xu; Li, Wenfeng; He, Huiguang; Peng, Yun
Source: Scientific reports; Jul 2017; vol. 7 (no. 1); p. 4808

Abstract: Tourette syndrome (TS) is a childhood-onset chronic disorder characterized by the presence of multiple motor and vocal tics. This study investigated the alterations of spontaneous brain activities in children with TS by resting-state functional magnetic resonance imaging (rs-fMRI). We obtained rs-fMRI scans from 21 drug-naive and pure TS children and 29 demographically matched healthy children. The amplitude of low-frequency fluctuation (ALFF), fractional ALFF (fALFF) and regional homogeneity (ReHo) of rs-fMRI data were calculated to measure spontaneous brain activity. We found significant alterations of ALFF or fALFF in vision-related structures including the calcarine sulcus, the cuneus, the fusiform gyrus, and the left insula in TS children. Decreased ReHo was found in the right cerebellum. Further analysis showed that the ReHo value of the right cerebellum was positively correlated with TS duration. Our study provides empirical evidence for abnormal spontaneous neuronal activity in TS patients, which may implicate the neurophysiological mechanism in TS children. Moreover, the right cerebellum can be potentially used as a biomarker for the pathophysiology of early TS in children.

Database: Medline

Brain structure in pediatric Tourette syndrome.

Author(s): Greene, D J; Williams lii, A C; Koller, J M; Schlaggar, B L; Black, K J
Source: Molecular psychiatry; Jul 2017; vol. 22 (no. 7); p. 972-980

Abstract: Previous studies of brain structure in Tourette syndrome (TS) have produced mixed results, and most had modest sample sizes. In the present multicenter study, we used structural magnetic resonance imaging (MRI) to compare 103 children and adolescents with TS to a well-matched group of 103 children without tics. We applied voxel-based morphometry methods to test gray matter (GM) and white matter (WM) volume differences between diagnostic groups, accounting for MRI scanner and sequence, age, sex and total GM+WM volume. The TS group demonstrated lower WM volume bilaterally in orbital and medial prefrontal cortex, and greater GM volume in posterior thalamus, hypothalamus and midbrain. These results demonstrate evidence for abnormal brain structure in children and youth with TS, consistent with and extending previous findings, and they point to new target regions and avenues of study in TS. For example, as orbital cortex is reciprocally connected with hypothalamus, structural abnormalities in these regions may relate to abnormal decision making, reinforcement learning or somatic processing in TS.

Database: Medline

Set-Shifting Deficits: A Possible Neurocognitive Endophenotype for Tourette Syndrome Without ADHD.

Author(s): Eddy, Clare M; Cavanna, Andrea E
Source: Journal of attention disorders; Aug 2017; vol. 21 (no. 10); p. 824-834

Abstract: OBJECTIVE Tourette syndrome (TS) can be associated with cognitive dysfunction. We assessed a range of cognitive abilities in adults with TS without comorbid disorders. METHOD Participants completed tests of sustained attention, verbal and non-verbal reasoning, comprehension, verbal fluency, working memory, inhibition, and set-shifting. We compared patients’ task performance with that of healthy
controls, and evaluated relationships between cognitive abilities and symptoms of obsessive-compulsive disorder (OCD), ADHD, impulse control problems, and mood disorders. RESULTS Patients with TS exhibited impairments on four measures assessing response inhibition, fine motor control, set-shifting, and sustained attention. The Wisconsin Card Sorting Test (WCST) discriminated best between patients and controls. Patients' deficits were not correlated with tic severity or symptoms related to OCD, ADHD, or mood disorders. CONCLUSION Deficits on the WCST could constitute a neurocognitive endophenotype for TS, reflecting dysfunction within neural networks involving basal ganglia, pre-supplementary motor area, and inferior prefrontal regions.

**General**

**Prevalence, types and associations of medically unexplained symptoms and signs. A cross-sectional study of 1023 adults with intellectual disabilities.**

**Author(s):** Osugo, M.; Morrison, J.; Allan, L.; Kinnear, D.; Cooper, S.-A.

**Source:** Journal of Intellectual Disability Research; Jul 2017; vol. 61 (no. 7); p. 637-642

**Abstract:** Background Medically unexplained symptoms and signs are common in the general population and can respond to appropriate managements. We aimed to quantify the types and prevalence of unexplained symptoms and signs experienced by adults with ID and to determine the associated factors. Method In a population-based study, 1023 adults with ID aged 16 and over had a detailed health assessment, which systematically considered symptoms and signs. Descriptive data were generated on their symptoms and signs. Backwards stepwise logistic modelling was undertaken to determine the factors independently associated with the unexplained symptoms. Results Medically unexplained symptoms and signs were present in 664 (64.9%), 3.8 times higher than in the general population, and 470 (45.9%) had multiple unexplained symptoms or signs. Some were similar to those reported in the general population, such as dyspnoea, dyspepsia, headache, nausea and dizziness. However, others are not commonly reported in the general population, including dysphagia, ataxia, polyuria, oedema and skin rash. Having unexplained symptoms and signs was independently associated with older age, female gender, not having Down syndrome, extent of ID and more GP visits in the last 12 months. It was not associated with living in deprived areas, type of living/support arrangements, number of hospital visit in the last 12 months, smoking, autism, problem behaviours or mental disorders. Conclusions People with ID have substantial additional unexplained symptoms and signs, some of which are painful or disabling. These findings should inform the content of health checks undertaken for adults with intellectual disabilities, which should not just focus on management of their long-term conditions and health promotion.

**Database:** CINAHL

**Cognitive Prediction of Reading, Math, and Attention: Shared and Unique Influences.**

**Author(s):** Peterson, Robin L.; Boada, Richard; McGrath, Lauren M.; Willcutt, Erik G.; Olson, Richard K.; Pennington, Bruce F.

**Source:** Journal of Learning Disabilities; Jul 2017; vol. 50 (no. 4); p. 408-421

**Abstract:** The current study tested a multiple-cognitive predictor model of word reading, math ability, and attention in a community-based sample of twins ages 8 to 16 years (N = 636). The objective was to identify cognitive predictors unique to each skill domain as well as cognitive predictors shared among skills that could help explain their overlap and thus help illuminate the basis for comorbidity of related disorders (reading disability, math disability, and attention deficit hyperactivity disorder). Results indicated that processing speed contributes to the overlap between reading and attention as well as math and attention, whereas verbal comprehension contributes to the overlap between reading and math. There was no evidence that executive functioning skills help account for covariation among these skill domains. Instead, specific executive functions differentially related to certain outcomes (i.e., working memory to math and inhibition to attention). We explored whether the model varied in younger versus older children and found only minor differences. Results are interpreted within the context of the multiple deficit framework for neurodevelopmental disorders.

**Database:** CINAHL

**Relationships of Attention and Executive Functions to Oral Language, Reading, and Writing Skills and Systems in Middle Childhood and Early Adolescence.**

**Author(s):** Berninger, Virginia; Abbott, Robert; Cook, Clayton R.; Nagy, William

**Source:** Journal of Learning Disabilities; Jul 2017; vol. 50 (no. 4); p. 434-449
Abstract: Relationships between attention/executive functions and language learning were investigated in students in Grades 4 to 9 (N = 88) with and without specific learning disabilities (SLDs) in multiword syntax in oral and written language (OWL LD), word reading and spelling (dyslexia), and subword letter writing (dysgraphia). Prior attention-deficit/hyperactivity disorder (ADHD) diagnosis was correlated only with impaired handwriting. Parental ratings of inattention, but not hyperactivity, correlated with measures of written language but not oral language. Sustaining switching attention correlated with writing the alphabet from memory in manuscript or by keyboard and fast copying of a sentence with all the letters of the alphabet. Multiple regressions based on a principal component for composites of multiple levels of language (subword, word, and syntax/text) showed that measures of attention and executive function involving language processing rather than ratings of attention and executive function not specifically related to language accounted for more variance and identified more unique predictors in the composite outcomes for oral language, reading, and writing systems. Inhibition related to focused attention uniquely predicted outcomes for the oral language system. Findings are discussed in reference to implications for assessing and teaching students who are still learning to pay attention to heard and written language and self-regulate their language learning during middle childhood and adolescence.

Database: CINAHL

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; ; vol. 38 (no. 6); p. 446-448

Abstract: CASEAlex 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.

Database: Medline

Evaluating relationships among clinical working memory assessment and inattentive and hyperactive/impulsive behaviors in a community sample of children.

