



Psychosis Bulletin: June 2018

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Journal articles

Psychiatrists and psychologists: who are they and what do they do? Mental Elf Dec 2017

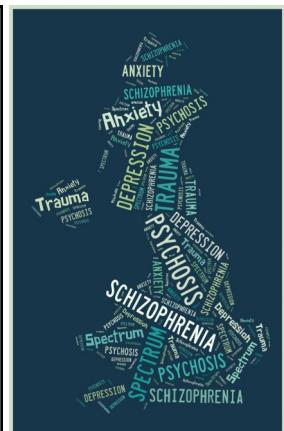
Pamela Jacobsen and Golnar Aref ask themselves "Who do they think we are?" as they reflect on a recent qualitative study about public perceptions of psychiatrists and psychologists.

Healthcare assistants' experiences on forensic mental health wards

Stacey Boardman

The Journal of Forensic Practice Jan 2018

Purpose In forensic mental health wards, patients spend more time with healthcare assistants (HCAs) than qualified nurses. Despite this, there is no universally utilised standardised HCA training. The purpose of this paper is to assess the HCAs' experiences in the HCA role in order to better understand how to build on the HCA role to ensure safe practice, and enhance staff well-being. Design/ methodology/approach HCAs working on low and medium secure NHS forensic mental health units were recruited through purposive methods. HCAs engaged in a semi-structured interview, with questions surrounding their support needs, clinical decision making and perception of risks in the role. Template analysis was used, applying an *a priori* template based on the existing literature to interview transcripts. Findings The participants described the HCA experience to be defined by two master themes: "HCA factors" and "organisational factors". HCAs valued a holistic patient view which prized patients' experiences. The participants described a lack of role clarity which may be defined through ward expectations and professional experience. Originality/value HCAs seek a holistic view of the patient; however, some overlooked patient offences in order to do their job. Future research should address how looking past offences impacts security and HCAs' well-being long term



Staff support procedures in a low-secure forensic service

Sarah Cooper The Journal of Forensic Practice Feb 2018

Purpose Staff working in forensic inpatient settings are at increased risk of harm perpetrated by patients. Support offered in response to such incidents can have a significant impact on how staff recover. The purpose of this paper is to explore how staff support procedures implemented in one low-secure forensic service impacted on staff recovery. **Design/methodology/approach** In total, 11 members of staff who had direct patient contact volunteered from an opportunity sample. Semi-structured interviews were conducted with each participant, asking about experiences of abuse at work and subsequent staff support procedures. Interviews were analysed using thematic analysis. **Findings** Four overarching themes were identified; experiences of harm, supported recovery, missed opportunities and therapeutic relationships. This led to a better understanding of how staff coped with incidents of abuse at work and how support procedures impacted on their recovery. **Research limitations/implications** The service evaluation was limited by transferability of the findings. The process of sampling may have meant there were biases in those who volunteered to take part. Further projects such as this are required to develop the themes identified. **Practical implications** Findings led to the development of a new integrated model of staff support. **Originality/value** This was one of the first studies in the UK to formally evaluate a staff support procedure in forensic low-secure services and include experiences of both clinical and non-clinical staff who are regularly exposed to potentially harmful events.

Forensic psychiatric experiences, stigma, and self-concept: a mixed-methods study

Michelle L. West

Journal of Forensic Psychiatry & Psychology Jan 2018

This study used a mixed-methods approach to investigate stigma experiences and self-concepts of individuals with both mental illness and criminal histories. The full sample of participants completed self-report measures of self-concept related to mental illness, race, and criminal history, and a brief qualitative self-concept measure. A subsample of participants completed semi-structured interviews, which were analyzed for content domains. Analyses suggested that several aspects of self-concept related to responses on stigma measures. Participants who identified their own styles of acting, feeling, and thinking tended to exhibit less mental illness self-stigma. Qualitative interview findings suggested that the majority of participants described stigma experiences related to mental illness, race, and criminal history, and these stigmatized identities negatively influenced one another. Conclusions review how stigmatized identities can intersect in powerful ways for individuals with mental illness and histories of criminal offending,

Seclusion: the association with diagnosis, gender, length of stay and HoNOS-secure in low and medium secure inpatient mental health service

