van Rensburg B.J., Taljaard L., Wilson Z.
AN: 2015708967

Background: The impact that communication has on adherence, considering outcomes such as patient satisfaction and recall of the content of encounters with health care providers, has been extensively reported on in the literature. The South African Depression and Anxiety Group (SADAG) developed a specific communication intervention program, which was implemented in a local public sector setting. Objective: To investigate the attendance and medication adherence of patients at the specialist psychiatric outpatient clinic of the Helen Joseph Hospital in Johannesburg, before and after the pilot implementation of this program. Methods: Included quantitative and qualitative methodologies. The retrospective component included a review of participants' demographic and clinical profile and medication adherence. The prospective, qualitative component included structured pre- and post-questionnaires. Results: The typical participant was female (76%), older than 40 years (58.2%) and unemployed (74.2%). Comparing the study and control groups, the communication program resulted in a higher post-intervention booking ratio for the Study group, while the diagnostic category of participants were associated with their understanding of their medication. Discussion: Being mindful of the noted limitations of this pilot project, the SADAG program or similar communication intervention strategy, should be a standard operational procedure in local South African state sector clinics.

Institution
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2.
The African, Caribbean and European (ACE) Pathways to Care study: A qualitative exploration of similarities and differences between African-origin, Caribbean-origin and European-origin groups in pathways to care for psychosis.
AN: 2015702690
Objectives: This paper reports on a qualitative exploration of the reasons for differences in pathways to care and duration of untreated psychosis (DUP) in the African, Caribbean and European (ACE) Pathways to Care study from the perspective of respondents to the study and their families. Setting: Ontario, Canada. Participants: Thirty-four participants in total. Twenty-five young people who had experienced a first episode of psychosis and nine family members. Participants were part of the ACE Pathways to Care study. Design: We implemented six focus groups. Furthermore, we implemented four in-depth interviews with two African-origin young women, one Caribbean-origin woman, and one European-origin woman with lived experience of psychosis. Results: Factors that influenced help-seeking delays across the three groups were: personal awareness of symptoms, family members’ knowledge of psychotic symptoms and knowledge of mental health services. Youth and their family members described how stigma played a key role in pathways to care by stopping them from asking for help. The way in which stigma operated on the three groups’ members, from feeling ashamed to feeling guilty for their mental illnesses, helped to explain differences in DUP between the groups. Guilt feelings emerged as a prominent theme among members from the African and Caribbean groups and it was not discussed in the European focus group. Delay in entering into first-episode psychosis programmes was also influenced by the stigma perceived by young people in healthcare settings. This had an impact on the therapeutic relationships, disclosure of symptoms and overall trust in the healthcare system. Conclusions: The findings of this paper suggest that stigma, especially internalised stigma, may operate in different ways in European-origin, African-origin and Caribbean-origin groups. These findings could inform the development of more equitable services for people in early stages of psychosis.
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Publisher
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3.
Renal transplantation and psychiatry: Connecting and missing links.
Jana A.K., Paul N., Sarkhel S., Praharaj S.K., Sanyal D.
Date of Publication: January 2015.
AN: 71769041
Introduction: Renal transplantation (RT) is an accepted mode of treatment of end stage renal disease (ESRD), providing a favorable outcome both in renal function as well as quality of life. There is a bidirectional interaction between Psychiatry and RT. ESRD itself may cause various behavioral disturbances. Transplantation is a potential source of stress, in the donor due to organ loss, who is also a relative of patient, in most cases. There are psychosocial issues like restrictions in lifestyle after transplantation, cost, and vocational changes. Moreover, use of steroids and other immunosuppresants after RT may directly cause psychiatric comorbidity. Psychiatric comorbidities have been described in other modes of transplantation as well. However, the sheer volume of patients in RT is higher, making it more relevant than others for studies on comorbidities. Psychiatric co-morbidities in renal transplantation in RT can arise out of stress of the procedure, change of lifestyle, introduction of new medications, or from their combinations. Depression and anxiety are the commonest, though psychosis is not rare. Symptoms are often precipitated or worsened by complications of illness e.g. rejection, rehospitalization or infection. Quality of life generally improve from pre RT level but worsens with onset of psychiatric illnesses. Treatment of psychiatric disorders in transplantation recipients is a therapeutic challenge. Many psychotropic drugs are unsuitable for use in renal impairment. Changes in pharmacokinetics, with reduced capacity of patients to excrete drugs and their metabolites, has to be considered along with possible interactions of psychotropics with other drugs that he may be receiving. It is also interesting to discuss as to what extent treatment of psychiatric disorders can alter outcome of transplantation. Legal issues: There is controversy in RT about legality of related and unrelated donors, with most states in India disallowing unrelated donors, except West Bengal. Another pertinent issue is cadaveric transplantation, which is being conducted nowadays though not very commonly. Research status and future directions: There is lack of research in psychiatry in this population. There are methodological difficulties in assessing psychiatric co-morbidities, though qualitative and quantitative research is being undertaken in some multi-disciplinary, tertiary hospitals in our country.
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Publisher
Medknow Publications
Lessons from the community care of street children.

Ahmed A.I., Barmi B.


AN: 71769022

Background: There are millions of children around the world living or working on the streets. Their struggle to survive is made even harder by high levels of drug use. A “hidden epidemic” of drug use has been described that “poses serious health threats.” (Braitstein P, 2013) Children and adolescents, even young children are seen walking around the streets with glue bottles essentially stuck to their noses which are essentially inhalants. Inhalants are cheap, are not regulated or illegal and easy to get. Street children also use alcohol, tobacco and marijuana. Street children abusing drugs can also have a much harder time reentering society. Once a child is addicted to something like glue, it makes it very difficult for them to go to school - have a normal family life. They are more likely to make their livelihood by illegal means (Unicef, 1984).

Street children have been a focus of attention for aid agencies and governments for sometime. Issues need to be identified and strategies developed for street children. Over the years there was little research specifically done on street kid drug abuse. That prompted this work and the resultant study.

Objectives 1. To study the intervention strategies of the Center and make suitable recommendations 2. To study the sociodemographic patterns and Neuropsychiatric morbidity of the street children with drug abuse. Methodology: 40 children were surveyed and data collected on street children’s familial, socio-economic, migrational and educational backgrounds. It further explored their health status, MSE and psychometry. The nature of work of this kind made data collection an essentially emergent process, yielding reliable qualitative information from extensive interview and case study material. Interviewee location was the NGO Center.

Results: The major concern of the NGO being the constant state of intoxication due to substance abuse the center had the policy of getting substances deposited before the children begin the day, it is challenging to control their use. Current strategy of intervention or tackling the children involved one on one negotiation with the child. Of most benefit was the attachment bond created between the centre care giver and the child, However it was observed that the same was being taken advantage of by the children for secondary gains. Of advantage was also the some of the regular routine events such as morning bath, clean clothes, afternoon lunch, music, tv, dance and other entertainment activities as well as education being provided which were independently or as a whole a source of extrinsic motivation for the children to return to the centre. Sociodemography and Neuro Psych morbidity- The subjects were all boys in the age group of 9-18 years. Most common drug of abuse was Tyre adhesive (Glue), cannabis and alcohol being others. The most common reasons were essentially peer pressure, the need to survive. One child was also using Smack. Conduct disorder, Drug induced mood disorder and drug induced psychotic disorder were found in a proportion of the subjects. One case of Bells Palsy was also detected. Conclusions: Neuropsych morbidity was quite high and behaviour management was difficult with frequent breakouts of fights and conflict amongst the children. In order to create an environment of fair
treatment for all as well as to manage difficult behaviour, contingency management, such as the
system of token economy, Contingency Management, Psychotherapy, Behavioural and
Emotional Management, and Constructive Scheduling of the Day were recommended. Those
children assessed with severe Substance Abuse and and those diagnosed with Substance
Induced Mood Disorders were referred for formal rehabilitative management at specialised
institutes.

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Medknow Publications

5. A phase II trial of BAY 43-9006 (sorafenib) (NSC-724772) in patients with relapsing and resistant
multiple myeloma: SWOG S0434.
Srkalovic G., Hussein M.A., Hoering A., Zonder J.A., Popplewell L.L., Trivedi H., Mazzoni S.,
Sexton R., Orlowski R.Z., Barlogie B.
AN: 2014915385
The authors assessed the overall response rate, including confirmed complete response (CR)
and partial response, in patients with relapsed/refractory multiple myeloma treated with sorafenib.
Qualitative and quantitative toxicities associated with this regimen were evaluated. Patients were
eligible if they had a confirmed diagnosis of refractory or relapsed (RR) multiple myeloma (MM)
with measurable monoclonal protein. Patients had to have adequate renal, hepatic, hematologic,
and cardiac function with a Zubrod performance status of 0-2. Patients were given 400 mg
sorafenib by mouth twice daily for 28-day treatment cycles. These patients were followed up for a
maximum of 3 years to assess responses and adverse events. Twenty-three patients were
enrolled. Of these, five were found to be ineligible for the following reasons: four had insufficient
documentation of the baseline disease and one patient did not have measurable disease. All
eighteen eligible patients were evaluable for toxicities. Three patients experienced grade 4
toxicities: one with thrombocytopenia, one with anemia, and one with renal failure. Four of the
eighteen eligible patients were not assessable for response due to removal from protocol
treatment prior to adequate disease assessment. Specifically, three were removed for either
grade 4 toxicity or progression of disease and one was removed per patient choice (due to
reasons unrelated to treatment). Of the 18 patients who were assessed for toxicities, 5 (27.8%)
reached at least one fully dosed cycle, 2 (11.1%) of whom had all cycles fully dosed. No
responses were observed on this study of the 14 patients who were assessable for response. All
patients have discontinued protocol treatment as of August 2008. Overall survival at 12 months
was 50% (95% CI 27-73%) and median progression-free survival was 1.2 months (95% CI 1.0-
5.4). The trial did not exhibit activity by the International Uniform Response Criteria for MM.
Further research should focus on combination therapy of sorafenib with standard treatments in
selected patients with RR MM. Phase II SWOG trial of multityrosine kinase inhibitor, sorafenib,
shown to have limited use as a single agent. Based on well-tolerated side effect profile and
mechanism of action, future studies should focus on the addition of sorafenib with current therapies.

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Publisher
Blackwell Publishing Ltd

6.
Body psychotherapy for the treatment of severe mental disorders - An overview.
Rohricht F.
Body, Movement and Dance in Psychotherapy. 10 (1) (pp 51-67), 2014. Date of Publication: 02 Jan 2015.
AN: 2014861508

The evidence base for the effectiveness of body psychotherapy (BPT) in the treatment of severe mental disorders has improved much over the last decade; both methodologically robust randomised controlled trials and also qualitative studies demonstrated how BPT can contribute substantially to the treatment portfolio and help address chronic conditions and disorder-specific psychopathology. This paper summarises how BPT is utilised for the treating a range of severe mental disorders including mania and schizophreniform psychosis, personality disorder and severe anxiety as well as depressive disorders. The intervention strategies are related to specific body-oriented phenomena, i.e. disturbances of body experience and body-mind regulation disorders; the approaches are described in the context of a new theoretical paradigm of BPT as embodied and embedded relational psychotherapy, aiming to facilitate improved self/affect regulation. For each specific illness, a short sketch of the cardinal symptoms and body image phenomenology is followed by a summary of disorder-specific intervention strategies of BPT for severe mental illness.

