

Psychosis Bulletin: May 2019

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CBT

[A narrative review of the barriers to the implementation of Cognitive Behavioural Therapy for Psychosis \(CBTp.\)](#)

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[CBT for psychosis: process-orientated therapies and the third wave](#)

Posted: 20 Mar 2019

[Cognitive Behavioral Therapy Plus Standard Care Versus Standard Care Plus Other Psychosocial Treatments for People With Schizophrenia](#)

Treatment-Resistant Schizophrenia: A Brief Overview of Treatment Options. Faden J.

J Clin Psychiatry. 2019 Mar 19;80(4):

Clinical Guidance on the Identification and Management of Treatment-Resistant Schizophrenia. Kane JM, Agid O, Baldwin ML. J Clin Psychiatry. 2019 Mar 05;80(2):

Abstract

Treatment-resistant schizophrenia (TRS) occurs in approximately 30% of individuals diagnosed with schizophrenia. The identification and management of TRS in clinical practice are inconsistent and not evidence based. No established clinically relevant criteria for defining and treating TRS exist, although guidelines have been promulgated for clozapine use among TRS patients. This report summarizes the consensus from a roundtable that focused on defining and identifying TRS, pathways to treatment resistance, current treatments, unmet needs, and disease burden. Nine clinical experts in schizophrenia and TRS participated in a closed meeting on June 23, 2017, sponsored by Lundbeck, at which published literature in key areas of TRS research was reviewed. The findings from published studies were synthesized by experts in each area and presented to the group for review and discussion. It was agreed that inadequate response to 2 different antipsychotics, each taken with adequate dose and duration, is required to establish TRS. This recommendation is consistent with guidelines for clozapine use. For each trial, objective symptom measures should be used to assess treatment response, with medication adherence ensured. Once nonresponse is established (after ≥ 12 weeks for positive symptoms [2 trials of ≥ 6 weeks]), the treatment plan should be reevaluated and alternative pharmacologic or nonpharmacologic treatments considered. With increased awareness, those involved in the care of patients with schizophrenia will be able to identify TRS earlier in its course, thus supporting more informed treatment decisions by clinicians, patients, and caregivers to reduce the overall disease burden.

Reasons for clozapine discontinuation in patients with treatment-resistant schizophrenia. Uçok A, Yağcıoğlu EA, Yıldız M. Psychiatry Res. 2019 Mar 19;275:149-154

Abstract

Although clozapine is more effective than other antipsychotics in the treatment of schizophrenia, the rate of its discontinuation is also high. The aim of this retrospective chart-review study was to investigate the causes of clozapine discontinuation in patients with treatment-resistant schizophrenia. This study included a total of 396 patients with schizophrenia, 240 still on clozapine therapy and 156 who discontinued clozapine, and compared their clinical characteristics. Those who discontinued clozapine had a longer history of illness and more hospitalizations before clozapine and tended to be older. Inadequate response was more common among clozapine discontinuers compared to continuers. The most common reason for discontinuation was the side-effects associated with clozapine (49%). Discontinuation from patient decision or by the psychiatrist due to noncompliance was the second (29.7%) and discontinuation due to lack of efficacy was the third most frequent reason (21.3%). The patients who discontinued clozapine because of cardiac side effects were younger, had shorter duration of clozapine use, and had lower maximum clozapine dose compared to the other discontinuers. Our findings point out the importance of enhancing psychiatrists' ability to handle manageable side effects to minimize discontinuations and maximize the benefits of clozapine in patients with treatment-resistant schizophrenia.

Patient versus rater evaluation of symptom severity in treatment resistant schizophrenia receiving clozapine. Song J, Borlido C, De Luca V. Psychiatry Res. 2019 Feb 20;274:409-413

Abstract

Patient input as part of health care has taken on increased importance recently. To look at whether patients with treatment resistant schizophrenia (TRS) are able to provide a valid self-assessment of symptoms, the present study investigated patient versus rater evaluation of clinical symptoms. Ninety-three patients diagnosed with TRS and treated with clozapine were recruited. Both patients and raters completed the 7-point Clinical Global Impression - Schizophrenia Version (CGI-SCH) scale, thereby providing evaluations for positive, negative, depressive, and cognitive symptoms as well as overall illness severity. Patients rated their clinical symptoms significantly lower than raters. A positive correlation was found between patients and raters for all symptom domains, while the strength of correlation varied. Age, gender and years of education did not impact the relationship between patient and rater scores. The conclusion is that patients provided valid information in self-assessments of symptoms when compared to raters, and this was consistent over time. In addition, the greatest heterogeneity between rater and patient ratings occurred with regard to cognitive symptoms. Patient assessments may help further engage individuals in their care and permit clinicians to identify where discrepancies exist. Addressing these issues offers opportunities for improved therapeutic alliance, education, and shared decision-making within treatment.



