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A prospective, quantitative study of mental health act assessments in England following the 2007 amendments to the 1983 act: did the changes fulfil their promise?

Singh S, Paul M, Parsons H, Burns T, Tyrer P, Fazel S, Deb S, Islam Z, Rugkåsa J, Gajwani R, Thana L, Crawford M

Abstract

Background In 2008, the Mental Health Act (MHA) 2007 amendments to the MHA 1983 were implemented in England and Wales. The amendments were intended to remove perceived obstacles to the detention of high risk patients with personality disorders (PDs), sexual deviance and learning disabilities (LDs). The AMEND study aimed to test the hypothesis that the implementation of these changes would lead to an increase in numbers or proportions of patients with these conditions who would be assessed and detained under the MHA 2007.

Method A prospective, quantitative study of MHA assessments undertaken between July–October 2008–11 at three English sites. Data were collected from local forms used for MHA assessment documentation and patient electronic databases.

Results The total number of assessments in each four month period of data collection varied: 1034 in 2008, 1042 in 2009, 1242 in 2010 and 1010 in 2011 ($n = 4415$). Of the assessments 65.6% resulted in detention in 2008, 71.3% in 2009, 64.7% in 2010 and 63.5% in 2011. There was no significant change in the odds ratio of detention when comparing the 2008 assessments against the combined 2009, 2010 and 2011 data (OR = 1.025, Fisher's exact $X^2 p = 0.735$). Only patients with LD and 'any other disorder or disability of the mind' were significantly more likely to be assessed under the MHA post implementation ($X^2 = 5.485$, $P = 0.018$; $X^2 = 24.962$, $P > 0.001$ respectively). There was no significant change post implementation in terms of the diagnostic category of detained patients.

Conclusions In the first three years post implementation, the 2007 Act did not facilitate the compulsory care of patients with PDs, sexual deviance and LDs.

Opening the Black Box of Cognitive-Behavioural Case Management in Ultra-High Risk for Psychosis Clients: A secondary analysis of the Neurapro study.

Yung A, Hartmann J, McGorry P, Schmidt S, Amminger P, Yuen HP, Markuley C, Berger G, Chen E, de Haan L, Hickie I, Lavoie, McHugh M, Mossaheb N, Nieman D, Nordentoft M, Riecher-Rössler A, Schäfer M, Schlögelhofer M, Smesny S, Thompson A, Verma S K, Nelson B

Abstract

Background Cognitive Behavioural Therapy (CBT) is the first-choice treatment in the ultra-high risk (UHR) for psychosis group. However, CBT is an umbrella term for a plethora of different strategies, and little is known about the association between intensity and content of CBT and severity of symptomatic outcome.
Methods A sample of 268 UHR participants received six months of cognitive behavioural therapy with case management (CBCM) in the context of the multi-centre Neurapro trial with monthly assessments of attenuated psychotic symptoms (APS). Using multilevel regressions and controlling for initial severity of APS, the association between (1) number of CBCM sessions received and severity of APS, and (2) specific CBCM components and severity of APS, were investigated.
Results In Month 1, a higher number of sessions and more assessment of symptoms predicted an increase of APS, while in Month 3, a higher number of sessions and more monitoring predicted a decrease in level of APS. More therapeutic focus on APS predicted an increase of APS overall.
Conclusions Our findings indicate that the association between intensity/content of CBCM and severity of APS in a sample of UHR participants depends on time in treatment. CBCM may positively impact severity of APS later in the course of treatment. Therefore, it would seem important to keep UHR young people engaged in treatment beyond this initial period. Regarding the specific content of CBCM, a therapeutic focus on APS may not necessarily be beneficial in reducing the severity of APS, a possibility in need of further investigation.

Compassion focused therapy for eating disorders: A qualitative review and recommendations for further applications

Steindl S, Buchanan K, Goss, Allan S

Abstract

Background People suffering from an eating disorder (ED), or more generally with eating, body image, and weight concerns, have been found to experience high levels of self-criticism, self-directed hostility, and shame. Furthermore, these individuals tend to have difficulties generating and activating affiliative and self-soothing emotions.
Methods Compassion focused therapy (CFT) specifically addresses these issues, and CFT for eating disorders (CFT-E) was designed to incorporate the development and practice of compassion for self and others into standard ED treatment programs to assist with these issues.
Results This article describes (1) the theoretical rationale for cultivating compassion for self and others as part of ED treatment, (2) the adaptation and incorporation of CFT-E within ED treatment programs, and (3) a qualitative review of the current evidence base for CFT-E.