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Publisher
Taylor and Francis Ltd.

The Recovery-Oriented Decisions for Relatives' Support (REORDER) intervention is an innovative, manualized protocol utilizing shared decision-making principles with military veterans who have serious mental illnesses to promote recovery and encourage consideration of family involvement in care. This treatment study by Dixon et al. (2014) compared REORDER to enhanced treatment as usual in a randomized design. This qualitative sub-study sought to understand the nuances of the decision-making process of including family members through in-depth interviews with veterans who were randomized to REORDER. The qualitative themes support the willingness of the interviewed veterans who have previously not included family members to situate themselves at the center of their care and deliberate through facilitated conversation, the pros and cons of involving family. REORDER brings a fresh perspective to adapting recovery principles into family-based interventions.

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Publisher Routledge


Objectives: The objective of this study was to investigate attitudinal themes to antipsychotic long-acting injections (LAIs) in patients in an early intervention team (EIT). Methods: Interviews were carried out with outpatients purposively sampled from an EIT to represent patients currently prescribed antipsychotic LAIs, oral antipsychotics and those not prescribed antipsychotic
medication. Interviews were conducted and analysed according to grounded theory. Recruitment stopped when saturation of themes was reached. Results: Interviews from 11 patients were analysed (median age 24 years). Attitudes to LAIs were condensed into three key categories: therapeutic alliance and the psychiatrists' recommendation of antipsychotic medication; patients' knowledge and beliefs about LAIs; and patients' views regarding the appropriateness of LAIs. Participants valued their psychiatrist's recommendation as to the most appropriate antipsychotic.

Attitudes to LAIs varied but were most positive among those currently receiving a LAI. Among those not prescribed LAIs, some were open to considering a LAI if their clinician recommended it but others were opposed to such treatment and preferred tablets. There was a lack of awareness of LAIs as a treatment option among those not prescribed a LAI. Delay in being offered a LAI was reported in the group currently prescribed a LAI. Several participants associated oral antipsychotics, LAIs and mental illness with stigma. Some not prescribed a LAI had misperceptions about the nature of this treatment. Participants regarded the advantages of LAIs as convenience and avoiding forgetting to take tablets, while disadvantages included injection pain, fear of needles and coercion. Conclusion: Lack of knowledge, misperceptions and stigma related to LAIs and other treatment options should be addressed by providing patients with accurate information. This will facilitate patients being involved in choices about treatment, and should they decide to accept medication, which drug and formulation is most appropriate for their needs. Clinicians should avoid making assumptions about patients' attitudes to LAIs; attitudes vary but some early intervention patients not prescribed LAIs are open to considering this treatment. Antipsychotic prescribing should result from a shared decision-making process in which clinicians and patients openly discuss the pros and cons of different formulations and drugs. The themes identified in this qualitative study require further exploration using quantitative methodology.

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9.
A qualitative study of career exploration among young adult men with psychosis and co-occurring substance use disorder.
Luciano A., Carpenter-Song E.A.
AN: 2014874887
Objective: This article explores the meaning and importance of career exploration and career development in the context of integrated treatment for young adults with early psychosis and substance use disorders (i.e., co-occurring disorders). Methods: Twelve young adult men (aged 18 to 35 years) with co-occurring disorders recruited from an integrated treatment center
completed a series of three semi-structured in-depth qualitative interviews. Data were transcribed verbatim and analyzed using thematic analysis. Purposive sampling ensured participants represented a range of substance abuse treatment stages. Results: Participants had a mean age of 26 (SD = 3) and identified as White. Two-thirds of participants (n = 8, 67%) had diagnosed schizophrenia-spectrum disorders, three (25%) had bipolar disorder, and one (8%) had major depression; four (33%) also had a co-occurring anxiety disorder. The most common substance use disorders involved cannabis (n = 8, 67%), cocaine (n = 5, 42%), and alcohol (n = 5, 42%). These young adult men with co-occurring disorders described past jobs that did not align with future goals as frustrating and disempowering, rather than confidence-building. Most young adult participants began actively developing their careers in treatment through future-oriented work or school placements. They pursued ambitious career goals despite sporadic employment and education histories. Treatment engagement and satisfaction appeared to be linked with career advancement prospects. Conclusions: Integrating career planning into psychosocial treatment is a critical task for providers who serve young adults with co-occurring disorders. Whether integrating career planning within early intervention treatment planning will improve clinical, functional, or economic outcomes is a promising area of inquiry for rehabilitation researchers and clinicians.

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Publisher
Routledge

10.
Long-term sobriety strategies for men with co-occurring disorders.
Journal of Dual Diagnosis. 10 (4) (pp 212-219), 2014. Date of Publication: 02 Oct 2014. AN: 2014874885

Objective: Roughly half of people with severe mental disorders also experience a co-occurring substance use disorder, and recovery from both is a critical objective for health care services. While understanding of abstinence initiation has grown, the strategies people with co-occurring disorders use to maintain sobriety are largely unknown. This article reports strategies for relapse prevention as described by men with co-occurring disorders who achieved one or more years of sobriety. Methods: We analyzed semi-structured interviews conducted with a sample of 12 men with co-occurring psychosis and substance use disorder who achieved and maintained sobriety for at least one year, supplemented with demographic and diagnostic clinical record data. These men were participating in residential or outpatient treatment at a private, nonprofit integrated treatment clinic. Results: The 12 men were primarily Caucasian (91.7%) and unmarried (100%), and their ages ranged from 23 to 42 years. The two most common psychiatric disorders were schizoaffective disorder (n = 4, 33.3%) and bipolar disorder (n = 4, 33.3%), while the two most commonly misused substances were alcohol and cannabis. Qualitative analyses showed that participants maintained sobriety for at least one year by building a supportive community,
engaging in productive activities, and carefully monitoring their own attitudes toward substances, mental health, and responsibility. Alcoholics Anonymous might act as a catalyst for building skills.

Conclusions: People with co-occurring disorders who achieve sobriety use a variety of self-management strategies to prevent relapse - seeking support, activities, and a healthy mindset. The findings suggest a relapse prevention model that focuses on social networks, role functioning, and self-monitoring and conceptualizes self-care as critical to extending periods of wellness.

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Publisher
Routledge

11.
Implementing family involvement in the treatment of patients with psychosis: A systematic review of facilitating and hindering factors.
Eassom E., Giacco D., Dirik A., Priebe S.
AN: 2014848639
Objective: To synthesise the evidence on implementing family involvement in the treatment of patients with psychosis with a focus on barriers, problems and facilitating factors. Design: Systematic review of studies evaluating the involvement of families in tripartite communication between health professionals, 'families' (or other unpaid carers) and adult patients, in a single-family context. A theoretical thematic analysis approach and thematic synthesis were used. Data sources: A systematic electronic search was carried out in seven databases, using database-specific search strategies and controlled vocabulary. A secondary manual search of grey literature was performed as well as using forwards and backwards snowballing techniques. Results: A total of 43 studies were included. The majority featured qualitative data (n=42), focused solely on staff perspectives (n=32) and were carried out in the UK (n=23). Facilitating the training and ongoing supervision needs of staff are necessary but not sufficient conditions for a consistent involvement of families. Organisational cultures and paradigms can work to limit family involvement, and effective implementation appears to operate via a whole team coordinated effort at every level of the organisation, supported by strong leadership. Reservations about family involvement regarding power relations, fear of negative outcomes and the need for an exclusive patient-professional relationship may be explored and addressed through mutually trusting relationships. Conclusions: Implementing family involvement carries additional challenges beyond those generally associated with translating research to practice. Implementation may require a cultural and organisational shift towards working with families. Family work can only be implemented if this is considered a shared goal of all members of a clinical team and/or mental health service, including the leaders of the organisation. This may imply a change in the ethos and practices of clinical teams, as well as the establishment of working routines that facilitate family involvement approaches.
12. Life after homicide: Accounts of recovery and redemption of offender patients in a high security hospital - a qualitative study.
Ferrito M., Vetere A., Adshead G., Moore E.
Journal of Forensic Psychiatry and Psychology. 23 (3) (pp 327-344), 2012. Date of Publication: 01 Jun 2012.
AN: 2014816352
This study explores accounts of recovery and redemption from the perspective of offenders with a history of mental disorder who have committed homicide. Semi-structured interviews were conducted with seven men who were residing in a high secure hospital. The interviews were analysed using interpretative phenomenological analysis (IPA). Analysis of their accounts of their perpetration of homicide yielded a number of themes: the role of previous experience and its impact on their personal development; periods of loss of grip on reality; the reframing of events in their life via therapeutic interventions and internal integration, and roadblocks to the process of recovery. The findings highlight the importance of attending to offenders' narratives about their offending and the context in which it took place as an inevitable aspect of their search for meaning in the aftermath of the death they perpetrated. Themes generated contributed to future interventions to reduce risk.
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Publisher
Routledge

13. PReS-FINAL-2308: Catatonia due to systemic lupus erythematosus: Characteristics and 36 months follow up of this rare manifestation of disease.
Introduction: Catatonia is a rarely reviewed clinical feature of neuropsychiatric (NP) manifestation of pediatric systemic lupus erythematosus (pSLE). It is a state of neurogenic motor immobility, and behavioral abnormality manifested by stupor. Objectives: Our goal is to present catatonia as rare NP manifestation of pSLE; to report success of immunosuppressive therapy, to underline ultimate need for multidisciplinary team approach. Methods: We describe a 15.5 y old girl presented with fever and abdominal pain in June 2009. Patient had numerous sclerodamous skin lesions, developed 20 months ago, treated as localized scleroderma in another center. She rapidly developed malar rash, periungual erythema, extreme conjunctival injection, photophobia, soft palate erosions, pericardial effusion, mild vaginal bleeding, intraarticular effusion, became excitable, moody, malaise, accompanied with positive immunoserology. Signs of incomplete macrophage activation syndrome were present (like feritin 162 098, exc.). Diagnosed as SLE, peroral steroids started. Afebrile in next 24 hours, cheerful, with good general condition. On therapy day 13., dramatic qualitative change of conscious level with psychomotor disturbance (resembling extrapyramidal symptomatology), fear, visual hallucinations, followed by tachycardia and hypertension. Organic catatonia and mutism developed. Brain CT, MRI, MRA were normal. Received pulses of metilprednisolone and cyclophosphamide, IVIG, hydroxiquinolon-sulphat, aspirin, bensodiasepins, supportive therapy. Results: Patient had excellent therapy response. Catatonia took 4 months for complete recovery. Lost 8 kg of body weight in 7 days, several months of sinus tachycardia were consistent with CNS-lupus. Several weeks prolonged hypertension was due to Lupus nephritis class III (confirmed 5 months-biopsy). Retrospective medical records analysis showed skin biopsy performed in jan 2008 was consistent with LE profundus as well as positive immunoserology on few occasions positive ANA, anti-ds-DNA, antiphospholipid antibodies. Conclusion: Catatonia is one of multitude of NP syndromes reported in SLE patients. The mechanisms are related to auto-antibody-mediated neurotoxicity. 90% of patients who developed psychotic symptoms had cutaneous involvement. Positive antiphospholipid antibodies are strongly related with NP manifestation.

