Transient musical hallucinations in a young adult male associated with alcohol withdrawal

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Aims. We present the case of a 25-year-old male who presented to A&E with isolated musical hallucinations, in the absence of audiological or neurological disease.

Background. Musical hallucinations (MH) are a form of complex auditory hallucinations whereby an individual experiences an instrumental and/or vocal melody in the absence of auditory stimuli.

Result. The patient had a history of recreational drug use and a family history of psychosis. Hallucinations, which were preceded by discontinuation of alcohol and re-initiation of citalopram for depression, resolved spontaneously after three days.

Conclusion. Aetiological factors are discussed alongside the existing literature. Whilst the underlying mechanisms underpinning musical hallucinations remains elusive, the case illustrates the potential role of alcohol withdrawal, serotonin toxicity, recreational drug use and genetic vulnerability.

Development of a co-produced tool for monitoring and supporting the mental health of young people

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Aims. The aims were to develop and validate a tool for monitoring and supporting the mental health of young people. Based on extensive experience of developing similar tools, the hypothesis was that a user-friendly tool could be produced with sound psychometric properties.

Background. The Outcomes Star is a suite of collaboratively completed, strengths-based tools with the dual roles of both supporting and monitoring change. Service users are empowered through their active involvement in identifying their strengths and creating their care plan. Triangle, the creators of the Outcomes Star was approached by a number of organisations to develop a version of the Star for young people with mental health issues in early intervention services and also to support young people in managing a diagnosed mental illness.

Method. Using a series of focus groups and an iterative process of refinement we gathered data from practitioners and service users on the domains in which they wish to create change, and the steps of the change process. A draft version of the new tool was piloted in two organisations by 67 workers and 177 young people over six months. The pilot data were analysed to assess the psychometric properties of My Mind Star (acceptability, skew, factor structure, internal consistency, item redundancy and responsiveness).

Result. The resulting tool, My Mind Star consisted of seven domains: Feelings and emotions, Healthy lifestyle, Where you live, Friends and relationships, School, training and work, How you use your time and Self-esteem. Almost all young people and practitioners (94%) agreed that their completed Star was 'a good summary of my life right now' and that it gave a better idea of service users' support needs. Psychometric analyses indicated a unidimensional structure with good internal consistency (α = .76) and no item redundancy. My Mind Star was responsive to change between the first and second readings, with medium and small-medium effect sizes.

Conclusion. Initial findings suggest that My Mind Star has good psychometric properties and is perceived as acceptable and useful by young people and practitioners, Further research is planned to conduct a full validation of the psychometric properties of this Star including inter-rater reliability and predictive validity.

The association between obesity and depression in adults: a meta-review

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Aims. Obesity and depression are increasing in prevalence and have become key issues in the public health of the modern day. We performed a meta-review to summarise the association between obesity and depression in adults.

Method. A systematic literature search was undertaken on MEDLINE, PsychINFO, EMBASE and Web of Science for systematic reviews (SRs) with or without meta-analyses (MA) on the association between obesity and depression in adults (>18 years) published before 18 September 2018. Any approach to define depressive disorders (e.g. via structured interview or code in medical file) was accepted. Likewise, any method to assess obesity was accepted. Screening, data extraction and quality assessment was completed by two reviewers independently, with a third reviewer to arbitrate any disagreement. AMSTAR 2 tool was used to assess the methodological quality and risk of bias of the pertinent SRs/MAs.

Result. After duplicate removal, we identified 6007 potentially pertinent citations. Following, title, abstract and full-text screening, 10 studies were included in the review; nine SRs with MAs and one SR. A statistically significant association between obesity and depression was reported in all nine SRs with MAs, with odds ratios ranging from 1.18 (95% CI = 1.11-1.26) to 1.57 (95% CI = 1.53-2.01). Increased severity of obesity (body mass index over 40) was associated with a greater odds of becoming depressed. Odds of developing depression were greater for obese females, compared to obese males, but this difference was not statistically significant. Depression was shown to be a significant risk factor for future obesity in all four relevant MAs with odds ratios ranging from 1.18 (95% CI = 1.13-1.23) to 1.40 (95% CI = 1.14-1.71) . Depressed adolescent females had the highest odds of becoming obese, significantly more so than depressed adolescent males and depressed adults. The quality of the included studies were mixed with five scoring moderate quality, three low quality and two critically low quality.

Conclusion. The findings suggest a reciprocal association between depression and obesity, which may be modulated by age and gender. Future research should assess the potential effect of obesity and depression severity more carefully while also exploring the underlying mechanisms. These results warrant the investigation of the effect of obesity or depression intervention on the outcomes of the other.