Colleagues,
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Refugees

A Qualitative Study of Refugees with Psychotic Symptoms

Rhodes, Parrett & Mason (2016). Psychosis, 8(1).

Refugees experience higher rates of psychotic symptoms, in particular auditory hallucinations. This study aimed to explore the experience of refugees diagnosed with psychosis from a first-person perceptive. Seven refugees from a routine clinical service who had experienced trauma were interviewed. Interpretative phenomenological analysis was employed, generating six main themes: bleak agitated immobility, trauma-related perceptions, fear and mistrust of others, the sense of a broken self, the pain of losing everything, and the attraction of death. Six participants experienced voices, sounds, or visual phenomena thematically linked to past trauma. The sense of hopelessness was striking. Potential aims for therapy are a focus on helplessness, fear and coping, but also on the person’s lack of a sense of purpose, trust and engagement in everyday activities.
The Role of Insight in Moderating the Association Between Depressive Symptoms in People With Schizophrenia and Stigma Among Their Nearest Relatives: A Pilot Study


There is evidence of a positive association between insight and depression among patients with schizophrenia. Self-stigma was shown to play a mediating role in this association. We attempted to broaden this concept by investigating insight as a potential moderator of the association between depressive symptoms amongst people with schizophrenia and stigmatizing views towards people with mental disorders in their close social environment.

In the initial sample of 120 pairs, data were gathered from 96 patients with a diagnosis of “paranoid schizophrenia” and 96 of their nearest relatives (80% response rate). In this cross-sectional study data were collected by clinical interview using the following questionnaires: “The Scale to Assess Unawareness of Mental Disorder,” “Calgary Depression Scale for Schizophrenia,” and “Brief Psychiatric Rating Scale.” The stigmatizing views of patients’ nearest relatives towards people with mental disorders were assessed with the “Mental Health in Public Conscience” scale.

Among patients with schizophrenia depressive symptom severity was positively associated with the intensity of nearest relatives’ stigmatizing beliefs (“Nonbiological vision of mental illness,” \( r = 0.24; P < .001 \)). The association was moderated by the level of patients’ awareness of presence of mental disorder while controlling for age, sex, duration of illness and psychopathological symptoms. The results support the hypothesis that the positive association between patients’ depression and their nearest relatives’ stigmatizing views is moderated by patients’ insight. Directions for further research and practical implications are discussed.

http://bit.ly/1VEAWxh
### Self-Evaluation of Negative Symptoms: A Novel Tool to Assess Negative Symptoms

*Dollfus, Mach & Morello (2016).* *Schizophr Bull*, 42 (3): 571-578.

Many patients with schizophrenia have negative symptoms, but their evaluation is a challenge. Thus, standardized assessments are needed to facilitate identification of these symptoms. Many tools have been developed, but most are based on observer ratings. Self-evaluation can provide an additional outcome measure and allow patients to be more engaged in their treatment. The aim of this study was to present a novel tool, Self-evaluation of Negative Symptoms (SNS), and demonstrate its validity. Forty-nine patients with schizophrenia and schizoaffective disorders according to DSM-5 were evaluated. Cronbach’s coefficient ($\alpha = 0.867$) showed good internal consistency. Factor analysis extracted 2 factors (apathy and emotional) that accounted for 75.2% of the variance. The SNS significantly correlated with the Scale of Assessment of Negative Symptoms ($r = 0.628$) and the Clinician Global Impression on the severity of negative symptoms ($r = 0.599$), supporting good convergent validity. SNS scores did not correlate with level of insight ($r = 0.008$), Parkinsonism ($r = 0.175$) or Brief Psychiatric Rating Scale positive subscores ($r = 0.253$), which indicates good discriminant validity. The intrasubject reliability of the SNS revealed excellent intraclass correlation coefficients (ICC = 0.942). Taken together, the results show that the SNS has good psychometric properties and satisfactory acceptance by patients. The study also demonstrates the ability of patients with schizophrenia to accurately report their own experiences. Self-assessments of negative symptoms should be more widely employed in clinical practice because they may allow patients with schizophrenia to develop appropriate coping strategies.

