

Result. Overall, 36 studies were included in the analyses, involving 537 children/adolescents and 1483 adults (total 2020 subjects). A total of 1005 received ERP and the remainder a variety of control treatments. Initial results showed that ERP had a large effect size compared with placebo treatments. This was more marked in younger than older persons. However, whereas ERP was markedly more effective than waiting list or psychological control, this positive effect size disappeared when it was compared with other psychological treatments.

When ERP was compared against psychopharmacological treatment it initially appeared significantly superior but this reduced to marginal benefit when compared with adequate doses of appropriate medication.

The majority of studies were performed where there may be expected to be researcher allegiance to ERP and in these studies the effect size was large. In contrast, in the 8 studies considered to have low risk of researcher bias, ERP was found to be ineffective.

Conclusion. Although on initial sight CBT incorporating ERP seems to be highly efficacious in the treatment of OCD, further analysis revealed that this varied depending on the choice of comparator control. In addition there are considerable concerns about methodological rigour and reporting of studies using CBT with ERP. Further studies examining the role of researcher bias and allegiance are needed.

Ref: 1 Jemma E Reid, Keith R Laws, Lynne Drummond, Matteo Vismara, Benedetta Grancini, Davis Mpavaenda, Naomi A Fineberg (2021) Cognitive Behavioural Therapy with Exposure and Response Prevention in the treatment of Obsessive-Compulsive Disorder: A systematic review and meta-analysis of randomised controlled trials. *Comprehensive Psychiatry*, in press.

A clinical significance analysis of manualised psychological interventions for obsessive-compulsive disorder

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Aims. To conduct an individual patient data meta-analysis of randomised controlled trials (RCTs) of manualised psychological treatments for obsessive-compulsive disorder (OCD), and examine the differential efficacy of psychological treatments by treatment type and format.

Background. Previous meta-analyses conclude that efficacious psychological treatments for OCD exist. However, determining the efficacy of psychological treatments requires multiple forms of assessment across a range of indexes, yet most previous meta-analyses in OCD are based solely on effect sizes.

Method. We evaluated treatment efficacy across 24 RCTs ($n = 1,667$) by conducting clinical significance analyses (using standardised Jacobson methodology) and standardised mean difference within-group effect-size analyses. Outcomes were Yale-Brown Obsessive Compulsive Scale (Y-BOCS) scores, evaluated at post-treatment and follow-up (3-6 months post-treatment).

Result. Post-treatment, there was a large significant within-group effect size for treated patients ($g = 1.28$) and a small significant effect size for controls ($g = 0.30$). At follow-up, large within-group effect sizes were found for both treated patients ($g = 1.45$) and controls ($g = 0.90$). Clinical significance analyses indicated that treated patients were significantly more likely than controls to recover following an intervention, but recovery rates were low;

post-intervention, only 32% of treated patients and 3% of controls recovered; rising to 38% and 21% respectively at follow-up. Regardless of allocation, only approximately 20% of patients were asymptomatic at follow-up. Across the different analysis methods, individual cognitive therapy (CT) was the most effective intervention, followed by group CT plus exposure and response prevention. Self-help interventions were generally less effective.

Conclusion. Reliance on aggregated within-group effect sizes may lead to overestimation of the efficacy of psychological treatments for OCD. More research is needed to determine the most effective treatment type and format for patients with OCD.

The neurobiology of attachment and the influence of psychotherapy: a literature review

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Aims. To review the existing scientific literature on the neurobiology of caregiver-infant attachment and the effects of psychotherapy on neurobiological structures. We hypothesised that the therapeutic relationship is a new attachment relationship that can model and re-map neural networks involved in emotional self-regulation.

Understanding attachment is relevant to working with women and families in the perinatal period and has an impact on treatment outcomes. Evolutionary perspectives show that the infant's attachment to the caregiver is important for survival, development of self and relational patterns. Mother's attachment predicts the infant caregiving behaviour in perinatal period and psychotherapeutic interventions at this time have a role in modifying the risk of intergenerational transmission of trauma and further pathological attachment styles.

Method. We performed a MEDLINE search focussing on the past 10 years. Keywords used were attachment, neurobiology and psychotherapy. We included original studies and existing reviews looking at all types of formal psychotherapy used and focussing on human research. Exclusion criteria were non psychotherapeutic interventions and attachment based on couples only.

Result. There has been an increasing focus in the literature on studying the neurobiology of attachment in caregivers and infants both in healthy cases and in psychopathology over the past decade. Existing studies concentrate on care givers, there is growing evidence on the effects of attachment styles on the infant's brain, mostly from animal studies. Some authors looked at the effects of parental childhood trauma on later parenting styles and intergenerational transmission of trauma. A few studies highlighted neurobiological changes as a result of psychotherapeutic interventions in various psychiatric disorders.