Identifying and characterizing treatment-resistant schizophrenia in observational database studies. Jönsson L, Simonsen J, Brain C. Int J Methods Psychiatr Res. 2019 Apr 7;:e1778

Abstract

OBJECTIVES: Treatment-resistant schizophrenia (TRS) is clinically defined as failure to respond to two antipsychotics of adequate dose and duration. An algorithm (registry TRS) was developed, for identifying patients with TRS in claim datasets from Sweden and the United States.

METHODS: Schizophrenia (SZ) patients aged ≥ 13 years were identified in both datasets and matched to controls. Patients were identified as having TRS by use of the registry TRS or ≥ 1 prescription for clozapine or use of other published criteria. The algorithm was compared for sensitivity, and patients with and without TRS were compared for psychiatric and hospital burden and Global Assessment of Functioning (GAF) scores. TRS prevalence was not assessed due to lack of clinically validated data to test the specificity of the algorithm.

RESULTS: Swedish registry TRS patients ≤ 45 years at first SZ diagnosis had significantly lower GAF scores and earlier disease onset than non-TRS patients. SZ patients with higher psychiatric comorbidity and hospital burden were more likely identified as TRS by all algorithms. The registry algorithm was significantly more sensitive to multiple inpatient stays and all psychiatric comorbidities at identifying TRS.

CONCLUSION: The registry algorithm appeared more sensitive at identifying patients with TRS, who had greater psychiatric and hospital burden.

[Electroconvulsive therapy for treatment-resistant schizophrenia.](#) Sinclair DJ, Zhao S, Qi F.

Cochrane Database Syst Rev. 2019 Mar 19;3:CD011847

BACKGROUND: Electroconvulsive therapy (ECT) involves the induction of a seizure by the administration of an electrical stimulus via electrodes usually placed bilaterally on the scalp and was introduced as a treatment for schizophrenia in 1938. However, ECT is a controversial treatment with concerns about long-term side effects such as a memory loss. Therefore, it is important to determine its clinical efficacy and safety for people with schizophrenia who are not responding to their treatment.

AUTHORS' CONCLUSIONS: Moderate-quality evidence indicates that relative to standard care, ECT has a positive effect on medium-term clinical response for people with treatment-resistant schizophrenia. However, there is no clear and convincing advantage or disadvantage for adding ECT to standard care for other outcomes. The available evidence was also too weak to indicate whether adding ECT to standard care is superior or inferior to adding sham-ECT or other antipsychotics to standard care, and there was insufficient evidence to support or refute the use of ECT alone. More good-quality evidence is needed before firm conclusions can be made.

Hallucinations and voice-hearing

[Hallucination Research: Into the Future, and Beyond](#) Renaud Jardri, Frank Laroi, Flavie Waters

Schizophrenia Bulletin, Volume 45, Issue Supplement_1, January 2019, Pages S1–S4

Hallucination research is undergoing major changes. The sharing of knowledge, techniques, data, and resources together with the cross-pollination of ideas and inspiration hold promises of new breakthroughs and clinical discoveries for people who are experiencing distressing voices, visions, and related symptoms.

[Metaphor framing and distress in lived-experience accounts of voice-hearing](#) [Volume](#)

[11, Issue 1](#), March 2019, Page 16-27

[Making Sense of Voices: a case series](#) [Volume 11, Issue 1](#), March 2019, Page 3-15

Hallucinations and voice-hearing

Prevalence and characteristics of multi-modal hallucinations in people with psychosis who experience visual hallucinations. : Dudley R, Aynsworth C, Cheetham R

