Psychosis Bulletin: April 2017

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Stress

Stress Sensitivity and Psychotic Experiences in 39 Low- and Middle-Income Countries
Jordan E DeVylder Schiz Bulletin 2016 42 (6) p1353-1362

Stress has a central role in most theories of psychosis etiology, but the relation between stress and psychosis has rarely been examined in large population-level data sets, particularly in low- and middle-income countries. We used data from 39 countries in the World Health Survey (n = 176 934) to test the hypothesis that stress sensitivity would be associated with psychotic experiences, using logistic regression analyses. Respondents in low-income countries reported higher stress sensitivity (P < .001) and prevalence of psychotic experiences (P < .001), compared to individuals in middle-income countries. Greater stress sensitivity was associated with increased odds for psychotic experiences, even when adjusted for co-occurring anxiety and depressive symptoms: adjusted odds ratio (95% CI) = 1.17 (1.15–1.19) per unit increase in stress sensitivity (range 2–10). This association was consistent and significant across nearly every country studied, and translated into a difference in psychotic experience prevalence ranging from 6.4% among those with the lowest levels of stress sensitivity up to 22.2% among those with the highest levels. These findings highlight the generalizability of the association between psychosis and stress sensitivity in the largest and most globally representative community-level sample to date, and support the targeting of stress sensitivity as a potential component of individual- and population-level interventions for psychosis.

https://tinyurl.com/m3vzvd9
Service users’ experiences of the treatment decision-making process in psychosis: A phenomenological analysis
Diana Stovell

Objectives: We aimed to explore the treatment decision-making experiences of individuals with psychosis, and their implications for increasing service users’ autonomy through clinical practice and research

http://www.tandfonline.com/doi/full/10.1080/17522439.2016.1145730

Shared treatment decision-making: does it help people with psychosis?
Matthew Broome

Paternalism has a long history in medicine and neglecting to consider the autonomy of patients is something that the ethical clinician should resist. This challenge, however, is heightened in clinical practice with those with a psychotic illness. Often, the people who we see, deny that they have any mental health problems and that they need any therapeutic interventions.


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As endophenotypes bridge the gap between genetics and phenotypic disease expression, identifying reliable markers is important for fostering understanding of pathophysiology. The present aim was to conduct current meta-analyses of 3 key auditory event-related potential (ERP) components that have been held as potential endophenotypes for schizophrenia: P50, P300 amplitude and latency, and mismatch negativity (MMN), reflective of sensory gating, attention and classification speed, and perceptual discrimination ability, respectively. In order to assess endophenotype viability, these components were examined in unaffected relatives of patients with schizophrenia and healthy controls.

https://academic.oup.com/schizophreniabulletin/article/42/6/1309/2399263/

Schizophrenia-Is-Normal-My-Journey-Through

Psychological treatments for schizophrenia spectrum disorder: what is around the corner?
Douglas Turkington, Latoyah Lebert
BJPsych Advances Jan 2017, 23 (1) 16-23;

The evidence base for cognitive–behavioural therapy (CBT), family therapy, psychoeducation and cognitive remediation as adjuncts to antipsychotic medication in the treatment of schizophrenia is well established. It is, however, clear that the moderate effect size of the best researched of these treatments (CBT) compared with treatment as usual reduces to small when compared with an active psychological treatment. It would seem that many different psycho social interventions deliver benefit in schizophrenia. We are now at a stage in their development when new treatments are being energetically piloted and combination treatments tested. This article outlines the most promising of these new interventions and attempts to answer the crucial question as to their differential effects on different psychotic presentations.

https://tinyurl.com/kn4w2yt
Auditory hallucinations (voices) are the most common symptom in schizophrenia, occurring in 70% of those with the diagnosis. A proportion respond to antipsychotic medication, but despite adequate concordance with prescribed medication, voices may still remain. Voice hearers often inadvertently activate coping strategies that maintain the symptoms and linked distress. Assessment can identify ineffective strategies. Effective strategies can then be initiated, starting with distraction to reduce distress in the short term and leading to focusing approaches that give an improved understanding of voice maintenance. This article describes how to recognise voice hearers' ineffective coping strategies and how to teach effective approaches that are a crucial catalyst in the recovery process.

https://tinyurl.com/mrutqeb

A psychotherapy approach to treating hostile voices

Dolores Mosquera
Psychosis Nov 2016 p1-9

Hostile voices are a common problem in both dissociative identity disorder and psychosis. They may take the form of command hallucinations for suicide, or express negative thoughts and feelings about the self. The authors describe a psychotherapeutic treatment approach for hostile voices that converse with each other, keep up a running commentary on the person’s behavior, or otherwise speak in intelligible sentences and paragraphs. This approach can be useful, in the authors’ opinion, whether the diagnosis is a psychotic or a dissociative disorder. The authors provide clinical detail, with a case example, on the psychotherapy of hostile voices.

http://www.tandfonline.com/doi/full/10.1080/17522439.2016.1247190
"Does the Internet Have a Role in Helping Families of People With Psychosis?" Juliana Omwumere Psychiatric Services, 68(4), pp. 419–420
https://tinyurl.com/mf2sgl7

How do people with psychosis use online health information, and do they tell their clinicians? Sarah Knowles, Mental Eldf, Oct 2016

The accessibility of the internet is changing the way people learn about their illness, with “Dr Google” (as some health professionals may derogatorily call it) only a few search terms away. The online health information people find could potentially influence the decisions they make about how they manage their health and the kinds of treatment they want to receive. The authors suggest this may particularly be the case for people with stigmatised conditions.