Author(s): Colbert, Alison M; Bo, Jin

Source: Research in developmental disabilities; Jul 2017; vol. 66 ; p. 34-43

Abstract: OBJECTIVE This study examined relationships between inattentive and hyperactive/impulsive behaviors and working memory (WM) functioning, and the utility of WM in categorical diagnosis of ADHD versus considering ADHD symptoms on a continuum. METHOD The study included 50 male children (6-12 years). Inattentive and hyperactive/impulsive behaviors were measured by the Conners-3P parent report, and WM was assessed by the WISC-IV WM subtests and Working Memory Index (WMI). RESULTSWISC-IV Arithmetic and Digit Span Backward were most consistently related to inattentive behaviors, and no WM measure was consistently related to ADHD hyperactive/impulsive behaviors. Arithmetic and Digit Span Backward also accounted for significant variance in inattentive behaviors and ADHD inattention symptoms,
respectively. Neither the WMI nor the Arithmetic subtest correctly classified individuals diagnosed with ADHD.

**CONCLUSION**

Measurement of inattentive behaviors on a continuum best characterized relationships between symptoms of ADHD and WM functioning; WM functioning did not have utility in categorical understanding of ADHD.

**Database:** Medline

**Social Anxiety and Fear of Causing Discomfort to Others: Diagnostic Specificity, Symptom Correlates and CBT Treatment Outcome.**

**Author(s):** Nishikawa, Yasunori; Laposa, Judith M; Regev, Rotem; Rector, Neil A  
**Source:** Behavioural and cognitive psychotherapy; Jul 2017; vol. 45 (no. 4); p. 382-400

**Abstract:** BACKGROUND Patients with social anxiety disorder (SAD) report fear content relating to the perceived aversive consequences of their anxiety for others in their social environment. However, no studies to date have examined the diagnostic specificity of these fears to SAD as well as predictors to treatment response of these fears. AIMS To examine relative specificity of fears related to causing discomfort to others, as measured by Social Anxiety-Fear of Causing Discomfort to Others (SA-DOS), among patients with anxiety disorders, obsessive compulsive disorder (OCD) and major depressive disorder (MDD), in addition to relation between dysfunctional attitudes and treatment response among patients with SAD. METHOD In study 1, a large (n=745) sample of DSM diagnosed OCD, MDD and anxiety disorder participants completed the SA-DOS. In study 2, patient participants with SAD (n=186) participated in cognitive behavioural group therapy (CBGT) and completed measures of social anxiety symptoms and dysfunctional attitudes. RESULTS In study 1, the SAD group demonstrated significantly elevated SA-DOS scores compared with participants with generalized anxiety disorder (GAD), OCD and panic disorder with or without agoraphobia (PD/A), but not the MDD group. In study 2, CBGT treatment was found to lead to significant reductions in SA-DOS scores. Need for approval (NFA) but not perfectionism, predicted treatment response to fears related to causing discomfort to others, with greater change in NFA relating to greater change in SA-DOS scores. CONCLUSIONSThese findings extend previous research linking allocentric fears to the phenomenology and treatment of SAD.

**Database:** Medline

**Learning Disabilities and Emotional Intelligence.**

**Author(s):** Zysberg, Leelu; Kasler, Jon  
**Source:** The Journal of psychology; Jul 2017; vol. 151 (no. 5); p. 464-476

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

**Database:** Medline

**Relationships of Attention and Executive Functions to Oral Language, Reading, and Writing Skills and Systems in Middle Childhood and Early Adolescence.**

**Author(s):** Berninger, Virginia; Abbott, Robert; Cook, Clayton R; Nagy, William  
**Source:** Journal of learning disabilities; ; vol. 50 (no. 4); p. 434-449

**Abstract:** Relationships between attention/executive functions and language learning were investigated in students in Grades 4 to 9 (N = 88) with and without specific learning disabilities (SLDs) in multiword syntax in oral and written language (OWL LD), word reading and spelling (dyslexia), and subword letter writing (dysgraphia). Prior attention-deficit/hyperactivity disorder (ADHD) diagnosis was correlated only with impaired handwriting. Parental ratings of inattention, but not hyperactivity, correlated with measures of
written language but not oral language. Sustaining switching attention correlated with writing the alphabet from memory in manuscript or by keyboard and fast copying of a sentence with all the letters of the alphabet. Multiple regressions based on a principal component for composites of multiple levels of language (subword, word, and syntax/text) showed that measures of attention and executive function involving language processing rather than ratings of attention and executive function not specifically related to language accounted for more variance and identified more unique predictors in the composite outcomes for oral language, reading, and writing systems. Inhibition related to focused attention uniquely predicted outcomes for the oral language system. Findings are discussed in reference to implications for assessing and teaching students who are still learning to pay attention to heard and written language and self-regulate their language learning during middle childhood and adolescence.

Database: Medline

Type 2 diabetes and glucose intolerance in a population with intellectual disabilities: the STOP diabetes cross-sectional screening study.

Author(s): Dunkley, A J; Tyrer, F; Gray, L J; Bhaumik, S; Spong, R; Chudasama, Y; Cooper, S-A; Ganghadaran, S; Davies, M; Khunti, K

Source: Journal of intellectual disability research : JIDR; Jul 2017; vol. 61 (no. 7); p. 668-681

Abstract: BACKGROUND Adults with intellectual disabilities (ID) may be at increased risk of developing type 2 diabetes and cardiovascular disease, due to lifestyle factors, medications and other diagnosed conditions. Currently, there is lack of evidence on prevalence and prevention in this population. The aim of this study was to conduct a diabetes screening programme to determine prevalence of previously undiagnosed type 2 diabetes and impaired glucose regulation in people with ID. METHODS Screening was conducted in a variety of community settings in Leicestershire, UK. Adults with ID were invited via: general practices; the Leicestershire Learning Disability Register; ID psychiatric services; and some people directly contacted the research team due to publicity about the study. Screening involved collection of anthropometric, biomedical and questionnaire data. Type 2 diabetes and impaired glucose regulation were defined according to (venous) fasting plasma glucose or HbA1c, following current World Health Organisation criteria. RESULTS Nine hundred thirty adults (29% of those approached) participated. Mean age was 43 years, 58% were male and 16% of South Asian ethnicity. Most participants were either overweight or obese (68%). Diabetes status was successfully assessed for 675 (73%) participants: Nine (1.3%, 95% confidence interval 0.6 to 2.5) were found to have undiagnosed type 2 diabetes, and 35 (5.2%, 95% confidence interval 3.6 to 7.1) had impaired glucose regulation. Key factors associated with abnormal glucose regulation included the following: non-white ethnicity and a first degree family history of diabetes. CONCLUSIONS Results from this large multi-ethnic cohort suggest a low prevalence of screen-detected (previously undiagnosed) type 2 diabetes and impaired glucose regulation in adults with ID. However, the high levels of overweight and obesity we found emphasise the need for targeted lifestyle prevention strategies, which are specifically tailored for the needs of people with ID.

Database: Medline

Evaluating a Research Training Programme for People with Intellectual Disabilities Participating in Inclusive Research: The Views of Participants.

Author(s): Fullana, Judit; Pallísera, Maria; Català, Elena; Puyalto, Carolina

Source: Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 684-695

Available in full text at Journal of Applied Research in Intellectual 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 details

Abstract: BACKGROUND This article presents the results of evaluating a research training programme aimed at developing the skills of people with intellectual disabilities to actively participate in inclusive research. METHODS The present authors opted for a responsive approach to evaluation, using a combination of interviews, questionnaires and focus groups to gather information on the views of students, trainers and members of the research team regarding how the programme progressed, the learning achieved and participants’ satisfaction with the programme. RESULTS The evaluation showed that most of the participants were satisfied with the programme and provided guidelines for planning contents and materials, demonstrating the usefulness of these types of programme in constructing the research group and empowering people with intellectual disabilities to participate in research. CONCLUSIONS The evaluation revealed that the programme had been a positive social experience that fostered interest in lifelong learning for people with intellectual disabilities.

Database: Medline
Tobacco and Alcohol Use in People With Mild/Moderate Intellectual Disabilities: Giving Voice to Their Health Promotion Needs.

Author(s): Kerr, Susan; Lawrence, Maggie; Middleton, Alan R; Fitzsimmons, Lorna; Darbyshire, Christopher

Source: Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 612-626

Abstract: BACKGROUND Concerns have been raised about the use/misuse of tobacco and alcohol by people with mild/moderate intellectual disabilities. Aiming to address an identified gap in the current evidence base, this study sought to gain an understanding of the tobacco- and alcohol-related health promotion needs of this client group. METHODS Informed by the principles of social cognitive theory, data were collected using focus group and telephone interviews. Participants were 16 people with intellectual disabilities, two family carers and 15 health and social care professionals. Data were analysed using the Framework approach. FINDINGS Four themes were described: being like others; social and emotional influences; understandings, misunderstandings and learning from experience; and choices and challenges. Reasons for smoking and drinking alcohol echoed those of the general population; however, health promotion needs were more complex (e.g. linked to problems with consequential thinking; low levels of self-efficacy).CONCLUSION This article provides insight into the tobacco- and alcohol-related health promotion needs of people with intellectual disabilities. There is a need for integrated service provision that addresses both personal and environmental influences on behaviour.

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 : a journal on normal and abnormal development in childhood and adolescence; 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: Medline

The strategic use of scaffolded instruction in social studies interventions for students with learning disabilities.