Psychiatry Res. 2018 11;269:25-30

Hallucinations can occur in single or multiple sensory modalities. Historically, greater attention has been paid to single sensory modality experiences with a comparative neglect of hallucinations that occur across two or more sensory modalities (multi-modal hallucinations). With growing evidence suggesting that visual hallucinations may be experienced along with other hallucinations, this study aimed to explore multi-modal hallucinations in a sample of people with psychotic disorders who reported visual hallucinations (n = 22). No participants reported just visual hallucinations i.e. all reported related or unrelated auditory hallucinations. Twenty-one participants reported multi-modal hallucinations that were serial in nature, whereby they saw visual hallucinations and heard unrelated auditory hallucinations at other times. Nineteen people out of the twenty two also reported simultaneous multi-modal hallucinations, with the most common being an image that talked to and touched them. Multi-modal related and simultaneous hallucinations appeared to be associated with greater conviction that the experiences were real, and greater distress. Theoretical and clinical implications of multi-modal hallucinations are discussed.

A comparison of visual hallucinations across disorders. Dudley R, Aynsworth C, Mosimann U.

Psychiatry Res. 2018 Dec 08;272:86-92

Research into hallucinations typically regards them as single sensory or unimodal experiences leading to a comparative neglect of co-occurring multi-sensory hallucinations (MSH). People with psychosis who have visual hallucinations (VH) report high rates of hallucinations in other senses (auditory, olfactory, tactile). However, it is not known if this is similar to other groups who report VH. Consequently, this study explored MSH in four different patient groups who all had current VH. People with psychosis with VH report high rates of MSH unlike groups of older adults with VH. These between group differences in MSH prevalence have implications for clinical practice and theory.

Potential Applications of Digital Technology in Assessment, Treatment, and Self-help for Hallucinations. Thomas N, Bless JJ, Alderson-Day B, Schizophr Bull. 2019 02 01;45(45 Suppl 1):S32-S42

The field of digital mental health is rapidly expanding with digital tools being used in assessment, intervention, and supporting self-help. The application of digital mental health to hallucinations is, however, at a very early stage. This report from a working group of the International Consortium on Hallucinations Research considers particular synergies between the phenomenon of hallucinations and digital tools that are being developed. Highlighted uses include monitoring and managing intermittently occurring hallucinations in daily life; therapeutic applications of audio and video media including virtual and augmented reality; targeting verbal aspects of hallucinations; and using avatars to represent hallucinatory voices. Although there is a well-established Internet-based peer support network, digital resources for hallucinations have yet to be implemented in routine practice. Implementation may benefit from identifying how to market resources to the broad range of populations who experience hallucinations and identifying sustainable funding models. It is envisaged that digital tools will contribute to improved self-management and service provision for people experiencing hallucinations.

Recovery

"Technically well, but not really": carers' constructions of recovery from psychosis.

Quaye H, Rennoldson M J Ment Health. 2018 Dec 29;:1-7

Abstract

BACKGROUND: The recovery movement has become highly influential in research and services for people who experience psychosis. However, the precise meaning of recovery from psychosis is contested, and there are concerns that the language of the recovery movement may be co-opted to serve other priorities.

AIMS: To investigate carers' constructions of the meaning of recovery from psychosis.

METHOD: A qualitative study, using synthetic discursive psychology to analyse transcripts of semi-structured interviews with seven carers recruited from an Early Intervention in Psychosis service, where recovery approaches were practised.

RESULTS: We found medical accounts of recovery to be highly influential used both frequently and as a key reference point, even when describing alternative, non-medical accounts of recovery. Such alternative accounts of recovery in the data were fragmentary and participants tended to use such accounts to signal some kind of trouble or disruption.

CONCLUSIONS: Explanations of the objectives of recovery approaches cannot escape comparison with a medical repertoire of recovery. Such explanations may benefit from illustration using personal accounts of recovery that contain concrete detail.

Institutional recovery: a 10-year follow-up of persons after their first psychosis diagnosis. A critical reflexive approach

Posted: 03 Sep 2018

[Volume 10, Issue 4](#), December 2018, Page 263-274

Recovery from daily-life stressors in early and chronic psychosis. Vaessen T, Viechtbauer W, van der Steen Y. Schizophr Res. 2019 Mar 28;:

