The perception of behaviour associated with dementia in the acute hospital

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Aims. General hospital based Health Care Professionals (HCPs) use very varied language to describe behaviour in dementia. Lessons from medicine and other professions tell us that non-uniform communication is a source of error and subsequent poor decision making. Knowing how HCPs communicate behaviour in dementia in a hospital setting may help better understand these potential sources of communication error and identify training needs.
Background. Around 25% of hospital beds occupied with people living with dementia. Hospitalised patients with dementia have a high prevalence of distressing symptoms (pain 70%, delirium 66%, depression 35%, anxiety 34%, hallucinations 14% delusions 11%). These symptoms often displayed as behaviour can be challenging for HCPs to interpret. Variations in communicating behaviour may lead to inconsistent understanding of the need, with the potential for missing treatable conditions that drive the behaviour. Standardizing communication and documentation have the potential to improve the quality of information handed over between HCPs which may improve the quality of care and patient outcomes.
Method. Qualitative methodology including photo elicitation was used. A purposive sample of 59 HCPs was selected. This was identified from a range of professional backgrounds, experience levels and medical specialities. They were presented with a photograph and case vignettes depicting 4 behaviours associated with distress (aggression, depression, delirium and psychosis). HCPs were asked to respond to the scenarios as if they were handing over to colleagues or documenting in the medical record. Data were analysed by thematic analysis.
Result. 59 HCPs were interviewed with photo-elicitation. Participants recorded their responses in limited time to reflect time constraints in a busy ward environment. 2 HCPs declined to participate in research.

When describing behaviour associated with aggression and depression HCPs were consistent with the language used (49/57). When presented with a delirium less consistency was observed (31/47). While describing psychosis each HCP chose either paranoia or suspiciousness among other descriptions.
Conclusion. Overall there has been consistency in describing the distress experienced by the patient even though HCPs came from very different roles and specialities. Doctors, Nurses, CSWs and dieticians all described the behaviour alike. Newer staff were more accurate which could be due to dementia training within National Dementia Action Alliance.

Course and outcome of comorbid mood disorders in children and adolescents with intellectual disability [IDD]

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Aims. The primary objective of the study is to assess the clinical course and functional outcome of comorbid mood disorders in children and adolescents with Intellectual Disability [IDD]
Method. 53 children and adolescents with varying levels of severity of IDD presenting with comorbid mood disorders diagnosed using Kiddie Schedule for Affective Disorder and Schizophrenia-DSM-5 version [KSADS] were recruited by convenient sampling with the exclusion of autism spectrum disorders. Vineland Social Maturity Scale [VSMS] is used to quantify the severity of ID. Developmental Behaviour Checklist-Parent [DBC-P] version is used to measure psychopathology, Clinical Global severity of illness [CGI-S] to quantify the clinical improvement, and Developmental Disabilities Children's Global Assessment of Severity [DD-CGAS] to assess functional improvement. Prospective naturalistic follow-up was done with assessment points at baseline, 1, 3- and 6-month timeline.
Result. 40 patients were followed up for 6 months period. Overall significant improvement is observed in the dependent variables like CGI, DDCGAS, and DBC-P from baseline to 3 months and then a plateau of improvement from 3 to 6 months. The diagnostic breakup of mood disorders is mania [N = 19], Depression [N = 12], and mixed affective state [N = 9]. Patients with mania had significant improvement in DBC score [$F = 12.69$, $p < 0.001$ in repeated measures ANOVA], DDCGAS [$p < 0.001$], and CGI score [$p < 0.03$] with an overall remission rate of 42.10% over 6 months period. Patients with depression had significant improvement in DBC score [$F = 15.48$, $p < 0.001$], DDCGAS, and CGI score [$p < 0.001$] with an overall remission rate of 41.7%. None of the patients with mixed affective states had clinical remission with no significant improvement observed in any of the dependent variables measuring course and outcome.
Conclusion. Comorbid psychiatric disorders in children and adolescents with IDD have a guarded prognosis compared to mood disorders in neurotypical children. Comorbid ADHD and caregiver stress majorly influenced the course and outcome in the current study.

Post-traumatic stress disorder (PTSD), anger and mental health of school students in Syria after nine years of conflict: a large-scale school-based study

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Aims. The Syrian crisis has entered its ninth year with many being affected by the war. This is the largest-scale study that aims to evaluate the psychological profile of secondary school students in Syria.
Method. This is a cross-sectional study in schools in Damascus, Syria. The surveys assessed working habits, smoking, war exposure, grades, socioeconomic status (SES), social support, health-related quality of life (HRQL), post-traumatic stress disorder (PTSD), problematic anger, and other parameters.

