Colleagues,
See below for recent articles and other items of interest on Psychosis. If you wish to see the full text and there is a link below the abstract you should be able to access the article using your Athens password. If there is no link or you have any problems please email library.moorgreen@southernhealth.nhs.uk.

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Journal articles

Trauma

Psychological Processes Underlying the Association Between Childhood Trauma and Psychosis in Daily Life: An Experience Sampling Study.
Reininghaus et al., Psychological Medicine, (Jul 12, 2016)

Evidence has accumulated that implicates childhood trauma in the aetiology of psychosis, but our understanding of the putative psychological processes and mechanisms through which childhood trauma impacts on individuals and contributes to the development of psychosis remains limited. We aimed to investigate whether stress sensitivity and threat anticipation underlie the association between childhood abuse and psychosis. We used the Experience Sampling Method to measure stress, threat anticipation, negative affect, and psychotic experiences in 50 first-episode psychosis (FEP) patients, 44 At-Risk Mental State (ARMS) participants, and 52 controls. Childhood abuse was assessed using the Childhood Trauma Questionnaire. Associations of minor socio-environmental stress in daily life with negative affect and psychotic experiences were modified by sexual abuse and group (all p FWE < 0.05). While there was strong evidence that these associations were greater in FEP exposed to high levels of sexual abuse, and some evidence of greater associations in ARMS exposed to high levels of sexual abuse, controls exposed to high levels of sexual abuse were more resilient and reported less intense negative emotional reactions to socio-environmental stress. A similar pattern was evident for threat anticipation. Elevated sensitivity and lack of resilience to socio-environmental stress and enhanced threat anticipation in daily life may be important psychological processes underlying the association between childhood sexual abuse and psychosis. http://bit.ly/29LVK5n
Does Race Affect Prescribing for Acute Psychosis? Evaluation by a Case Vignette

Connolly & Taylor. Therapeutic Advances in Psychopharmacology, 2016 vol. 6, no. 3 172-177

Black people are over represented in mental health services and prescribing of antipsychotics differs by race in some countries. Our previous UK research into the prescribing of antipsychotics in large, multicentre studies found no important differences for black and white patients. However, we received several comments challenging our findings. We wanted to test the validity of these anecdotes by devising two case vignettes that differed only by race and asking prescribers to choose antipsychotic treatment.

A case study was sent to all medical prescribers in the South London and Maudsley NHS Trust. Half of the prescribers for each grade of staff were sent the case study where the ethnicity of the patient was white and the other half where the ethnicity was black. Participants were asked to describe what they would prescribe for the patient. Outcomes were total percentage maximum dose, high dose, type of antipsychotic, route of administration and antipsychotic polypharmacy. We received 123 completed case studies and demographic data forms from prescribers.

There were no differences in percentage maximum dose, high dose, type, route and number of antipsychotics prescribed by case study ethnicity. Prescribing for UK black and white patients is broadly similar when tested in clinical and theoretical studies.

http://bit.ly/29QRqTt
Early Predictors of a Clinical Response at 8 Weeks in Patients with First-episode Psychosis Treated with Paliperidone ER

Young-Chul Chung et al., 2016, Journal of Psychopharmacology

Identification of early clinical markers that predict later treatment outcomes in first-episode psychosis is highly valuable. The present study was conducted to determine the best time at which to predict the late treatment response in first-episode psychosis patients treated with paliperidone extended release (ER), the factors predicting early treatment responses (at Week 2 and Week 3) and the relationships between the paliperidone ER plasma concentrations at Week 2 and Week 3, and the treatment responses at Week 2, Week 3 and Week 8. Various criteria for assessing treatment response were employed. We determined the plasma paliperidone concentrations at Week 2 and Week 3, using validated high-performance liquid chromatography/tandem mass spectrometry (HPLC-MS/MS). The treatment response at Week 3 optimally predicted the later (Week 8) response, in terms of negative predictive value (NPV). Independent predictors for good treatment responses at Week 2 and Week 3 were: Female gender, a higher educational level, a higher Positive and Negative Syndrome Scale (PANSS) excited score, and/or a shorter duration of untreated psychosis (DUP). The plasma paliperidone concentration at Week 3, but not Week 2, was a significant predictor of the late treatment response at Week 8. These results may help appropriate clinical decision-making for early non-responders after having their first episode of psychosis.