Conclusion. There is growing evidence on the neurobiology of attachment focussing on specific neurotransmitters and brain pathways. The modulating effect of psychotherapy has also been studied, albeit with more focus on recovery from psychiatric illness. The literature on neurobiological changes with psychotherapy remains scarce and heterogeneous and further research may be needed in the neurobiology of therapeutic relationship itself as there is increasing recognition that this may be the agent of change, with evidence in the role of linking cortical structures to subcortical limbic systems.

A systematic review of the prevalence of mental disorders, cognitive impairment and dementia amongst older adults populace in Egypt

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Aims. This study aims to review current evidence of the prevalence of mental disorders amongst the elderly populace in Egypt. This will be achieved by estimating the current prevalence and then identifying any sociodemographic correlates with mental disorders.

Background. Mental disorders are the leading cause of disabilities amongst the older adult populace worldwide. The population of the older adult in Egypt is fast growing. According to the Egypt, latest national census in 2014, the population of individuals aged 60 years and above is 6.9% and this is expected to nearly double by the year 2031, with a projection of 11.5% forecasted. In fact, it has been estimated that cost per person of mental health diseases such as dementia in low-income countries is approximately £686 (\$868) and £2456 (\$3109) in lower-middle income countries like Egypt.

Method. Electronic search of five key databases (MEDLINE, PsychINFO, EMBASE, AMED and PubMed) was carried from their date of inception. In addition, reference list scanning, key journal searching, citation searching and relevant internet resources were conducted. Papers were included, if they were published in English, point prevalence studies carried out on older adults Egyptians aged 60 years and above. In addition, mental disorders, cognitive impairment or dementia had to be ascertained using any validated diagnostic tools. Studies which did not meet any of the criteria detailed above were excluded.

Result. 16 studies were included in this review. Four main mental disorders were identified, these are: depression, anxiety, cognitive impairment and dementia. Reported prevalence of Depression, anxiety, dementia and cognitive impairment are 23.7-74.5%, 14.2-72%, 3.66-39.2%, and 1.74 to 51.4% respectively. Anxiety and depression was positively correlated with female gender, increasing age and lower educational status. Also, cognitive impairment and dementia was positively correlated with age, illiteracy or low education. However, there appears to be inconsistencies in the diagnostic tools used.

Conclusion. This research brings to the forefront the scale of mental disorders amongst the elderly in Egypt. This may help ensure evidence-based initiatives are put in place and also priority is given to resource allocation for geriatric mental disorders in Egypt.

The use of coproduction to inform an evidence-based service delivery model for mental health service users with complex needs

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Aims. Co-production recognises that people who use social care services (and their families) and third sector organisations within community settings have knowledge and experience that can be used to help make services better for services users and those who care for them. This study shares the coproduction that took place in the design of a mixed methods study that aims to understand: the profile and history of service users currently defined as having complex needs; the decision-making processes by clinicians that lead to these individuals entering this complex group; service users and carers experience of service use; and, the associated costs. This study involves a comprehensive evaluation that aims to inform an evidence-based service delivery model for mental health service users with complex needs.

Method. A study stakeholder group, including clinicians, academics, service users, housing associations, health economists, and statisticians was formed from the outset to inform the mixed methods design, combining quantitative (in-depth analysis of patient records and economic evaluation) and qualitative (written medical notes and in-depth interviews with service users, carers, and clinicians) methods. The study included five components: (1) a quantitative description and analysis of the demographic clinical characteristics of the patient group; (2) an economic evaluation of direct medical costs, direct non-medical costs, and indirect costs for each patient; (3) semi-structured interviews about patients and carers experiences; (4) data from components 1-3 was used to co-produce vignettes jointly with the stakeholders group; and, (5) semi-structured interviews about clinical decision-making by clinicians in relation to this patient group by using the vignettes as example case studies.

Result. Coproduction took place at each stage of the study, including the design, development of data collection tools, data analysis and formation of the vignettes required for stage five. The results demonstrated how co-production and multiagency working have been evident throughout the process of designing the study, the continuous engagement throughout the analysis, dissemination and implementation of the findings.

Conclusion. The findings support the application of the core principles of co-production in the design, set-up and implementation of research within an NHS Trust as demonstrable by the acceptability and collaborative working within the study. The study's key outcomes were to: examine the resource use and cost impact associated with alternative care pathways to the NHS and other sectors of the economy (including social care); explore patient health and non-health outcomes associated with alternative care pathways; and, gain an understanding of a complex service user group and how decisions are made in their treatment to inform how services are delivered in the future and made more person-centred and consistent.

Substance use determinants in Jamaican under-25s: family, peers, spirituality and maltreatment (literature review)

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Aims. Jamaica is undergoing rapid change in its attitudes and laws regarding substance use; understanding the reasons why under-25s use substances will help inform future interventions and policy decisions. This review will investigate the determinants of substance use in under-25s in Jamaica, aiming to identify key