Author(s): Ciullo, Stephen; Dimino, Joseph A.

Source: Learning Disabilities Research & Practice; Jul 2017

Abstract: Several components of specialized instruction have historically influenced text-based interventions for students with learning disabilities (LD). This article addresses the unique role of scaffolded instruction, focusing on supporting students with LD to help them to develop strategies that promote reading for understanding and writing in social studies. The article begins with a discussion of the historical and theoretical foundations of scaffolded instruction to promote reading comprehension. The authors then describe three effective interventions for which scaffolding cognitive strategies during social studies
Instruction have played a central role. Suggestions for using scaffolded instruction as a mechanism for improving social studies outcomes are included. Considerations for new research as well as professional development to promote scaffolded social studies instruction for students with LD are also described.

**Database:** PsycINFO

**The strategic instruction model: The less addressed aspects of effective instruction for high school students with learning disabilities**

**Author(s):** Hock, Michael F.; Bulgren, Janis A.; Brasseur-Hock, Irma F.

**Source:** Learning Disabilities Research & Practice; Jul 2017

**Abstract:** In this article, we discuss research supporting the Strategic Instruction Model’s™ (SIM) effort to address higher order reasoning and thinking skills in two lines of programmatic research. We review the extant body of evidence supporting the two lines of the SIM library, the Content Enhancement Routines and a comprehensive reading program, and the impact that the materials have on high school students with learning disabilities (LD). This body of research includes studies utilizing multiple research designs including randomized control trials, single case multiple baseline, quasi-experimental comparison group, single group, and descriptive data analysis. We have included studies that have been conducted with a SIM comprehensive reading program and instructional routines that reflect higher order thinking. These studies provide support for the positive impact the interventions have on high school students with LD.

**Database:** PsycINFO

**The implementation of the care programme approach for service users with a learning disability. Building bridges to the same old horizons?**

**Author(s):** Kelly, M.

**Source:** Journal of Psychiatric and Mental Health Nursing; Jul 2017

**Abstract:** Accessible summary What is known on the subject? People with mental health problems and learning disabilities often do not receive the care they require. The Care Programme Approach (CPA) is meant to help with this. However, there have been many problems in the past with the introduction of the CPA into mental health services. There is no literature which explores what factors help or hinder the introduction of the CPA for service users with a mental health and learning disability, especially from the perspective of those responsible for overseeing this process. What does this article add to existing knowledge? The implementation of the CPA for this service user group is fragmented, and services are not working together in partnership. The CPA is being effectively implemented for people who are deemed to present with a risk to themselves or others. If a service user does not present with a high risk, they are not provided care through the CPA. Service users were not involved in the development or introduction of the policy in practice. What are the implications for practice? Services need to work better at engaging service users when they are developing and introducing new policies. Rather than applying the CPA for all service users, across all services, it should only be considered for those deemed to present with a high risk. It is effectively implemented for these people. For those not deemed to present with a high risk, services should consider using alternative service user led care planning frameworks. Abstract Introduction The Care Programme Approach was introduced in England to ensure services met the needs of people with mental health problems and a concurrent learning disability (dual diagnosis). The CPA implementation was patchy and services failed to work in partnership. Aim This study aimed to explore the factors shaping the recent implementation of the CPA for service users with a dual diagnosis. Method A single case study approach was undertaken. Data were collected through interview (n = 26), documentary analysis (n = 64), steering group observation (n = 3) and the Partnership Assessment Tool (n = 26). Data were analysed using the Framework Approach. Results The CPA was only effectively implemented for people who were deemed to present with a high level of risk. Discussion The problems associated with implementation in the 1990s continue more recently for those with a dual diagnosis. The CPA has become more aligned with risk management protocols than supporting individual service user's recovery. Implications for practice Service users should be involved in the implementation of policies which have an impact on their recovery. The CPA should only be applied for those who present with high-risk issues, whilst alternative user-led initiatives should be considered for other service users.

**Database:** PsycINFO

**Modifying a research-based problem-solving intervention to improve the problem-solving performance of fifth and sixth graders with and without learning disabilities**

**Author(s):** Krawec, Jennifer; Huang, Jia

**Source:** Journal of Learning Disabilities; Jul 2017; vol. 50 (no. 4); p. 468-480
Abstract: The purpose of the present study was to test the efficacy of a modified cognitive strategy instructional intervention originally developed to improve the mathematical problem solving of middle and high school students with learning disabilities (LD). Fifth and sixth grade general education mathematics teachers and their students of varying ability (i.e., average-achieving [AA] students, low-achieving [LA] students, and students with LD) participated in the research study. Several features of the intervention were modified, including (a) explicitness of instruction, (b) emphasis on meta-cognition, (c) focus on problem-solving prerequisites, (d) extended duration of initial intervention, and (e) addition of visual supports. General education math teachers taught all instructional sessions to their inclusive classrooms. Curriculum-based measures (CBMs) of math problem solving were administered five times over the course of the year. A multilevel model (repeated measures nested within students and students nested within schools) was used to analyze student progress on CBMs. Though CBM scores in the intervention group were initially lower than that of the comparison group, intervention students improved significantly more in the first phase, with no differences in the second phase. Implications for instruction are discussed as well as directions for future research.

Database: PsycINFO

Valued and performed or not? Teachers’ ratings of transition activities for young children with learning disability

Author(s): Lillvist, Anne; Wilder, Jenny

Source: European Journal of Special Needs Education; Jul 2017; vol. 32 (no. 3); p. 422-436

Abstract: Stakeholder collaboration has been identified as a facilitator for positive transition outcomes for all children, and especially for children in need of special support. However, the type and extent of stakeholder collaboration have shown to be related to teachers’ view of their transition practises. Thus, this study set out to examine the transition activities reported by 253 teachers in Compulsory School for Students with Learning Disabilities in Sweden. The purpose was to study the type of transition activities performed and how important teachers regarded these activities to be. The results show that overall teachers are engaged in transition activities that can be described as mainly traditional, as they do not differ from transition activities carried out in other educational settings. The results also show that untraditional transition activities, such as home visits and joint parent meetings with preschools, are viewed as important, but rarely executed. The results are discussed from an ecological systems perspective, emphasising the interconnectedness of individuals and their environment. Focus is given to individualised transition processes and developmentally appropriate transition activities for young children with learning disability.

Database: PsycINFO

The experiences of staff who support people with intellectual disability on issues about death, dying and bereavement: A metasynthesis.

Author(s): Lord, Ailsa J; Field, Stephen; Smith, Ian C

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

Available in full text at Journal of Applied Research in Intellectual 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 details

Abstract: BACKGROUND Historically, people with intellectual disabilities have tended to be excluded from knowing about death, dying and bereavement. Staff in intellectual disability services can play a valuable role in improving understanding of these issues in those they support. This qualitative metasynthesis aimed to understand the experiences of staff supporting adults with intellectual disabilities with issues of death, dying and bereavement. METHOD Thirteen papers were identified following a systematic review of six databases. RESULTS Three themes were developed following a lines-of-argument synthesis: (i) talking about death is hard: negotiating the uncertainty in death, dying and bereavement; (ii) the commitment to promoting a "good death"; and (iii) the grief behind the professional mask. "A cautious silence: The taboo of death" was an overarching theme. CONCLUSIONS A more open culture around issues of death, dying and bereavement in intellectual disability settings is essential and could be promoted through staff training and support.

Database: Medline

Validation of an instrument to assess the delivery of patient-centred care to people with intellectual disabilities as perceived by professionals.

Author(s): Cramm, Jane Murray; Nieboer, Anna Petra
Abstract: BACKGROUND Patient/Person Centred Care (PCC) has achieved widespread attention which resulted in the identification of eight dimensions of PCC: Respect for the patients' values, preferences and expressed needs; information and education; access to care; emotional support to relieve fear and anxiety; involvement of family and friends; continuity and secure transition between healthcare settings; physical comfort; coordination of care. An instrument to assess patient centeredness of care delivery according to these eight dimensions among professionals is however lacking. The main objective of this study is therefore to develop and validate an instrument to assess the eight PCC dimensions among professionals providing care to institutionalized People With Intellectual Disabilities (PWIDs). METHODS This cross-sectional survey study was conducted in a disability care centre in the region Twente in the Netherlands, the Twentse Zorgcentra. All professionals delivering care to institutionalized PWIDs (n = 1146) were invited to participate. An instrument was developed to assess the eight dimensions of PCC, which was tested among 464 professionals (response rate = 40%). We tested the instrument by means of structural equation modelling, and examined its validity and reliability. RESULTS Indices of the 35-item PCC version are satisfactory but showed that the model left room for improvement and shortening of the instrument (RMSEA >0.06 and CFI < 0.95). Confirmatory factor analyses revealed good indices of fit with the 24-item PCC-instrument among professionals. Internal consistency of the overall instrument was also good. CONCLUSIONS The psychometric properties of the 24-item PCC-instrument were satisfactory, rendering it a valid and reliable instrument for assessing the eight dimensions of PCC among professionals providing care to institutionalized PWIDs.