### The Daily Activity Report (DAR) a Novel Measure of Functional Outcome for Serious Mental Illness


The assessment of real-world functional outcomes in clinical trials for medications targeting negative symptoms and cognitive impairment is extremely important. We tested the psychometric properties of the Daily Activity Report (DAR), a novel assessment of productive daily activity. We administered the DAR and additional assessments of functional outcome, functional capacity, cognition and symptomatology to 50 individuals with schizophrenia at 2 time points, 1 month apart and to 25 healthy controls. The DAR records a person’s daily activity for 7 consecutive days based upon phone calls made 3 times a day. A total score and scores in 3 domains; instrumental activities (ie, independent living), social and work or school related activities are generated for the DAR. Inter-item consistency was high 0.89–0.94 for each domain and 0.88 overall. Test–retest reliability across 1 month for the total DAR score was 0.67, $P < .0001$. The total DAR score as well as scores for social activity and nondomestic work/school differed significantly between control and patient participants ($P < .0001$). DAR domain scores were associated with negative symptoms and functional outcomes, but the primary score related to these measures was the work/school dimension of the DAR. DAR scores were only weakly and nonsignificantly related to positive symptoms. This study provides preliminary support for the reliability and validity of the DAR using interviewer administration. The development of a patient reported version of the DAR using smart phone technology with automatic scoring is the next step.
Predictors of Treatment Resistance in Patients with Schizophrenia: a Population-based Cohort Study


Background
Identification of patients at high risk of treatment-resistant schizophrenia at the time of schizophrenia diagnosis would be of great clinical benefit in minimising the delay to clozapine treatment in patients unlikely to respond to non-clozapine antipsychotics. However, little is known about predictors of treatment resistance in this patient population. We used a treatment-based proxy for treatment-resistant schizophrenia to identify candidate predictors of treatment resistance at first hospital contact with a schizophrenia diagnosis.

Methods
In this population-based cohort study, we obtained Danish national registry data for all adult patients (≥18 years) with incident schizophrenia diagnosed between Jan 1, 1996, and Dec 31, 2006, and followed up until Dec 31, 2010. Our main proxy definition of treatment-resistant schizophrenia was the earliest instance of either clozapine initiation or hospital admission for schizophrenia after having had two periods of different antipsychotic monotherapy. We did multivariable Cox proportional hazards regression analysis to estimate the association between baseline candidate predictors and treatment resistance.

Findings & Interpretation
8624 patients fulfilled the criteria for inclusion. In multivariable complete-case analyses, 1703 (21%) of 8044 patients fulfilled the main proxy definition of treatment-resistant schizophrenia during a median follow-up of 9.1 years (IQR 6.3–11.9). Younger age (hazard ratio 0.96 [95% CI 0.95–0.97]), living in a less urban area (provincial 1.38 [1.23–1.56], rural 1.44 [1.25–1.65]), primary education level (0.88 [0.79–0.98]), more than 30 bed-days in psychiatric hospital in the year before first schizophrenia diagnosis (1.54 [1.35–1.75]), inpatient at first schizophrenia diagnosis (2.07 [1.87–2.29]), paranoid subtype (1.24 [1.13–1.37]), comorbid personality disorder (1.24 [1.11–1.39]), psychotropic drug use (antipsychotics 1.51 [1.35–1.69], antidepressants 1.15 [1.03–1.29], and benzodiazepines 1.22 [1.10–1.37]), and previous suicide attempt (1.21 [1.07–1.39]) were all significantly associated with treatment-resistant schizophrenia. Our study identifies several candidate predictors that could potentially be included in future prediction models for treatment-resistant schizophrenia. Notably, established risk factors for schizophrenia did not predict treatment resistance, suggesting that treatment-resistant disease might be a distinct subtype of schizophrenia and not merely a more severe form. Funded by European Community’s Seventh Framework Programme. http://bit.ly/22p5FyN
Cannabis Use Is Associated With Increased Psychotic Symptoms and Poorer Psychosocial Functioning in First-Episode Psychosis: A Report From the UK National EDEN Study