Chris Griffiths Journal of Forensic Psychiatry & Psychology 2018

The use of seclusion is controversial. Using routinely collected data from low and medium secure service provider in the United Kingdom ($n = 347$) this study compared secluded and non-secluded Asperger's syndrome, paranoid schizophrenia, organic personality disorder and emotionally unstable personality disorder patients. Analysis revealed that secluded patients were younger but did not differ on length of stay. Scores on the HoNOS-secure improved from entry to discharge on all diagnostic categories, indicating sensitivity to change. However, secluded patients with paranoid schizophrenia did not improve on the secure scale or personal and emotional well-being sub-scale factors, indicating HoNOS-secure should be used with caution in discharge decisions. Findings indicate that HoNOS-secure do not capture the factors linked to the use of seclusion in organic personality disorder and Asperger's syndrome. HoNOS secure results outline differing needs and progress in the four diagnostic groups. Seclusion did not affect recovery as measured by HoNOS-secure clinical scale, providing evidence opposing the view that seclusion plays a major contribution to delaying recovery.

Violent offender treatment in a medium secure unit Sharon Howden Journal of Forensic Practice 2018

The purpose of this paper is to conduct a preliminary evaluation of a Violent Offender Treatment Program (VOTP) adapted for use in a medium secure unit (MSU). The patient population is adult male mentally disordered offenders.

Patient outcomes are explored using the Reliable Change Index and Clinical Significance Criterion. Outcomes are assessed using VOTP facilitators violence risk assessment (VRS), multi-disciplinary team violence risk assessment (HCR-20 and GAS-V), and patient self-report using two measures (FAVT and STAXI-2).

There was evidence of improved outcomes for some participants in some areas related to risk of violence.

Violence and aggression towards staff in secure settings

Annette Greenwod Journal of Forensic Practice 2017

The purpose of this paper is to undertake a systematic literature review to appraise the current evidence relating to the factors associated with violence and aggression in adult psychiatric hospital inpatient settings.

A systematic search of following four databases was conducted: Scopus, PsychINFO Medline, CIHAHL and PsychArticle. Following the application of the inclusion criteria, ten papers were extracted and included in the review. A quality appraisal tool, Mixed Methods Appraisal Tool (MMAT) version 2011 ([Pluye et al., 2011](#)), was employed for the appraisal of the qualitative and quantitative studies. MMAT has been designed for systematic literature reviews that include qualitative, quantitative and mixed methods studies. Of these, eight were of quantitative methodology and two were of qualitative studies.

The impact of masculinity upon men with psychosis who reside in secure forensic settings Chris Searle Journal of Forensic Practice 2017

Masculinity is a core cognitive structure that plays a central role in organising attitudinal and behavioural processes. Yet there is limited research focussing upon the meaning of masculinity for men who have a past history of violent behaviour, who experience psychotic phenomena and reside in secure forensic settings. The paper aims to discuss these issues.

Q-methodology was used to elucidate the factors regarding how men who experience psychotic phenomena perceive their masculinity. Ten participants from a secure forensic setting performed a 49-statement Q-sort task.

Principal component factor analysis with varimax rotation was performed on the ten completed Q-sorts which revealed a three-factor solution, accounting for 57 per cent of the variance in the data. The factors were interpreted and discussed under the following headings: "assured and asserting maverick", "calm, confident, composed conformist" and "nurturing provider in the face of adversity". This revealed that men with psychosis have different, predominantly pro-social explanatory frameworks for their representation of masculinity.

Can social recovery therapy improve social functioning in psychosis?

Mental Elf Jan 2018

Lisa Wood publishes her debut blog about a recent RCT of social recovery therapy in combination with early intervention services for enhancement of social recovery in patients with first-episode psychosis: the SUPEREDEN3 trial.

Social recovery therapy in combination with early intervention services for enhancement of social recovery in patients with first-episode psychosis (SUPEREDEN3): a single-blind, randomised controlled trial.