Conclusions Finally, the article will explore recent and potential future developments in CFT-E, and recommendations for the use of CFT-E in clinical practice, including its application for those who present with other eating and weight concerns (such as being overweight or obese), and various modes of inpatient and community-based delivery.

Bipolar at-risk criteria: an examination of which clinical features have optimal utility for identifying youth at risk of early transition from depression to bipolar disorders

Scott J, Marwaha S, Ratheesh A, Macmillan I, Yung R, Morriss R, Hickie I, Bendolf A

Abstract

Background A clinical and research challenge is to identify which depressed youth are at risk of "early transition to bipolar disorders (ET-BD)." This 2-part study (1) examines the clinical utility of previously reported BD at-risk (BAR) criteria in differentiating ET-BD cases from unipolar depression (UP) controls; and (2)

estimates the Number Needed to Screen (NNS) for research and general psychiatry settings.

Methods Fifty cases with reliably ascertained, ET-BD I and II cases were matched for gender and birth year with 50 UP controls who did not develop BD over 2 years. We estimated the clinical utility for finding true cases and screening out non-cases for selected risk factors and their NNS. Using a convenience sample (N = 80), we estimated the NNS when adjustments were made to account for data missing from clinical case notes.

Results Sub-threshold mania, cyclothymia, family history of BD, atypical depression symptoms and probable antidepressant-emergent elation, occurred significantly more frequently in ET-BD youth. Each of these "BAR-Depression" criteria demonstrated clinical utility for screening out non-cases. Only cyclothymia demonstrated good utility for case finding in research settings; sub-threshold mania showed moderate utility. In the convenience sample, the NNS for each criterion ranged from ~4 to 7.

Conclusions Cyclothymia showed the optimum profile for case finding, screening and NNS in research settings. However, its presence or absence was only reported in 50% of case notes. Future studies of ET-BD instruments should distinguish which criteria have clinical utility for case finding vs screening.

On Psychiatry Unlocked

Perry B, Singh S

Abstract

In response to The Lancet Psychiatry Editorial1 entitled "Psychiatry unlocked" (April, p 261), we respectfully submit that modern UK psychiatry has managed to find a reasonable compromise between compassion and coercion.

http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(17)30208-0/abstract

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Research and practice for ultra-high risk for psychosis: A national survey of early intervention in psychosis services in England

Stain H, Mawn L, Commons S, Thompson A

Abstract

Background Evidence from meta-analyses of randomized clinical trials show interventions for young people at ultra-high risk (UHR) of developing psychosis are effective both clinically and economically. While research evidence has begun to be integrated into clinical guidelines, there is a lack of research on the implementation of these guidelines. This paper examines service provision for UHR individuals in accordance with current clinical guidelines within the National Health Service (NHS) in England.

Method A self-report online survey was completed by clinical leaders of early intervention in psychosis (EIP) teams (N = 50) within the NHS across England.

Results Of the 50 EIP teams responding (from 30 NHS trusts), 53% reported inclusion of the UHR group in their service mandate, with age range predominantly 14 to 35 years (81%) and service provided for at least 12 months (53%). Provision of services according to NICE clinical guidelines showed 50% of services offered cognitive behavioural therapy (CBT) for psychosis, and 42% offered family intervention. Contrary to guidelines, 50% of services offered antipsychotic medication. Around half of services provided training in assessment by Comprehensive Assessment of At Risk Mental States, psycho-education, CBT for psychosis, family work and treatment for anxiety and depression.

Conclusions Despite clear evidence for the benefit of early intervention in this population, current provision for UHR within EIP services in England does not match clinical guidelines. While some argue this is due to a lack of allocated funding, it is important to note the similar variable adherence to clinical guidelines in the treatment of people with established schizophrenia.