Database: Medline

Effectiveness of speech therapy in adults with intellectual disabilities.

Author(s): Terband, Hayo; Coppens-Hofman, Marjolein C; Reffeltrath, Maaike; Maassen, Ben A M

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

Available in full text at Journal of Applied Research in Intellectual 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 details

Abstract: BACKGROUND This study investigated the effect of speech therapy in a heterogeneous group of adults with intellectual disability. METHOD Thirty-six adults with mild and moderate intellectual disabilities (IQs 40-70; age 18-40 years) with reported poor speech intelligibility received tailored training in articulation and listening skills delivered in two 3-month periods. Pre- to post-changes in speech intelligibility and receptive vocabulary were assessed using standardized tasks. RESULTS The results showed a positive effect of treatment on speech intelligibility and receptive vocabulary, irrespective of severity of intellectual disability, hearing loss and intellectual disability aetiology. CONCLUSIONS Speech therapy for people with intellectual disability can be effective at adult age and hearing loss should not prevent treatment. Continued attention to speech can help augment verbal communication skills in this population.

Database: Medline

Communicating about death and dying: Developing training for staff working in services for people with intellectual disabilities.

Author(s): Tuffrey-Wijne, Irene; Rose, Tracey; Grant, Robert; Wijne, Astrid

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

Available in full text at Journal of Applied Research in Intellectual 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 details

Abstract: BACKGROUND Many people with intellectual disabilities are affected by death, yet conversations about death are often avoided by staff working with them. This study aimed to assess staff training needs and to develop, trial and evaluate a training course on communicating about death and dying. METHOD (i) Semi-structured interviews with 20 staff in residential/supported living services to establish training needs; (ii) three-one-day courses were attended by 114 staff and evaluated through questionnaires. The course consisted of World Café sessions, presentations and feedback by people with intellectual disabilities, and an expert teaching session. RESULTS Staff fear, cultural influences and inexperience with death-related conversations were major communication barriers. Evaluation of the course was overwhelmingly positive. CONCLUSIONS Intellectual disabilities services must have clear staff training
strategies around death, dying and communication. More work is needed to assess the resource implications and impact on practice of different training methods and other support strategies.

**Database:** Medline

**Expanding the Implementation of the Americans With Disabilities Act for Populations With Intellectual and Developmental Disabilities: The Role of Organization-Level Occupational Therapy Consultation.**

**Author(s):** Umeda, Caroline J; Fogelberg, Donald J; Jirikowic, Tracy; Pitonyak, Jennifer S; Mroz, Tracy M; Ideishi, Roger I

**Source:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association; ; vol. 71 (no. 4); p. 7104090010p1

Available in full text at American Journal of Occupational Therapy - from EBSCOhost

**Abstract:** The Americans With Disabilities Act (ADA) provides standards and guidance for accessibility and accommodations that remove barriers to facilitate community social participation for individuals with disabilities. However, ADA implementation does not yet fully address the diverse access needs of people with intellectual and developmental disabilities (IDD), who continue to face barriers to community social participation. This article explores the potential for occupational therapy practitioners to provide organization-level consultation as a means of maximizing community social participation among people with IDD. Case examples of occupational therapy practitioners working with community organizations are presented to illustrate organization-level consultation that addresses access needs across diverse community contexts. The relevance of supporting community social participation within the context of health equity is discussed, and key next steps, including developing population-based outcome measures, addressing reimbursement considerations, and developing best practices for organization-level consultation, are outlined.

**Database:** Medline

**Extending the Promise of the Older Americans Act to Persons Aging With Long-Term Disability.**

**Author(s):** Putnam, Michelle

**Source:** Research on aging; Jul 2017; vol. 39 (no. 6); p. 799-820

**Abstract:** This article discusses the need for Older Americans Act (OAA) programs to evaluate and develop where needed the capacity to serve persons aging with long-term disabilities such as intellectual and/or developmental disabilities and physical disabilities including polio, spinal cord injury, and multiple sclerosis. The rationale for this work is the universal access to OAA programs for all adults over 60, regardless of the disability type, age of onset, or severity, acknowledging that other needs-based criteria often need to be met to receive services. Recommendations for increasing OAA and aging network capacity include addressing long-standing divisions between the fields of aging and disability, a comprehensive review of all Administration for Community Living programs and policies, engaging in program adaptation to build capacity, advancing knowledge and skills of the professional workforce, creating new knowledge to support delivery of evidence-based interventions to all older adults including those with lifelong and early and midlife onset of disability.

**Database:** Medline

**Specific needs of families of young adults with profound intellectual disability during and after transition to adulthood: What are we missing?**

**Author(s):** Gauthier-Boudreault, Camille; Gallagher, Frances; Couture, Mélanie

**Source:** Research in developmental disabilities; Jul 2017; vol. 66 ; p. 16-26

**Abstract:** INTRODUCTION At the age of 21, the trajectory of services offered to youth with profound intellectual disability (ID) change significantly since access to specialised services is more limited. Despite the desire of parents to avoid any impact on their child, several factors can influence the course of this transition. However, there is little research on facilitators and obstacles to the transition to adulthood, and impacts on people with a profound ID. It is therefore difficult to provide solutions that meet their specific needs. OBJECTIVE The study aimed to document the needs of parents and young adults with profound ID during and after the transition to adulthood by exploring their transitioning experience and factors that influenced it. METHOD Using a descriptive qualitative design, two individual semi-structured interviews were conducted with fourteen (14) parents of young adults aged between 18 and 26 with a profound ID. RESULTS At this point, many material, informative, cognitive and emotional needs of young adults and their parents are not met. Obstacles, mainly organisational, persist and result in a particularly difficult
The transition to adulthood is a critical period for families with young adults with an intellectual disability (ID), a reality observed internationally. Current literature on all levels of ID suggests some barriers to transition that lead to negative impacts on both parents and young adults with ID. However, presently, very little research exists on the reality of families of young adults with profound ID and factors influencing transition to adult life. Most of studies target people with mild to moderate ID. Considering the significant disabilities of people with profound ID, it is possible to imagine that their experience of transition will be even more difficult and they will present specific needs. The lack of understanding of these needs makes it difficult to introduce solutions tailored to their reality. The results of this current study suggest that many needs of young adults with profound ID and their parents are not met despite existent transition planning services. Transition to adulthood seems particularly difficult for these families who face many challenges. Parents in this study proposed different obstacles during transition to adulthood that could be improved for creation of future solutions adapted to their reality.

**Database:** Medline

**Principles of effective communication with patients who have intellectual disability among primary care physicians.**

**Author(s):** Werner, S; Yalon-Chamovitz, S; Tenne Rinde, M; Heymann, A D

**Source:** Patient education and counseling; Jul 2017; vol. 100 (no. 7); p. 1314-1321

**Abstract:** OBJECTIVE Examine physicians' implementation of effective communication principles with patients with intellectual disabilities (ID) and its predictors. METHODS Focus groups helped construct a quantitative questionnaire. The questionnaire (completed by 440 physicians) examined utilization of effective communication principles, attitudes toward individuals with ID, subjective knowledge and number of patients with ID. RESULTS Subjective knowledge of ID and more patients with ID increased utilization of effective communication principles. Provision of knowledge that allows patients to make their own medical decisions was predicted by more patients with ID, lower attitudes that treatment of this population group is not desirable, less negative affect and greater perception that treatment of this group is part of the physician's role. Effective preparation of patients with ID for treatment was predicted by higher perception of treatment of this group as part of the physician's role, lower perception of this field as undesirable and higher perception of these individuals as unable to make their own choice. Simplification of information was predicted by a greater perception of treatment of this group as part of the physician's role and more negative affect. CONCLUSION Greater familiarity may enhance care for these patients. PRACTICE IMPLICATIONS Increase exposure to patients with ID within training.

**Database:** Medline

**Health Care Access for Adults With Intellectual and Developmental Disabilities: A Scoping Review.**

**Author(s):** Williamson, Heather J; Contreras, Graciela M; Rodriguez, Erica S; Smith, Jennifer M; Perkins, Elizabeth A

**Source:** OTJR : occupation, participation and health; Jul 2017 ; p. 1539449217714148

**Abstract:** Adults with intellectual and/or developmental disabilities (IDD) often experience health disparities. To address disparities, Healthy People 2020 includes specific disability and health goals focused on improving health care access. The study's purpose was to review the literature exploring health care access for adults with IDD to identify opportunities for occupational therapy research and practice. A scoping review was completed of articles discussing health care access among adults with IDD in the United States. Thirty-seven articles met the inclusion criteria. Results are framed using the ecology of human performance theory identifying person and environmental issues affecting health care access of adults with IDD. Opportunities exist for occupational therapy to improve participation and health of adults with IDD through engaging in research and practice efforts addressing health care access. Occupational therapy could develop interventions to establish skills and abilities and recommend changes to the health care environment.