Fowler D, Hodgekins J, French P, Lancet Psychiatry. 5(1) 41-50

BACKGROUND: Provision of early intervention services has increased the rate of social recovery in patients with first-episode psychosis; however, many individuals have continuing severe and persistent problems with social functioning. We aimed to assess the efficacy of early intervention services augmented with social recovery therapy in patients with first-episode psychosis. The primary hypothesis was that social recovery therapy plus early intervention services would lead to improvements in social recovery. **METHODS:** We did this single-blind, phase 2, randomised controlled trial (SUPEREDEN3) at four specialist early intervention services in the UK. We included participants who were aged 16–35 years, had non-affective psychosis, had been clients of early intervention services for 12–30 months, and had persistent and severe social disability, defined as engagement in less than 30 h per week of structured activity. Participants were randomly assigned (1:1), via computer-generated randomisation with permuted blocks (sizes of four to six), to receive social recovery therapy plus early intervention services or early intervention services alone. Randomisation was stratified by sex and recruitment centre (Norfolk, Birmingham, Lancashire, and Sussex). By necessity, participants were not masked to group allocation, but allocation was concealed from outcome assessors. The primary outcome was time spent in structured activity at 9 months, as measured by the Time Use Survey. Analysis was by intention to treat. This trial is registered with ISRCTN, number ISRCTN61621571. **FINDINGS:** Between Oct 1, 2012, and June 20, 2014, we randomly assigned 155 participants to receive social recovery therapy plus early intervention services (n=76) or early intervention services alone (n=79); the intention-to-treat population comprised 154 patients. At 9 months, 143 (93%) participants had data for the primary outcome. Social recovery therapy plus early intervention services was associated with an increase in structured activity of 8·1 h (95% CI 2·5–13·6; p=0·0050) compared with early intervention services alone. No adverse events were deemed attributable to study therapy. **INTERPRETATION:** Our findings show a clinically important benefit of enhanced social recovery on structured activity in patients with first-episode psychosis who received social recovery therapy plus early intervention services. Social recovery therapy might be useful in improving functional outcomes in people with first-episode psychosis, particularly in individuals not motivated to engage in existing psychosocial interventions targeting functioning, or who have comorbid difficulties preventing them from doing so.



Social media and suicide prevention: a systematic review Jo Robinson

Early Intervention in Psychiatry Feb 2015

Hampshire Healthcare
Library Service

Aim

Social media platforms are commonly used for the expression of suicidal thoughts and feelings, particularly by young people. Despite this, little is known about the ways in which social media can be used for suicide prevention. The aim of this study was to conduct a systematic review to identify current evidence pertaining to the ways in which social media are currently used as a tool for suicide prevention.

Methods

Medline, PsycInfo, Embase, CINHAL and the Cochrane Library were searched for articles published between 1991 and April 2014. English language articles with a focus on suicide-related behaviour and social media were included. No exclusion was placed on study design.

Results

Thirty studies were included; 4 described the development of social media sites designed for suicide prevention, 6 examined the potential of social media in terms of its ability to reach or identify people at risk of suicide, 15 examined the ways in which people used social media for suicide prevention-related purposes, and 5 examined the experiences of people who had used social media sites for suicide prevention purposes. No intervention studies were identified.

Conclusion

Social media platforms can reach large numbers of otherwise hard-to-engage individuals, may allow others to intervene following an expression of suicidal ideation online, and provide an anonymous, accessible and non-judgmental forum for sharing experiences. Challenges include difficulties controlling user behaviour and accurately assessing risk, issues relating to privacy and confidentiality and the possibility of contagion. Social media appears to hold significant potential for suicide prevention; however, additional research into its safety and efficacy is required.

The use of telepsychiatry within forensic practice: a literature review on the use of videolink – a ten-year follow-up Christian P. Sales Journal of Forensic Psychiatry & Psychology 29(3) 2018

Can virtual reality CBT help people with psychosis be more sociable? Mental Elf

Feb 2018 André Tomlin appraises a new RCT published today of virtual reality CBT versus waiting list control for paranoid ideation and social avoidance in people with psychosis.