Abstract

Initial affective and psychotic reactivity to daily stressors is altered in psychosis, and most notably in early psychosis. In addition to altered initial stress reactivity, results from studies using Experience Sampling Methodology (ESM) and psychophysiological measures indicate that impaired recovery from mild stressors may also be a risk factor for mental illness. The current ESM study investigated affective recovery from daily stressors in chronic psychosis patients (CP; $n = 162$), individuals at early stages of psychosis (EP; $n = 127$), and healthy volunteers (HV; $n = 220$) assessing fluctuations in negative affect (NA), tension, and suspiciousness ten times a day on six consecutive days. Recovery was operationalized for all three variables as the return to baseline (i.e., level at $t-1$) following the first stressful event of a day (i.e., t_0). The EP group showed a delayed recovery of NA (t_1-t_3 : $B = 0.185$; $p = .007$ and $B = 0.228$; $p = .002$) and suspiciousness (t_1 : $B = 0.223$; $p = .010$ and $B = 0.291$; $p = .002$) compared to HV and CP, respectively. Delayed recovery was detected for tension as well (t_1-t_2 : EP > HV: $B = 0.242$; $p = .040$ and EP > CP: $B = 0.284$; $p = .023$), but contrary to both other momentary states, this effect disappeared when controlling for subsequent stressful events. There were no significant differences in recovery between HV and CP. These results suggest that in EP, stressful daily events have longer-lasting effects on overall negative affect and subclinical psychotic-like experiences. Future studies should incorporate physiological and endocrine measures in order to integrate recovery patterns of the different stress systems.

[Psychosis and physical health: listening to patients and family carers](#)

Posted: 04 Mar 2019

Shuichi Suetani and Sharon Lawn explore a recent viewpoint article on physical health problems in psychosis, which asks: Is it time to consider the views of family carers?

The post [Psychosis and physical health: listening to patients and family carers](#) appeared first on [National Elf Service](#).

[Mitigation of Olanzapine-Induced Weight Gain With Samidorphan, an Opioid Antagonist: A Randomized Double-Blind Phase 2 Study in Patients With Schizophrenia](#)

Posted: 08 Mar 2019

American Journal of Psychiatry, Ahead of Print.

[Dietary advice for people with severe mental illness.](#) Joiner AB.

Lancet Psychiatry. 2018 04;5(4):299

[Exercise as a Treatment for Schizophrenia: A Review.](#) Girdler SJ, Confino JE, Woesner ME.

Psychopharmacol Bull. 2019 Feb 15;49(1):56-69

Abstract

Schizophrenia is a mental disorder that is characterized by progressive cognitive impairment in areas of attention, working memory, and executive functioning. Although no clear etiology of schizophrenia has been discovered, many factors have been identified that contribute to the development of the disease, such as neurotransmitter alterations, decreased synaptic plasticity, and diminished hippocampal volume. Historically, antipsychotic medications have targeted biochemical alterations in the brains of patients with schizophrenia but have been ineffective in alleviating cognitive and hippocampal deficits. Other modalities, such as exercise therapy, have been proposed as adjuvant or primary therapy options. Exercise therapy has been shown to improve positive and negative symptoms, quality of life, cognition, and hippocampal plasticity, and to increase hippocampal volume in the brains of patients with schizophrenia. This article will briefly review the clinical signs, symptoms and proposed etiologies of schizophrenia, and describe the current understanding of exercise programs as an effective treatment in patients with the disease.

[A longitudinal study about the impact of an inclusive sports program in people with a diagnosis of schizophrenia](#)

Posted: 21 Jan 2019

Sleep

Sleep disturbances in schizophrenia spectrum and bipolar disorders - a transdiagnostic perspective.

Laskemoen JF, Simonsen C, Büchmann C
Compr Psychiatry. 2019 Feb 22;91:6-12

Abstract

BACKGROUND: Sleep disturbances are prevalent in severe mental disorders but their type and frequency across diagnostic categories has not been investigated in large scale studies.

METHODS: Participants with Schizophrenia spectrum disorders (SCZ, (N = 617)), Bipolar disorders (BD, (N = 440)), and Healthy Controls (HC, (N = 173)) were included in the study. Sleep disturbances (insomnia, hypersomnia and delayed sleep phase) were identified based on items from the Inventory of Depressive Symptoms - Clinician rated scale. Clinical symptoms were assessed with the Positive and Negative Syndrome scale and level of functioning with the Global assessment of Functioning scale.