Result. This study included 1369 students of which 53% suffered from PTSD and 62% from problematic anger. Around 46% declared a fair or worse general health and 61% had moderate or severe mental health. Only 9.3% did not report exposure to any war-related variable. War exposure had an impact on PTSD, anger, and HRQL, but not on students' grades. Smoking, having consanguineous parents, and working did not have a clear association with grades or anger. Social support weakly reduced PTSD and anger scores. Interestingly, working was associatedwith lower PTSD scores but was associated with a worse physical component of HRQL.
Conclusion. This is the largest study on school students in Syria that reports the psychological ramifications of war. Although the direct effects of war could not be precisely described, the high burden of PTSD and anger distress was a strong reflection of the chronic mental distress.

Mental disorder and PTSD in Syria during wartime: a nationwide crisis

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Aims. Syria has experienced war since 2011, leaving over 80% under the poverty line and millions displaced. War and its retaliations have significantly impacted the mental health of Syrians. This study evaluates the post-traumatic stress disorder (PTSD), and the severity of the mental distress caused by war and other factors such as low social support. This study also evaluates other variables and compares the findings with those of multiple studies on Syria and refugees.
Method. This is a cross-sectional study that included people who lived in Syria in different governorates. Online surveys were distributed into multiple online groups and included the Kessler 10 (K10) scale which screens for anxiety and depression, the Screen for Posttraumatic Stress Symptoms (SPTSS) tool, the Multidimensional Scale of Perceived Social Support, and questionnaires on demographic and war-related factors.
Result. Our study included 1951 participants, of which, 527 (27.0%) were males and 1538 (78.8%) between the age of 19 and 25. Among participants, 44% had likely severe mental disorder, 27% had both likely severe mental disorder and full PTSD symptoms, 36.9% had full PTSD symptoms, and only 10.8% had neither positive PTSD symptoms nor mental disorder on the K10 scale. Around 23% had low overall support. Half of the responders were internally displaced, and 27.6% were forced to change places of living three times or more due to war. Around 86.6% of the responders believed that the war was the main reason for their mental distress. Those with high SPTSS and K10 scores were found to take more days off from work or school due to negative feelings and having somatic symptoms. Moreover, the number of times changing places of living due to war, educational level, and being distressed by war noise were the most prominent factors for more severe PTSD and mental distress. No differences in PTSD and mental disorder prevalence were noted in participants living in different governorates or among different types of jobs. A strong significant correlation (r = 0.623) was found between SPTSS and K10 scores.
Conclusion. The conflict in Syria has left the population at great risk for mental distress which was higher compared to Syrian refugees elsewhere. Many measures with an emphasis on mental health are needed to help the people against a long-term avoidable suffering.

Placebo response in treatment resistant depression: a systematic review and meta-analysis of multiple treatment modalities

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Aims. The placebo response in depression clinical trials is a major contributing factor for failure to establish the efficacy of novel and repurposed treatments. However, it is not clear as to what the placebo response in treatment-resistant depression (TRD) patients is or whether it differs across treatment modalities. Our objective was to conduct a systematic review and meta-analysis of the magnitude of the placebo response in TRD patients across different treatment modalities and its possible moderators.
Method. Searches were conducted on MEDLINE and PsychInfo from inception to January 24, 2020. Only studies that recruited TRD patients and randomization to a placebo (or sham) arm in a pharmacotherapy, brain stimulation, or psychotherapy study were included (PROSPERO 2020 CRD42020190465). The primary outcome was the Hedges' g for the reported depression scale using a random-effects model. Secondary outcomes included moderators assessed via meta-regression and response and remission rate. Heterogeneity was evaluated using the Egger's Test and a funnel plot. Cochrane Risk of Bias Tool was used to estimate risks.
Result. 46 studies met our inclusion criteria involving a total of 3083 participants (mean (SD) age: 45.7 (6.2); female: 52.4%). The pooled placebo effect for all modalities was large (N = 3083, g = 1.08 ,95% CI [0.95-1.20)I^2 = 0.1). The placebo effect in studies of specific treatment modalities did not significantly differ: oral medications g = 1.14 (95%CI:0.99-1.29); parenteral medications g = 1.32 (95%CI:0.59-2.04); ayahuasca g = 0.47 (95%CI:-0.28-1.17); rTMS g = 0.93 (95%CI:0.63-1.23); tDCS g = 1.32 (95% CI:0.52-2.11); invasive brain stimulation g = 1.06 (95%CI:0.64-1.47). There were no psychotherapy trials that met our eligibility criteria. Similarly, response and remission rates were comparable across modalities. Heterogeneity was large. Two variables predicted a lager placebo effect: open-label prospective design (B:0.32, 95%CI: 0.05-0.58; p:0.02) and sponsoring by a pharmaceutical or medical device company (B:0.39, 95%CI:0.13-0.65, p:0.004)). No risk of publication bias was found.