Loneliness in Psychosis: A Meta-analytical Review Michalska de Rocha

Schizophrenia Bulletin 2018 44(1) 114-125

Loneliness may be related to psychotic symptoms but a comprehensive synthesis of the literature in this area is lacking. The primary aim of the current study is to provide a systematic review and meta-analysis of the association between loneliness and psychotic symptoms in people with psychosis. A search of electronic databases was conducted (PsychINFO, MEDLINE, EMBASE, and Web of Science). A random effects meta-analysis was used to compute a pooled estimate of the correlation between loneliness and psychotic symptoms. Study and outcome quality were assessed using adapted versions of the Agency for Healthcare Research and Quality (AHRQ) tool and GRADE approach, respectively. Thirteen studies were included, providing data from 15 647 participants. A moderate association between psychosis and loneliness was observed ($k = 13$, $N = 15\,647$, $r = .32$, 95% CI 0.20, 0.44; $I^2 = 97.56\%$; moderate quality evidence). Whether loneliness was assessed by a single-item or a more comprehensive measure had no moderating effect on the estimate. Results indicate that there is a significant positive relationship between loneliness and psychosis. Further studies are needed to determine the causal status of this relationship, but this robust finding should be considered in clinical practice and treatment provision for those with psychotic disorders.

Voices, PROM and staff health

An analogue study investigating voice-hearing following exposure to stressful material... Samantha Wong *Psychosis* 10(1) 2018

Non-clinical participants viewed pictures of either neutral or stressful interpersonal scenes before completing a voice-detection task. Exposure to stress did not influence voice detection, but scores on a measure of depersonalisation were positively correlated with voices.



Facing our inner voices: AVATAR therapy for auditory hallucinations in people with psychosis Feb 2018

Joe Barnby summarises a recent RCT in *The Lancet Psychiatry* of AVATAR therapy for auditory verbal hallucinations in people with psychosis.

Recovering Quality of Life (ReQOL) scale: a PROM you don't want to miss

Mental Elf Jan 2018

Martina Sawicka and Derek Tracy take a look at the ReQOL scale (Recovering Quality of Life): a patient reported outcome measure (PROM) for use with people experiencing mental health difficulties.

Improving the health of mental health staff through exercise interventions: a systematic review Fribbins *J Ment Health.* 2018 Apr;27(2):184-191

BACKGROUND:

Exercise interventions are efficacious in reducing cardiometabolic risk and improving symptoms in people with severe mental illness, yet evidence guiding the implementation and scalability of such efforts is lacking. Given increasing efforts to address the disparity in physical health outcomes facing people with a mental illness, novel approaches to increasing adoption of effective interventions are required.

Exercise interventions targeting mental health staff may improve staff health while also creating more positive attitudes towards the role of lifestyle interventions for people experiencing mental illness. **AIMS:** We aimed to determine the feasibility, acceptability and effectiveness of exercise interventions delivered to staff working in mental health services. **CONCLUSIONS:** Limited evidence suggests that exercise interventions targeting mental health staff are feasible and acceptable. Further research is required to determine the efficacy of such interventions and the impact such strategies may have on staff culture and patient outcomes.

Antidepressants for depression in schizophrenia: when good-enough evidence is good enough Mental Elf Jan 2018

Carmine Pariante is positive about a recent systematic review and meta-analysis of antidepressants for the treatment of depression in schizophrenia.

Two-year effectiveness of risperidone and aripiprazole in the maintenance treatment of patients with recent-onset or chronic schizophrenia and related psychotic disorders: a retrospective multicenter study. Yoshimura Y, Takeda T, Kikuchi T. *J Clin Psychopharmacol* 2012; 36(4): 451-456.



This study aimed to assess the comparative effectiveness of

risperidone (RIS) versus aripiprazole (ARP) in patients with recent-onset or chronic schizophrenia during maintenance treatment and to examine the interaction between illness duration and the effectiveness of the treatment. All adult patients with schizophrenia and related disorders discharged from four psychiatric hospitals between 2006 and 2012 were screened and the 2-year continuation rates of monotherapy using RIS or ARP after discharge were examined retrospectively. The treatment continuation of the two drugs in patients with recent-onset (illness duration <5 years) or chronic schizophrenia (illness duration ≥5 years) and the moderator effect of illness duration on the effectiveness of the treatment were analyzed. Of 328 patients, 233 received RIS and 95 received ARP. No significant difference was found between the two drugs in the treatment continuation for the entire sample. However, there was a significant difference favoring ARP in the recent-onset subgroup mainly because of differences in tolerability, whereas RIS tended to present better outcomes in patients with chronic illness. Furthermore, there was a significant variation in the effectiveness of the treatment between recent-onset and chronic schizophrenia. Our results suggest that illness duration is an important moderator in terms of the long-term effectiveness of the two drugs.