Associated illness severity in schizophrenia and diabetes mellitus: A systematic review

Perry B, Salimkumar D, Green D, Meakin A, Gibson A, Mahajan D, Tahir T, Singh S

Abstract

Objective We aimed to elucidate whether schizophrenia and type II diabetes mellitus may present with associated illness severity, in light of accumulating evidence to suggest both conditions have important shared inflammatory components with many shared inflammatory genetic factors.

Methods We conducted a systematic review employing PRISMA criteria, searching EMBASE, Ovid MEDLINE, PsychInfo, Web of Science and Google Scholar to February 1st, 2017, for clinical studies assessing schizophrenia severity alongside dysglycaemia. A narrative synthesis was employed to discuss and compare findings between studies.

Results Eleven observational studies were included in the analysis. Ten presented evidence in support of an association between schizophrenia severity and dysglycaemia. This association appeared particularly strong regarding

negative symptomatology and impaired cognitive function, between which there may be some overlap. Studies examining positive symptomatology returned mixed results.

Conclusion Whilst study design varied amongst the included studies, the results suggest that further work examining the effect of hyperglycaemia on schizophrenia severity may be relevant, particularly longitudinal studies assessing negative symptomatology and cognitive function. To the authors' knowledge, this is the first systematic review conducted to address this question.

https://www.ncbi.nlm.nih.gov/pubmed/28628790

P026 Neisseria gonorrhoeae (GC): changing pattern of antibiotic sensitivity and persistence of DNA detection 2007 – 2016

Young S, Bopitiya S, Allan S

Abstract

Introduction Nucleic acid amplification testing (NAAT) is used in GUM clinics to diagnose GC infection; however its in-built sensitivity potentially detects DNA from non-viable organisms following successful treatment. BASHH guidelines stipulate that test of cure with NAAT (TOC) should take place 2 weeks post-treatment. This study aims to determine whether this is an adequate time interval to perform TOC. We also analysed the changing pattern of antibiotic sensitivity between 2007 – 2016.
Methods All GC cases at our clinic between 01/01 and 30/06 in 2007–2016 were identified, assessed for antibiotic sensitivity and analysed for TOC data from 2013–2016.
Results Of 131 cases in 2016, culture and sensitivities were available for 80, with TOC in 63.
TOC was performed between 6 and 77 days post-treatment with mean, median and mode of 18, 14 and 14 days respectively.
Discussion No cultures were resistant to ceftriaxone. This is the first year a case has shown reduced susceptibility to 4 antibiotic groups. From 2015-2016 there has been an increase in GC fully sensitive to the antibiotic testing panel.

http://sti.bmj.com/content/93/Suppl_1/A26.1

P033 Improving clinical standards in GU medicine: a retrospective audit of neisseria gonorrhoeae

Young S, Bopitiya S, Allan S

Abstract

Introduction We present a retrospective analysis of clinic performance in the 5 domains of management and treatment of Neisseria gonorrhoeae (GC) according to current British Association of Sexual Health and HIV (BASHH) guidelines.
Methods All cases of GC diagnosed at our clinic between 1st January and 30th June 2016 were identified. The case notes were reviewed and assessed against current BASHH criteria. This was compared with data from the same clinic for the same six months (1st January to 30th June) in 2007-2015.
Results 87% of patients treated for GC were recommended to have a test of cure (TOC) (61% had a TOC.). 100% of with GC were screened for Chlamydia trachomatis or received presumptive treatment for this. 88% of patients with GC had partner notification carried out. 56% of patient's received written information about GC. 97% of patients with GC received 1st line treatment, or the reason for not doing so was documented.
Discussion We have demonstrated consistent improvement in 2 of the 5 domains compared with previous years' data. Recommending a test of cure, partner notification and offering patient information leaflets have decreased over the last year. To address this, teaching sessions were carried out and a quality improvement project to ensure patient information leaflets are offered is underway. Further staff training and awareness of management of N.gonorrhoeae will be addressed on a regular basis and a re-audit is recommended next year.