RESULTS: The rate of any sleep disturbance was 78% in SZ, 69% in BD and 39% in HC. Insomnia was the most frequently reported sleep disturbance across all groups. Both diagnostic groups reported significantly more of any sleep disturbances than HC ($P < 0.001$). Having a sleep disturbance was associated with more severe negative and depressive symptoms and with lower functioning across diagnostic groups ($P < 0.001$, $\eta^2 = 0.0071$). Hypersomnia was the only sleep disturbance associated with previous treatment history.

CONCLUSION: Sleep disturbances, including insomnia, hypersomnia and delayed sleep phase, are frequent in SCZ and BD, and associated with more severe clinical symptomatology across diagnostic groups. This suggests that sleep disturbance is a clinically relevant transdiagnostic phenomenon.

Cognitive impairments and remediation

Has the Time Come for Cognitive Remediation in Schizophrenia...Again?

Posted: 01 Apr 2019

American Journal of Psychiatry, [Volume 176, Issue 4](#), Page 262-264, April 01, 2019.

Montreal Cognitive Assessment as a screening instrument for cognitive impairments in schizophrenia.

: Yang Z, Abdul Rashid NA, Quek YF Schizophr Res. 2018 09;199:58-63

Abstract

BACKGROUND: Cognitive impairment is one of the core features of schizophrenia. For its evaluation, current clinical practice relies on detailed neuropsychological batteries which require trained testers and considerable amount of time to administer. Therefore, a brief and reliable screening tool for identification of overall cognitive impairment prior to a detailed comprehensive neurocognitive assessment is needed in a busy clinical setting. This study evaluates the clinical utility of the Montreal Cognitive Assessment (MoCA) in detecting cognitive impairments in schizophrenia and its relationship with functional outcome and demographic characters.

METHODS: The MoCA, the Brief Assessment of Cognition in Schizophrenia (BACS), and the Brief UCSD Performance-based Skills Assessment (UPSA-B) were administered to 64 patients with schizophrenia. Mild and severe cognitive impairments were defined as BACS Z-score (calculated with the age and gender adjustments using previously published local norm data) of one or two standard deviations below the mean, respectively.

RESULTS: The results showed that the MoCA was significantly correlated with BACS ($r=.61$, $p<.001$) and sensitive to detect both mild ($AUC=0.82$, $p<.001$) and severe ($AUC=0.81$, $p<.001$) cognitive impairments in schizophrenia. The MoCA was significantly correlated with UPSA-B score ($r=.51$, $p<.001$), and accounted for significant additional variance in UPSA-B score beyond the BACS.

CONCLUSION: These findings indicate that MoCA is a useful bedside cognitive screening instrument for people with schizophrenia.

Psychosis and urbanicity: a review of the recent literature from epidemiology to neurourbanism

Posted: 30 Apr 2019

Purpose of review Epidemiological studies associate city living with an elevated psychosis risk. Urban (social/economic) stress and exposure to environmental toxins, pollution or disease agents have been proposed to underlie this association. This review provides an update on the recent evidence (May 2017 – November 2018). Recent findings Of 647 screened studies, 17 on: urbanicity–psychosis associations in worldwide high, middle and low-income countries; explanatory mechanisms, including nature exposure, social and economic stressors and genetic risk; urbanicity effects on the brain and coping; and urbanicity and resources, were included. The reviewed evidence revealed complex patterns of urbanicity–psychosis associations with considerable international variation within Europe and between low, middle and high-income countries worldwide. Social and economic stressors (e.g. migration, ethnic density and economic deprivation), nature exposure and access to resources could only explain part of the urbanicity effects. Risk factors differed between countries and between affective and non-affective psychosis. Summary Urbanicity–psychosis associations are heterogeneous and driven by multiple risk and protective factors that seem to act differently in different ethnic groups and countries. Interdisciplinary research combining approaches, for example from experimental neuroscience and epidemiology, are needed to unravel specific urban mechanisms that increase or decrease psychosis risk.

The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study. Di Forti M, Quattrone D, Freeman TP

Lancet Psychiatry. 2019 Mar 19;:

Abstract

BACKGROUND: Cannabis use is associated with increased risk of later psychotic disorder but whether it affects incidence of the disorder remains unclear. We aimed to identify patterns of cannabis use with the strongest effect on odds of psychotic disorder across Europe and explore whether differences in such patterns contribute to variations in the incidence rates of psychotic disorder.