Treatments for Schizophrenia in Adults: A Systematic

Review McDonagh MS, Dana T, Selph S, AHRQ

Comparative Effectiveness Reviews 2017



OBJECTIVES: This systematic review (SR) provides evidence on pharmacological and psychosocial treatments for schizophrenia.

RESULTS: We included 1 SR of 138 trials (N=47,189) and 24 trials (N=6,672) for SGAs versus SGAs, 1 SR of 111 trials (N=118,503) and 5 trials (N=1,055) for FGAs versus SGAs, and 13 SRs of 271 trials (N=25,050) and 27 trials (n=6,404) for psychosocial interventions. Trials were mostly fair quality and strength of evidence was low or moderate. For drug therapy, the majority of the head-to-head evidence was on older SGAs, with sparse data on SGAs approved in the last 10 years (asenapine, lurasidone, iloperidone, cariprazine, brexpiprazole) and recent long-acting injection (LAI) formulations of aripiprazole and paliperidone. Older SGAs were similar in measures of function, quality of life, mortality, and overall adverse events, except that risperidone LAI had better social function than quetiapine. Core illness symptoms were improved more with olanzapine and risperidone than asenapine, quetiapine, and ziprasidone, and more with paliperidone than lurasidone and iloperidone; all were superior to placebo. Risperidone LAI and olanzapine had less withdrawal due to adverse events. Compared with olanzapine and risperidone, haloperidol, the most studied FGA, had similar improvement in core illness symptoms, negative symptoms, symptom response, and remission but greater incidence of adverse event outcomes. In comparison with usual care, most psychosocial interventions reviewed were more effective in improving intervention-targeted outcomes, including core illness symptoms. Various functional outcomes were improved more with assertive community treatment, cognitive behavioral therapy, family interventions, psychoeducation, social skills training, supported employment, and early interventions for first episode psychosis (FEP) than with usual care. Quality of life was improved more with cognitive behavioral therapy and early interventions for FEP than usual care. Relapse was reduced with family interventions, psychoeducation, illness self-management, family interventions, and early interventions for FEP.

CONCLUSIONS: Most comparative evidence on pharmacotherapy relates to the older drugs, with clozapine, olanzapine, and risperidone superior on more outcomes than other SGAs. Older SGAs were similar to haloperidol on benefit outcomes but had fewer adverse event outcomes. Most psychosocial interventions improved functional outcomes, quality of life, and core illness symptoms, and several reduced relapse compared with usual care.

Continuous maintenance antipsychotic treatment in schizophrenia.

Herold R, Szekeres G, Bitter I Psychiatr Hung. 2017;32(3):296-306

During recent years concerns have been raised about the long-term cumulative and potentially negative impact of continuous maintenance antipsychotic treatment of schizophrenia on the human body, especially on the central nervous system. This paper aims at providing a summary of literature data on continuous maintenance treatment for practicing physicians. The results show that continuous maintenance antipsychotic treatment can significantly decrease the risk of relapses and improve the long-term outcome in schizophrenia. Regarding the long-term effects of antipsychotic treatment on the central nervous system, however, further research is needed to answer the question: are brain morphological and functional changes associated with the disease or the treatment or both? Based on the data available, low antipsychotic doses are effective and safe while high doses of antipsychotics should be avoided. This review concludes that the minimum effective doses of antipsychotics should be administered for continuous maintenance treatment.

Clinical characteristics of primary psychotic disorders with concurrent substance abuse and substance-induced psychotic disorders: A systematic review.

Wilson L, Szigeti A, Kearney A, Clarke M Schizophr Res. 2017

BACKGROUND: Distinguishing between a primary psychotic disorder with concurrent substance abuse (PPD+SA) and a substance-induced psychotic disorder (SIPD) can be diagnostically challenging. We aimed to determine if these two diagnoses are clinically distinct, particularly in relation to psychopathology. In addition, we aimed to examine the specific clinical features of cannabis-induced psychotic disorder (CIPD) as compared to primary psychotic disorder with concurrent cannabis abuse (PPD+CA) and also to SIPD associated with any substance.