The longitudinal association between external locus of control, social cognition and adolescent psychopathology

Sullivan S, Thompson A, Kouanli D, Lewis G, Zammit S

Abstract

Purpose To investigate the longitudinal associations between social cognitive ability an external locus of control (externality) and adolescent psychopathology.
Methods 7058 participants from a prospective population-based cohort provided data on externality, social communication, and emotion perception between 7 and 16 years and psychotic experiences and depressive symptoms at 12 and 18 years. Bivariate probit modelling was used to investigate associations between these risk factors and psychopathological outcomes.
Results Externality was associated with psychopathology at 12 (psychotic experiences OR 1.23 95% CI 1.14, 1.33; depression OR 1.12 95% CI 1.02, 1.22) and 18 years (psychotic experiences OR 1.38 95% CI 1.23, 1.55; depression OR 1.40 95% CI 1.28, 1.52). Poor social communication was associated with depression at both ages (12 years OR 1.22 95% CI 1.11, 1.34; 18 years OR 1.21 95% CI 1.10,

1.33) and marginally associated with psychotic experiences. There was marginal evidence of a larger association between externality and psychotic experiences at 12 years (p = 0.06) and between social communication and depression at 12 years (p = 0.03).

Conclusions Externality was more strongly associated with psychotic experiences. At 18 years change in externality, between 8 and 16 years were associated with a larger increase in the risk of depression. Poor social communication was more strongly associated with depression.

https://link.springer.com/article/10.1007%2Fs00127-017-1359-z

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Long-term employment among people at ultra-high risk for psychosis.

Cotter J, Lin A, Drake R, Thompson A, Nelson B, McGorry P, Wood S, Yung A

Abstract

Background Psychotic disorders are associated with high rates of sustained unemployment, however, little is known about the long-term employment outcome of people at ultra-high risk (UHR) of developing psychosis. We sought to investigate the long-term unemployment rate and baseline predictors of employment status at follow-up in a large UHR cohort.

Method 268 UHR patients recruited from the Personal Assessment and Crisis Evaluation clinic in Melbourne, Australia were followed-up over 2–14 years after initial presentation to the service. Individuals in no form of employment or education were classed as unemployed. Logistic regression analyses were used to examine predictors of employment outcome.

Results A high rate of unemployment was present at follow-up in this UHR sample (23%). At baseline, those who were unemployed at follow-up had a longer duration of untreated illness, more severe negative symptoms, lower IQ, poorer social and occupational functioning and reported more childhood trauma than the employed group. At follow-up, unemployed individuals exhibited significantly more severe symptoms on all measures and were more likely to have been diagnosed with a mood, anxiety, psychotic or substance use disorder. Childhood trauma and the duration of untreated illness at baseline were significant independent predictors of employment status at follow-up in the multivariate analyses.

Conclusions Nearly a quarter of this UHR sample was unemployed at long-term follow-up. The duration of untreated illness and the effects of childhood trauma are potentially modifiable risk factors for long-term employment outcome in this group. Vocational support may be beneficial for many UHR patients presenting to services.

Response to letters by Baethge et al. and Martino et al

Marwaha S. Thompson A

No Abstract

Using directed acyclic graphs in epidemiological research in psychosis: an analysis of the role of bullying in psychosis

Moffa G, Catone G, Kuipers J, Kuipers E, Freeman D, Marwaha S, Lennox B, Broome M, Bebbington P

Abstract

Modern psychiatric epidemiology researches complex interactions between multiple variables in large datasets. This creates difficulties for causal inference. We argue for the use of probabilistic models represented by directed acyclic graphs (DAGs). These capture the dependence structure of multiple variables and, used appropriately, allow more robust conclusions about the direction of causation. We analyzed British national survey data to assess putative mediators of the association between bullying victimization and persecutory ideation. We compared results using DAGs and the Karlson-Holm-Breen (KHB) logistic regression commands in STATA. We analyzed data from the 2007 English National Survey of Psychiatric Morbidity, using the equivalent 2000 survey in an instant replication. Additional details of methods and results are provided in the supplementary material. DAG analysis revealed a richer structure of relationships than could be inferred using the KHB logistic regression commands. Thus, bullying had direct effects on worry, persecutory ideation, mood instability, and drug use. Depression, sleep and anxiety lay downstream, and therefore did not mediate the link between bullying and persecutory ideation. Mediation by worry and mood instability could not be definitively ascertained. Bullying led to hallucinations indirectly, via persecutory ideation and depression. DAG analysis of the 2000 dataset suggested the technique generates stable results. While causality cannot be fully determined from cross-sectional data, DAGs indicate the relationships providing the best fit. They thereby advance investigation of the complex interactions seen in psychiatry, including the mechanisms underpinning psychiatric symptoms. It may consequently be used to optimize the choice of intervention targets.