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Publisher
BioMed Central Ltd.
Glover L., Jomeen J., Urquhart T., Martin C.R. 
Journal of Reproductive and Infant Psychology. 32 (3) (pp 254-269), 2014. Date of Publication: May 2014. 
AN: 2014419432 
Objective: This study explored women’s experience of puerperal psychosis (PP) and their perceptions of its cause, in order to contribute to an increased understanding of PP and promote consideration of new management perspectives. Background: Out of every 1000 live births, approximately one to two women will develop PP. The numbers are relatively small, yet the consequences can be devastating. Key theoretical explanations for the aetiology of PP are genetic, biochemical and endocrine. A small and relatively tenuous evidence base considers PP from a psychological perspective, despite acknowledgement of the need for broader understanding. A stress-vulnerability model has offered a contemporary explanation of psychotic symptoms in other contexts and non-clinical populations and may offer useful insight in relation to a psychobiological model of PP. Methods: In a qualitative study, seven women who had been diagnosed with PP previously were interviewed and the data subjected to an inductive thematic analysis. Trustworthiness and rigour of the study was assured by careful monitoring of the research process and data checking. Results: Four themes were identified - The path to PP; Unspeakable thoughts and unacceptable self; ‘Snap out of it’; and Perceived causes. While women attributed their PP to the physiological changes associated with childbirth, their accounts of PP began before and during pregnancy. Women highlighted stressful pregnancies characterised by significant challenges and emotions, difficult births and unsupportive family relationships postnatally. The experience of PP was extremely distressing. Conclusion: Findings add to the debate about a more multifaceted explanation of PP and potentially offer a psychobiological model of understanding. 2014 Society for Reproductive and Infant Psychology. 
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Publisher Routledge 

15. Effect on scores of depression and anxiety in psychiatric patients after clay work in a day hospital.
Art therapies are considered important interventions and a more humane approach to mental illness. Clay work is one such therapy. The objective of this study was to evaluate the effect of clay work on depression and anxiety in patients in a day hospital compared with patients who did not undergo therapy. This quantitative and qualitative study was conducted at Maxwell Day Hospital of Londrina, Parana, Brazil. The survey was conducted with 24 patients, 12 of whom did not participate in clay work therapy (control group), and 12 of whom completed eight sessions of clay work (clay work group). Validated questionnaires for depression (Beck Depression Inventory) and anxiety (Spielberger's State-Trait Anxiety Inventory) were administered to patients in both groups. Depression and anxiety scores differed between the control and clay work groups. The score for the clay work group indicated mild depression (13 ± 0.97, p= 0.0039) while the score for the control group indicated moderate depression (23.1 ± 2.9). The clay work group tended to be less anxious than the control group, but this difference was not significant. This suggests that therapy with clay improves depression compared to no therapy. 2014 Elsevier Ltd. 

16. Microglial activation in white matter in schizophrenia: Findings from a postmortem electron microscopic morphometric study.

Uranova N.A., Vikhreva O.V., Rachmanova V.I., Orlovskaya D.D.

Objectives: Schizophrenia (SZ) is believed to be associated with altered neuronal connectivity and impaired myelination. Neuroimaging studies have revealed decreased fractional anisotropy in different white matter tracts in SZ patients. Previously we reported a reduced numerical density of oligodendrocytes,1 dysregulated age-related increase innumerical density of oligodendrocytes,2 ultrastructural dystrophicand degenerative changes of oligodendrocytes and progressive damage of myelinated fibers3 in white matter of the prefrontal cortex (BA10) in SZ. However, the origin of these abnormalities remains uncertain. Microglial reactivityhas been proposed to be involved in the pathophysiology of schizophrenia. Activation of microglial cells (MC) can induce cytotoxic effect on oligodendrocytes. We hypothesized that microglial activation might contribute to
oligodendrocyte and myelin abnormalities in white matter in SZ. Activation of microglia in different pathological conditions is characterized by enlargement of somata and signs of phagocytosis. Therefore we performed a postmortem electron microscopic qualitative and morphometric study of MC located in close apposition to oligodendrocytes, neurons and myelinated fibers in white matter of the same brain samples that were used in our previous study of white matter in SZ.

Material and methods: White matter underlying layer 6 of the prefrontal cortex (BA10) was studied in 14 chronic patients with SZ: 4 young (<45 y.o.) and 10 elderly (>45 y.o.) and 14 normal matched controls: 4 young and 10 elderly subjects. SZ group included 7 subjects with predominantly positive symptoms, 5 subjects with predominantly negative symptoms and 2 subjects with combined positive and negative symptoms. Electron microscopic study was performed to estimate volume fraction (Vv), areal density of MC and area of MC somata, nucleus and cytoplasm. Results: Qualitative study demonstrated enlarged cell somata and vacuolated cytoplasm of MC apposed to oligodendrocytes and myelinated fibers and some signs of phagocytosis of myelin membranous debris. Vv and areal density of MC apposed to oligodendrocytes, neurons and myelinated fibers in the SZ group did not differ significantly from the control group. On the contrary, area of MC apposed to oligodendrocytes was significantly increased in the SZ group as compared to controls: cell somata (+36%), cell nucleus (+45%) and cell cytoplasm (+34%) (all p < 0.01) and in the subgroup of SZ subjects with predominantly positive symptoms as compared to controls ( p < 0.01). These parameters were not correlated with postmortem delay, gender or neuroleptic exposure. Areas of MC, nucleus and cytoplasm correlated positively with age in the SZ group but not in the control group (r = 0.64; 0.65 and 0.53 respectively, p < 0.05). Area of MC was significantly increased in the subgroup of elderly SZ subjects as compared to the control elderly subjects ( p < 0.01) and to young SZ subjects ( p < 0.05). Area of cytoplasm of MC correlated positively with areal density and frequency of degenerating myelinated fibers in the SZ group (r = 0.83, p = 0.001 and r = 0.63, p < 0.05 respectively) but not in the control group. Area of MC apposed to neurons or to myelinated fibers was not changed. Conclusions: The results together with our previous data of reduced numerical density of oligodendrocytes, progressive damage of myelinated fibers and dysregulated age-related increase in numerical density of oligodendrocytes in white matter of the prefrontal BA10 in SZ suggest that microglial activation might induce cytotoxic damage of oligodendrocytes and myelinated fibers in white matter of SZ patients, might occur in a psychotic state and promote disease progression in patients with SZ.

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17. Evidence-based supported employment for people with severe mental illness: Past, current, and future research.
Background: Individual Placement and Support (IPS) is an evidence-based vocational rehabilitation intervention for people with severe mental illness. IPS emphasizes client choice, rapid job finding, competitive employment, team-oriented approaches, benefits counseling, and ongoing supports. Objectives: This paper summarizes 20 years of research on IPS, describes studies in the field now, and proposes priorities for future research. Methods: To identify published and unpublished IPS research studies, we conducted an electronic search of qualitative and quantitative IPS studies, findings from recent reviews, and sought expert recommendation. Results: Past research indicates that IPS supported employment is the most effective and cost-effective approach for helping people with psychiatric disabilities find and maintain competitive employment. Employment improves clinical, social, and economic outcomes. Current studies on IPS address several research gaps: IPS modification, generalizability, program settings, international dissemination, cultural awareness, and supportive technology. Looking forward, the field needs studies that report long-term outcomes, financing mechanisms, cost offsets, and standardized supported education models. Conclusions: While IPS is one of the most extensively studied of all vocational models, significant literature gaps remain.

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IOS Press (Nieuwe Hemweg 6B, Amsterdam 1013 BG, Netherlands)

18.
Well-being and engagement in valued activities: Experiences of young people with psychosis.
Lal S., Ungar M., Leggo C., Malla A., Frankish J., Suto M.J.
OTJR Occupation, Participation and Health. 33 (4) (pp 190-197), 2013. Date of Publication: Fall 2013.
AN: 2013748269
The purpose of this study was to understand how engagement in valued activities contributes to the well-being of young people diagnosed as having psychosis within the past 3 years. Using a qualitative approach, the authors conducted semi-structured interviews and photography-elicited focus groups with 17 participants between the ages of 18 and 24 years who were recruited from an early intervention program for psychoses and a psychiatric service specializing in providing care to street youth. Analysis combined the methods of constructivist grounded theory and narrative inquiry. Participants derived six well-being enhancing experiences from engaging in highly valued activities: making meaning; expressing thoughts and emotions; changing physical, emotional, and cognitive states; cultivating skills, strengths, and virtues; connecting and
belonging; and making a contribution. These findings highlight the importance of identifying activities that young people perceive as being valuable to their well-being, the meanings and experiences derived from these activities, and how best to support engagement in them.

Copyright American Occupational Therapy Foundation.

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Flemal S.
AN: 2013699548

In referring to various theories from psychoanalytic epistemology, the author develops a definition of psychotic delusion as operating as possible. To do this, he compares, on the one hand, a conception of delusion based on the relation to reality with, on the other hand, a functional approach of delusional activity that takes into account subjective issues of delusion. Different theoretical paradigms are discussed in order to identify the respective implications of a realist conception of delusion and an approach of delusion from their subjective features. In this perspective, delusion is less regarded as an abnormal way of perceiving the world than as an attempt of solution to the resurgence of an unthought primary trauma. From a qualitative methodology based on a clinical case study, the author highlights three main functions achieved by the delusion in its attempt of self-therapy resolution. The first, conceptualized under the term "containing function", carries out the shaping and the significant transformation of what could never be symbolized of the traumatic experience. The second, called "localizing function", tries to locate outside of the subject the instinctual overflow inherent to the primary trauma. The third, named "identifying function", enables the delusional person to assume an identificatory principle which, in a self-created way, compensates for the enigma of his senseless history. Furthermore, the analysis of clinical data underlines that these three functions of the delusional activity are not randomly accomplished but are organized according to a particular logic. From its triple operation, it appears that psychotic delusion tends to develop into a "delusional process", by which the subject can make thinkable and bearable the trauma he has experienced during his history. Finally, referring to the various results of this study, the author proposes to reconsider the issues of clinical devices with delusional patients. Instead of trying to suppress delusion, it would be
possible to accompany the subject in the development of inventive potentialities that sustain the delusional process. 2013 Elsevier Masson SAS.