**Database:** Medline

**Comparative study of laterality in people with fragile X syndrome, people with intellectual disabilities, and people with typical development.**

**Author(s):** Niort, Jannick; Hernández Vázquez, Francisco Javier

**Source:** Laterality; Jul 2017; vol. 22 (no. 4); p. 399-411
Abstract: Following on from the studies by McManus and Cornish [(1997). Fractionating handedness in mental retardation: What is the role of the cerebellum? Laterality, 2(2), 81-89 and Cornish, Pigram, and Shaw [(1997). Do anomalies of handedness exist in children with fragile-X syndrome? Laterality, 2(2), 91-101], the aim of this paper was to determine laterality in people with fragile X syndrome (FXS). The sample comprised three study groups: the first with 30 people with FXS (mean age 17.9 years), the second 34 people with various intellectual disabilities (ID, mean age 20.9 years), and the third 160 people with typical development (mean age 14.7 years). Laterality was assessed with a test adapted for this study. The results confirm the preponderance of right-handedness (93.3%) in people with FXS and present new data regarding footedness and sensory dominance (eyedness and earedness), indicating inconsistent footedness and ocular cross-dominance. Almost three-quarters (73.5%) of people with other ID were right-handed. The results corroborate those of McManus and Cornish (1997). People with FXS tend to be right-handed but have ocular cross-dominance.

Database: Medline

Inter-rater reliability of professional-caregiver-reported life events in adults with intellectual disabilities.

Author(s): Hove, O; Assmus, J; Braatveit, K; Havik, O E

Source: Journal of intellectual disability research : JIDR; Jul 2017; vol. 61 (no. 7); p. 697-706

Abstract: BACKGROUND The inter-rater reliability (IRR) of the measure of life events in adults with intellectual disabilities was investigated. METHOD Two staff members for each of 79 adults with intellectual disabilities (ID) living in group homes used a checklist to report the adults’ exposure to and intensity of life events over the previous 12 months. The IRR was estimated with intraclass correlation analysis (ICC). The factors of the level of ID, number of years the rater knew the rated person and quality of community care were investigated for possible associations with level of reliability. RESULTS The ICC values for the occurrence of life events were .44-.80 depending on the category of life events. In general, intensity measures showed lower ICC values. When the rater had known the person rated for 2 or more years or the quality of community care was high, the ICC values increased, whereas lower levels of ID were associated with lower ICC values. CONCLUSIONS Inter-rater reliability in general was found to be acceptable. Further development and research are needed to improve the reliability of life event measures for more severe ID.

Database: Medline

How HIV affects health and service use for adults with intellectual and developmental disabilities.

Author(s): Durbin, A; Brown, H K; Bansal, S; Antoniou, T; Jung, J K H; Lunsky, Y

Source: Journal of intellectual disability research : JIDR; Jul 2017; vol. 61 (no. 7); p. 682-696

Abstract: OBJECTIVE(S) Although rates of human immunodeficiency virus (HIV) are similar for individuals with and without intellectual and developmental disabilities (IDD), very little is known about the health needs and service use of those with IDD and HIV. Among a population with IDD, we compared the physical and mental health profiles, as well as general and mental health service use for those with and without HIV. DESIGN Retrospective cohort study in Ontario, Canada using linked administrative health and social service databases. METHODS The prevalence of physical conditions and mental health disorders, and patterns of service use for any reason and service use for mental health issues were compared among Ontario adults with IDD and HIV (n = 107) and without HIV (n = 63 901) in log-binomial models adjusted for age, sex and neighbourhood income and rurality. RESULTS Adults with IDD and HIV were more likely than those without HIV to have three types of mental health disorders: non-psychotic disorders [aRR: adjusted rate ratio (aRR): 1.22 (95% confidence interval (CI): 1.01-1.47)], psychotic disorders [aRR: 1.57 (1.09, 2.28)] and substance use disorders [aRR: 3.52 (2.53, 4.91)]. Adults with IDD and HIV were also more likely to have emergency department visits [aRR: 1.68 (1.42, 1.98)] and hospital admissions [aRR: 2.55 (1.74, 3.73)] for any reason, and to have mental health emergency department visits and/or admissions [aRR: 2.82 (1.90, 4.18)]. DISCUSSION Adults with IDD and HIV have complex health profiles and greater health service use than HIV-negative adults with IDD. These findings call for closer integration of programs delivered by the HIV and disability sectors to optimise the health of this patient population.

Database: Medline

Prevalence, types and associations of medically unexplained symptoms and signs. A cross-sectional study of 1023 adults with intellectual disabilities.

Author(s): Osugo, M; Morrison, J; Allan, L; Kinnear, D; Cooper, S A

Source: Journal of intellectual disability research : JIDR; Jul 2017; vol. 61 (no. 7); p. 637-642
Abstract: BACKGROUND Medically unexplained symptoms and signs are common in the general population and can respond to appropriate managements. We aimed to quantify the types and prevalence of unexplained symptoms and signs experienced by adults with ID and to determine the associated factors. METHOD In a population-based study, 1023 adults with ID aged 16 and over had a detailed health assessment, which systematically considered symptoms and signs. Descriptive data were generated on their symptoms and signs. Backwards stepwise logistic modelling was undertaken to determine the factors independently associated with the unexplained symptoms. RESULTS Medically unexplained symptoms and signs were present in 664 (64.9%), 3.8 times higher than in the general population, and 470 (45.9%) had multiple unexplained symptoms or signs. Some were similar to those reported in the general population, such as dyspnoea, dyspepsia, headache, nausea and dizziness. However, others are not commonly reported in the general population, including dysphagia, ataxia, polyuria, oedema and skin rash. Having unexplained symptoms and signs was independently associated with older age, female gender, not having Down syndrome, extent of ID and more GP visits in the last 12 months. It was not associated with living in deprived areas, type of living/support arrangements, number of hospital visit in the last 12 months, smoking, autism, problem behaviours or mental disorders. CONCLUSIONS People with ID have substantial additional unexplained symptoms and signs, some of which are painful or disabling. These findings should inform the content of health checks undertaken for adults with intellectual disabilities, which should not just focus on management of their long-term conditions and health promotion.

Database: Medline

Age at Death in Individuals with Intellectual Disabilities.

Author(s): Arvio, Maria; Salokivi, Tommi; Bjelogrlic-Laakso, Nina

Source: Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 782-785

Available in full text at Journal of Applied Research in Intellectual 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 details

Abstract: BACKGROUND We aimed to ascertain the average age at death (AD) in the intellectual disability population for each gender and compare them to those of the general population during 1970-2012. METHODS By analysing medical records, we calculated the ADs of all deceased clients (N = 1236) of two district organizations responsible for intellectual disability services. Statistics Finland's database generated data regarding ADs of all inhabitants who had died after having resided in same district. RESULTS During the follow-up, average ADs for the intellectual disability population and general population increased, and simultaneously the AD difference between these populations decreased. In the 2000s, the AD difference between the intellectual disability population and the whole population was 22 years for men (95% CI: -24 to -20) and 30 years for women (95% CI: -33 to -27). In 2000s, the mean AD of those with mild-to-moderate intellectual disability (IQ 50-69) for women and men was 56 (SD17) and 54 (SD18), and those with severe to profound intellectual disability (IQ<50), 44 (SD23) and 43 (SD21). CONCLUSIONS Intellectual disability is still a considerable risk factor for early death. Among the intellectual disability population, unlike in general population, the lifespans of women and men are equal.

Database: Medline

Out of School and Into Distress: Families of Young Adults with Intellectual and Developmental Disabilities in Transition.

Author(s): McKenzie, Katherin; Ouellette-Kuntz, Hélène; Blinkhorn, Ashleigh; Démoré, Ashley

Source: Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 774-781

Available in full text at Journal of Applied Research in Intellectual 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 details

Abstract: BACKGROUND The transition period out of the educational system can be a source of stress for parents of young adults with intellectual and developmental disabilities, as families lose the support and respite offered by schools. MATERIALS AND METHODS Using a before and after design nested within a 24-month follow-up study of parents seeking adult developmental services for their children, parents' perception of distress was measured using the Brief Family Distress Scale (Journal of Child and Family Studies, 20, 2011, 521) and their perception of helpfulness of formal supports was assessed using the Family Support Scale (Journal of Individual, Family, and Community Wellness, 1, 1984, 45). RESULTS Parents reported significantly higher levels of distress after their child transitioned out of school. Employed parents and parents of a child with an autism spectrum disorder are at increased risk for distress.
CONCLUSIONS Families fare worse once their adult children are no longer in school, although this is not associated with a reduction in the perception of the helpfulness of formal supports.