Male professional footballers' experiences of mental health difficulties and help-seeking

Wood S, Harrison L, Kucharska J

Abstract

Objectives Male professional footballers (soccer) represent an at-risk population of developing mental health difficulties and not accessing professional support. One in four current footballers report mental health difficulties. Higher prevalence is reported after retirement. This qualitative study aimed to provide in-depth insight into male professional footballers' lived experiences of mental health difficulties and help-seeking.
Methods Seven participants were interviewed. Data were analysed using interpretative phenomenological analysis.
Results One superordinate theme emerged; 'Survival'. This related to survival in the professional football world, of mental health difficulties and after transition into the 'real world'. Six subordinate themes are explored alongside literature pertaining to male mental health, identity, injury, transition, and emotional development. Shame, stigma, fear and level of mental health literacy (knowledge of mental health and support) were barriers to help-seeking.
Conclusion Support for professional footballers' mental wellbeing requires improvement. Recommendations are made for future research, mental health education and support

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Moods in clinical depression are more unstable than severe normal sadness

Bowen R, Peters E, Marwaha S, Baetz M, Balbuena L

Abstract

Objectives Current descriptions in psychiatry and psychology suggest that depressed mood in clinical depression is similar to mild sadness experienced in everyday life, but more intense and persistent. We evaluated this concept using measures of average mood and mood instability (MI).
Method We prospectively measured low and high moods using separate visual analog scales twice a day for seven consecutive days in 137 participants from four published studies. Participants were divided into a non-depressed group with a Beck Depression Inventory score of ≤ 10 ($n = 59$) and a depressed group with a Beck Depression Inventory score of ≥ 18 ($n = 78$). MI was determined by the mean square successive difference statistic.

Results Mean low and high moods were not correlated in the non-depressed group but were strongly positively correlated in the depressed group. This difference between correlations was significant. Low MI and high MI were weakly positively correlated in the non-depressed group and strongly positively correlated in the depressed group. This difference in correlations was also significant.
Conclusion The results show that low and high moods, and low and high MI, are highly correlated in people with depression compared with those who are not depressed. Current psychiatric practice does not assess or treat MI or brief high mood episodes in patients with depression. New models of mood that also focus on MI will need to be developed to address the pattern of mood disturbance in people with depression.

http://journal.frontiersin.org/article/10.3389/fpsyt.2017.00056/full

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Letter to the Editor: Lipid profile disturbances in antipsychotic-naive patients with first-episode non-affective psychosis

Perry B, Singh S

No Abstract

Depression and schizophrenia: cause, consequence or trans-diagnostic issue?

Upthegrove R, Marwaha S, Birchwood M

Abstract

The presence of depression in schizophrenia has been a challenge to the Kraepelinian dichotomy, with various attempts to save the fundamental distinction including evoking and refining diagnoses such as schizoaffective disorder. But the tectonic plates are shifting. Here we put forward a summary of recent evidence regarding the prevalence, importance, possible aetiological pathways and treatment challenges that recognizing depression in schizophrenia bring. Taken together we propose that depression is more than comorbidity and that increased effective therapeutic attention to mood symptoms will be needed to improve outcomes and to support prevention.

Effect of immediate initiation of antiretroviral therapy on risk of severe bacterial infections in HIV-positive people with CD4 cell counts of more than 500 cells per µL: secondary outcome results from a randomised controlled trial

O'Connor J, Vjecha M, Phillips A, Angus B, Cooper D, Grinsztejn B, Lopardo G, Das S, Wood R, Wilkin A, Klinker H, Kantipong P, Klingman K, Jilich D, Herieka E, Denning E, Abubakar I, Gordin F, Lundgren J

Abstract

The effects of antiretroviral therapy on risk of severe bacterial infections in people with high CD4 cell counts have not been well described. In this study, we aimed to quantify the effects of immediate versus deferred ART on the risk of severe bacterial infection in people with high CD4 cell counts in a preplanned analysis of the START trial.

http://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(16)30216-8/fulltext

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The access and waiting-time standard for first episode psychosis: an opportunity for identification and treatment of psychosis risk states?