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Publisher
Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)
This study sought to examine the association between sleep, fatigue, and functional health in psychotic patients. Participants included 93 psychotic inpatients (n=67 with schizophrenia) who completed the Chalder Fatigue Scale (ChFS), the Fatigue Symptom Inventory (FSI), the Pittsburgh Sleep Quality Index (PSQI), and the SF36 Health Survey. Patients were classified on the basis of their performance on sleep and fatigue measures: 60% reported significant levels of fatigue and 67% significant sleep disturbances. 28.4% reported both, suggesting that fatigue and sleep dysfunctions do not necessarily cooccur. A closer examination of patterns showed that fatigue was only related to qualitative aspects of sleep and not quantifiable aspects of sleep disturbances. The results also showed that functional health was the lowest in patients with high levels of fatigue, compared to patients with sleep problems only or patients with neither symptom. A regression analysis further showed that the size of the contribution of fatigue onto functional health was twice as much as that of sleep dysfunctions. In conclusion, the results show that (i) dissatisfaction with sleep - and not sleep itself - is related to fatigue symptoms and that (ii) fatigue is particularly detrimental to functional health, regardless of the presence of sleep dysfunctions.

2013 Flavie Waters et al.

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Publisher
Hindawi Publishing Corporation (410 Park Avenue, 15th Floor, 287 pmb, New York NY 10022, United States)

22.
'Make sure you keep our house safe!' Thematic analysis of a children's psychotherapy group.
Devi A., Fenn E.
AN: 2013128117
This paper describes a systematic thematic analysis of one particular latency-aged children's group and includes a discussion about potentially helpful outcomes measures. The impetus for our small, practice-based qualitative research project came from the two papers by Reid (1999) and Canham (2002) about children's psychotherapy groups, particularly Canham's (2002) paper, 'Group and gang states of mind'. Canham and Reid used Bion's theories of group functioning as the basis of their technique with children's groups. We felt that it would be an interesting follow-on from Reid and Canham's findings to explore in some detail the specific therapeutic factors involved in a shift from paranoid-schizoid to depressive functioning in group therapy. We hoped that this might give us some helpful clinical indications as to the circumstances in which group rather than individual psychotherapy and parallel parent work should be considered as the
treatment of choice. The paper concentrates exclusively on group work with latency-aged children, therefore referring mainly to the limited number of papers published about psychoanalytic group therapy with this age group. 2012 Association of Child Psychotherapists.

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Publisher
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23. Mindfulness & sex therapy.
Vilarinho S., Carvalheira A.
AN: 71007792
Mindfulness can be defined as being in a relaxed but attentive state. It has to do with the awareness that emerges through paying attention, on purpose and consciously, nonjudgmentally, to the present moment, and to things as they are. Being attentive in this way gives the opportunity to respond to events rather than just react to them. With the practice of mindfulness meditation, it is easier to exert control and influence the flow of events when the person is likely to react automatically. In this sense, mindfulness is a way of gaining freedom and choice. Mindfulness has been applied in varying degrees to different populations of individuals with psychiatric illness such as depression and relapse prevention, anxiety disorders, substance abuse, suicidal behaviour, Borderline Personality Disorder, eating disorders, psychosis, and child behaviour problems, among several other areas. There is growing literature which shows the benefits of incorporating mindfulness into treatments of mental illness and behavior, on several aspects of mood, well-being, and quality of life. Moreover, in general, participants report enjoying the experience. Some evidences have been found recently showing that mindfulness may also be effective in improving sexuality and quality of sexual life. In a qualitative study conducted with women who did not have sexual concerns, and who were regular practitioners of mindfulness, mindfulness meditation practice was found to be associated with higher levels of sexual satisfaction, additionally suggesting that teaching women how to practice mindfulness in and out of sexual scenarios may be associated with a beneficial effect on their sexual responses. In a recent study, a component of mindfulness was included into the development of a psychoeducational program for women experiencing sexual difficulties following gynecologic cancer. Results revealed that there was a significant positive effect of the program on sexual desire, arousal, orgasm, satisfaction, sexual distress, depression, and overall well-being. In general, findings suggest that mindfulness may have a place in the treatment of sexual concerns.

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Publisher
Ganesh D.G., Chakrabarti S., Misra A.K.
AN: 70991451
Aims and Objectives: To explore the relationship between insight and medication use by patients with chronic psychiatric illnesses using qualitative methods of analysis. Methodology: Forty patients with schizophrenia (n=21), bipolar disorder (n=8) and recurrent depression (n=11) were divided into adherent (n=20) and non-adherent (n=20) groups using self-report and clinician ratings. Semi-structured interviews regarding different aspects of medication use were carried out, recorded, transcribed and translated. Themes were generated using directed content analysis. Dimensions of insight and its relationship with adherence were examined. Results: The components of insight relevant to medication use were: Clear acknowledgement of having illness, naming the condition, awareness of symptoms, consequences and need for treatment, ability to re-label psychotic symptoms, to distinguish ill from well state, and distinguish symptoms of psychiatric disorders from physical disorders. Adherent patients were significantly more likely to have insight into their illness. Comparisons of those with (n=19) and without insight (n=21) revealed significant differences in description of symptoms, awareness of causes of illness, awareness of benefits and necessity of treatment, perceptions about the information imparted and communication with the doctor. Conclusions: Insight is a multidimensional construct, which has major influence on medication adherence, and exerts this influence through multiple pathways.
Publisher
Medknow Publications and Media Pvt. Ltd

25. Cannabis use and abstention in first-episode psychosis: The participants'view.
Seddon J.L., Copello A., Birchwood M.
Mental Health and Substance Use: Dual Diagnosis. 6 (1) (pp 47-58), 2013. Date of Publication: 01 Feb 2013.
AN: 2013039003
Cannabis use has been identified as a prognostic factor for poor outcome in first-episode psychosis (FEP). The research aimed to understand the factors that motivate or inhibit the use of cannabis in people with first-episode psychosis. Thirty first-episode psychosis patients (18 cannabis users and 12 abstainers) were interviewed using qualitative semi-structured methods in order to investigate the self reported factors perceived to influence cannabis abstention, initiation, continued use and consumption change. Interviews were transcribed verbatim and analysed using grounded theory based methods. Psychosis specific reasons were not found to be motivationally salient for the initiation or continued use of cannabis, but were found to be important for decreased consumption and cessation. Mental health concerns, such as the impact of cannabis on relapse and psychotic symptom exacerbation were also found to motivate abstention. Psychosis related reasons do not appear to motivate the initial or continued use of cannabis, although the deleterious effect of cannabis to mental health may promote decreased cannabis consumption, cessation and abstinence following the onset of psychosis. Therefore substance use early interventions for this population should aim to increase emphasis on the potential harms of cannabis to mental health. 2013 Copyright Taylor and Francis Group, LLC.

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Routledge (4 Park Square, Milton Park, Abingdon, Oxfordshire OX14 4RN, United Kingdom)


European Journal of Hospital Pharmacy: Science and Practice. 19 (3) (pp 336-339), 2012. Date of Publication: June 2012.
AN: 2012742959

Study objective The aim of this study is to gain knowledge on the opinion of psychiatric patients about the provision of drug information so that the psychiatric hospital pharmacist can consider opportunities to be directly involved in patient care. Methods Qualitative interviews were performed in a convenience sample of psychiatric patients. The interviews were audio taped, transcribed verbatim and coded. The questions concerned the content and the format of information, the information provider and the possible role of the hospital pharmacist. Results The sample consisted of 16 patients. Nearly all topics covered by the summary of product characteristics, especially side effects, were considered. Patients were open to a wide variety of drug information formats. They spontaneously named the psychiatrist, general practitioner and nursing staff as the most appropriate people to provide drug information. The hospital pharmacist was not spontaneously mentioned. Conclusion Psychiatric patients did not identify the hospital pharmacist as being a partner in their treatment. This provides a challenge for the development of clinical psychiatric pharmacy.

Institution
27.
The stigmatization of psychosis by Korean newspaper articles.
Kim S.-W., Kim S.-Y., Bae K.-Y., Kim J.-M., Shin I.-S., Yoon J.-S.
Asia-Pacific Psychiatry. Conference: 15th Pacific Rim College of Psychiatrists Scientific Meeting,
AN: 70911529
Purpose: This study aimed to examine the perspectives of newspaper articles on psychosis in the
context of their strong influence on public opinions about these illnesses. Material and method:
We analyzed the newspaper articles published in Dong-A Ilbo and Chosun Ilbo in 1998, 1999,
2003, 2007, and 2008 using our previous study data and a search program developed by the
Korean Press Foundation. We used the following search words to identify articles on psychotic
illnesses: 'Schizophrenia,' 'Psychosis,' 'Mental illness,' and 'Mental derangement.' A total of 844
articles were classified by category and subjected to both quantitative and qualitative analysis.
Results: Of the 844 articles identified, 569 (67.4%) provided a negative description of psychotic
conditions, 114 (13.5%) offered a neutral or positive description, and 161 (19.1%) expressed no
particular perspective. We found no significant changes in the stigmatizing descriptors over time.
The most frequent negative theme was 'psychotic patients are dangerous or may commit a crime'
(32.9%). The metaphorical use of schizophrenia-related terms was evident in 108 (12.8%) articles.
Articles written by mental health professionals reflected more neutral and positive viewpoints
(58.7%). Conclusion: Guidelines governing appropriate reporting on issues related to mental
health should be developed, and mental health professionals should provide newspaper articles
that include accurate information on psychotic disorders.
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Publisher
Wiley-Blackwell
Shape analysis in temporal lobe epilepsy with amygdalar enlargement.
Keezer M.R., Kim H., Bernhardt B.C., Bernasconi A., Bernasconi N.
AN: 70829325
Rationale: While drug-resistant temporal lobe epilepsy (TLE) is primarily characterized by mesial temporal atrophy, there is evidence for amygdalar enlargement (AE) unrelated to an expansive process. Previous studies were designed to assess amygdalar structural integrity in relation to emotional processing and affective disorders (Tebartz van Elst L, et al. Biological Psychiatry 1999;46:1614-23; Tebartz Van Elst L, et al. Brain 2002;125:140-9). On the other hand, studies directly evaluating the significance of AE in TLE have been either based on qualitative evaluation (Mitsueda-Ono T, et al. J Neurol Neurosurg Psychiatry 2011;82:652-7) or limited to patients with normal hippocampal volumetry (Bower SP, et al. J Neurol Neurosurg Psychiatry 2003;74:1245-9).
Our objective was to localize regions of AE in TLE by means of MRI-based 3D surface-based shape modeling. In addition, we sought to investigate the relationship between AE and psychic epileptic phenomena as well as co-morbid psychiatric disease. Methods: Based on manual volumetry of mesiotemporal lobe structures (Bernasconi N, et al. Brain 2003;126:462-9) and a 2 SD cut-off from the mean volume of healthy controls, we classified TLE patients from our database (183 consecutive cases) into those with AE (TLE-AE, n=25; 14%) and those with normal amygdalar volume (TLE-NAV). TLE-AE patients were compared to a cohort of age- and sex-matched healthy controls (n=40), as well as a group of TLE-NAV (n=25) matched for sex, age, seizure onset, EEG lateralization, history of febrile convulsions and hippocampal atrophy. In each individual, we obtained surface-based measurements of local volumetric changes of the amygdala relative to a template model (Kim H, Besson P, et al. MICCAI 2008;11:1008-15). The vertex-wise analyses were thresholded using the false discovery rate procedure at FDR<0.05 to correct for multiple comparisons. Results: Regions of hypertrophy in TLE-AE were located mainly in the centromedial nuclear group (Figure). On the other hand, TLE-NAV presented with ipsilateral atrophy in the laterobasal nuclear group. The majority (72%) of TLE-AE had normal hippocampal volume (Table). Furthermore, the frequency of patients with favorable post-surgical outcome in this group was lower than in TLE-NAV (40% vs. 71%; p=0.09). Post-ictal psychosis was present in 16% of TLE-AE, whereas it was absent in TLE-NAV (p=0.12). After combining post-ictal psychosis, ictal fear and deja vu, we observed a trend for a greater frequency of these psychic epileptic phenomena in TLE-AE patients (56% vs. 28%; p=0.09). On the other hand, there were no differences in the prevalence of axis I or II disorders (24% vs. 40%; p=0.36).
Conclusions: AE is present in 14% of all TLE patients, of whom the majority (72%) have normal hippocampal volumes. AE affects nuclear groups that are distinct from those that undergo atrophy. There appears to be an association between TLE-AE and poor surgical outcome, as well as psychic epileptic phenomena. The relationship between TLE-AE and psychiatric disorders remains less clear.
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<td colspan=""/>