**The Effect of Educational Software, Video Modelling and Group Discussion on Social-Skill Acquisition Among Students with Mild Intellectual Disabilities.**

**Author(s):** Hetzroni, Orit E; Banin, Irit

**Source:** Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 757-773

Available in full text at Journal of Applied Research in Intellectual 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 details

**Abstract:** BACKGROUND People with intellectual and developmental disabilities (IDD) often demonstrate difficulties in social skills. The purpose of this study was to examine the effects of a comprehensive intervention program on the acquisition of social skills among students with mild IDD. METHOD Single subject multiple baseline design across situations was used for teaching five school-age children with mild IDD social skills embedded in school-based situations. RESULTS Results demonstrate that the intervention program that included video modelling and games embedded with group discussions and simulations increased the level and use of adequate social behaviours within the school's natural environment. CONCLUSIONS Results demonstrate the unique attribution of a comprehensive interactive program for acquisition and transfer of participants' social skills such as language pragmatics and social rules within the school environment. Group discussions and simulations were beneficial and enabled both group and personalized instruction through the unique application of the program designed for the study.

**Database:** Medline

**Developing the personal narratives of children with complex communication needs associated with intellectual disabilities: What is the potential of Storysharing®?**

**Author(s):** Bunning, Karen; Gooch, Lynsey; Johnson, Miranda

**Source:** Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 743-756

Available in full text at Journal of Applied Research in Intellectual 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 details

**Abstract:** BACKGROUND Sharing personal experience in narrative is challenging for individuals with intellectual disabilities. The aim was to investigate the potential of Storysharing® (Storysharing is an innovative communication method based on personal narrative, which has been developed to support conversations with people who have severe difficulties in communication) intervention. MATERIALS AND METHODS The study involved eleven pupil-educational supporter dyads at a special school. Storysharing® was implemented over a 15-week period. Personal narratives were captured on video pre- and post-intervention. The data were analysed for discourse and narrative. RESULTS Significant differences revealed a decline in 'query-answer' sequences and an increase in supporter use of 'prompts'. After intervention, there were fewer story episodes. Narrative structure showed gains in action sequences leading to climax, and in closing elements, indicating a more complete narrative. CONCLUSIONS The Storysharing® intervention appears to be associated with changes to the dyadic, personal narratives illustrating its potential.

**Database:** Medline

**An Exploration of Comfort and Discomfort Amongst Children and Young People with Intellectual Disabilities Who Depend on Postural Management Equipment.**

**Author(s):** Lyons, Elizabeth A; Jones, Diana E; Swallow, Veronica M; Chandler, Colin

**Source:** Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 727-742

Available in full text at Journal of Applied Research in Intellectual 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 details

**Abstract:** BACKGROUND The natural response to the intrusive bodily sensation is positional change. This study explored how children and young people (CYP) with intellectual disabilities had their comfort needs met when using adaptive positioning equipment. METHODS Thirteen qualitative case studies were undertaken. A parent, a teacher/key worker and a therapist for each CYP were interviewed, and daily routines were observed, with selective video recording. Single case and cross case analyses were
undertaken. RESULTS Attentive caregivers read the behavioural expressions of the CYP and responded reassuringly, safeguarding them from discomforting experiences. Threats to comfort include the restrictive nature of some equipment accessories, positioning errors and procedural stretching. CONCLUSIONS The same item of equipment can be both comfortable and uncomfortable. Given the social and interactional world in which the CYP live and learn, it is others who must accept responsibility for ensuring their optimal level of comfort.

**Database**: Medline

**An Investigation into the use of the Deprivation of Liberty Safeguards with People with Intellectual Disabilities.**

**Author(s)**: Blamires, Kate; Forrester-Jones, Rachel; Murphy, Glynis

**Source**: Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 714-726

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

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**Abstract**: BACKGROUND This small, qualitative study sought to develop a richer understanding of the way in which the deprivation of liberty safeguards (DOLS) were being used for people with intellectual disabilities. It is important to note that this study was completed prior to the changes resulting from the P v Cheshire West and Chester Council judgement. METHOD Six DOLS cases were identified and two people involved in each case were interviewed (care home managers, key workers, social workers, specialist nurses or psychologists), using semi-structured interviews. The data were analysed using grounded theory techniques. RESULTS The interviewees described DOLS as providing a framework leading to positive outcomes for the people they supported, in some cases avoiding inpatient stays. However, they had a number of concerns including lack of knowledge and training, potential under use of DOLS and disappointment with case law. CONCLUSION Overall, these findings are encouraging in regard to the specific individuals for whom DOLS applications were made; however, they also highlight the need for a stronger agenda regarding wider dissemination of information, and training about DOLS, as well as some reform.

**Database**: Medline

**A Comparison of Two Methods for Recruiting Children with an Intellectual Disability.**

**Author(s)**: Adams, Dawn; Handley, Louise; Heald, Mary; Simkiss, Doug; Jones, Alison; Walls, Emily; Oliver, Chris

**Source**: Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 696-704

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

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**Abstract**: BACKGROUND Recruitment is a widely cited barrier of representative intellectual disability research, yet it is rarely studied. This study aims to document the rates of recruiting children with intellectual disabilities using two methods and discuss the impact of such methods on sample characteristics. METHODS Questionnaire completion rates are compared between (i) participants being approached in child development centre waiting rooms and (ii), one year later, the same participants being invited to take part by phone, email and/or post. RESULTS The face-to-face recruitment method resulted in a better recruitment rate (58.5% compared to 18.5%) and a larger sample (n = 438) than the telephone/email/post sample (n = 40). It also required less hours of researcher time per completed questionnaire. CONCLUSIONS In-line with previous research, recruitment of participants with intellectual disabilities (or their parents/carers) requires significant time and resources to get a sample of an acceptable size.

**Database**: Medline

**Stakeholders’ Perspectives towards the Use of the Comprehensive Health Assessment Program (CHAP) for Adults with Intellectual Disabilities in Manitoba.**

**Author(s)**: Shooshtari, Shahin; Temple, Beverley; Waldman, Celeste; Abraham, Sneha; Ouellette-Kuntz, Héléne; Lennox, Nicholas

**Source**: Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 672-683

Available in full text at Journal of Applied Research in Intellectual 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 details
Abstract: BACKGROUND No standardized tool is used in Canada for comprehensive health assessments of adults with intellectual disabilities. This study was conducted to determine the feasibility of implementing the Comprehensive Health Assessment Program (CHAP) in Manitoba, Canada. METHOD This was a qualitative study using a purposive sample of physicians, nurse practitioners, support workers and families. Data were collected through individual interviews and focus groups and were analysed using content analysis. RESULTS Use of the CHAP was perceived as beneficial for persons with intellectual disabilities. Improved continuity of care was of the reported benefits. Six barriers for the future implementation of the CHAP were identified including the time required to complete the CHAP, and the perceived lack of physicians' willingness to do comprehensive assessments. CONCLUSION The future implementation of the CHAP was strongly supported. For its successful implementation, training of healthcare professionals and support staff and change in regulations and policies were recommended.

Database: Medline

Intensive Interaction Training for Paid Carers: 'Looking, Looking and Find Out When They Want to Relate to You'.

Author(s): Nagra, Maninder K; White, Rose; Appiah, Afua; Rayner, Kelly

Source: Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 648-660

Available in full text at Journal of Applied Research in Intellectual 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.

Abstract: BACKGROUND Intensive interaction (II) is a communication approach useful for working with people with severe intellectual disabilities. Health and social care providers offer II training courses to paid carers working in local services with the goal of improving social communication for their clients. MATERIALS AND METHODS Eight paid carers who had been trained in II were interviewed 2-3 years after training, to explore how their practice had changed, and whether any changes were sustainable. Interviews were analysed using interpretative phenomenological analysis. RESULTS Analysis revealed a master theme of emotional and practical endurance, with empowerment, better understanding and perceived barriers to implementation comprising subthemes. CONCLUSIONS Despite actual and perceived barriers to the enduring use of II, all participants spoke positively of the approach and were continuing to use II in practice.

Database: Medline

Groups for Parents with Intellectual Disabilities: A Qualitative Analysis of Experiences.

Author(s): Gustavsson, Marie; Starke, Mikaela

Source: Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 638-647

Available in full text at Journal of Applied Research in Intellectual 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.

Abstract: BACKGROUND Parents with intellectual disabilities (IDs) are often socially isolated and need support. MATERIALS AND METHODS This qualitative study is based on participant observations of a group for parents with with intellectual disabilities. Data were categorized and interpreted in the framework of social capital and symbolic interactionism. RESULTS Being a part of the parent group provided parents with a social network, which had the potential to be supportive in everyday life. The social workers in the group were seen as allies, and parents appeared to trust them and felt they could seek advice and tell them about their personal problems. The parents sometimes asked for advice about how to handle contacts with other professionals in their everyday life. The parents valued the social contact with the other parents. CONCLUSIONS The group provided the parents with the opportunity to meet both other parents and two social workers. The group gave a greater number of social relations, adding to the parents' social capital and helping to reduce social isolation.