Whale R, Thompson A, Fraser R

Abstract

Expansion of early intervention services to identify and clinically manage at-risk mental state for psychosis has been recently commissioned by NHS England. Although this is a welcome development for preventive psychiatry, further clarity is required on thresholds for definition of such risk states and their ability to predict subsequent outcomes. Intervention studies for these risk states have demonstrated that a variety of interventions, including those with fewer adverse effects than antipsychotic medication, may potentially be effective but they should be interpreted with caution.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5288084/pdf/pbrcpsych_41_1_001.pdf

Comparison of self-collected meatal swabs with urine specimens for the diagnosis of Chlamydia trachomatis and Neisseria gonorrhoeae in men

Berry L, Stanley B

Abstract

Purpose Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) are common bacterial causes of sexually transmitted infections. Self-taken meatal swabs are a possible alternative to urine samples in testing for infection; however, the data surrounding their use are limited.
Methodology We carried out a prospective service review in a large sexual health clinic comparing urine samples and self-taken meatal swabs in men presenting for sexual transmissible infection screening for CT and GC with the BD Viper XTR system.
Results We found an overall prevalence of 10.5 % for CT infections and 4.2 % for GC infections in our patient population. Meatal swab testing had a sensitivity and specificity of 91 and 99 % with an negative predictive value (NPV) of 99 % and a positive predictive value (PPV) of 96 % for CT testing compared to a sensitivity and specificity of 100 and 99 % with an NPV of 100 % and a PPV of 98 % for urine samples. The sensitivity and specificity of meatal swabs was 100 and 99 %, respectively, for GC detection with an NPV of 100 % and PPV of 89 % compared to urine which had 93 % sensitivity and 99 % specificity with an NPV and PPV of 99 and 93 %, respectively.
Conclusions Meatal samples were not inferior to urine samples for the detection of CT and GC. Male urethral meatal self-sampling offers an alternative sample type when compared to male urine specimens.

The sleep phenotype of Borderline Personality Disorder: A systematic review and meta-analysis

Winsper C, Tang N, Marwaha S, Lereya S, Gibbs M, Thompson A, Singh S

Abstract
Aim To delineate the sleep profile of Borderline Personality Disorder (BPD).
Method A meta-analysis to synthesise findings on the objective and subjective sleep characteristics of BPD.
Results We identified 32 studies published between 1980 and December 2015. Meta-analysis indicated significant differences between BPD and healthy control groups across objective sleep continuity (sleep onset latency, total sleep time, sleep efficiency) and architecture (rapid eye movement latency/density, slow wave sleep)

measures, and self-reported sleep problems (nightmares, sleep quality). Findings were independent of depression (in clinical and community populations), and concomitant psychotropic medication use. There were few significant differences between BPD and clinical (majority depressed) control groups.
Conclusion BPD is associated with comparable sleep disturbances to those observed in depression. These disturbances are not solely attributable to comorbid depression. Given growing evidence that sleep disturbance may exacerbate emotional dysregulation and suicide risk, treatments for BPD should explicitly address sleep problems. Future studies should utilise prospective designs to ascertain whether (and in which circumstances) sleep problems predate or follow the onset of the disorder.

Exploring professionals' understanding, interpretation and implementation of the 'appropriate medical treatment test' in the 2007 amendment of the Mental Health Act 1983

Perry B, Champaneri N, Griffiths F, Paul M, Islam Z, Rugkåsa J, Burns T, Tyrer P, Crawford M, Deb S, Singh S

Abstract

Background The appropriate medical treatment test (ATT), included in the Mental Health Act (MHA) (1983, as amended 2007), aims to ensure that detention only occurs when treatment with the purpose of alleviating a mental disorder is available.
Aims As part of the Assessing the Impact of the Mental Health Act (AMEND) project, this qualitative study aimed to assess professionals' understanding of the ATT, and its impact on clinical practice.
Method Forty-one professionals from a variety of mental health subspecialties were interviewed. Interviews were coded related to project aims, and themes were generated in an inductive process.
Results We found that clinicians are often wholly relied upon for the ATT. Considered treatment varied depending on the patient's age rather than diagnosis. The ATT has had little impact on clinical practice.
Conclusions Our findings suggest the need to review training and support for professionals involved in MHA assessments, with better-defined roles. This may enable professionals to implement the ATT as its designers intended.