Background: It is estimated that world-wide up to 20 % of children suffer from debilitating mental illness. Mental disorders that pose a significant concern include learning disorders, hyperkinetic disorders (ADHD), depression, psychosis, pervasive development disorders, attachment disorders, anxiety disorders, conduct disorder, substance abuse and eating disorders. Living with such children can be very stressful for caregivers in the family. Therefore, determination of challenges of living with these children is important in the process of finding ways to help or support caregivers to provide proper care for their children. The purpose of this study was to explore the psychological and emotional, social, and economic challenges that parents or guardians experience when caring for mentally ill children and what they do to address or deal with them.

Methodology: A qualitative study design using in-depth interviews and focus group discussions was applied. The study was conducted at the psychiatric unit of Muhimbili National Hospital in Tanzania. Two focus groups discussions (FGDs) and 8 in-depth interviews were conducted with caregivers who attended the psychiatric clinic with their children. Data analysis was done using content analysis.

Results: The study revealed psychological and emotional, social, and economic challenges caregivers endure while living with mentally ill children. Psychological and emotional challenges included being stressed by caring tasks and having worries about the present and future life of their children. They had feelings of sadness, and inner pain or bitterness due to the disturbing behaviour of the children. They also experienced some communication problems with their children due to their inability to talk. Social challenges were inadequate social services for their children, stigma, burden of caring task, lack of public awareness of mental illness, lack of social support, and problems with social life. The economic challenges were poverty, child care interfering with various income generating activities in the family, and extra expenses associated with the child's illness.

Conclusion: Caregivers of mentally ill children experience various psychological and emotional, social, and economic challenges. Professional assistance, public awareness of mental illnesses in children, social support by the government, private sector, and non-governmental organizations (NGOs) are important in addressing these challenges. 2012 Ambikile and Outwater; licensee BioMed Central Ltd.

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Publisher BioMed Central Ltd. (Floor 6, 236 Gray's Inn Road, London WC1X 8HB, United Kingdom)
Changes in distress of psychiatric in-patients after the changeover of junior psychiatric trainees as a function of attachment style: A pilot study.
Dodwell D., Thomas T., Iqbal Z.
AN: 2012197037

Background and Objectives: Therapists, including psychiatrists, may act as attachment figures. Rotational training schemes necessitate the regular and frequent ending of therapeutic relationships. The effects on patients are rarely studied. This is a pilot prospective study to evaluate whether relative distress in adult psychiatric in-patients follows change in trainee psychiatrists; whether differences in distress are mediated by patient attachment style; and to provide data for power calculation. Methods: Twenty adult in-patients were assessed using the Mental Health Inventory 5 (MHI-5) scale before and after changeover of psychiatric trainees; attachment style was assessed prior to the changeover. Qualitative data were also collected.
Results: The average MHI-5 scores improved with time (p = 0.021). Less improvement correlated with higher score on preoccupied attachment (rho = 0.41, p1-tail <0.05). A nonsignificantly stronger improvement was seen with secure/dismissing styles compared to preoccupied/fearful styles (p1-tail = 0.08). Based on these results, a study of at least 87 patients is likely to produce a statistically significant result. Most patients were not aware a staff change was due and would like to be informed by their clinical team. Conclusions: Relative distress following junior trainee changeover may have a link with patients’ attachment styles.

Cortisol level and cognitive changes in patients with major depression-psychotic versus non-psychotic: An Egyptian study.
Abd El-Rahman S.A., Khalil M.S., Khoweiled A., Arafa M.E.A.
AN: 2012132710

Background: Significant differences between psychotic and non-psychotic major depression have been noted along many axes. Objective: To find out and assess the different cognitive deficits in major depressed patients psychotic and non-psychotic. Methods: A 40 patients aged 20-50 years diagnosed as major depressive disorder with psychotic features selected from the psychiatric outpatient clinic and 40 age matched patients, diagnosed as major depressive disorder without psychotic features according to the DSM-IV TR. All patients were subjected to the following procedures: 1-Full clinical psychiatric sheet. 2-HRSD. 3-WAIS-R. 4-WCST. 5-Cortisol level at
8.00 am and at 8.00 pm in the same day. Results: There was a statistically significant difference in level of cortisol at both am and pm and there was a significant difference between both groups regarding the percentage of change of cortisol level during the day. There was no statistical significant difference between both groups as regard HRSD, however there was a significant difference on a number of cognitive abilities, verbal and performance IQ, and deterioration index. Conclusions: Cognitive deficits showed qualitative and quantitative differences as well as different correlation with cortisol levels and percent of change over a day.

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Publisher
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32. Supported parenting to meet the needs and concerns of mothers with severe mental illness. David D.H., Styron T., Davidson L.
AN: 2011285028
Women with serious mental illness (SMI) often parent without adequate support from psychiatric and behavioral health providers. The lack of such services is significant, given that women with SMI have children at the same rate as or higher rates than women without psychiatric disabilities. In this call to action, we argue that the need to develop supported parenting initiatives for women with SMI is necessary and long overdue. First, we describe numerous social and systemic barriers in the United States that have hindered the development of parenting supports for women with SMI over the last century. We next describe recent qualitative and quantitative findings regarding the parenting needs and strengths of these mothers. Finally, we conclude with suggestions for future research, program development, and systems-level policy changes to support mothers with SMI in parenting most effectively. Copyright Taylor &Francis Group, LLC.

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Spider in a jar: Women who have recovered from psychosis and their experience of the mental health care system.
Hagen B., Nixon G.
AN: 2011192290
A growing body of literature has documented considerable dissatisfaction with the mental health care system among people who use mental health services. This article adds to this literature by reporting on the results of qualitative interviews done with 18 women who had recovered from some form of transformative psychotic experience and were willing to share their experiences with the mental health care system. The participants unanimously felt that their experiences with the mental health system were very negative and detrimental to their overall healing and recovery process. Four main themes emerged from the qualitative analysis of the interview transcripts: (1) "the label factory," which described the capricious and destructive nature of the psychiatric diagnoses they received; (2) "invalidated and unheard," which described how little the women's voices seemed to matter to the mental health care professionals caring for them; (3) "violence and violations," which described the loss of free will and dignity the women experienced during inpatient psychiatric hospitalizations; and (4) "smashing the jar," which described the hopes and dreams these women had for changing the way people receive mental health care. The implications of these findings for mental health practice are discussed. 2011 Springer Publishing Company.
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Publisher
Springer Publishing Company (11 West 42nd Street, 15th Floor, New York NY 10036, United States)

34.
Perceptions of anti-smoking public health campaigns among people with psychotic disorders.
Mental Health and Substance Use: Dual Diagnosis. 4 (2) (pp 110-115), 2011. Date of Publication: May 2011.
AN: 2011145484
Background. Among marginalised populations, such as people with psychotic disorders, smoking prevalence rates remain much higher than in the general population. Anti-smoking campaigns conducted in Australia have been found to be associated with change in smoking behaviour and attitudes in the general population. However, no previous research has examined the effectiveness of these campaigns among people with mental disorders, like psychotic disorders. Aims. This study aimed to gain an understanding of how people with psychotic disorders perceive anti-smoking campaigns by examining knowledge of tobacco, exposure, acceptability and attitudes regarding anti-smoking campaigns. Method. A mixed method design was employed in which both quantitative and qualitative data were elicited. Eighty-nine participants with a diagnosed psychotic disorder completed a self-report assessment battery; eight of whom also
completed semi-structured telephone interviews which were then analysed via interpretative phenomenological analysis. Results. Participants reported high exposure to anti-smoking campaigns and good knowledge regarding tobacco. They explained that even though they remembered, understood and were even scared by anti-smoking campaigns, these campaigns had little impact on their smoking. Participants also described a number of positive mental health effects of smoking. Conclusion. This study suggests that anti-smoking campaigns are not impacting upon smokers with psychotic disorders, despite on smokers with high exposure and good knowledge of tobacco. In order to be more effective in the future, campaigns may need to specifically target marginalised populations, including people with psychotic disorders, and address barriers to cessation among this population. 2011 Taylor & Francis.

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35.
The effectiveness of music in pediatric healthcare: A systematic review of randomized controlled trials.
Kingsnorth S., Treurnicht Naylor K., Lamont A., McKeever P., MacArthur C.
Date of Publication: 2011.
AN: 2010627095
The aim of this study was to systematically review the effectiveness of music on pediatric health-related outcomes. Five electronic databases were searched for randomized controlled/crossover trial designs published between 1984 and 2009. Eligible studies used music as a therapy or intervention, included participants 1 to 18 years, and focused on at least one health-related outcome (with the exclusion of procedural pain). Seventeen studies met the inclusion criteria. Quantitative synthesis was hampered by an inability to aggregate data arising from heterogeneity of interventions, outcomes and measurement tools. Qualitative synthesis revealed significant improvements in one or more health outcomes within four of seven trials involving children with learning and developmental disorders; two of three trials involving children experiencing stressful life events; and four of five trials involving children with acute and/or chronic physical illness. No significant effects were found for two trials involving children with mood disorders and related psychopathology. These findings offer limited qualitative evidence to support the effectiveness of music on health-related outcomes for children and adolescents with clinical diagnoses. Recommendations for establishing a consensus on research priorities and addressing methodological limitations are put forth to support the continued advancement of this popular intervention. Copyright 2011 Karline Treurnicht Naylor et al.