Database: Medline

Partner Selection for People with Intellectual Disabilities.

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

Source: Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 602-611

Available in full text at Journal of Applied Research in Intellectual 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.

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Abstract: BACKGROUND The aim of this research was to understand the characteristics that adults with intellectual disabilities look for in a partner. There have been numerous studies that have explored partner selection for people without intellectual disabilities, but no research that specifically identified the traits valued in a partner by people with intellectual disabilities. METHOD In-depth interviews were conducted with eleven participants across two UK sites. All participants were adults with an intellectual disability who had been in a relationship with a partner for over a year. The narratives were analysed utilizing hermeneutic phenomenology, guided by the theory of Van Manen (1990). RESULTS The findings highlighted that, regardless of age, participant's relationships typically developed within a segregated environment for people with intellectual disabilities over the past 10 years. People with intellectual disabilities expressed a wish to be loved, to be treated kindly and to have companionship. However, they did not place high value on attributes such as financial security, social status or intelligence. CONCLUSIONS The research demonstrated how poorly integrated people with intellectual disabilities are within mainstream society. Desired characteristics and expectations for participants' relationships were rooted in a shared history and culture, which was shaped by their intellectual disability and support needs.

Database: Medline

Long-Term Experiences in Cash and Counseling for Young Adults with Intellectual Disabilities: Familial Programme Representative Descriptions.

Author(s): Harry, Melissa L; MacDonald, Lynn; McLuckie, Althea; Battista, Christina; Mahoney, Ellen K; Mahoney, Kevin J

Source: Journal of applied research in intellectual disabilities : JARID; Jul 2017; vol. 30 (no. 4); p. 573-583

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

Abstract: BACKGROUND Our aim was to explore previously unknown long-term outcomes of self-directed personal care services for young adults with intellectual disabilities and limitations in activities of daily living. MATERIALS AND METHODS The present authors utilized participatory action research and qualitative content analysis in interviewing 11 unpaid familial programme representatives of young adults with intellectual disabilities, ages 23-34, who were eligible for income-based Medicaid and enrolled five or more years in a Cash and Counseling-based programme of self-direction in the United States. RESULTS Young adults are represented as receiving services and supports in a supportive and stable environment, with previously identified short-term programme benefits evident over the long-term. Young adults are also transitioning to adulthood at home with their families as primary social support and caregivers, bridging a service gap. CONCLUSIONS Our results show that self-direction helps meet these young adults' personal care and community engagement needs over time.

Database: Medline

Birth outcomes among US women with intellectual and developmental disabilities.

Author(s): Akobirshoev, Ilhom; Parish, Susan L; Mitra, Monika; Rosenthal, Eliana

Source: Disability and health journal; Jul 2017; vol. 10 (no. 3); p. 406-412

Abstract: BACKGROUND Women with intellectual and developmental disabilities (IDD) are bearing children at increasing rates. However, there is very little research about pregnancy experiences and birth outcomes among women with IDD. No studies to date have examined birth outcomes with a US population-based sample. OBJECTIVE The main objective was to estimate the national occurrence of deliveries in women with IDD and to compare their birth outcomes to women without IDD. METHODS We examined the 2007-2011 Nationwide Inpatient Sample of the Healthcare Cost and Utilization Project to compare birth outcomes in women with and without IDD. Birth outcomes included preterm birth, low birth weight, and stillbirth. Multivariable regression analyses compared birth outcomes between women with and without IDD controlling for race/ethnicity, maternal age, household income, health insurance status and type, comorbidity, region and hospital location, teaching status, ownership, and year. RESULTS Of an estimated 20.6 million deliveries identified through the HCUP 2007-2011 data 10,275 occurred in women with IDD. In adjusted regression analyses, women with IDD compared to those without IDD were significantly more likely to have preterm birth (OR = 1.46; 95%CI: 1.26-1.69, p < 0.001), low birth weight (OR = 1.61, 95%CI: 1.27-2.05, p < 0.001), and stillbirth (OR = 2.40, 95% CI: 1.70-3.40, p < 0.001). CONCLUSION This study provides a first examination of the birth outcomes among women with IDD in the United States using a largest population-based sample. There are significant differences in birth outcomes between women with and without IDD. Understanding the causes of these differences and addressing these causes are critical to improving pregnancy outcomes among women with IDD.
**Database:** Medline

**Sexual health in the community: Services for people with intellectual and developmental disabilities.**

**Author(s):** Friedman, Carli; Owen, Aleksa L

**Source:** Disability and health journal; Jul 2017; vol. 10 (no. 3); p. 387-393

**Abstract:** BACKGROUND Sexuality is a central dimension of overall health and well-being. People with intellectual and developmental disabilities (IDD) continue to experience disparities in healthcare, particularly regarding access to sexual health related services. Medicaid Home and Community-Based Services (HCBS) waivers are ideally situated to provide sexual and reproductive healthcare in accessible settings.

**OBJECTIVE** This preliminary study analyzed national Medicaid HCBS waivers to determine how they provide sexuality services for people with IDD.

**METHOD** 111 FY 2015 HCBS 1915(c) waivers for people with IDD from 46 states and the District of Columbia were analyzed to determine which waivers were providing services related to sexuality. Expenditure and utilization data were analyzed to determine service allotment.

**RESULTS** Currently, less than 12% of waivers include any kind of sexuality services, and those services provided are predominantly reactive, rather than proactive. Reactive services focused on interrupting sexually inappropriate behaviors through assessments and plans, intervention and therapy, and supervision. Meanwhile, proactive services promoted the healthy sexuality of people with IDD by providing sexuality education related to sexuality awareness, reproduction, and victimization avoidance.

**CONCLUSIONS** The limited availability of Medicaid HCBS sexuality service provision not only hints at a lack of understanding of sexuality for people with IDD, but also presents an opportunity to perform increased evaluations on current service offerings in order to justify future expanded offerings in other states.

**Database:** Medline

**The sexuality of young women with intellectual and developmental disabilities: A neglected focus in the American foster care system.**

**Author(s):** Ballan, Michelle S; Freyer, Molly Burke

**Source:** Disability and health journal; Jul 2017; vol. 10 (no. 3); p. 371-375

**Abstract:** Youths with intellectual and developmental disabilities (ID/DD) are overrepresented in the American foster care system and experience heightened rates of pregnancy compared to their nondisabled peers. Yet limited information is known about sexually active or pregnant young women with ID/DD in foster care. Consequently, important healthcare needs of this population are not adequately addressed. This article explores sexuality education and sexual healthcare for female adolescents in foster care with ID/DD and recommends practice guidelines to support and prepare their emergent sexual development.

**Database:** Medline

**Impact of caring for patients with severe and complex disabilities on health care workers' quality of life: determinants and specificities.**

**Author(s):** Rousseau, Marie-Christine; Baumstarck, Karine; Leroy, Tanguy; Khaldi-Cherif, Cherazad; Brisse, Catherine; Boyer, Laurent; Ressegui, Noémie; Morando, Claire; Billette De Villemeur, Thierry; Auquier, Pascal

**Source:** Developmental medicine and child neurology; Jul 2017; vol. 59 (no. 7); p. 732-737

**Abstract:** AIM Individuals with severe and complex disabilities, defined by a combination of profound intellectual impairment and serious motor deficit resulting in extreme dependence, often remain in hospital or at residential facilities. The aim of this study was to identify the determinants of quality of life (QoL) of 238 health care workers (HCWs) caring for individuals with severe and complex disabilities.

**METHOD** We conducted a cross-sectional study. The recruitment of the HCWs was performed in five French centres specializing in patients with severe and complex disabilities. The selection criteria were age above 18 years, being an institutional referent HCW (a resource person coordinating various issues for or about the patient), and agreeing to participate. Sociodemographic, health, professional variables, and psycho-behavioural (QoL, burn-out, and coping strategies) data were collected.

**RESULTS** Of the 362 eligible HCWs, 65.7% returned the questionnaires. The scores of the physical and social dimensions of QoL were significantly lower, and the score of the psychological dimension significantly higher, than those of a comparison group. The main factors modulating QoL were age, financial difficulties, nature of coping strategy, and burn-out.