METHODS: We included patients aged 18-64 years who presented to psychiatric services in 11 sites across Europe and Brazil with first-episode psychosis and recruited controls representative of the local populations. We applied adjusted logistic regression models to the data to estimate which patterns of cannabis use carried the highest odds for psychotic disorder. Using Europe-wide and national data on the expected concentration of $\Delta 9$ -tetrahydrocannabinol (THC) in the different types of cannabis available across the sites, we divided the types of cannabis used by participants into two categories: low potency (THC <10%) and high potency (THC \geq 10%). Assuming causality, we calculated the population attributable fractions (PAFs) for the patterns of cannabis use associated with the highest odds of psychosis and the correlation between such patterns and the incidence rates for psychotic disorder across the study sites.

FINDINGS: Between May 1, 2010, and April 1, 2015, we obtained data from 901 patients with first-episode psychosis across 11 sites and 1237 population controls from those same sites. Daily cannabis use was associated with increased odds of psychotic disorder compared with never users (adjusted odds ratio [OR] 3.2, 95% CI 2.2-4.1), increasing to nearly five-times increased odds for daily use of high-potency types of cannabis (4.8, 2.5-6.3). The PAFs calculated indicated that if high-potency cannabis were no longer available, 12.2% (95% CI 3.0-16.1) of cases of first-episode psychosis could be prevented across the 11 sites, rising to 30.3% (15.2-40.0) in London and 50.3% (27.4-66.0) in Amsterdam. The adjusted incident rates for psychotic disorder were positively correlated with the prevalence in controls across the 11 sites of use of high-potency cannabis ($r = 0.7$; $p = 0.0286$) and daily use ($r = 0.8$; $p = 0.0109$).

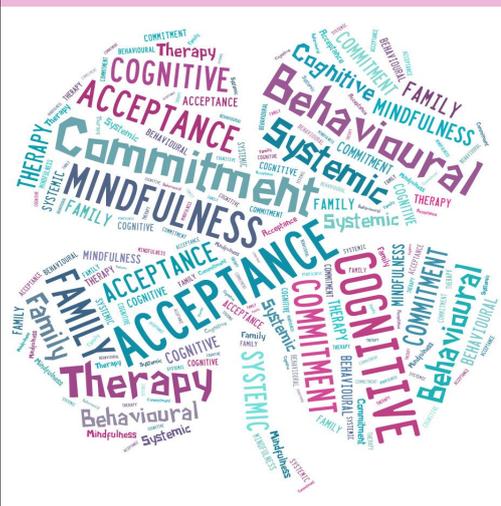
INTERPRETATION: Differences in frequency of daily cannabis use and in use of high-potency cannabis contributed to the striking variation in the incidence of psychotic disorder across the 11 studied sites. Given the increasing availability of high-potency cannabis, this has important implications for public health.

Carers

Caregivers of individuals with schizophrenia: who are they and what are their challenges?

Posted: 30 Apr 2019

Purpose of review To better understand the overall burden of schizophrenia, we aimed to explore informal caregivers' experiences by evaluating the current evidence on caregiver and patient characteristics, the type of care provided by caregivers, and the impacts of caregiving on caregivers' lives. Recent findings Caregivers provide direct care, assistance with activities of daily living, and emotional, social, and financial support to individuals with schizophrenia. Increased duration of illness and of care, severe or persistent schizophrenia symptoms, criticism of the care recipient, financial burden, and patient disability intensify caregiver burden. Caregivers of individuals with persistent symptoms often feel overwhelmed, stressed, drained, burdened, frustrated, or angry. Financial impacts of caregiving include treatment costs for care recipients, providing financial support, and lost productivity and income. Depression and anxiety are common health impacts for caregivers, who also have increased physical healthcare resource use relative to healthy controls. Caregiver burden is reduced by formal support programs to improve caregivers' stress management and coping skills and informal sources of social support. Summary Targeted efforts to improve access to care and provide additional support for caregivers are needed to alleviate caregiver burden and improve outcomes for individuals with schizophrenia.



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**Tom Rudd Unit,
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Personal accounts

The power of psychiatry: a service user's first person account and perspective

Posted: 04 Dec 2018

My experiences of psychosis and what caused it; my experiences with mental health services and other things that helped or hindered my journey

Posted: 04 Jul 2018

Volume 10, Issue 4, December 2018, Page 351-355