Institution
Objective: The Headstart program utilises a multi-family group (MFG) model to enhance the recovery of people with traumatic brain injury. This model has been shown to be effective in improving outcomes for individuals with mental illness (McFarlane 2003). Headstart builds on previous randomised-control trials of the MFG model for both Depression and Psychotic illness (Bradley, Couchman et al, 2005) and provides an opportunity to determine the efficacy of MFG in a traumatic brain injury sample, and compare and contrast the findings in various health contexts. Participants and Methods: The Headstart wait-list control trial involves 44 brain injured people and their families. Quantitative measures included social integration, mental health and TBI behaviour and recovery, and the data was processed using analysis of variance. Grounded theory methodology was used to analyse the qualitative data collected from each group of participants at the completion of their treatment component. Results: The quantitative data pointed to differing perceptions of nonbrain- injured and brain-injured family members, as well as the MFG's impact on anxiety. Qualitative data of group involvement described family changes in the perceptions of normality, reality and self identity, as well as the management of these within the MFG. They also revealed the challenges of emotional sharing for all family members, and the essential dilemma for injured individuals in conveying their new world experience to others in the context of cognitive impairment. Conclusions: The Headstart study provides a unique opportunity for a quantitative and qualitative understanding of the MFG process for people with brain injury and their families. While the MFG elicits similar processes for people with TBI as for people in other health domains, unique components, such as the integration of trauma and the conceptualisation of cognitive impairments was evident.
37. Cannabis publication analysis using density-equalising mapping and research output benchmarking.
Vogelzang B.H., Scutaru C., Mache S., Vitzthum K., Kusma B., Mutawakel K., Groneberg D.A., Quarcoo D.
AN: 2011008415
Background. Cannabis has been a topic of political and medical controversy in many countries over the past century. Although many publications on this topic are available, there is currently no comprehensive evaluation of global research activities in the field. Objective. This study was conducted in order to provide a quantitative and qualitative analysis of the worldwide research output on cannabis. Methods. In a quantitative approach, items concerning cannabis published between 1900 and 2008 were retrieved from the ISI Web of Science databases developed by the Thompson Institute of Scientific Information and analysed using scientometric methods. In a second step, research fields of growing interest were identified. Results. We found that publications on this topic increased during the late 1960s, as well as during the period 1990-2008. We noted that South Africa was one of the countries with a high research output, having published numerous articles on cannabis. A comparison of cannabis with other drugs (e.g. alcohol, tobacco, cocaine and heroin) showed that in relation to the proportion of respective drug users, cocaine and heroin are overly represented in terms of research output. When analysing the main subjects of the publications, psychiatry was prominent, especially with regard to research on psychosis. Conclusion. There is increasing interest in research on cannabis. The research only partially reflects the drug's importance with regard to number of users.
Institution (Vogelzang, Scutaru, Mache, Vitzthum, Kusma, Mutawakel, Groneberg, Quarcoo) Institute of Occupational Medicine, Charite - Universitaetsmedizin Berlin, Free University and Humboldt University, Berlin, Germany
Publisher South African Medical Association (Private Bag X1, Pinelands 7430, South Africa)

38. Conceptualisation of recovery from psychosis: A service-user perspective.
Wood L., Price J., Morrison A., Haddock G.
AN: 2010613720
Aims and method: There has been much uncertainty about the concept of recovery in psychosis. The aim of this paper is to conceptualise recovery, through service users' descriptions of their recovery stories. A qualitative approach (interpretive phenomenological analysis) was used to guide interviews and analysis of data. Results: Eight service users were interviewed about their recovery from psychosis. Data analysis revealed four superordinate themes: 'impacts on mental health', 'self-change and adaptation', 'social redefinition' and 'individualised coping mechanisms'. Clinical implications: Data indicates that multiple dimensions of recovery are all important to individuals when considering their subjective experiences of recovery from psychosis. Recovery can only be conceptualised by the person making the recovery journey and treatment outcome measures must reflect this individuality. Declaration of interest: This paper outlines independent research commissioned by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research.

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39.
The greater of two evils? How people with transformative psychotic experiences view psychotropic medications.
Brad F H., Gary N., Tracey P.
Ethical Human Psychology and Psychiatry. 12 (1) (pp 44-59), 2010. Date of Publication: 2010. AN: 2010203205
This article describes the results of a qualitative study with 22 participants who were originally interviewed about their experiences of the potentially transformational nature of psychotic episodes. During the interviews, however, the participants spontaneously described their experiences with taking psychotropic medications (particularly antipsychotics). Participants fell into three general groups in terms of their attitudes towards psychotropic medications: (a) those who complied with psychotropic use but felt that such use had considerable limitations, (b) those who felt that psychotropics should be used only in crisis situations, and (c) those who felt that the use of psychotropics was never justified. Overall, the majority of participants had very negative experiences with psychotropic medications, and this article presents a number of themes describing how participants felt that psychotropic medications caused them harm physically, cognitively, emotionally, and spiritually - and interfered with their eventual recovery from psychosis. Finally, this article presents themes that summarize how participants felt that mental health professionals contributed to their negative views toward taking psychotropic drugs. 2010 Springer Publishing Company.

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Publisher
Introduction/context: Migration is one of the most important challenges of the XXIst century. Europe in particular has seen a dramatic rise in migration over the past decade, and all indications suggest that this increase will continue well into the future. It is becoming increasingly clear that the mental health needs of migrants require specific attention. Recent reports indicate that migrants are under represented in mental health care centers, are subject to more diagnostic error, more coercive measures and involuntary treatment, less psychotherapy and less second generation medication [1,2]. The specific relationship between migration and mental health remains unclear, although a number of protective and risk factors have been identified [3]. What would appear to be clear is that there is a robust relationship between migration and schizophrenia, with odds ratios varying from 2 to 8 for individuals from the European community for the former and Afrocaribbean migrants for the latter [4]. In addition, research indicates that the children of immigrants-second generation citizens-also have higher odds ratios for the development of psychotic and affective disorders. All of this has implications for psychology and psychiatry as a whole. The field of transcultural psychiatry overtly emphasizes the biopsychosocial model: that migration overwhelmingly impacts the incidence of schizophrenia emphasizes that experience itself, and not simply biological structure or genetics is involved. Difficulties with diagnosis demand reconsideration of existing nosological systems, as reflected, for example, in the pathway towards the DSM-V and the ICD-11, and treatment issues, be they psychotherapeutic or pharmacological indicate that treatments may need to be adapted given the cultural and/or ethnic background and migratory experience of the patient [5,6]. A clear conclusion is that the mental health needs of immigrants are not being met [7]. This can be seen at the two levels identified above and are related to both prevention and treatment. To that end the Euromed network calls for the development of both clinical and institutional cultural competence by attending to research, training, and advocacy. This human rights issue which involves considerable suffering implicates all levels of stakeholders, from individuals to their families, from clinicians to the institutions they work for, to health care systems, professional associations, and professional training programs. Research: Most all of what we know about migration and mental health comes from research. Although considerable strides have been made in this area, it is clear that there remains much to be done. We call for more research to be facilitated and carried out in this area. It is noteworthy that the vast bulk of psychological and psychiatric research uses a "gold standard" that is not representative of more than 80% of the world's population, which means that much of what we know may be of questionable applicability.
to the latter, which is particularly true of clinical trials. Indeed, the field of ethnopsychopharmacology clearly demonstrates that pharmacokinetics and pharmacodynamics are not "universal" but rather vary with the genetic makeup [6]. Thus treatment, be it pharmacological or psychological, needs to be investigated at more population specific levels in order to ensure that all patients receive an optimal quality of care. It is essential that research is carried out on all aspects related to the improvement of care of migrants, from pharmacological intervention to psychotherapy to the participation of intercultural mediators and medical interpreters. In addition, research needs to examine institutional and administrative characteristics to determine what maximizes access and quality of care. All of this is necessary to improve the overall cultural competence of the mental health care system. One of the big questions facing researchers has to do with the degree to which immigration in and of itself constitutes a risk factor for common mental disorders, on the one hand, and what best explains the relationship between immigration and schizophrenia [4]. In addition to requiring further exploration, these areas of research all thematize the complexity of applying research methodology and instrumentation developed in one particular cultural, social, and political context in another. Psychometrics are clearly influenced by cultural differences, to the extent that leading experts agree that there is no such thing as a "culture free" or even "culture fair" test [8]. This means that how research is carried out needs to be rethought, with, perhaps, more emphasis given to qualitative approaches.

The area of prevention also warrants attention. Clearly, the optimal way of improving the mental health of a population is to prevent mental health problems and promote mental health. How to do this, however, demands a better understanding of the risk and protective factors related to the migratory process. Research in this area is growing and needs to be further developed and then made relevant to mental health promotion and prevention and treatment on psychopathology. Training and education: In today's increasingly diverse world, it is arguable that culture and difference play a role in most every sort of patient contact. To that end, it is, in our opinion, an ethical requirement that all mental health professionals receive training in cultural competence. The very notion of professional competence is predicated on a combination of practical experience along with theory and research [9]. Whereas many clinicians have ample experience working with migrants, they all too often lack a scientific basis on which to frame and further develop their work. Training should be focused on promotion of mental health, prevention of psychopathology, and diagnosis and treatment, and should be provided not only to clinicians but also to administrators, researchers, as well as all clinical staff. We need to have a better understanding of the effectiveness of training. Many models exist; however, there exists minimal research that evaluates the clinical impact. We need to know what sorts of training initiatives have a real world impact on the sort of care imparted by trainees. Advocacy: As things stand, it is clear the migrants are not having their best interests attended to. It is essential that those with the means to do so advocate on behalf of this more vulnerable population ranging from advocacy at the community to that of the individual level. In a related vein, we call upon national and international associations to organize or promote sections or special interest groups related to migration and mental health/transcultural psychiatry as a means of identifying and needs and developing appropriate responses. Such special interest groups can then network in order to further share ideas, experiences, and research findings, with an eye to improving the mental health of migrants. The Euromed Network on Migration and Mental Health: One of the central objectives of the Euromed Network on Migration and Mental Health is the development of a forum in which local and relevant research, experiences, and initiatives can be shared, compared, and contrasted with the objective of contributing to an overall improvement in the mental health of migrants.