Evaluating an Individualized Lifestyle and Life Skills Intervention to Prevent Antipsychotic-induced Weight Gain in First-episode Psychosis


Initiating antipsychotic medication frequently induces rapid, clinically significant weight gain. We aimed to evaluate the effectiveness of a lifestyle and life skills intervention, delivered within 4 weeks of antipsychotic medication initiation, in attenuating weight gain in youth aged 14–25 years with first-episode psychosis (FEP). We undertook a prospective, controlled study in two early psychosis community services. Intervention participants (n = 16) received a 12-week individualized intervention delivered by specialist clinical staff (nurse, dietician and exercise physiologist) and youth peer wellness coaches, in addition to standard care. A comparison group was recruited from a similar service and received standard care (n = 12). The intervention group experienced significantly less weight gain at 12 weeks compared to standard care (1.8 kg, 95% CI −0.4 to 2.8 vs. 7.8 kg, 4.8–10.7, P < 0.001). Thirteen per cent (2/16) of the intervention group experienced clinically significant weight gain (greater than 7% of baseline weight), while 75% (9/12) of the standard care group experienced this level of weight gain. Similar positive effects of the intervention were observed for waist circumference. A lifestyle and life skills intervention delivered as part of standard care attenuated antipsychotic-induced weight gain in young people with FEP. The intervention was acceptable to the young people referred to the service. Such interventions may prevent the seeding of future disease risk and in the long-term help reduce the life expectancy gap for people living with serious mental illness. http://bit.ly/29Lwszp
Coping and the Stages of Psychosis: An Investigation into the Coping Styles in People at Risk of Psychosis, in People With First-episode and Multiple-episode Psychoses

Kommescher, Gross, Pützfeld, Klosterkötter & Bechdolf, Early Intervention in Psychiatry, 2016

Aim
The concept of coping is central to recent models of psychosis. The aim of the present paper is to explore whether specific coping styles relate to certain stages of the disorder.

Methods
Thirty-nine clients at clinical high risk (CHR) of first-episode psychosis, 19 clients with first-episode psychosis and 52 clients with multiple-episode psychosis completed a Stress Coping Questionnaire. This questionnaire consists of 114 items defining one overall positive coping scale (with three subscales) and one negative coping scale. Analyses of variance with group as between-subject factor and coping behaviour as within-subject factor were used to identify different coping patterns.

Results
On the level of subscales no group differences could be detected, but analysis of variance revealed slightly different patterns: CHR clients used significantly more negative than positive coping styles ($P = 0.001$), followed by patients with multiple-episode psychosis ($P = 0.074$). First-episode patients were most likely to use negative as well as positive coping ($P = 0.960$). Across all stages of illness, stress control was significantly preferred compared to the other positive coping styles distraction and devaluation. Again, this pattern was especially pronounced for at-risk clients and patients with multiple-episode psychosis, whereas patients with first-episode psychosis were most likely to use devaluation as well as distraction.

Conclusions
The overall coping styles were similar across the different stages of psychosis. However, at-risk persons presented especially pronounced negative coping and a small range of strategies, indicating a specific need for psychosocial support in this stage of the disorder.

Neuropsychological and Neuroimaging Underpinnings of Schizoaffective Disorder: A Systematic Review.