METHODS: A systematic review of SIPD literature using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

RESULTS: Using strict inclusion criteria, a total of six studies examining SIPD were included in the review (two of which only considered psychosis induced by cannabis alone). The findings did not reveal many consistent differences in psychopathology. However, we did find that compared to PPD+SA, individuals with SIPD have a weaker family history of psychotic disorder; a greater degree of insight; fewer positive symptoms and fewer negative symptoms; more depression (only in CIPD) and more anxiety.

Treatments

Efficacy and Tolerability of Clozapine versus Quetiapine in Treatment-resistant Schizophrenia.

Kumar M, Indian J Psychol Med. 2017 Nov-Dec;39(6):770-776

Objectives: To compare the efficacy and tolerability of clozapine and quetiapine in patients with treatment-resistant schizophrenia (TRS).

Patients and Methods: In this prospective, randomized, open label study of 14 weeks, 53 patients with schizophrenia diagnosed as per ICD-10 and fulfilling the modified version of Conley and Kelly's criteria of TRS were randomly assigned to receive clozapine or quetiapine as per a computer-generated random table. After 2-weeks of dose-titration phase, doses were fixed at minimum therapeutic dose and subsequently adjusted according to the clinical improvement. All patients received dosage of respective drug in therapeutic range. 13 patients were lost to follow up. Treatment efficacy and side effects were evaluated with standardized rating scales.

Results: Clozapine group (reduction in total score: mean=14.45, SD=10.39) had significantly greater reductions ($P=0.004$; CI=3.541-17.059) in the Positive and Negative Syndrome Scale (PANSS) total score, PANSS positive subscale and PANSS general psychopathology subscale at 14 weeks in comparison to the quetiapine group (reduction in total score: mean=4.15, SD=10.71). Significant reduction in PANSS negative subscale was seen with both drugs but no significant difference was present between the two drugs. At 14 weeks, 30% patients in clozapine group and 15% patients in quetiapine group showed response. Clozapine led to significantly greater side effects ($P< 0.001$, CI=2.241-6.059) on Glassgow Anti-psychotic Side-effect Scale (GASS) than quetiapine.

Conclusions: Clozapine was found to be more efficacious than quetiapine in patients with TRS but was associated with greater side effects. Both the drugs were found to be equally effective in reducing the negative symptoms.

Negative symptoms of psychosis: A life course approach and implications for prevention and treatment

Aim

Negative symptoms are a cause of enduring disability in serious mental illness. In spite of this, the development of effective treatments for negative symptoms has remained slow. The challenge of improving negative symptom outcomes is compounded by our limited understanding of their aetiology and longitudinal development.

Conclusions

Similar to other aspects of schizophrenia, negative symptoms likely involve a complex interplay of several risk and protective factors at different life phases. Concepts suggested in this article, such as "negative symptom reserve" theory, require further research, which may inform future prevention and treatment strategies.



Combined use of electroconvulsive therapy and antipsychotics (both clozapine and non-clozapine) in treatment resistant schizophrenia: A comparative meta-analysis.

Heliyon. 2017 Nov;3(11):e00429 Ahmed S, Khan AM, Mekala HM

Aim: To assess the relative efficacies of clozapine plus Electroconvulsive Therapy (ECT) compared against non-clozapine typical and atypical antipsychotics plus ECT for the treatment of "Treatment Resistant Schizophrenia" (TRS). Primarily to assess if clozapine delivers a significant improvement over other antipsychotics when combined with ECT.

Design: Major electronic databases were searched between 1990 and March 2017 for trials measuring the effects of either clozapine augmented ECT, other antipsychotic-augmented ECT, or both. After the systematic review of the data, a random-effects meta-analysis was conducted measuring the relative effect sizes of the different treatment regimens.