Institution
41.
A pilot to enhance the recovery orientation of assertive community treatment through peer-provided illness management and recovery.
AN: 2009638714
Assertive community treatment (ACT) is widely regarded as an evidence-based practice (Bond, Drake, Mueser, Latimer, 2001); however, observers have questioned the recovery orientation of the model. As an organizational model of service delivery, the recovery orientation of ACT can be improved through the integration of other, more clinically defined evidence-based practices. We present findings from an uncontrolled, 9-month pilot study in which a peer specialist was trained to provide illness management and recovery (IMR) on a well-established ACT team. This pilot included both quantitative measures of knowledge and recovery beliefs, and a qualitative interview with consumers (N=14) and providers (N=16). Consumer perceptions of recovery significantly improved, and there was a trend toward increased knowledge. In interviews, consumers and staff reported many benefits of IMR, including an increase in consumers’ trying new things, being involved in more meaningful activities, and greater hope (for consumers and staff). The integration of IMR onto ACT with a peer specialist shows promise as a useful way to improve consumer recovery outcomes and increase the recovery orientation of ACT.
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42.
Reformulating fitness to plead: A qualitative study.
Rogers T.P., Blackwood N., Farnham F., Pickup G., Watts M.
A significant number of mentally ill defendants pass through the courts, where clinicians advise
upon their ability to fairly stand trial. This is codified in the assessment of ‘fitness to plead’. In
England and Wales, the narrow ‘Pritchard’ criteria that determine fitness date from 1836. The
authors undertook a piece of qualitative research with the aim of determining whether the
‘Pritchard’ test remains fit for purpose. A semi-structured interview was devised to study the
experiences of senior criminal barristers. Framework analysis was adopted in order to identify
relevant themes with in the data. Five key themes emerged, helping to define the true construct of
‘fitness’ and illustrating serious procedural problems with the current approach. A range of
practical solutions emerged. It was clear from the results that formal findings of unfitness are
extremely rare. Many mentally ill defendants are missed or stand trial unfairly. The Pritchard
criteria do not protect their best interests. A possible reformulation of the approach to assessing
fitness is presented for discussion. 2009 Taylor & Francis.
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Routledge (4 Park Square, Milton Park, Abingdon, Oxfordshire OX14 4RN, United Kingdom)

43.
Older patients in an English high security hospital: A qualitative study of the experiences and
attitudes of patients aged 60 and over and their care staff in Broadmoor hospital.
Yorston G., Taylor P.J.
Journal of Forensic Psychiatry and Psychology. 20 (2) (pp 255-267), 2009. Date of Publication:
2009.
AN: 2009612968
Aim: To examine the experiences and attitudes of patients aged 60 and over who are resident in
a high-security hospital, and their care staff, using qualitative research methodology, with a view
to informing a service model for this group. Results: Of the 16 patients aged 60 and over resident
in Broadmoor Hospital, 12 were interviewed, along with 21 members of staff. The patients were
located on nine different wards, despite the existence of a specialist ward for older patients. The
median duration of stay was 17 years. The large number of issues identified from the interviews
fell into four broad clusters: quality of life, vulnerability, risk to others, and resources. An
overarching theme emerged to do with the uniqueness of these older patients, in their difference
both from younger high security peers and from people of similar age elsewhere. Conclusions:
Care needs should not be assumed on the basis of age alone but must be individually assessed.
Many older serious offenders with mental disorder have extensive experience of relevant
services, are articulate, and, together with their care staff, could assist in shaping better services for a probably expanding population. 2009 Taylor & Francis.

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Routledge (4 Park Square, Milton Park, Abingdon, Oxfordshire OX14 4RN, United Kingdom)

44.
Personality disorder in older people: How common is it and what can be done?.
Mordekar A., Spence S.A.
AN: 2008610808
There has been little systematic study of personality disorders in older people (65 years of age and above). However, with an ageing population worldwide we should expect to find increased numbers of people with Axis II disorders surviving into old age. We undertook a qualitative review of the recent literature concerning personality changes and disorders in older people, their prevalence and possible amelioration.
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Royal College of Psychiatrists

45.
Community mental health in India: A rethink.
Thara R., Padmavati R., Aynkran J.R., John S.
AN: 2008394247
Background: Community care of the chronic mentally ill has always been prevalent in India, largely due to family involvement and unavailability of institutions. In the 80s, a few mental health clinics became operational in some parts of the country. The Schizophrenia Research Foundation (SCARF), an NGO in Chennai had established a community clinic in 1989 in Thiruporur, which was functional till 1999. During this period various programmes such as training of the primary health center staff, setting up a referral system, setting up of a Citizen's Group, and self-employment schemes were initiated. It was decided to begin a follow up in 2005 to determine the present status of the schemes as well as the current status of the patients registered at the clinic.
This we believed would lead to pointers to help evolve future community based programmes.

Methods: One hundred and eighty five patients with chronic mental illness were followed up and their present treatment status determined using a modified version of the Psychiatric and Personal History Schedule (PPHS). The resources created earlier were assessed and qualitative information was gathered during interviews with patient and families and other stakeholders to identify the reasons behind the sustenance or failure of these initiatives. Results: Of the 185 patients followed up, 15% had continued treatment, 35% had stopped treatment, 21% had died, 12% had wandered away from home and 17% were untraceable. Of the patients who had discontinued treatment 25% were asymptomatic while 75% were acutely psychotic. The referral service was used by only 15% of the patients and mental health services provided by the PHC stopped within a year. The Citizen's group was functional for only a year and apart from chicken rearing, all other self-employment schemes were discontinued within a period of 6 months to 3 years. There were multiple factors contributing to the failure, the primary reasons being the limited access and associated expenses entailed in seeking treatment, inadequate knowledge about the illness, lack of support from the family and community and continued dependence by the family on the service provider to provide solutions. Conclusion: Community based initiatives in the management of mental disorders however well intentioned will not be sustainable unless the family and the community are involved in the intervention program with support being provided regularly by mental health professionals. 2008 Thara et al; licensee BioMed Central Ltd.

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BioMed Central Ltd.

46.
A qualitative study of a psychiatric emergency.
Chaput Y., Paradis M., Beaulieu L., Labonte E.
AN: 2008394246
Background: The psychiatric emergency service (PES) is a major hub in the mental health care delivery system. The aim of this study was to more precisely define what psychiatrists consider to be a psychiatric emergency and to examine the underlying basis of this assessment. Methods: Over twenty-two thousand PES visits were assessed prospectively for pertinence and urgency by psychiatrists in four functionally and structurally different services in the province of Quebec, Canada. This study took place between July 15 1996 and August 31, 2004. Results: Overall, 57% of visits were judged pertinent and urgent (P/U), 30% pertinent but not urgent (P/NU) and 13% neither pertinent nor urgent (NP/NU). Between 50 and 60% of P/U tagged visits were diagnosed with an affective or a psychotic disorder, often with a suicidal content. They also more frequently resulted in a short-term observation in the PES or a hospitalization. Variables suggesting the presence of a behaviorally disturbed state (aggressive behaviors, involuntary or police referrals) were equally likely to be found in P/U or NP/NU visits. Legal confinement following the
consultation was almost exclusively seen in visits judged P/U. The percent of visits tagged P/U at
the four individual sites varied substantially above and below the 57% value for the combined
data. Interestingly, no major inter-site differences in diagnostic profiles for the three pertinence
and urgency anchor points were found that might account for this variability. Finally, visits from
high frequency users were less likely to be judged P/U than visits from patients attending less
frequently. Conclusion: Primary consideration for a P/U tag was a visit characterized by a
behaviorally disturbed state and/or, suicidal ideation (or attempts) within the context of either an
underlying psychotic or affective disorder, especially if poor judgment was an issue. Some
specific diagnoses appeared to qualify the above core clinical considerations, increasing or
decreasing the probability of a P/U tag. Finally, non-clinical site-specific factors related to the
individual services themselves, such as the number of readily available specialized resources,
also appeared to qualify this assessment. These data may prove useful for the future
development of this service. 2008 Chaput et al; licensee BioMed Central Ltd.
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Canada
Publisher
BioMed Central Ltd.

47.
Psychosocial Family Treatment for a 10-Year-Old with Schizoaffective Disorder.
Klaus N.M., Fristad M.A., Malkin C., Mackinaw-Koons B.
AN: 2008148114
Schizophrenia spectrum disorders are rare in childhood and little is known about their
psychosocial treatment. Relevant findings from the adult and child literature are reviewed. The
case of 10-year-old "Michael" is presented, who participated in a randomized clinical trial of a
psychoeducational family treatment for mood disorders. Following treatment, quantitative and
qualitative data show that Michael's mood and social functioning improved, utilization of mental
health services improved, the overall family emotional climate became more positive, and his
parents felt supported. He no longer met criteria for a mood episode but continued to display
psychosis. This family's response suggests that group psychoeducation may be an effective
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48.
Negotiating styles adopted by consultant psychiatrists when prescribing antipsychotics.
Chaplin R., Lelliott P., Quirk A., Seale C.
AN: 2008044256
A good therapeutic alliance between mental health professionals and patients with psychosis can enhance adherence to medication regimens and improve clinical outcome. This article explores how the therapeutic alliance might be developed with respect to decisions to prescribe antipsychotic medication. It does this by presenting the implications for practice that arise from a recent qualitative interview study with consultant psychiatrists. We consider strategies for strengthening the therapeutic alliance, occasions when it might be appropriate to suspend shared decision-making temporarily, techniques used to enable discussion of symptoms and side-effects, and how issues of adherence are uncovered and addressed. Psychiatrists already possess considerable skills in these areas. The dissemination of these to colleagues forms an important opportunity for CPD.
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(Lelliott) Oxleas NHS Trust, Oxleas, United Kingdom
(Seale) Department of Sociology, Brunel University, Uxbridge, United Kingdom
Publisher
Royal College of Psychiatrists

49.
Pharmacologic management of alcohol use disorders in the primary care setting.
Paidisetty S., Gordon A.J.
AN: 2006620377
* Objective: To examine the rationale and evidence to support pharmacotherapies to treat alcohol problems in the primary care setting. * Methods: Qualitative review of the literature. * Results: Problem alcohol consumption is a prevalent problem in the United States and results in significant morbidity and mortality. In recent years, new pharmacologic treatments have been approved by the U.S. Food and Drug Administration to help health care providers treat patients with alcohol problems. The available research has shown that disulfiram, naltrexone, and acamprosate are effective for treating patients with alcohol problems. Certain patient characteristics promote
enhanced outcomes for each medication. Whether combinations of pharmacotherapies or combinations of pharmacotherapy with nonpharmacotherapy enhance outcomes for problem drinkers are active research topics. * Conclusion: Primary care providers should strongly consider the use of pharmacologic treatment as an adjunct to nonpharmacologic therapy to help patients reduce or eliminate alcohol consumption.

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Turner White Communications Inc.

50.
Psychiatry in contemporary Irish cinema: A qualitative study.
Kelly B.D.
AN: 2006329496

Objective: Media portrayals of mental illness and psychiatry have a considerable impact on public perceptions of mental health issues. This paper aims to focus on portrayals of psychiatry and psychiatrists in four contemporary Irish feature films in order to make wider points on this theme.