The neurobiological basis and nosological status of schizoaffective disorder remains elusive and controversial. This study provides a systematic review of neurocognitive and neuroimaging findings in the disorder. A comprehensive literature search was conducted via PubMed, ScienceDirect, Scopus and Web of Knowledge (from 1949 to 31st March 2015) using the keyword ‘schizoaffective disorder’ and any of the following terms: ‘neuropsychology’, ‘cognition’, ‘structural neuroimaging’, ‘functional neuroimaging’, ‘multimodal’, ‘DTI’ and ‘VBM’. Only studies that explicitly examined a well defined sample, or subsample, of patients with schizoaffective disorder were included. Twenty-two of 43 neuropsychological and 19 of 51 neuroimaging articles fulfilled inclusion criteria. We found a general trend towards schizophrenia and schizoaffective disorder being related to worse cognitive performance than bipolar disorder. Grey matter volume loss in schizoaffective disorder is also more comparable to schizophrenia than to bipolar disorder which seems consistent across further neuroimaging techniques. Neurocognitive and neuroimaging abnormalities in schizoaffective disorder resemble more schizophrenia than bipolar disorder. This is suggestive for schizoaffective disorder being a subtype of schizophrenia or being part of the continuum spectrum model of psychosis, with schizoaffective disorder being more skewed towards schizophrenia than bipolar disorder. http://bit.ly/29Xi0aZ

Early Predictors of a Clinical Response at 8 Weeks in Patients with First-episode Psychosis Treated with Paliperidone ER
Young-Chul Chung et al., 2016, Journal of Psychopharmacology

Identification of early clinical markers that predict later treatment outcomes in first-episode psychosis is highly valuable. The present study was conducted to determine the best time at which to predict the late treatment response in first-episode psychosis patients treated with paliperidone extended release (ER), the factors predicting early treatment responses (at Week 2 and Week 3) and the relationships between the paliperidone ER plasma concentrations at Week 2 and Week 3, and the treatment responses at Week 2, Week 3 and Week 8. Various criteria for assessing treatment response were employed. We determined the plasma paliperidone concentrations at Week 2 and Week 3, using validated high-performance liquid chromatography/tandem mass spectrometry (HPLC-MS/MS). The treatment response at Week 3 optimally predicted the later (Week 8) response, in terms of negative predictive value (NPV). Independent predictors for good treatment responses at Week 2 and Week 3 were: Female gender, a higher educational level, a higher Positive and Negative Syndrome Scale (PANSS) excited score, and/or a shorter duration of untreated psychosis (DUP). The plasma paliperidone concentration at Week 3, but not Week 2, was a significant predictor of the late treatment response at Week 8. These results may help appropriate clinical decision-making for early non-responders after having their first episode of psychosis. http://bit.ly/29QOhie
Effectiveness of Group Body Psychotherapy for Negative Symptoms of Schizophrenia: Multicentre Randomised Controlled Trial

Priebe et al., The British Journal of Psychiatry, 2016, 209 (1) 54-61.

Negative symptoms of schizophrenia have a severe impact on functional outcomes and treatment options are limited. Arts therapies are currently recommended but more evidence is required. To assess body psychotherapy as a treatment for negative symptoms compared with an active control (trial registration: ISRCTN84216587). Schizophrenia out-patients were randomised into a 20-session body psychotherapy or Pilates group. The primary outcome was negative symptoms at end of treatment. Secondary outcomes included psychopathology, functional, social and treatment satisfaction outcomes at treatment end and 6-months later. In total, 275 participants were randomised. The adjusted difference in negative symptoms was 0.03 (95% CI = 1.11 to 1.17), indicating no benefit from body psychotherapy. Small improvements in expressive deficits and movement disorder symptoms were detected in favour of body psychotherapy. No other outcomes were significantly different. Body psychotherapy does not have a clinically relevant beneficial effect in the treatment of patients with negative symptoms of schizophrenia. http://bit.ly/2aqhlgn

‘I Need A Cigarette’ — The Effects of Cigarette Smoking on Depression and Anxiety of Youth with Early Onset Schizophrenia


The aim of this research was to examine effects of cigarette smoking on depression and anxiety among children and adolescents (youth) with early onset schizophrenia and/or psychosis. Data were obtained from the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program (CMHS Program). Cubic mixed models were used to analyze the longitudinal data with seven waves (over 3 years). Results showed that 29% youth (N = 117, mean age at intake = 13.9) smoked cigarettes in any prior 6-month period. Cigarette users had high levels of initial and sustained depression and anxiety throughout the seven waves. Predicted depression and anxiety scores of cigarette users and non-users showed that cigarette users had higher but more stable states of anxiety and depression. Results suggested that youth with EOS might use cigarettes for mood regulation. Implications of results for psychologists and counsellors in schools are discussed. http://bit.ly/2a8FU22