http://bjpo.rcpsych.org/content/3/1/57

Informed consent in the context of research involving acute injuries and emergencies

Costa M, Tutton E, Achten J, Grant R, Slowther A

Abstract

Traditionally, informed consent for clinical research involves the patient reading an approved Participant Information Sheet, considering the information presented and having as much time as they need to discuss the study information with their friends and relatives, their clinical care and the research teams. This system works well in the 'planned' or 'elective' setting. But what happens if the patient requires urgent treatment for an injury or emergency? This article reviews the legal framework which governs informed consent in the emergency setting, discusses how the approach taken may vary according to the details of the emergency and the treatment required, and reports on the patients' view of providing consent following a serious injury. We then provide some practical tips for managing the process of informed consent in the context of injuries and emergencies

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Flexible assertive community treatment (FACT) model in specialist psychosis teams: an evaluation

Sood L, Owen A, Onyon R, Sharma A, Nigriello J, Markham D, Seabrook H

Abstract

Aims and method The impact of flexible assertive community treatment (FACT) has been observed in people previously supported by assertive community treatment (ACT) teams, but its effect on those previously with a community mental health team (CMHT) has not been studied in the UK. An observational study was conducted of 380 people from 3 CMHTs and 95 people from an ACT team, all with a history of psychosis, following service reconfiguration to 3 FACT teams
Results People previously with a CMHT required less time in hospital when the FACTmodel was introduced. A smaller reduction was observed in people coming from the ACT team. Both groups required less crisis resolution home treatment (CRHT) team input.
Clinical implications FACT may be a better model than standard CMHT care for people with a history of psychosis, as a result of reduced need for acute (CRHT and in-patient) services.

Examining the association between social cognition and functioning in individuals at ultra-high risk for psychosis

Cotter J, Bartholomeusz C, Papas A, Allott K, Nelson B, Yung A, Thompson A

Abstract

Objective Social and role functioning are compromised for the majority of individuals at ultra-high risk of psychosis, and it is important to identify factors that contribute to this functional decline. This study aimed to investigate social cognitive abilities, which have previously been linked to functioning in schizophrenia, as potential factors that impact social, role and global functioning in ultra-high risk patients.
Method A total of 30 ultra-high risk patients were recruited from an established at-risk clinical service in Melbourne, Australia, and completed a battery of social cognitive, neurocognitive, clinical and functioning measures. We examined the relationships between all four core domains of social cognition (emotion recognition, theory of mind, social perception and attributional style), neurocognitive, clinical and demographic variables with three measures of functioning (the Global Functioning Social and Role scales and the Social and Occupational Functioning Assessment Scale) using correlational and multiple regression analyses.
Results Performance on a visual theory of mind task (visual jokes task) was significantly correlated with both concurrent role and global functioning. In multivariate analyses, it also accounted for unique variance in global, but not role functioning after adjusting for negative symptoms and stress. Social functioning was not associated with performance on any of the social cognition tasks.
Conclusion Among specific social cognitive abilities, only a test of theory of mind was associated with functioning in our ultra-high risk sample. Further longitudinal research is needed to examine the impact of social cognitive deficits on long-term functional outcome in the ultra-high risk group. Identifying social cognitive abilities that significantly impact functioning is important to inform the development of targeted intervention programmes for ultra-high risk individuals.

Effect of ω-3 Polyunsaturated Fatty Acids in Young People at Ultrahigh Risk for Psychotic Disorders: The NEURAPRO Randomized Clinical Trial

Mcgorry P, Nelson B, Markulev C, Yuen H.P, Schäfer M, Mossaheb N, Schlögelhofer M, Smesny S, Hickie I, Berger G, Chen E, de Haan L, Nieman D, Nordentoft,M, Riecher-Rössler,A, Verma S, Thompson A Yung,A. Amminger,G

Abstract

Importance A promising treatment to prevent onset and improve outcomes in patients at ultrahigh risk for psychosis is dietary supplementation with long-chain ω-3 polyunsaturated fatty acids (PUFAs).