Methods: Contemporary Irish feature-films that made substantial reference to psychiatry, psychiatrists or mental health in Ireland were identified through electronic searches and consultation with the Film Institute of Ireland. Selected films were viewed. Electronic searches were performed in the medical and film literatures, with broad search terms related to film, psychiatry, psychiatrists or mental health in Ireland. Additional books and papers were identified by tracking back through references and consulting with colleagues. Results: The portrayal of psychiatrists in film is closely related to the development of both twentieth century psychiatry and twentieth century cinema. In common with recent European films, certain recent Irish films have tended to show psychiatrists as sympathetic, humane individuals (with some notable exceptions). While there have been a number of portrayals of dissocial personally disorder and various states of chronic alienation in recent Irish film, there have been fewer portrayals of psychosis or learning disability. Recent Irish films emphasise the role of alcohol in causing and perpetuating psychological distress. They generally provide unflinching portrayals of the effects of psychological distress and alienation, suicide and substance abuse at individual, family and community levels; nonetheless, there is still a regrettable tendency for films to associate mental illness with dissocial behaviour. Conclusions: The portrayal of mental health issues in film presents both challenges and opportunities to film-makers, mental health service-users and general audiences alike. It is to be hoped that the recent trend towards realistic explorations of mental health issues in many European films continues into the future. Increased research in this area would help clarify the role of cinema in shaping public understandings of mental illness, and may also help identify additional ways of addressing stigma in the future.

Institution
51.
Homophobia and psychotic crimes of violence.
Murphy D.
AN: 2006166961
Irrationally negative attitudes towards homosexual people, known as homophobia, may cause assaults by mentally ill men. A qualitative study is presented in which homophobic motives are examined in detail. Five hospital in-patients were selected. All suffered from paranoid psychosis in which a homophobic theme was prominent. All had attacked with the intention to kill. Two of the victims died. The case records were studied and each patient participated in a semi-structured interview, which was audio-taped. Transcripts were made and studied using discourse analysis with an emphasis on the narrative of events leading to the crime. These cases are used as a basis for suggesting that it may be useful to categorize homophobic violence into three broad categories: non-psychotic violence, violence arising during typical psychotic illness, and violence arising during atypical or brief psychosis. The study describes and compares features of these homophobic states. Non-psychotic homophobia is an attitude often shared with others. It may lead to severe violence, often premeditated, and may influence the development of psychotic ideas. In those with typical psychotic states, abnormal ideas, often bizarre, of a homophobic nature may arise and can be described in the same way as other abnormal ideas in mental illness. In those with atypical psychosis, both the psychosis and the accompanying homophobic violence may be a reaction to a humiliating failure of gender self-esteem, which can be described as severe internalized homophobia. This may generate extreme and unbearable states of mind leading to both suicide and homicide. Inner conflicts about sexual functioning, associated with shame and rage, lead to paranoid attacks. Distinction between different forms of homophobia may be important in providing advice to courts and in planning therapy. 2006 Taylor & Francis.
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Publisher
Routledge
<td colspan=""/>
Bipolar disorder for the primary care physician.
St. John-Larkin C., Allen M.H.
AN: 2004441578
* Objective: To review the diagnosis and treatment of bipolar disorder. * Methods: Qualitative assessment of the literature. * Results: Bipolar disorder is a major cause of morbidity and mortality. Due to the incidence and nature of the disorder, it is important to screen any patient presenting with depression for a history of mood swings and manic symptoms. The presence of psychosis or a family history of bipolar disorder can be helpful. First-line treatment for a depressive episode includes lithium or lamotrigine. The addition of an antipsychotic or an antidepressant may be necessary or useful in some cases. Evidence supports avoiding monotherapy with an antidepressant as this is likely to induce mania or rapid cycling. Treatment of severe manic or mixed episodes includes lithium or valproic acid with an atypical antipsychotic. Mild to moderate episodes may be managed with lithium, valproic acid, or an antipsychotic alone. Valproate may be more effective than lithium for some variants. An atypical antipsychotic may be the best choice for management of mild to moderate episodes in primary care settings. Conclusion: Appropriate diagnosis and treatment of bipolar disorder will help improve outcomes for patients with this potentially devastating but often manageable illness.
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Publisher
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<td colspan=""/>

53.
Quality of Life for Individuals with Schizophrenia: Validating an Assessment That Addresses Client Concerns and Occupational Issues.
Laliberte-Rudman D., Hoffman L., Scott E., Renwick R.
AN: 2004035675
This article describes the initial validation study of the Quality of Life Measure for Persons With Schizophrenia (QOLM-S). This new assessment is grounded in a holistic conceptual framework, addresses occupational issues, and was developed on the basis of qualitative data collected from individuals with schizophrenia. Data were collected from 91 individuals with schizophrenia to examine aspects of reliability and validity. Results support both the internal consistency of the QOLM-S, with a Cronbach’s alpha reliability coefficient of 0.97 for the overall scale, and concurrent validity. Correlations between the domain and total scores of the QOLM-S provide initial support for construct validity. This study supports the use of the QOLM-S as a descriptive tool. Future research to enhance the clinical utility and further examine the psychometric properties of the QOLM-S are suggested.
54.
Group CBT for Clients with a First Episode of Schizophrenia.
Lecomte T., Leclerc C., Wykes T., Lecomte J.
AN: 2004033681
This article describes the rationale for and the content of a 24-session group cognitive-behavioral therapy (CBT) tailored to the needs of individuals following a first episode of psychosis. The CBT group approach aims to increase coping with psychotic symptoms as well as help clients deal with other clinical realities such as low self-esteem, stress, anxiety, depression, suicide and substance abuse. Qualitative results, regarding process and satisfaction with treatment, are promising and suggest further investigation of this group intervention.
Institution
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Publisher
Springer Publishing Company

55.
Psychotic and hysterical dissociative syndromes: A psychopathological model.
Dalle Luche R.
Neurology Psychiatry and Brain Research. 10 (2) (pp 83-88), 2002. Date of Publication: 2002.
AN: 2003188093
Qualitative alterations of the sense of Self (self awareness, self experience) are ubiquitous in the different psychotic conditions: in early phases of schizophrenic and schizophreniform disorders-which have been called "I am illnesses"- we may observe feelings of extraneity of psychic acts and functions, basic dissociation in an observing and and observed ego with the perception of qualitative new inner experiences (basic symptoms), loss of personal identity,
increasing introversion and compensatory hyperreflexivity (psychotic depersonalization states); in acute or chronic full blown psychotic conditions the impairment of reflexivity and insight supports delusional misidentifications of Self or the loss of a true I, which becomes a mere grammatical figure (depersonation states). These disturbances of Self-consciousness have to be differentiated by psychogenic ones, which may be sustained merely by psychogenic dissociative mechanisms (situational and interpersonal use of splitting) but sometimes interlace with process activity supported phenomena. Viewing these clinical disorders from a subjective perspective allows to elicit relevant issues about the construction of the sense of identity (of having an I) which ought to be taken into account in the up to date debate on the philosophy of mind.

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Universitätsverlag Ulm GmbH

56.
If you want to do something about your own craziness, have your own experiential sessions.
Mahrer A.R.
AN: 2004527790
If a person is troubled by worries or fears about being crazy, out of one’s mind, psychotic, the person can learn to have one’s own experiential sessions aimed at two goals. One is to undergo a deep-seated, qualitative change toward becoming the person one is capable of becoming. The related other goal is to be free of the worrisome, fearful scenes or situations of being crazy, out of one’s mind, psychotic. An illustration is given of how to achieve these goals by having one’s own experiential session.
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Publisher
Kluwer Academic/Human Sciences Press Inc.

57.
Evaluating sympathomimetic intoxication in an emergency setting.
Williams R.H., Erickson T., Broussard L.A.
AN: 2001399374
Sympathomimetic-like drugs (ie, cocaine, amphetamines, and sympathomimetic amines) mimic the actions of the endogenous neurotransmitters that stimulate the sympathetic nervous system. The classic signs and symptoms (toxidrome) often seen with the sympathomimetic drugs include hyperactivity, mydriasis (dilated pupils), hypertension, tachycardia, and hyperthermia; some of these drugs also precipitate psychoses, hallucinations and seizures. Qualitative confirmation by the laboratory that the patient is experiencing a sympathomimetic drug reaction can be helpful to the clinician. However, some of the conventional toxicologic drug screens used by many clinical laboratories do not differentiate within a specific class of drugs (eg, amphetamine vs methamphetamine). Although a drug screen can help to confirm ingestion of a sympathomimetic drug, diagnosis and treatment are often based on history of use (often unreliable), physical examination, and the classic toxidrome observed with this class of drugs.

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Publisher
American Society of Clinical Pathologists

58.
Dermatoglyphics in manic-depressive psychosis.
Balgir R.S., Ghosh A., Srinivasa Murthy R., Wig N.N.
AN: 0979149296
In the present investigation qualitative dermatoglyphic features of MDP patients were studied. 100 adult normal males and 100 normal females of the same ethnic group formed the control group. Significant differences were noted between normal and MDP, normal and unipolar, normal and bipolar, and unipolar and bipolar groups. It was also found that MDP with positive family history differs significantly from MDP with negative family history on the basis of dermatoglyphic features. It is, therefore, a further indication that manic-depressive psychotics with positive family history are genetically predisposed to the aetiology of MDP. The significant differences noted between those with 'genetic loaking' and those without such history add another dimension in differentiating the two groups. The implications and the areas for further study are discussed.
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59.
On the serum concentrations and antipsychotic effects of thioridazine, thioridazine side chain sulfoxide and thioridazine side chain sulfone, in chronic psychotic patients.
Axelsson R.
In 10 patients with chronic psychosis treated with thioridazine the drug was replaced by thioridazine side-chain sulfoxide for 1 period and by thioridazine side-chain sulfone for another. The doses of the thioridazine metabolites were adjusted so that the antipsychotic effect was equal to that rated during treatment with thioridazine. During treatment with thioridazine the serum contained measurable concentrations of thioridazine, thioridazine side-chain sulfoxide, thioridazine side-chain sulfone and thioridazine ring sulfoxide. During treatment with the side-chain sulfoxide, this substance and the side-chain sulfone were found in the serum; but, remarkably enough, also low concentrations of thioridazine and thioridazine ring sulfoxide. During treatment with the side-chain sulfone this was the only substance present in the serum in measurable concentrations (apart from minute amounts of its demethylated analogue in 2 of the patients). The mean serum half-life of thioridazine in these patients was 21.1 h; that of the side-chain sulfoxide, 15.7 h; and that of the side-chain sulfone, 13.1 h. The apparent volumes of distribution could not be determined, but the data obtained indicated considerably smaller volumes for the metabolites than for thioridazine itself. The relation between the equipotent doses of thioridazine, thioridazine side-chain sulfoxide and thioridazine side-chain sulfone was, on the average, 1:0.65:0.70. Calculations based on the serum concentrations of thioridazine and thioridazine metabolites during the 3 treatment periods of treatment with equipotent dosage suggested that all the 3 drugs studied probably had antipsychotic properties, but that the effect of thioridazine was, on the average, twice as strong as per unit of concentration as either of the 2 metabolites. The patients experienced more side effects during treatment with the metabolites than during treatment with thioridazine, and the number of side effects in each patient varied significantly with the serum concentrations of the side-chain sulfoxide and the side-chain sulfone. A qualitative difference was observed between the clinical effect of the metabolites and of thioridazine. During treatment with the thioridazine metabolites the patients gradually showed signs of depression, apathy and restlessness but not during treatment with thioridazine. This in combination with the increase in the severity and number of side effects made the 2 thioridazine metabolites unsuitable as alternative drugs for these patients.

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