Subjects: 1179 patients in 23 studies reporting the usage of ECT augmentation with antipsychotics. A total of 95 patients were tested with clozapine, and ECT (9 studies) and 1084 patients were tested with non-clozapine antipsychotics (14 studies) such as flupenthixol, chlorpromazine, risperidone, sulpiride, olanzapine, and loxapine with concurrent ECT treatment considered for systematic review. Of these, 13 studies reported pre and post-treatment scores were included in the meta-analysis.

Main outcome measures: The main outcome measure was the presence and degree of both positive and negative psychotic symptoms, as measured by either of two standardized clinician administered tests, the Brief Psychiatric Rating Scale (BPRS), and the Positive and Negative Symptom Scale (PANSS).

Results: The comparison of the different antipsychotics established the supremacy of ECT-augmented clozapine treatment against other typical and atypical antipsychotics. The Forest Plot revealed that the overall standard mean difference was 0.891 for non-clozapine studies and 1.504 for clozapine studies, at a 95% interval. Furthermore, the heterogeneity plots showed that while clozapine studies showed no significant heterogeneity, non-clozapine studies showed an I² statistic value at 42.19%, suggesting moderate heterogeneity. Lastly, publication bias showed asymmetrical plots and significant values of Kendal's tau and Egger's rank test.

Conclusion: ECT augmentation technique was found to be effective in the reduction of psychometric scale scores, and the resulting improvement was significant. Clozapine maintained its stance as the most effective treatment for Treatment-Resistant Schizophrenia, followed by flupenthixol.

Antipsychotic combinations for schizophrenia: safe and effective? Mental Elf Nov 2017

Elena Marcus presents the findings of an updated Cochrane review on antipsychotic combinations for schizophrenia.



Treatments

Psychosis Risk Syndrome: What Now? Sentissi O, Andreou MA, Moeglin C,

J Psychiatr Pract. 2017 Nov;23(6):415-424

BACKGROUND: Schizophrenia is a chronic psychiatric disorder that generally begins in late adolescence or early adulthood. This early onset is often linked with a devastating lifelong impact on both the social network and work capacities of the affected subjects. Beginning in the mid-1990s, several sets of diagnostic criteria aiming to identify "high-risk" patients were developed and applied in clinical studies. Short-term rates of onset of psychosis in this subgroup of subjects ranged from 20% to 40%. However, 20 years later, the proposal to introduce "psychosis risk syndrome" as a coded diagnostic category in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders remained controversial and was finally rejected. Instead, "attenuated psychosis syndrome" was included in section III of the newly published manual as a condition for further studies.

OBJECTIVE: The goal of this article is to review the extant literature concerning the advantages and risks of early assessment of psychotic symptoms ("prodrome" and "psychosis-risk syndrome") and concerning available therapeutic options, both psychosocial and pharmacological.

CONCLUSIONS: "Attenuated psychosis syndrome" is a clinically useful concept. It identifies help-seeking individuals with mental health problems who need an intervention and who, if no treatment strategy is proposed, present a higher likelihood of developing a psychosis spectrum disorder in the years following their first contact with a mental health facility. In parallel with the clinical utility of this concept, additional research focused on this group of patients is warranted to further understand the emerging phase of psychotic disorders and to develop effective and efficient evidence-based prevention strategies.

Violent behaviour in early psychosis patients: Can we identify clinical risk profiles? Valerie Moulin Early Intervention in Psychiatry 2017

Aims

The objective of this study is to explore, within a sample of early psychosis patients (EPP), if subgroups regarding rate of violent behaviour (VB) against others can be identified on the basis of dynamic risk factors (treatment modifiable characteristics).

Conclusions

Identification of EPP at increased risk of VB seems possible on the basis of dynamic risk factors. If confirmed prospectively, this could pave the way to the development of preventive strategies and specific interventions.

Learning to Live With Schizoaffective Disorder: A Transformative Journey Toward Recovery Anon,

Schiz Bulletin 2018 Jan 13;44(1):2-3

I have endured auditory and visual hallucinations, paranoid thoughts, and depressive symptoms since the age of 6 (some 40 years ago), and was formally diagnosed with schizoaffective disorder, depressive type in young adulthood. I chose not to surrender to my illness, but instead to wage a war against my symptoms. And I felt that I was winning that war until I chose to leave a successful but stressful career (built over a period of 25 years) to restore my health and my quality of life.