The use of cannabis during the early stage of psychosis has been linked with increased psychotic symptoms. This study aimed to examine the use of cannabis in the 12 months following a first-episode of psychosis (FEP) and the link with symptomatic course and outcome over 1 year post psychosis onset. One thousand twenty-seven FEP patients were recruited upon inception to specialized early intervention services (EIS) for psychosis in the United Kingdom. Participants completed assessments at baseline, 6 and 12 months. The results indicate that the use of cannabis was significantly associated with increased severity of psychotic symptoms, mania, depression and poorer psychosocial functioning. Continued use of cannabis following the FEP was associated with poorer outcome at 1 year for Positive and Negative Syndrome Scale total score, negative psychotic symptoms, depression and psychosocial functioning, an effect not explained by age, gender, duration of untreated psychosis, age of psychosis onset, ethnicity or other substance use. This is the largest cohort study of FEP patients receiving care within EIS. Cannabis use, particularly “continued use,” was associated with poorer symptomatic and functional outcome during the FEP. The results highlight the need for effective and early intervention for cannabis use in FEP. http://bit.ly/1THGO2x

Emotion Regulation

The Impact of Emotion Awareness and Regulation on Social Functioning in Individuals at Clinical High Risk for Psychosis

Kimhy et al., (2016), Psychological Medicine.

Social functioning (SF) difficulties are ubiquitous among individuals at clinical high risk for psychosis (CHR), but it is not yet clear why. One possibility is suggested by the observation that effective SF requires adaptive emotion awareness and regulation. Previous reports have documented deficits in emotion awareness and regulation in individuals with schizophrenia, and have shown that such deficits predicted SF. However, it is unknown whether these deficits are present prior to the onset of psychosis or whether they are linked to SF in CHR individuals. We conducted a cross-sectional comparison of emotion awareness and regulation in 54 individuals at CHR, 87 with schizophrenia and 50 healthy controls (HC). Then, within the CHR group, we examined links between emotion awareness, emotion regulation and SF as indexed by the Global Functioning Scale: Social (Cornblatt et al. 2007). Group comparisons indicated significant differences between HC and the two clinical groups in their ability to identify and describe feelings, as well as the use of suppression and reappraisal emotion-regulation strategies. Specifically, the CHR and schizophrenia groups displayed comparable deficits in all domains of emotion awareness and emotion regulation. A hierarchical multiple regression analysis indicated that difficulties describing feelings accounted for 23.2% of the SF variance. The results indicate that CHR individuals display substantial emotion awareness and emotion-regulation deficits, at severity comparable with those observed in individuals with schizophrenia. Such deficits, in particular difficulties describing feelings, predate the onset of psychosis and contribute significantly to poor SF in this population. http://bit.ly/1R17hGD
Delusions

The Intrasubjectivity of Self, Voices and Delusions: A Phenomenological Analysis

To advance the area of phenomenology of voices and their interrelatedness to forms of delusions, this study investigated the prevalence and interrelatedness of co-occurring auditory verbal hallucinations (AVHs) and delusions. Additionally, we explored the characterization of distinct subcategories/clusters of AVHs and delusions. Ninety-two participants experiencing psychosis were administered standardized clinical measures. We found a significant diagnostic difference with increased prevalence of co-occurring AVHs and delusions within the schizophrenia group compared to the bipolar with psychosis group. Regardless of diagnosis, there was a significant positive correlation between AVHs and delusions of reference, persecution, control, thought insertion, thought withdrawal and thought broadcasting. However, no significant relationship was found between AVHs and grandiose, somatic, religious, guilty or jealousy-themed delusions. Cluster analysis yielded two distinct cluster groups. Cluster One: Voices and Thought Delusions, and Cluster Two: Voices and Thematic Delusions. Cluster One participants showed elevated disorganized, cognitive and depressive symptoms, but not negative symptoms or excitement. This study underscores the need for expanded clinical and phenomenological research into the intersection of AVHs and delusions, including work that seeks to deconstruct conventional divisions between ostensible symptoms of perception (hallucinations) and belief (delusions).