**INTERPRETATION** This research provides preliminary evidence that caring for patients with severe and complex disabilities affects the QoL of HCWs. These results support the need for optimization of the work environments for HCWs.
**Time use of parents raising children with severe or profound intellectual and multiple disabilities.**

**Author(s):** Luijkx, J; van der Putten, A A J; Vlaskamp, C

**Source:** Child: care, health and development; Jul 2017; vol. 43 (no. 4); p. 518-526

**Abstract:** BACKGROUND Raising children with severe or profound intellectual and multiple disabilities (PIMD) is expected to put extreme pressure on parental time use patterns. The aim of this study was to examine the total time use of mothers and fathers raising children with PIMD and compare it with the time use of parents of typically developing children. METHOD Twenty-seven fathers and 30 mothers raising children with PIMD completed a time use diary on a mobile phone or tablet app, as did 66 fathers and 109 mothers of typically developing children. Independent t-tests and Mann-Whitney tests were performed to compare mean time use. RESULTS There are no differences in the time use of parents of children with PIMD on contracted time (paid work and educational activities) and necessary time (personal care, eating and drinking and sleeping) when compared with parents of typically developing children. There are significant differences between the parents of children with PIMD and the parents of typically developing children in terms of committed time (time for domestic work and the care and supervision of their children) and free time. The mothers of children with PIMD spend significantly less time on domestic work and more time on care and supervision than mothers of typically developing children. CONCLUSION This study shows that the parents of children with PIMD have to spend a significant amount of time on care tasks and have on average 1.5 h less free time per day than parents of typically developing children. Therefore, it is important not only to consider a child with PIMD's support needs but also to identify what parents need to continue their children's daily care and supervision.

**Feasibility of the Participatory Experience Survey and the Setting Affordances Survey for use in evaluation of programmes serving youth with intellectual and developmental disabilities.**

**Author(s):** Liljenquist, K; Coster, W; Kramer, J; Rossetti, Z

**Source:** Child: care, health and development; Jul 2017; vol. 43 (no. 4); p. 511-517

**Abstract:** BACKGROUND Participation by youth with disabilities in recreational activities has been shown to promote the development of important skills needed for transition to adulthood. The Participatory Experience Survey (PES) and the Setting Affordances Survey (SAS) were developed for use by recreational programmes serving youth with significant intellectual and developmental disabilities (SIDD) to assess participant experiences and ensure that participants are afforded optimal opportunities to develop these skills. This paper presents a feasibility evaluation to determine the appropriateness of the PES and the SAS for use in a programme evaluation context. METHOD The PES and the SAS were used to evaluate a programme serving youth with SIDD in the greater northwest region of the United States. Three recreational activities were evaluated: an art project, trip to a zoo and a track practice. Programme volunteers used the SAS to assess opportunities and affordances offered within each activity. The PES was given to 10 young people in each activity to capture their experiences. It was hypothesized that each setting would afford different experiences and developmental opportunities because of the differing nature of the activities. RESULTS The PES and SAS were found to be feasible for conducting a programme evaluation. All three settings offered varying types of experiences and affordances. Notably, as measured by the SAS, opportunity for skill development was greater in more structured activities; the zoo had the fewest opportunities for skill development and the art project had the most skill development opportunities. Youth answered 'no' most often to 'asking for help' and 'helping a kid', suggesting changes to offer more opportunities to develop these skills would be beneficial in all three activities. CONCLUSION These new instruments offer programmes a means to more fully include young people with disabilities during programme evaluations, leading to better-structured, more supportive programmes.

**Profound Intellectual Disability and the Bestowment View of Moral Status.**

**Author(s):** Vehmas, Simo; Curtis, Benjamin

**Source:** Cambridge quarterly of healthcare ethics : CQ : the international journal of healthcare ethics committees; Jul 2017; vol. 26 (no. 3); p. 505-516
Abstract: This article engages with debates concerning the moral worth of human beings with profound intellectual and multiple disabilities (PIMDs). Some argue that those with such disabilities are morally less valuable than so-called normal human beings, whereas others argue that all human beings have equal moral value and that, therefore, each group of humans ought to be treated with equal concern. We will argue in favor of a view that takes points from opposing camps in the debates about the moral worth of humans with such disabilities. Our position, roughly, is this: most humans with PIMDs are persons in the morally significant sense and, therefore, deserve moral consideration equal to that granted to so-called "normal" human beings. Some humans with PIMD may not be persons, but nevertheless deserve moral consideration equal to that of persons because they stand in a special relation to persons.

Database: Medline

The SAINT: A guided self-help approach for people with intellectual disabilities

Author(s): Chaplin, Eddie; Craig, Tom; McCarthy, Jane; Bouras, Nick

Source: Journal of Mental Health Research in Intellectual Disabilities; Jul 2017; vol. 10 (no. 3); p. 237-252

Available in full text at Journal of Mental Health Research in Intellectual Disabilities - from Taylor & Francis

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Abstract: Introduction: This article introduces the SAINT (Self-Assessment and INTervention), a guided self-help intervention for the treatment of mild depression in people with intellectual disabilities. Method: The study used a single-case experimental design and adopted quality frameworks specific to the approach to describe the participants and to standardize the study. The aim was to examine the acceptability and effectiveness of the SAINT on reducing symptoms of anxiety and depression. Semi-structured interviews were conducted to record user experiences and a framework-analysis approach was used. Attendance at sessions was also monitored. Results: Nine people receiving guided self-help using SAINT demonstrated a decrease in symptoms for both intervention phases for either depression or anxiety, with four showing a decrease in mean symptom scores in both intervention phases for both depression and anxiety. Those with a history of affective disorders and those with moderate intellectual disabilities showed improved symptom scores during both intervention phases. Summary and Conclusion: The idea that the SAINT can be feasibly implemented in routine clinical practice was broadly supported, with the positive outcomes relating to symptom reduction and acceptability. From the feedback received, the SAINT is tolerated well by participants and viewed positively by those using it and those who have supported people in its use.

Database: PsycINFO

"It is only natural....": Attitudes of young people with intellectual disabilities toward sexuality in Greece

Author(s): Karellou, Ioanna

Source: Journal of Mental Health Research in Intellectual Disabilities; Jul 2017; vol. 10 (no. 3); p. 217-236

Available in full text at Journal of Mental Health Research in Intellectual Disabilities - from Taylor & Francis

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Abstract: Although there is an increasing awareness of the rights of people with intellectual disabilities, limited progress has been made in supporting people with intellectual disabilities to create and sustain intimate personal relationships in Greece. This article looks at the attitudes of 66 adolescents and young adults with intellectual disabilities toward sexuality. Selection of the sample was based on place of residence, participant's age, and his/her degree of disability. Three Greek towns were chosen to provide the population for the study because they represented characteristics of contemporary Greece. Participants' comments regarding a variety of sexual issues were examined through content thematic analysis. The above procedure led to five themes: sexuality as perogative, being ethical about sexuality, sexuality creating concerns, sexuality generating emotions, and talking about sexuality as informative. Findings revealed awareness of rights to sexual expression, protection, and enjoyment, but also of consequences when not following the social or legal rules. Analysis indicated issues of morality along with positive feelings toward intimate relationships like love, companionship, and mutual understanding. Finally, although participants expressed some uneasiness to talk about sexuality in general, there was great interest in getting appropriate knowledge and being prepared for the future.

Database: PsycINFO

An exploratory factor analysis and construct validity of the Resident Choice Assessment Scale with paid carers of adults with intellectual disabilities and challenging behavior in community settings

Author(s): Ratti, Victoria; Vickerstaff, Victoria; Crabtree, Jason; Hassiotis, Angela
Abstract: Introduction: The Resident Choice Assessment Scale (RCAS) is used to assess choice availability for adults with intellectual disabilities (ID). The aim of the study was to explore the factor structure, construct validity, and internal consistency of the measure in community settings to further validate this tool. Method: 108 paid carers of adults with ID living in supported accommodation and residential care facilities in urban, rural, and semirural areas in England completed the RCAS. Exploratory factor analyses were performed and the construct validity and internal consistency of the emerging factors were assessed. Results: Principal axis factoring with oblique rotations suggested a scale with two factors (Everyday Choices and Participation in Household Activities) which explained 45% of the variance; the factors showed favorable construct validity as they identified significant differences between those living in residential care homes compared with supported living; the factors also differentiated between people with different levels of intellectual impairment with less choice and participation in domestic activities for those with more severe ID compared to their counterparts with moderate and mild impairment. Five items did not load onto any factor, suggesting that these could be dropped from the scale when administered in community settings, thus resulting in an 18-item measure (RCAS-18). Conclusion: The RCAS-18 may provide a useful measure to assess choice availability for people with ID supported by paid carers in the community. The revised measure may be more suitable in capturing choice than the original version for use in community samples.

Database: PsycINFO

Jordanian parents’ beliefs about the causes of disability and the progress of their children with disabilities: Insights on mainstream schools and segregated centres

Author(s): Al-Dababneh, Kholoud Adeeb; Al-Zboon, Eman K.; Baibers, Haitham

Abstract: This study aims to identify the beliefs of Jordanian parents of children with disabilities (CWD), including intellectual disabilities, specific learning disorders and Autism Spectrum Disorder: both in terms of the causes of these disabilities, and the ability of their children to make progress. A qualitative interpretive methodology was employed. Interviews were used to collect data from 63 parents of CWD. Two major themes emerged concerning beliefs about the causes of disability and children’s progress. Results showed generally that disabilities were attributed to supernatural and biomedical causes; also, most parents had positive expectations about their children’s progress, especially in education skills, and had hopes for their children’s futures. Conclusions and implications are presented in the light of the study findings. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

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