Patient perceptions

Internet and online

Patient perceptions of schizophrenia in forensic and general adult psychiatry Emma Wall Journal of Forensic Psychiatry & Psychology
Feb 2017 p1-11

This study explores the illness perceptions of patients with schizophrenia in forensic settings and contrasts their views with those of a general adult psychiatry sample. It was hypothesised that forensic psychiatric patients would have more negative illness beliefs than general adult patients. A cross-sectional survey was used. Forty forensic patients and 32 general adult patients with schizophrenia were recruited. They completed the Illness Perception Questionnaire for Schizophrenia (IPQS), a valid and reliable measure of illness perceptions in mental health problems. Forensic patients perceived their illness to be less chronic, less cyclical, and had a lower negative emotional response to illness. Our results did not support our original hypothesis and possible reasons are explored. Acknowledging patient’s views when formulating management plans could permit more effective individually tailored treatment.

How Occupationally High-Achieving Individuals With a Diagnosis of Schizophrenia Manage Their Symptoms, Amy Cohen, Psychiatric Services, 2017 68(4) p324-329

The study objective was to elucidate coping strategies utilized by individuals recovered from schizophrenia

https://tinyurl.com/l3zdohv


Aims and method The need for an age-appropriate in-patient service for 16- to 17-year-olds led to the development of a 6-bed acute admissions unit in a non-metropolitan county in the UK. We provide a descriptive evaluation of the first 2 years of its operation. All admissions from April 2010 to March 2012 were reviewed, clinical details systematically recorded and descriptively analysed.

https://tinyurl.com/mvtcsdo

Schizophrenia in a high-security hospital: long-term forensic, clinical, administrative & social outcomes Rajan Darjee

Journal of Forensic Psychiatry & Psychology Mar 2017 p1-23

Objective: To determine forensic, clinical, social and administrative outcomes of high-security patients. Method: Prospective year follow-up study of 169 patients with schizophrenia, 1992–1993. Results: By the end of the study, 46 (27.2%) patients were in high security, 43 (25.5%) in medium- or low-secure units, 35 (20.7%) in an open ward, 3 (1.8%) in prison and 40 (23.7%) in the community. Violence occurred in 75% of patients over the 10-year follow-up period, and this was serious in 25%. Continuous positive symptoms of psychosis were present in over one-third. One-third had self-harmed during this period but there was only one known suicide and 11 (6.5%) deaths in total. At the end of the study, there was only one person in voluntary employment, 18 (12.7%) living independently and 10 (7.1%) in a relationship. Models were developed to determine factors relevant to these major outcomes. Conclusions: This is the first study providing comprehensive outcome data over a 10-year period. Forensic services appear good at managing the risk to the community but poor at promoting better social outcomes. The levels of violence within inpatient units are high.

Early intervention

**Early intervention in psychosis services: better outcomes, improved costs** Gemma Shields, Mental Elf Dec 2016

Around 1% of the population will develop psychosis and schizophrenia (NICE, 2014). Early Intervention in Psychosis (EIP) services are community-based multidisciplinary teams that seek to reduce the amount of time between the onset of symptoms and the start of treatment to improve outcomes. EIP has two objectives:

To prevent the onset of schizophrenia in people with prodromal (at risk of psychosis) symptoms (Marshall & Rathbone, 2011)

To provide effective treatment to people in the early stages of schizophrenia, with the goal of reducing long-term severity (Marshall & Rathbone, 2011)


The access and waiting-time standard for first-episode psychosis: an opportunity for identification and treatment of psychosis risk states? Richard Whale BJPsych Feb 2017

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

https://tinyurl.com/mefvt2u

PD services in England

**The state of personality disorder services in England #bigspd17** Keir Harding Mental Elf March 2017

Down in the woodland many elves have written about personality disorder. Often this has been around rethinking diagnosis or what treatments are effective. This week we’re looking at a paper that seeks to evaluate the availability and nature of services for people labelled with personality disorder. We’re all looking forward to discovering what’s out there…

https://www.nationalelfservice.net/mental-health/personality-disorder/the-state-of-personality-disorder-services-in-england/
Life expectancy in schizophrenia and years of potential life lost, Joanne Wallace Mental Elf April 2017

People with schizophrenia often die at a considerably younger age than the rest of the population. Reasons for this include: late diagnosis and poor treatment of physical illnesses, metabolic side effects of antipsychotic medication, unhealthy lifestyle and high risk of suicide (reviewed by Laursen et al, 2014).


Stigma

How stigma gets under the skin: the role of stigma, self-stigma and self-esteem in subjective recovery from psychosis Victoria Vass
Psychosis: Psychological, Social and Integrative Approaches April 2017

This study examined the impact of stigma on subjective recovery from psychosis, and whether self-esteem and internalised stigma (self-directed negative attitudes and thoughts regarding one’s mental health issues) mediates the observed associations between stigmatising experiences and outcome.