Objective To determine whether treatment with ω-3 PUFAs in combination with a high-quality psychosocial intervention (cognitive behavioral case management [CBCM]) is more effective than placebo plus CBCM.

Design, Setting, and Participants NEURAPRO, a double-blind, placebo-controlled, randomized clinical trial, was conducted from March 1, 2010, to September 30, 2014, in 10 specialized early psychosis treatment services in Australia, Asia, and Europe. The primary analysis used the intention-to-treat approach.

Interventions A daily dose of 1.4 g of ω-3 PUFAs or placebo (paraffin oil), plus 20 or fewer sessions of CBCM over the 6-month study period.

Main Outcomes and Measures The primary outcome was transition to psychosis status at 6 months. The secondary outcomes were general levels of psychopathology and functioning, as assessed by the Brief Psychiatric Rating Scale (BPRS) (range, 24-168), Scale for the Assessment of Negative Symptoms (SANS) (range, 0-125), Montgomery-Åsberg Depression Rating Scale (MADRS) (range, 0-60), Young Mania Rating Scale (YMRS) (range, 0-44), Social and Occupational Functioning Assessment Scale (SOFAS) (range, 0-100), and the Global Functioning: Social and Role scale (range, 0-10). For SOFAS and Global Functioning: Social and Role scale, higher scores were better; for other measures, lower scores were better.

Results In this study of 304 adults at ultrahigh risk for psychotic disorders, 153 (50.3%) received ω-3 PUFAs and 151 (49.7%) received placebo. In all, 139 (45.7%) were male; mean (SD) age was 19.1 (4.6) years. The Kaplan-Meier–estimated 6-month transition rates were 5.1% (95% CI, 1.3%-8.7%) in the control group and 6.7% (95% CI, 2.3%-10.8%) in the ω-3 PUFA group. At 12 months, the rates were 11.2% (95% CI, 5.5%-16.7%) in the control group and 11.5% (95% CI, 5.8%-16.9%) in the ω-3 PUFA group. No significant difference was observed between the transition rates of both groups (hazard ratio, 1.1; 95% CI, 0.55-2.23; P = .76, stratified log-rank test).

Conclusions and Relevance This trial clearly failed to replicate the findings of the original single-center trial. The most likely explanation is that ω-3 PUFAs lack efficacy under these conditions. However, the lower-than-expected transition rate may have prevented a test of the main hypothesis. Given the substantial symptomatic and functional improvement in both groups, the other treatments received (ie, CBCM and antidepressants) likely produced a ceiling effect beyond which ω-3 PUFAs, even if effective, could not be shown to confer additional benefits.

Nevertheless, the main conclusion is that ω-3 PUFAs are not effective under conditions where good quality, evidence-based psychosocial treatment is available.

First-episode psychosis and abnormal glycaemic control - Authors' reply

Perry B, Singh S

No Abstract

http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30411-4/fulltext

Are neurocognitive factors associated with repetition of self-harm? A systematic review

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Abstract

Background Prediction of self-harm is limited clinically. Early identification of individuals likely to repeat self-harm could improve outcomes and reduce suicide risk. Various neurocognitive deficits have been found in people who self-harm, but the ability of these to predict repetition has yet to be established AIMS: Identify neurocognitive factors that may predict repetition of self-harm.
Methods Systematic narrative review of English language publications assessing neurocognitive functioning and self-harm repetition, searching multiple databases from inception to March 2015. Quality of studies was appraised. A narrative synthesis was performed.
Results 7026 unique records were identified, and 169 full-texts assessed. 15 unique studies provided data. No imaging studies could be included. Most studies assessed cognitive control or problem solving, but neither factor was consistently associated with repetition. However, specific tasks may show promise. Two studies in adolescents suggest that value-based decision-making impairments could be predictive of repetition. There were too few results for memory to draw specific conclusions.
Conclusions Selected studies suggest promise for particular neurocognitive factors and specific cognitive tasks in terms of repetition of self-harm.

http://www.sciencedirect.com/science/article/pii/S0149763416302160?via%3Dihub

Compiled by Wendy Townsend and Claire Bradley