http://bit.ly/1N5OLSz

Psychosis, Delusions and the “Jumping to Conclusions” Reasoning Bias: A Systematic Review and Meta-analysis

We did a systematic review and meta-analysis to investigate the magnitude and specificity of the “jumping to conclusions” (JTC) bias in psychosis and delusions. We examined the extent to which people with psychosis, people with delusions specifically, required less information before making decisions. We examined (1) the average amount of information required to make a decision and (2) numbers who demonstrated an extreme JTC bias, as assessed by the “beads task.” We compared people with psychosis to people with and without nonpsychotic mental health problems, and people with psychosis with and without delusions. We examined whether reduced data-gathering was associated with increased delusion severity. We identified 55 relevant studies, and acquired previously unpublished data from 16 authors. People with psychosis required significantly less information to make decisions than healthy individuals ($k = 33, N = 1935, g = -0.53, 95% CI -0.69, -0.36$) and those with nonpsychotic mental health problems ($k = 13, N = 667, g = -0.58, 95% CI -0.80, -0.35$). The odds of extreme responding in psychosis were between 4 and 6 times higher than the odds of extreme responding by healthy participants and participants with nonpsychotic mental health problems. The JTC bias was linked to a greater probability of delusion occurrence in psychosis ($k = 14, N = 770, OR 1.52, 95% CI 1.12, 2.05$). There was a trend-level inverse association between data-gathering and delusion severity ($k = 18; N = 794; r = -0.09, 95% CI -0.21, 0.03$). Hence, nonaffective psychosis is characterized by a hasty decision-making style, which is linked to an increased probability of delusions.

http://bit.ly/27jNHkN
Is Delusional Imperviousness a Backfire Effect of Being Disbelieved?


A central problem of delusions is their imperviousness to counterargument. Although several existing theories account for aspects of delusional imperviousness, they omit the context of social interactions in which it occurs. Delusions elicit a specific and powerful social response from others: disbelief. Recent research has identified a backfire effect that happens when efforts to correct false beliefs strengthen, rather than weaken, conviction in those beliefs. It is proposed that delusional imperviousness is a special case of a backfire effect, in which repeated efforts to correct delusions paradoxically strengthen them. Delusions become impervious because they are strengthened by the counterarguments they elicit in others.


Weight Management

BAP guidelines on the management of weight gain, metabolic disturbances and cardiovascular risk associated with psychosis and antipsychotic drug treatment


Excess deaths from cardiovascular disease are a major contributor to the significant reduction in life expectancy experienced by people with schizophrenia. Important risk factors in this are smoking, alcohol misuse, excessive weight gain and diabetes. Weight gain also reinforces service users’ negative views of themselves and is a factor in poor adherence with treatment. Monitoring of relevant physical health risk factors is frequently inadequate, as is provision of interventions to modify these. These guidelines review issues surrounding monitoring of physical health risk factors and make recommendations about an appropriate approach. Overweight and obesity, partly driven by antipsychotic drug treatment, are important factors contributing to the development of diabetes and cardiovascular disease in people with schizophrenia. There have been clinical trials of many interventions for people experiencing weight gain when taking antipsychotic medications but there is a lack of clear consensus regarding which may be appropriate in usual clinical practice. These guidelines review these trials and make recommendations regarding appropriate interventions. Interventions for smoking and alcohol misuse are reviewed, but more briefly as these are similar to those recommended for the general population. The management of impaired fasting glycaemia and impaired glucose tolerance (‘pre-diabetes’), diabetes and other cardiovascular risks, such as dyslipidaemia, are also reviewed with respect to other currently available guidelines.