Intervention Studies
Virtual Reality in the Treatment of Persecutory Delusions: Randomised Controlled Experimental Study Testing How to Reduce Delusional Conviction


Persecutory delusions may be unfounded threat beliefs maintained by safety-seeking behaviours that prevent disconfirmatory evidence being successfully processed. Use of virtual reality could facilitate new learning. To test the hypothesis that enabling patients to test the threat predictions of persecutory delusions in virtual reality social environments with the dropping of safety-seeking behaviours (virtual reality cognitive therapy) would lead to greater delusion reduction than exposure alone (virtual reality exposure). Conviction in delusions and distress in a real-world situation were assessed in 30 patients with persecutory delusions. Patients were then randomised to virtual reality cognitive therapy or virtual reality exposure, both with 30 min in graded virtual reality social environments. Delusion conviction and real-world distress were then reassessed. In comparison with exposure, virtual reality cognitive therapy led to large reductions in delusional conviction (reduction 22.0%, \( P = 0.024 \), Cohen's \( d = 1.3 \)) and real-world distress (reduction 19.6%, \( P = 0.020 \), Cohen's \( d = 0.8 \)). Cognitive therapy using virtual reality could prove highly effective in treating delusions.  http://bit.ly/29SeWKr

Qualitative Evaluation of a Cognitive Behaviour Therapy Hearing Voices Group with a Service User Co-facilitator

Ruddle, Psychosis, 2016.

This project evaluated a Cognitive Behaviour Therapy (CBT) Hearing Voices Group (HVG), piloting the introduction of a service user co-facilitator (SUC). Interviews with the SUC and seven HVG attendees were analysed using thematic analysis. A superordinate theme was identified around what helped people “get something from the group”, such as the process of “being in a group”, including subthemes: “openness breeds openness” and “discovering I’m not alone”. Having an SUC was described positively, including subthemes: “relating to us” and “admiring resilience”. A second superordinate theme around hindrances included societal barriers and “feeling anxious”. A third superordinate theme of changes made by HVG members included developing “new perspectives” on themselves and their voices, “feeling inspired” by the SUC, and “coping better”. The SUC found facilitating more valuable than attending an HVG. The study suggests that service users could be trained to co-facilitate structured CBT HVGs.  http://bit.ly/29QZSBU
Additional Articles of Interest

Title: Forty years of structural imaging in psychosis: Promises and truth.
Citation: Acta Psychiatrica Scandinavica, Jul 2016, (Jul 12, 2016)
Author(s): Fusar, Poli, P., Meyer, Lindenberg, A.

Title: Comparative effectiveness and safety of antipsychotic drugs in schizophrenia treatment: A real-world observational study.
Citation: Acta Psychiatrica Scandinavica, Jul 2016, (Jul 12, 2016)

Title: Disrupted salience network functional connectivity and white-matter microstructure in persons at risk for psychosis: Findings from the lyriks study.
Citation: Psychological Medicine, Jul 2016, (Jul 11, 2016),

Title: Transgenerational effects of genocide exposure on the risk and course of schizophrenia: A population-based study.
Citation: Schizophrenia Research, Jul 2016, (Jul 8, 2016),
Author(s): Levine, Stephen Z., Levav, Itzhak, Pugachova, Inna, Yoffe, Rinat, Becher, Yifat

Title: The relationships of personal resources with symptom severity and psychosocial functioning in persons with schizophrenia: Results from the italian network for research on psychoses study.
Citation: European Archives of Psychiatry and Clinical Neuroscience, Jul 2016, (Jul 6, 2016)
Author(s): Rossi, Alessandro, Galderisi, Silvana, Rocca, Paola et al.,

Title: Prospective memory performance in persons with schizophrenia and bipolar disorder and healthy persons.
Citation: Perspectives in Psychiatric Care, Jul 2016, (Jul 4, 2016),
Author(s): Au, Raymond W. C., Xiang, Yu, Tao, Ungvari, Gabor S., Lee, Edwin, Shum, David H. K., Man, David, Tang, Wai Kwong: