Library and Knowledge Service

The Rotherham NHS Foundation

Mental Health, Learning Disabilities and Substance Misuse Current Awareness Bulletin

SEPTEMBER 2013

Shelbrooke Ward, St Catherine's Hospital

This bulletin contains a range of the latest research, reports and news

A wide range of Library and Knowledge Services are provided for RDaSH Mental Health Staff and students by the Rotherham Foundation Trust. Please see the final page of this bulletin for more details and how to contact us

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About this Bulletin

The selection of articles, publications and report is drawn from a number of sources including NICE including Evidence Search, the Cochrane Collaboration and the Royal College of Nursing. It does not aim to be an exhaustive list.

Please note that the following sections are not included in this bulletin due to lack of content; NICE Medicine Summaries and new books in Rotherham NHS libraries.

Future of Library & Knowledge Services for RDaSH

Please note that RDaSH has given notice to end their contract with Rotherham Foundation Trust Library and Knowledge Service on 21st November 2013. The final issues of this bulletin will be produced in October and November.

Until November 21st the Library and Knowledge Service of Rotherham NHS Foundation Trust will provide a wide range of services to RDaSH Mental Health staff and students. See the final page of the bulletin for details of the services.

If you have any queries please contact Katherine France/Helen Barlow on 01709 427139 or Helen.barlow@rothgen.nhs.uk Katherine.france@rothgen.nhs.uk

Library & Knowledge Service Feature:

Systematic Reviews and the Cochrane Library

Systematic Reviews

A systematic review is an overview of primary research on a particular question that tries to identify, select, appraise and synthesize all high quality research evidence relevant to that question in order to answer it

Systematic reviews are published in a variety of formats including journal articles, NICE publications and the Cochrane Database of Systematic Reviews (CDSR).

The Cochrane Library

The CDSR is one of a number of databases contained in the Cochrane Library. Each database contains different types of high-quality, independent evidence to inform decision-making. It is available without password at http://www.thecochranelibrary.com/.

Cochrane Database of Systematic Reviews (CDSR) contains reviews prepared by the Review Groups of the Cochrane Collaboration. These systematic reviews are of primary research in human health care and health policy, and are recognised as of the highest standard in evidence-based health care. Some investigate the effects of interventions for prevention, treatment and rehabilitation. Others assess the accuracy of a diagnostic test for a given condition in a specific patient group.

Each systematic review addresses a clearly formulated question; for example: *Can antibiotics help in alleviating the symptoms of a sore throat?* The existing primary research on a topic that meets certain criteria is searched for and collated, and then assessed using stringent guidelines, to establish whether or not there is conclusive evidence. The reviews are updated regularly, ensuring that treatment decisions can be based on the most up-to-date and reliable evidence.

Other databases in the Cochrane Library include:
Database of Abstracts of Reviews of Effects (DARE) contains abstracts of quality assessed systematic (and other) reviews produced outside Cochrane. Each abstract includes a summary and critical commentary about its overall quality.

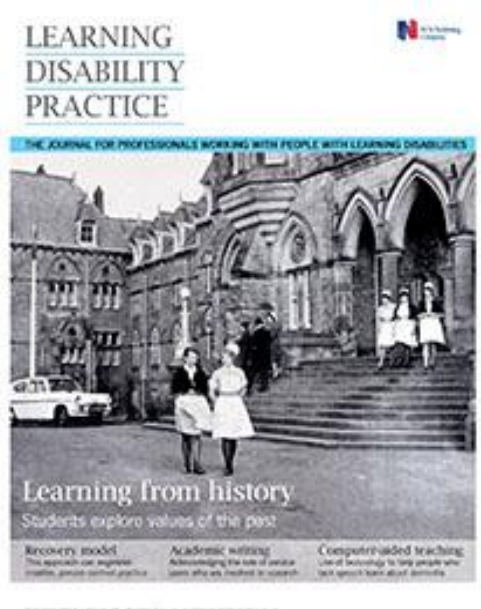
Cochrane Central Register of Controlled Trials (CENTRAL) includes details of published articles that are controlled trials listed in databases or other sources

Health Technology Assessment (HTA) Database brings together details of HTAs (studies of the medical, social & economic implications of healthcare interventions).

NHS Economic Evaluation Database (EED) identifies economic evaluations, appraising their quality, and highlighting their relative strengths and weaknesses.

We provide training on using systematic reviews through the course 'Finding the Evidence' which is run a regular basis. Library staff can also provide assistance via phone or e-mail or undertake searches for you. See contact details on the final page of this bulletin.

Journal of the Month
Learning Disability Practice



Learning Disability Practice is a unique journal and online resource for nurses and other health professionals caring for people with learning disabilities.

Learning Disability Practice provides its readers with up-to-date coverage of the significant issues they face. This indispensable resource includes peer-reviewed articles on the latest clinical research, research studies, comments and advice from independent experts, the latest news, study aids, conference and events listings and much more.

Abbreviated Table of Contents September 2013 Volume 16 Issue 7

Accessing the Full Text of 'Learning Disability Practice'
The full text of this journal is available from 2001 volume 4 onwards to very recent issue using the one the one before the current number. It is accessed using Ebsco Host via NICE Evidence Search (formerly NHS Evidence).

The full text can be found via the list of journals on NICE Evidence: http://www.library.nhs.uk/booksandjournals/journals/default.aspx

You can either browse the journals available alphabetically or search for a particular word or title.

Registering for an NHS Athens password
An NHS Athens password is required to access the full text of many of the journals (including this one) listed on NICE NHS Evidence. You can register for a password at https://register.athensams.net/nhs/nhseng.

It is easier to register from an NHS computer as by doing so it automatically assumes you are entitled to have a password. If you register from a non-NHS computer, e.g. from home then there can be a delay whilst you are accepted.

You cannot access the full text of this journal directly from its own homepage using an NHS Athens password. In some cases the text may be available freely without password.

NICE Guidance (since August 2013)

The National Institute of Health and Care Excellence (NICE)'s guidance is 'designed to promote good health and prevent ill health, based on the best evidence, transparent in their development, good value for money and internationally recognised for its excellence".

Summaries of the guidance relevant to mental health are included below followed by the titles only of non-mental health related guidance.

Mental Health Related Guidance

Autism: The management and support of children and young people on the autism spectrum CG170

Full Guidance: http://guidance.nice.org.uk/CG170

Key Priorities for Implementation

Access to health and social care services
Ensure that all children and young people with autism have full access to health and social care services, including mental health services, regardless of their intellectual ability or any coexisting diagnosis.

Knowledge and competence of health and social care professionals
Health and social care professionals working with children and young people with autism in any setting should receive training in autism awareness and skills in managing autism, which should include:

- the nature and course of autism
- the nature and course of behaviour that challenges in children and young people with autism
- recognition of common coexisting conditions, including: mental health problems such as anxiety and depression, physical health problems such as epilepsy, sleep problems, other neurodevelopmental conditions such as attention deficit hyperactivity disorder (ADHD)
- the importance of key transition points, such as changing schools or health or social care services
- the child or young person's experience of autism and its impact on them
- the impact of autism on the family (including siblings) or carers
- the impact of the social and physical environment on the child or young person
- how to assess risk (including self-harm, harm to others, self-neglect, breakdown of family or residential support, exploitation or abuse by others) and develop a risk management plan
- the changing needs that arise with puberty (including the child or young person's understanding of intimate relationships and related problems that may occur, for example, misunderstanding the behaviour of others)
- how to provide individualised care and support and ensure a consistent approach is used across all settings
- skills for communicating with a child or young person with autism.

Making adjustments to the social and physical environment and processes of care

- Take into account the physical environment in which children and young people with autism are supported and cared for. Minimise any negative impact by: providing visual supports, for example, words, pictures or symbols that are meaningful for the child or young person, making reasonable adjustments or adaptations to the amount of personal space given & considering individual sensory sensitivities to lighting, noise levels & the colour of walls and furnishings.
- Make adjustments or adaptations to the processes of health or social care, for example, arranging appointments at the beginning or end of the day to minimise waiting time, or providing single rooms for children and young people whom may need a general anaesthetic in hospital (for example, for dental treatment).

Psychosocial interventions

Consider a specific social-communication intervention for the core features of autism in children and young people that includes play-based strategies with parents, carers and teachers to increase joint attention, engagement and reciprocal communication in the child or young person. Strategies should:

- be adjusted to the child or young person's developmental level
- aim to increase the parents', carers', teachers' or peers' understanding of, and sensitivity and responsiveness to, the child or young person's patterns of communication and interaction
- include techniques of therapist modelling and video-interaction feedback
- include techniques to expand the child or young person's communication, interactive play and social routines. The intervention should be delivered by a trained professional. For pre-school children consider parent, carer or teacher mediation. For school-aged children consider peer mediation.

Anticipating and preventing behaviour that challenges

Assess factors that may increase the risk of behaviour that challenges in routine assessment and care planning in children and young people with autism, including:

- impairments in communication that may result in difficulty understanding situations or in expressing needs and wishes
- coexisting physical disorders, such as pain or gastrointestinal disorders
- coexisting mental health problems such as anxiety or depression and other neurodevelopmental conditions such as ADHD
- the physical environment, such as lighting and noise levels
- the social environment, including home, school and leisure activities
- changes to routines or personal circumstances
- developmental change, including puberty
- exploitation or abuse by others
- inadvertent reinforcement of behaviour that challenges
- the absence of predictability and structure.

Psychosocial interventions for behaviour that challenges

If no coexisting mental health or behavioural problem, physical disorder or environmental problem has been identified as triggering or maintaining the behaviour that challenges, offer the child or young person a psychosocial intervention (informed by a functional assessment of behaviour) as a first-line treatment.

Pharmacological interventions for behaviour that challenges
Consider antipsychotic medication1 for managing behaviour that challenges in children and young people with autism when psychosocial or other interventions are insufficient or could not be delivered because of the severity of the behaviour. Antipsychotic medication should be initially prescribed and monitored by a paediatrician or psychiatrist who should:

- identify the target behaviour
- decide on an appropriate measure to monitor effectiveness, including frequency and severity of the behaviour and a measure of global impact
- review the effectiveness and any side effects of the medication after 3–4 weeks
- stop treatment if there is no indication of a clinically important response at 6 weeks.

Families and carers
Offer families (including siblings) and carers an assessment of their own needs, including whether they have:

- personal, social and emotional support
- practical support in their caring role, including short breaks and emergency plans
- a plan for future care for the child or young person, including transition to adult services.

Transition to adult services

- For young people aged 16 or older whose needs are complex or severe, use the care programme approach (CPA) in England, or care and treatment plans in Wales, as an aid to transfer between services.
- Involve the young person in the planning and, where appropriate, their parents or carers.
- Provide information about adult services to the young person, and their parents or carers, including their right to a social care assessment at age 18.

Smoking Cessation: Supporting People to Stop Smoking (QS43)

Full Guidance: http://publications.nice.org.uk/smoking-cessation-supporting-people-to-stop-smoking-qs43

List of quality statements

Statement 1. People are asked if they smoke by their healthcare practitioner, and those who smoke are offered advice on how to stop.

Statement 2. People who smoke are offered a referral to an evidence-based smoking cessation service.

Statement 3. People who smoke are offered behavioural support with pharmacotherapy by an evidence-based smoking cessation service.

Statement 4. People who seek support to stop smoking and who agree to take pharmacotherapy are offered a full course.

Statement 5. People who smoke who have set a quit date with an evidence-based smoking cessation service are assessed for carbon monoxide levels 4 weeks after the quit date.

Non- Mental Health Related Guidance

Technology appraisals

- TA 295 - Breast cancer (HER2 negative, oestrogen receptor positive, locally advanced or metastatic) - everolimus (with an aromatase inhibitor) http://guidance.nice.org.uk/TA295

Clinical Guidelines

- CG169 Acute kidney injury http://guidance.nice.org.uk/CG169

Diagnostic Guidance

- DG8 Intraoperative tests (RD-100i OSNA system and Metasin test) for detecting sentinel lymph node metastases in breast cancer http://guidance.nice.org.uk/DG8
- DG9 Epidermal growth factor receptor tyrosine kinase (EGFR-TK) mutation testing in adults with locally advanced or metastatic non-small-cell lung cancer http://guidance.nice.org.uk/DG9

Quality Standards

- QS40 Psoriasis http://guidance.nice.org.uk/QS40
- QS41 Familial Hypercholesterolaemia http://guidance.nice.org.uk/QS41
- QS42 Headaches in young people & adults http://guidance.nice.org.uk/QS42

Interventional Procedures

- IP461 Endoscopic radiofrequency ablation for gastro-oesophagael reflux disease http://guidance.nice.org.uk/IPG461
- IP462 Translaryngeal tracheostomy http://guidance.nice.org.uk/IPG462
- IP463 Insertion and use of implantable pulmonary artery pressure monitors in chronic heart failure http://guidance.nice.org.uk/IPG463

Latest NICE Evidence Updates

Evidence Updates highlight new evidence relating to published accredited guidance. They are based on the scope of the particular guidance they relate to and provide a commentary on a selection of new articles published since the guidance was issued.

Evidence Updates highlight key points from the new evidence and provide a commentary describing its strengths and weaknesses. They also indicate whether the new evidence may have a potential impact on current guidance.

Evidence Updates aim to reduce the need for individuals, managers and commissioners to search for new evidence. Evidence Updates do not replace current guidance and do not provide formal practice recommendations.

Evidence Updates relevant to mental health are listed first (in summary) followed by other evidence updates (in title only).

Mental Health Related Evidence Updates

Obsessive-compulsive disorder

Evidence Update 47 September 2013

A summary of selected new evidence relevant to NICE clinical guideline 31 'Obsessive-compulsive disorder: core interventions in the treatment of obsessive-compulsive disorder and body dysmorphic disorder' (2005)
http://www.evidence.nhs.uk/evidence-update-47

Key points

The following table summarises what the Evidence Update Advisory Group (EUAG) decided were the key points for this Evidence Update. It also indicates the EUAG's opinion on whether the new evidence may have a potential impact on the current guidance listed in the introduction. For further details of the evidence behind these key points, please see the full commentaries.

The section headings used in the table below are taken from the guidance. Evidence Updates do not replace current accredited guidance and do not provide formal practice recommendations.

	Potential impact on guidance	
Key point	**Yes**	**No**
Steps 3–5: treatment options for people with obsessive-compulsive disorder (OCD) or body dysmorphic disorder (BDD) ***Initial treatment options – adults***		
Telemental health and technology interventions for OCD such as computerised cognitive behavioural therapy (CBT) or telephone CBT may have promise but current evidence is limited.		**X**
Acceptance and commitment therapy may improve symptoms of OCD to a greater extent than progressive relaxation training.		**X**

Initial treatment options for adults – selective serotonin reuptake inhibitors (SSRIs) or group CBT		
Sertraline or group CBT may result in similar response rates, but more people may have clinical remission with group CBT than with sertraline.		**X**
Initial treatment options – children and young people		
Family-based CBT may be associated with higher rates of response to treatment than psychoeducation plus relaxation training.		**X**
Family-based CBT may be associated with long-term benefits, for example no longer meeting the criteria for diagnosis of OCD.		**X**
Choice of drug treatment in adults		
Paroxetine may be effective in people whose OCD symptoms do not respond to venlafaxine[2]. Venlafaxine may not be as effective in people whose symptoms have not responded to paroxetine.		**X**
Continuing treatment with SSRIs after initial response may be associated with lower rates of relapse than placebo.		**X**

Cochrane Database of Systematic Reviews New Reviews / Updates

(issued 20th August to 19th September 2013)

THE COCHRANE LIBRARY
Independent high-quality evidence for health care decision making

About the Cochrane Library

The Cochrane Library is a collection of databases that contain different types of high-quality, independent evidence to inform healthcare decision-making. One of them is the Cochrane Database of Systematic Reviews (CDSR) which includes all reviews prepared by the Cochrane Collaboration's Review Groups. Each Cochrane Review is a peer-reviewed systematic review that has been prepared and supervised by an editorial team.

If you require any assistance with searching or interpreting the Cochrane Library please contact the Knowledge and Library Service via the details on the last page.

These reviews are those relevant to mental health that were added or updated to the CDSR. The text listed with them is the published plain language summary. Click on the link at the end of the summary for more details

New Reviews

Smoking cessation interventions for smokers with current or past depression

Regina M van der Meer[1,*], Marc C Willemsen[2,3], Filip Smit[4,5], Pim Cuijpers

Published Online: 21 AUGUST 2013 Assessed as up-to-date: 1 APRIL 2013

Plain language summary
People with depression are very often heavy smokers. We wanted to know whether treatments to help people quit smoking are effective for people with current depression or with a history of depression. In this review, treatments were divided into those with or without specific attention to handling depression. We found that smoking cessation treatments with specific attention to handling depression helped smokers who suffered from depression to quit. Psychosocial 'mood management' interventions, where participants learn how to handle depressive symptoms with psychological techniques, were effective in those with current depression and with a history of it. Bupropion, an antidepressant medication to help quit smoking, has been shown to be effective for smoking cessation in healthy smokers. Our findings show that bupropion may benefit smokers with a history of depression as well. However, this was not found for those with current depression. There was a lack of evidence for the effectiveness of other antidepressants to help smokers with a history of depression to quit. There was also not enough evidence for the use of antidepressants in smokers with current depression. Although treatments without specific attention to handling depression, such as nicotine replacement therapy and standard psychosocial smoking cessation interventions, have been shown to help other groups of people to quit smoking, there was not enough evidence to show that they were helpful in people with a history of or with current depression.

Full Cochrane Review:
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006102.pub2/abstract

Mass media interventions for reducing mental health-related stigma

Sarah Clement et al

Published Online: 23 JUL 2013 Assessed as up-to-date: 31 JUL 2012

Plain language summary
People define stigma in various ways. In this review we focus on two key aspects of stigma: discrimination (treating people unfairly because of the group they belong to) and prejudice (negative attitudes and emotions towards certain groups). People with mental health problems often experience stigma. It can have awful effects on their lives. Mass media are media that are intended to communicate with large numbers of people without using face-to-face contact. Examples include newspapers, billboards, pamphlets, DVDs, television, radio, cinema, and the Internet. Anti-stigma

campaigns often include mass media interventions, and can be expensive, so it is important to find out if the use of mass media interventions can reduce stigma.

We reviewed studies comparing people who saw or heard a mass media intervention about mental health problems with people who had not seen or heard any intervention, or who had seen an intervention which contained nothing about mental ill health or stigma. We aimed to find out what effects mass media interventions may have on reducing stigma towards people with mental health problems.

We found 22 studies involving 4490 people. Five of these studies had data about discrimination and 19 had data about prejudice. We found that mass media interventions may reduce, increase, or have no effect on discrimination. We found that mass media interventions may reduce prejudice. The amount of the reduction can be considered as small to medium, and is similar to reducing the level of prejudice from that associated with schizophrenia to that associated with major depression. The quality of the evidence about discrimination and prejudice was low, so we cannot be very certain about these findings. Only three studies gave any information about financial costs and two about adverse affects, and there were limitations in how they assessed these, so we cannot draw conclusions about these aspects.

Full Cochrane Review
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009453.pub2/abstract

Psychoanalytic/psychodynamic psychotherapy for children and adolescents who have been sexually abused

Ben Parker & William Turner

Published Online: 31 JUL 2013 Assessed as up-to-date: 24 JUL 2013

Plain language summary
The sexual abuse of children and adolescents remains a significant problem worldwide. Children and adolescents who have been sexually abused often experience a wide range of psychological, social and physical problems and these problems often follow them into adulthood. This makes it very important to know how best to help those who have been subjected to sexual abuse. Treatments based on psychoanalytic or psychodynamic psychotherapy are often provided to victims of sexual abuse. These treatments work on the idea that difficulties in past relationships or experiences are often pushed into the unconscious, but later re-emerge in the form of problems in the present. Through a relationship with a psychoanalytic/psychodynamic psychotherapist, the person is helped to gain a greater conscious understanding of their unconscious conflicts and this is thought to help them recover. However, we did not find any studies of this kind of therapy that met the strict inclusion criteria for this review. As a result, we cannot draw any conclusions as to the effectiveness of psychoanalytic/psychodynamic psychotherapy for children and adolescents who have been sexually abused. The implications of this lack of evidence for research and clinical practice are discussed. High quality

randomised controlled trials should be conducted, but future systematic reviews on this subject may need to consider including other lower quality evidence in order to avoid overlooking important research.

Full Cochrane Review
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008162.pub2/abstract

Efficacy of psychostimulant drugs for amphetamine abuse or dependence

Clara Pérez-Mañá et al

Published Online: 2 SEP 2013 Assessed as up-to-date: 1 AUG 2013

Plain Language Summary
Amphetamine dependence constitutes a public health problem with many consequences and complications. Amphetamine abuse refers to a maladaptive and hazardous pattern of use considered to be less severe than dependence. To date, no pharmacological treatment has been approved for amphetamine abuse or dependence, and psychotherapy remains the best treatment option.

Long-term amphetamine use reduces dopamine levels in the brain. Drugs increasing dopamine and mimicking the effects of amphetamines with lower abuse liability could be used as replacement therapy in amphetamine dependence. Several psychostimulants have been studied recently for this purpose.

In this review, the efficacy and safety of psychostimulants for amphetamine abuse or dependence were studied. We found eleven studies enrolling 791 amphetamine-dependent participants and assessing the effects of four different psychostimulants: dexamphetamine, bupropion, methylphenidate and modafinil. Psychosocial interventions were additionally provided to all participants. The studies were conducted in the USA, Australia or Northern Europe, and study length ranged from 8 to 20 weeks.

Psychostimulants did not reduce amphetamine use or amphetamine craving and also did not increase sustained abstinence in comparison with placebo. Retention in treatment was similar and low with both treatments. Psychostimulants also did not increase the risk of adverse events that were intense enough to induce dropouts.

Research with larger and longer trials is needed to determine whether psychostimulants can be a useful replacement therapy for patients with amphetamine abuse or dependence. The design of future trials should consider the level of dependence at study entry, the potency and the dose of the psychostimulant administered, the length of the trial and the representativeness of included participants.

Full Cochrane Review
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009695.pub2/abstract

Media-delivered cognitive behavioural therapy and behavioural therapy (self-help) for anxiety disorders in adults

Evan Mayo-Wilson & Paul Montgomery

Published Online: 9 SEP 2013 Assessed as up-to-date: 1 JAN 2013

Plain language summary
Anxiety disorders are common. They interfere with normal living, and they tend not to go away without treatment. Effective treatments are available, including cognitive behavioural therapy. These are known to work when delivered in person, but many people cannot access face-to-face treatment. This review examined 101 clinical trials of self-help and statistically analysed 92 of them. In these trials, 8403 people received self-help or were assigned to a control condition.

Overall, self-help with some support from a professional appears to be more effective than no treatment. Only half of the people who used self-help were better at the end of treatment, but self-help may still be considered effective because people with anxiety do not tend to get better without treatment. Self-help may be less effective than normal face-to-face therapy. Some results were difficult to interpret because the effects of treatments varied and the risk of overestimating the results was serious because of limitations in the study methods. We conclude that self-help is probably better than no treatment, but many people with an anxiety disorder would get better results from treatment provided by a skilled psychologist. Furthermore, most of the self-help materials used in these studies are intended for research and are not available to the public, so the results reported here may not apply to commercially available products.

Full Cochrane Review
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005330.pub4/abstract

Supported employment for adults with severe mental illness

Yoshihiro Kinoshita et al

Published Online: 13 SEP 2013 Assessed as up-to-date: 23 MAY 2012

Plain language summary
People with mental health problems experience high rates of unemployment. There are various schemes delivering support to people with mental health problems who are trying to find employment. Supported employment tries to place people into competitive jobs. People are placed quickly in normal work settings where they receive intensive support and training from 'job coaches'.

Individual placement and support (IPS) is a more specified scheme that includes: finding local jobs; a rapid job search; customer choice in what they want from the employment service; close working between employment and mental health teams;

attention to people's preferred job, their strengths and work experience; ongoing and, if necessary, long-term individual support; and the benefits of counselling. Employment specialists act to identify people's job interests, assist with job finding, give job support and engage other support services. IPS uses assertive outreach to deliver training, advice and vocational support in the community. Augmented supported employment is where employment support is given with other supplementary techniques, such as social skills training, motivational classes and various types of rehabilitation. Other approaches are many and varied, including: job workshops; job counselling; peer support; partnerships with business; and the Clubhouse model, which involves training, work experience, peer support and transitional employment and IPS because they do not search for immediate and competitive employment. However, all approaches involve periods of preparation, education and on-the-job training.

This review compares supported employment and IPS with other approaches for finding employment. Drawing from a total of 2259 people with mental health problems in 14 studies, the review has two main findings: 1) Supported employment increases the length and time of people's employment; 2) People on supported employment find jobs quicker. Supported employment and IPS are better than other approaches in these two respects, but there is limited information or measurable differences on other important issues for service users.

For example, there is little information on issues such as improving quality of life, impact on people's mental health, days in hospital and costs. Furthermore, the review built its main findings on limited statistical evidence drawn mainly from studies carried out in North America and Europe. Future studies should address a fuller range of information and outcomes. Longer studies are needed to see how long the effects of supported employment last.

Full Cochrane Review
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008297.pub2/abstract

Updated Reviews

Driving assessment for maintaining mobility and safety in drivers with dementia

Alan J Martin, Richard Marottoli and Desmond O'Neill

Published Online: 29 AUG 2013 Assessed as up-to-date: 12 MAR 2013

Plain language summary
The proportion of older people in the world is increasing and consequently the number of older drivers is also on the rise. Older people commonly depend upon private motor vehicles for their transport needs and so assessment of older drivers with cognitive impairment is becoming increasingly important. We have reviewed the literature on driving assessment in people with dementia for two reasons. First, we wished to see if assessment helped people with dementia and good driving skills

continue driving. Second, we wished to discover whether assessment was useful in preventing road traffic accidents.

Although many authors have studied the motor skills, neuropsychological performance and driving behaviour of drivers with dementia, we found no study that randomised drivers to evaluate these outcomes prospectively following assessment. This highlights the need for caution in applying the literature on driving assessment to clinical settings as no benefit has yet been prospectively demonstrated. It also indicates the need for prospective evaluation of new and existing models of driver assessment to best preserve transport mobility and minimise road traffic accidents.

Full Cochrane Review
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006222.pub4/abstract

Haloperidol dose for the acute phase of schizophrenia

Alan J Martin, Richard Marottoli, Desmond O'Neill

Published Online: 29 AUG 2013 Assessed as up-to-date: 12 MAR 2013

Plain language summary
Schizophrenia is a mental illness where the person often experiences both positive symptoms (such as hearing voices, seeing things and having strange beliefs) and negative symptoms (such as tiredness, apathy and loss of emotion). Antipsychotic drugs are used to treat schizophrenia. The antipsychotic drug, haloperidol, is one of the most frequently used drugs worldwide for people with schizophrenia.

The benefits of antipsychotic drugs, such as haloperidol, need to be weighed against their tendency for causing debilitating side effects (such as movement disorders, weight gain, lack of drive) and in some cases an increased likelihood of physical illnesses such as diabetes and heart disease. These debilitating side effects may mean that people stop taking their medication, which can lead to relapse and going into hospital. It is, therefore, important to find a tolerable and effective dose of haloperidol, which helps control the symptoms of schizophrenia but with fewer side effects.

The main aim of this review was to determine the best range of doses of haloperidol for the treatment of schizophrenia. Nineteen trials were included that compared varying doses of haloperidol. Despite over 30 years of trials, data on the effects of differing doses of haloperidol are sparse and poorly reported. This is especially so for the lower dose ranges generally used for the treatment of schizophrenia today. However, lower doses of haloperidol may be just as effective as higher doses but result in fewer side effects. This review also suggests that an important bias against haloperidol may exist in modern trials comparing new drugs with haloperidol. Results are not conclusive and are based on small, short studies of limited quality.

The authors of the review note that it would be understandable if psychiatrists were cautious about prescribing doses above 7.5 mg a day and if people with schizophrenia did not want to take higher dosages. Further research is needed to

assess the tolerability and effectiveness of lower doses. Low doses of haloperidol may be just as good as higher doses, but with fewer side effects.

Full Cochrane Review
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001951.pub2/abstract

Selective serotonin reuptake inhibitors (SSRIs) for autism spectrum disorders (ASD)

Katrina Williams et al

Published Online: 20 AUG 2013 Assessed as up-to-date: 7 AUG 2013

Plain language summary
Autism spectrum disorders (ASD) are characterised by problems with social interaction and communication, as well as repetitive behaviours and limited activities and interests. Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that are sometimes given to reduce anxiety or obsessive-compulsive behaviours. We found nine trials, involving 320 people, which evaluated four SSRIs: fluoxetine, fluvoxamine, fenfluramine and citalopram. Five studies included only children and four studies included only adults. One trial enrolled 149 children, but the other trials were much smaller. We found no trials that evaluated sertraline, paroxetine or escitalopram. There is no evidence to support the use of SSRIs to treat autism in children. There is limited evidence, which is not yet sufficiently robust, to suggest effectiveness of SSRIs in adults with autism. Treatment with an SSRI may cause side effects. Decisions about the use of SSRIs for established clinical indications that may co-occur with autism, such as obsessive-compulsive disorder and depression in adults or children, and anxiety in adults, should be made on a case-by-case basis.

Full Cochrane Review
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004677.pub3/abstract

Exercise for depression

Gary M Cooney et al

Published Online: 12 SEP 2013 Assessed as up-to-date: 13 JUL 2012

Plain language summary
Why is this review important?
Depression is a common and disabling illness, affecting over 100 million people worldwide. Depression can have a significant impact on people's physical health, as well as reducing their quality of life. Research has shown that both pharmacological and psychological therapies can be effective in treating depression. However, many people prefer to try alternative treatments. Some NHS guidelines suggest that exercise could be used as a different treatment choice. However, it is not clear if research actually shows that exercise is an effective treatment for depression.

What questions does this review aim to answer?
This review is an update of a previous Cochrane review from 2010 which suggested that exercise can reduce symptoms of depression, but the effect was small and did not seem to last after participants stopped exercising. We wanted to find out if more trials of the effect of exercise as a treatment for depression have been conducted since our last review that allow us to answer the following questions: Is exercise more effective than no therapy for reducing symptoms of depression?, Is exercise more effective than antidepressant medication for reducing symptoms of depression?, Is exercise more effective than psychological therapies or other non-medical treatments for depression?, How acceptable to patients is exercise as a treatment for depression?

Which studies were included in the review?
We used search databases to find all high-quality randomised controlled trials of how effective exercise is for treating depression in adults over 18 years of age. We searched for studies published up until March 2013. We also searched for ongoing studies to March 2013. All studies had to include adults with a diagnosis of depression, and the physical activity carried out had to fit criteria to ensure that it met with a definition of 'exercise'.
We included 39 studies with a total of 2326 participants in the review. The reviewers noted that the quality of some of the studies was low, which limits confidence in the findings. When only high-quality trials were included, exercise had only a small effect on mood that was not statistically significant.

What does the evidence from the review tell us?
Exercise is moderately more effective than no therapy for reducing symptoms of depression.
Exercise is no more effective than antidepressants for reducing symptoms of depression, although this conclusion is based on a small number of studies.
Exercise is no more effective than psychological therapies for reducing symptoms of depression, although this conclusion is based on small number of studies.
The reviewers also note that when only high-quality studies were included, the difference between exercise and no therapy is less conclusive.
Attendance rates for exercise treatments ranged from 50% to 100%.
The evidence about whether exercise for depression improves quality of life is inconclusive.

What should happen next?
The reviewers recommend that future research should look in more detail at what types of exercise could most benefit people with depression, and the number and duration of sessions which are of most benefit. Further larger trials are needed to find out whether exercise is as effective as antidepressants or psychological treatments.

Full Cochrane Review
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004366.pub6/abstract

Physiotherapy versus placebo or no intervention in Parkinson's disease

Claire L Tomlinson et al

Published Online: 10 SEP 2013 Assessed as up-to-date: 31 JAN 2012

Plain language summary

In spite of various medical and surgical treatments for Parkinson's disease (PD), patients gradually develop significant physical problems. Physiotherapists aim to enable people with PD to maintain their maximum level of mobility, activity, and independence by monitoring their condition and targeting appropriate treatment. A range of approaches to movement rehabilitation are used, which aim to enhance quality of life by maximising physical ability and minimising problems related to Parkinson's over the whole course of the disease.

Only randomised controlled trials were included in this review. In these studies,a group of participants were given physiotherapy intervention and were compared with another group of participants, who did not receive physiotherapy. Participants were assigned to a group in random fashion so a fair test was established. Thirty-nine randomised trials involving 1827 participants were identified as suitable for this review. The quality of the trials was not high because in many, methods were not reported adequately and blinding was not feasible. These trials assessed various physiotherapy interventions, so the trials were grouped according to the type of intervention being used (i.e. general physiotherapy, exercise, treadmill training, cueing, dance, or martial arts).

Improvement in all walking outcomes (except the 10- or 20-metre walk test) was noted with physiotherapy intervention. However, these improvements were significant only for walking speed, walking endurance, and freezing of gait. Mobility and balance also improved with a physiotherapy intervention, with significant improvements reported in one test of mobility (the Timed Up & Go test, which times how long it takes a person to get up from a chair, walk a certain distance, then walk back to the chair and sit down) and in two tests of balance (one assessing how far a person can reach before he or she loses balance (Functional Reach Test) and another assessing multiple aspects of balance (Berg Balance Scale)). Clinician-rated disability, using the Unified Parkinson’s Disease Rating Scale (UPDRS), was also improved with physiotherapy intervention. No difference was observed between the two groups in falls or patient-rated quality of life. One study reported that adverse events were rare; no other studies reported data on this outcome. When the different physiotherapy interventions were compared, no evidence suggested that treatment effect differed across the physiotherapy interventions for any of the outcomes assessed.

This review provides evidence of the short-term benefit of physiotherapy for the treatment of PD. Although most observed differences were small, improvements in walking speed, balance with the Berg Balance Scale, and clinician-rated disability using the UPDRS were of a size that patients may consider them to be important. These benefits should be interpreted with caution because of the quality of the

included trials, and the lack of common assessment of treatment effects. This affected the quantity of data that we could use for analysis.

Full Cochrane Review
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002817.pub4/abstract

Latest Campbell Collaboration Review

The Campbell Collaboration (C2) helps people make well-informed decisions by preparing, maintaining and disseminating systematic reviews in education, crime and justice, and social welfare. Campbell is based on voluntary cooperation among researchers of a variety of backgrounds. It has broad similarities with the Cochrane Collaboration. Their systematic reviews are published in the Campbell Library with new ones relevant to mental health listed here.

Brief Strategic Family Therapy (BSFT) for Young People in Treatment for Non-Opioid Drug Use

Maia Lindstrøm et al

Published Online: 2 SEP 2013 Assessed as up-to-date: 28 AUG 2013

Plain language summary
The misuse of prescription drugs and the use of ketamine, nitrous oxide and inhalants such as glue and petrol are not considered in this review.

Recent reports describe an alarming trend of drug use by young people and a lack of available treatment for those who require it. BSFT is a manual-based family therapy approach that seeks to reduce drug use among young people and to correct the problem behavior that often accompanies drug use by addressing the mediating family risk factors. This approach is based on the assumption that the family exerts a profound influence on child and youth development. It is also assumed that interventions needs to be well planned, problem-focused, and tailored to the unique characteristics of the individual family. BSFT initially targets those patterns of interactions that most directly influence the youth's behavior.

After a rigorous search for all relevant studies conducted to date, we identified three studies with 806 participants that met the inclusion criteria. The effectiveness of BSFT on reducing drug usage, family functioning, and treatment retention was explored though meta-analysis. The findings are as follows:

- On drug usage: There is no evidence that BSFT has an effect on reducing the frequency of drug use compared to community treatment programs, group treatment, and minimum contact comparisons1.

- On family functioning: There is no evidence that BSFT has an effect on family functioning compared to community treatment programs, group treatment, and minimum contact comparisons

On treatment retention: BSFT may improve treatment retention in young drug users compared to community treatment programs, group treatment, and minimum contact comparisons1.

The evidence found was limited. Only three studies were included in the data analysis, which provides very low statistical power to detect an effect of BSFT. The evidence is also limited in terms of outcomes reported on education, risk behavior and other adverse effects, and is therefore insufficient to allow any firm conclusions to be drawn regarding the effectiveness of the treatment.

The review found that the methodological rigor and the adequacy of reporting in the included studies were generally insufficient to allow confident assessment of the effects of BSFT for young drug users. Two of the three included studies provided insufficient information on core issues to allow us to assess the risk of bias (e.g. methods of sequence generation, allocation concealment and completeness of outcome data). This methodological weakness makes us question the validity of these two studies.

Overall, Brief Strategic Family Therapy for treating young people's drug use has not been evaluated with sufficient rigor to allow its effectiveness to be determined. Well-designed, randomized controlled trials within this population are needed.

Full Campbell Review
http://www.campbellcollaboration.org/lib/project/209/

Literature Search Example: Street drugs and Mental Health

Biomedical databases such as Medline, Cinahl and PsycINFO provide access to a range of published information. They can be available to all NHS staff and students via NICE Evidence, previously NHS Evidence, (www.evidence.nhs.uk) using an NHS Athens password.

Searches can be carried out for very specific topics and / or they can be set up so you receive regular updates on a topic. Recent examples of literature searches undertaken for RDaSH staff include: bereavement counselling for those effected by suicide and effects of caffeine on those with psychosis.

Each issue we feature the latest journal articles on a particular subject identified by undertaking searches on biomedical databases. The list demonstrates the range of articles that are published on a particular topic and also highlights those which are available full text (many of which will require an NHS Athens password). The list does not attempt to be comprehensive.

If you wish to know about the databases and how we can help you use them (e.g. by setting up an alert so the latest published research on a topic will be e-mailed to you) then please contact the Library and Knowledge Service. Also contact us if you are having difficulty accessing the full text of journals.

Mapping the spread of methamphetamine abuse in California from 1995 to 2008.

Citation: American Journal of Public Health, July 2013, vol./is. 103/7(1262-70)

Author(s): Gruenewald PJ, Ponicki WR, Remer LG, Waller LA, Zhu L, Gorman DM

Abstract: OBJECTIVES: From 1983 to 2008, the incidence of methamphetamine abuse and dependence (MA) presenting at hospitals in California increased 13-fold. We assessed whether this growth could be characterized as a drug epidemic. METHODS: We geocoded MA discharges to residential zip codes from 1995 through 2008. We related discharges to population and environmental characteristics using Bayesian Poisson conditional autoregressive models, correcting for small area effects and spatial misalignment and enabling an assessment of contagion between areas. RESULTS: MA incidence increased exponentially in 3 phases interrupted by implementation of laws limiting access to methamphetamine precursors. MA growth from 1999 through 2008 was 17% per year. MA was greatest in areas with larger White or Hispanic low-income populations, small household sizes, and good connections to highway systems. Spatial misalignment was a source of bias in estimated effects. Spatial autocorrelation was substantial, accounting for approximately 80% of error variance in the model. CONCLUSIONS: From 1995 through 2008, MA exhibited signs of growth and spatial spread characteristic of drug epidemics, spreading most rapidly through low-income White and Hispanic populations living outside dense urban areas.

Full Text:
Available from *EBSCOhost* in American Journal of Public Health

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Longitudinal associations of cannabis and illicit drug use with depression, suicidal ideation and suicidal attempts among Nova Scotia high school students.

Citation: Drug & Alcohol Dependence, April 2013, vol./is. 129/1-2(49-53)

Author(s): Rasic D, Weerasinghe S, Asbridge M, Langille DB

Abstract: OBJECTIVE: To examine associations of cannabis and other illicit drug use with depression, suicidal ideation and suicidal attempts over a two year period during adolescence. METHODS: Nine hundred and seventy-six school students in four high schools in northern Nova Scotia, Canada, were surveyed in grade 10 and followed up in grade 12. Assessments of past 30 day cannabis and illicit drug use as

well as mental health variables (risk of depression, suicidal ideation and suicide attempts) were obtained at baseline (2000 and 2001) and follow-up two years later (2002 and 2003). Generalized estimating equations modelled depression, suicidal ideation and attempts among illicit drug users and non-users. RESULTS: Illicit drug use with or without cannabis use was significantly associated with higher odds of depression, suicidal ideation and suicide attempt. Heavy cannabis use alone predicted depression but not suicidal ideation or attempt. CONCLUSIONS: Illicit drug use, with and without accompanying cannabis use, among high school students increases the risk of depression, suicidal ideation and suicidal attempts. Heavy cannabis use alone predicts depression but not suicidal ideation or attempts.

"**Bath salts" and "plant food" products: the experience of one regional US poison center.**

Citation: Journal of Medical Toxicology: Official Journal of the American College of Medical Toxicology, March 2013, vol./is. 9/1(42-8)

Author(s): Murphy CM, Dulaney AR, Beuhler MC, Kacinko S

Abstract: Abuse of psychogenic substances sold as "bath salts" and "plant food" has escalated in recent years in the United States (USA). Previous reports suggest regional differences in the primary active beta-keto phenylalkylamines found in these products and the corresponding signs and symptoms reported after exposure. Currently, there are only limited studies describing the clinical effects associated with reported "bath salts" exposure in the USA. This study describes the clinical effects associated with "bath salt" and "plant food" exposures as reported to the poison center serving the state of North Carolina (Carolinas Poison Center). We performed a retrospective review of the Carolinas Poison Center database for all cases of reported human exposure to "bath salt" and "plant food" products from 2010 to 2011 with specific attention to clinical effects and routes of exposure. Additionally, we reviewed therapies used, trended the volume of exposure cases reported over the study period, and evaluated the distribution of calls within state counties using descriptive statistics. Carolinas Poison Center received 485 total calls and 409 reported exposure calls regarding "bath salt" or "plant food" products between January of 2010 and December of 2011. The peak of reported exposures occurred in May of 2011. Clinical effects commonly reported in the exposure cases generated from these calls included tachycardia (53.3 %, n=218), agitated/irritable (50.4 %, n=206), hallucination/delusions (26.7 %, n=109), and hypertension (25.2 %, n=103). In addition to intravenous fluids, common therapies included benzodiazepines (46.0 %, n=188), sedation (13.4 %, n=55), alkalinization (3.90 %, n=16), antihistamine (4.16 %, n=17), and intubation (3.67 %, n=15). Haloperidol was the antipsychotic agent used most often to treat agitation (n=40). Serious complications associated with reported exposure to "bath salt" and "plant food" products included rhabdomyolysis, renal failure, excited delirium syndrome, and death. While treatments have not been empirically determined, sedation with benzodiazepines, aggressive cooling for hyperthermic patients, and use of small doses of antipsychotics for choreoathetoid movements not controlled with benzodiazepines are not likely to be harmful.

First reported case in the UK of acute prolonged neuropsychiatric toxicity associated with analytically confirmed recreational use of phenazepam.

Citation: European Journal of Clinical Pharmacology, Mar 2013, vol./is. 69/3(361-3)

Author(s): Dargan PI, Davies S, Puchnarewicz M, Johnston A, Wood DM

Abstract: PURPOSE: There is increasing evidence from around Europe of the availability and misuse of long-acting benzodiazepines such as phenazepam. There is little information on the acute toxicity of these compounds; we describe here a case of analytically confirmed phenazepam-related acute toxicity. CASE REPORT: A 42-year-old man with no previous medical or psychiatric history was brought to the Emergency Department by his friends because he had developed prolonged ongoing confusion and disorientation following use of up to three different "legal high" powders. There was no obvious medical cause for this acute confusion and disorientation. His symptoms continued for approximately 60 h after suspected use. Subsequent toxicological analysis of a serum sample confirmed use of phenazepam (concentration 0.49 mg/L); no other drugs were detected during an extensive analytical screening. CONCLUSION: This is the second case of analytically confirmed acute toxicity related to phenazepam in Europe. This adds to the scant published information on the acute toxicity of this drug, and will provide healthcare and legislative authorities with further information on which to base advice and consideration of the need for its control.

Coexisting social conditions and health problems among clients seeking treatment for illicit drug use in Finland: the HUUTI study.

Citation: BMC Public Health, 2013, vol./is. 13/(380), 1471-2458;1471-2458 (2013)

Author(s): Onyeka IN, et al

Abstract: BACKGROUND: Illicit drug use is an important public health problem. Identifying conditions that coexist with illicit drug use is necessary for planning health services. This study described the prevalence and factors associated with social and health problems among clients seeking treatment for illicit drug use. METHODS: We carried out cross-sectional analyses of baseline data of 2526 clients who sought treatment for illicit drug use at Helsinki Deaconess Institute between 2001 and 2008. At the clients' first visit, trained clinicians conducted face-to-face interviews using a structured questionnaire. Logistic regression was used to compute adjusted odds ratios (AORs) and 95% confidence intervals (CIs) for factors associated with social and health problems. RESULTS: The mean age of the clients was 25 years, 21% (n=519) were homeless, 54% (n=1363) were unemployed and 7% (n=183) had experienced threats of violence. Half of the clients (50%, n=1258) were self-referred and 31% (n=788) used opiates as their primary drugs of abuse. Hepatitis C (25%, n=630) was more prevalent than other infectious diseases and depressive symptoms (59%, n=1490) were the most prevalent psychological problems. Clients who were self-referred to treatment were most likely than others to report social problems (AOR=1.86; 95% CI=1.50-2.30) and psychological problems (AOR=1.51; 95% CI=1.23-1.85). Using opiates as primary drugs of abuse was the strongest factor associated with infectious diseases (AOR=3.89; 95% CI=1.32-11.46) and for reporting a combination of social and health problems (AOR=3.24; 95% CI=1.58-

6.65).CONCLUSION: The existence of illicit drug use with other social and health problems could lead to increased utilisation and cost of healthcare services. Coexisting social and health problems may interfere with clients' treatment response. Our findings support the call for integration of relevant social, medical and mental health support services within drug treatment programmes.

Full Text:
Available from *ProQuest* in BMC Public Health
Available from *National Library of Medicine* in BMC Public Health
Available from *EBSCOhost* in BMC Public Health
Available from *BioMedCentral* in BMC Public Health

Are "bath salts" the next generation of stimulant abuse?

Citation: Journal of Substance Abuse Treatment, January 2013, vol./is. 44/1(42-5)

Author(s): Winder GS, Stern N, Hosanagar A

Abstract: "Bath salts" are stimulants with high abuse potential that are known to contain agents such as 3,4-methylenedioxypyrovalerone and 4-methylmethcathinone (mephedrone). They are marketed locally and through online retailers as legitimate products in order to evade legal control and facilitate widespread distribution. They have been present in Europe since 2007 but are now becoming a burgeoning presence in American hospitals. Though preliminary efforts are underway in the United States to restrict their usage and distribution, there remains a general unawareness on the part of physicians regarding the drugs' physiological effects. While they mimic the effects of other known stimulants, they are not detected on standard urine screens. We present a clinical case that illustrates a typical pattern of usage along with a description of their basic chemistry, appearance, methods of delivery, withdrawal and intoxication characteristics, treatment recommendations, and areas for further research.

Problematic substance use among forensic psychiatric community patients.

Citation: Journal of Forensic Practice, 2013, vol./is. 15/2(119-129), 2050-8794;2050-8808 (2013)

Author(s): Sender-Galloway, Simeon, Clark, Tom

Abstract: Purpose: An association between problematic substance use and severe mental illness has been demonstrated in various settings, but not among community forensic psychiatric patients. This paper aims to investigate the prevalence and correlates of problematic substance use among the community patients of one regional forensic psychiatric service. Design/methodology/approach: Historical data on diagnosis, offending and problematic substance use were gathered by reviewing case notes. Current substance use and psychosocial functioning were ascertained from structured interviews with community psychiatric nurses. Outcome measures included HoNOS ratings, the Global Assessment of Functioning, and the Clinical Rating Scale for substance use. Findings: Of 92 patients, 91.2 per cent had a history of problematic substance use and 31.5 per cent of them were currently using substances problematically, most commonly cannabis and alcohol. Current problematic substance use was associated with a range of negative outcomes, in

terms of illness severity, compliance with treatment, and psychosocial functioning. Research limitations/implications: The results may not be generalizable to services in different areas or those with different models of service provision. Causality should not be assumed from a cross sectional study. Practical implications: Inpatient psychiatric treatment in secure services appears to be associated with a large reduction in the level of problematic substance use, but a large residual need remains among community patients. Services which provide community care for forensic patients must seek to integrate treatment for problematic substance use with treatment for mental illness. Originality/value: This is the first description of the substance use related needs among community forensic psychiatric patients. (journal abstract)

Substance use and psychiatric disorders in Irish adolescents: A cross-sectional study of patients attending substance abuse treatment service.

Citation: Mental Health and Substance Use, May 2013, vol./is. 6/2(124-132), 1752-3281;1752-3273 (May 2013)

Author(s): James, Philip D, Smyth, Bobby P, Apantaku-Olajide, Tunde

Abstract: Little information exists on the levels of psychiatric disorders among substance abusing adolescents in Ireland. The aim of the study is examine the pattern of psychiatric disorders and explore for gender differences among adolescents with a substance use disorder (SUD) in Ireland. A cross-sectional descriptive study and retrospective review of medical records on the 144 most recent admissions at the Youth Drug and Alcohol (YoDA) service, Dublin was carried out. Overall, 48% of the patients had a lifetime history of psychiatric disorders. Deliberate self-harm (DSH) was the most common condition (27.1%), followed by attention deficit hyperactivity disorder (20.8%) and depression (10.4%). Conduct disorder and oppositional defiant disorder were infrequently diagnosed. Compared with boys, the girls were more likely to have a lifetime history of psychiatric disorders (odds ratio 3.7; $p = 0.005$). These findings provide the first prevalence data on psychiatric disorders in a clinically representative sample of Irish adolescents with SUDs. Adolescent addiction services should have the skills to assess and manage co-occurring mental health problems. There is a need for further studies to examine DSH among adolescents with SUDs. (journal abstract)

News Items

The following pages contain report and news items about a selection of issues relevant to RDaSH. Most of these items have been provided by the Royal College of Nursing news services. In most cases a click on the title should provide more details if not the full text. If you require any assistance then please contact the Library and Knowledge Service.

Quality and safety news

DH: UK to host G8 dementia summit. The UK is making the fight against dementia global by hosting the first G8 summit dedicated to seeking an ambitious level of international coordination and an effective response to tackling the condition. Prime Minister David Cameron and Health Secretary Jeremy Hunt will use the UK's 2013 presidency of the G8 to lead coordinated global action against what is fast becoming one of the greatest pressures on families, carers & health systems around the world. Jeremy Hunt speech: The world-wide challenge of dementia.

NHS England: The number of people with dementia in England: turning the tide. Alistair Burns, NHS England's national clinical director for dementia, gives his views on an important new report in The Lancet on the number of people in England with dementia. Estimating the number of people who have dementia is important for both local planning and national guidance.

Alzheimer's Society: Building dementia friendly communities – a priority for everyone. The report shows that one in three people (35 per cent) with dementia surveyed only leave their homes once a week and one in 10 get out just once a month. For the first time, an economic analysis commissioned by the charity shows that Dementia Friendly Communities could save £11,000 per person per year by helping people with dementia to remain independent, stay out of care for longer and have a better quality of life. A dementia-friendly community is a city, town or village where people with dementia are understood, respected, supported, and confident they can contribute to community life. BBC Health: Loneliness of dementia revealed.

Audit, reviews and legislation

House of Commons Health Select Committee: Post-legislative scrutiny of the Mental Health Act 2007. This report on the committee's post-legislative assessment of the Mental Health Act 2007 makes recommendations on areas including: readmissions data; detention in place of voluntary admissions; achieving 'parity of esteem' for patients needing mental & physical healthcare; independent mental health advocates; the responsibilities of clinicians; & the commissioning and funding of services.

Practice examples and case studies

King's Fund: The Esteem Team. This case study published by the King's Fund looks at the Sandwell Esteem Team, part of the Sandwell Integrated Primary Care Mental Health and Wellbeing Service (the Sandwell Wellbeing Hub) in the West Midlands. The hub is a holistic primary and community care-based approach to improving social, mental and physical health and wellbeing in the borough of Sandwell. The key aim of the Esteem Team is to support people with mild to moderate mental health conditions and complex social needs at an early stage to prevent deterioration and

admission to secondary care services. It aims to empower patients to take control of their own lives by offering guided therapies and tools for self-help.

Reports, commentary and statistics

Centre for Mental Health: Making recovery a reality in your community. A briefing for commissioners of mental health, drug and alcohol services. A new briefing on mental health, drug and alcohol services from Centre for Mental Health, Alcohol Concern and Drugscope urges commissioners to tackle the poorly integrated support received by those with overlapping needs. This briefing urges commissioners to focus on what matters most to people's lives – a home, a job, family and friends – services can enable people with multiple needs to build better lives on their own terms.

HSCIC: Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments, England - 2012-13, Annual report. The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS), which came into force on 1 April 2009, provides a legal framework to ensure people are deprived of their liberty only when there is no other way to care for them or safely provide treatment. They were introduced as an amendment under the Mental Health Act 2007 but form part of the Mental Capacity Act. This report provides information on uses of the legislation across the whole year from 1 April 2012 - 31 March 2013. This report also references the expected figures included in the planning assumptions made by the Department of Health.

Mental Health Foundation: Building resilient communities. This report calls on every council to prioritise mental health within their public health strategy. It brings together the evidence base and people's experiences about what makes resilient people and communities. It offers practical steps to help teams design wellbeing and resilience services aimed at preventing the development of mental health problems, and to measure their impact.

Age UK: Falls Prevention Exercise – following the evidence. The evidence for falls prevention exercise and how it can be applied in practice (PDF 309KB). This report examines the evidence basis for falls prevention exercise programmes. It sets out the evidence for what works in terms of maintaining balance and strength as people get older and provides details of some of the programmes around the country which have incorporated this evidence into their falls prevention services.

King's Fund: Exploring the system-wide costs of falls in older people in Torbay. One in three people aged over 65, and half of those aged over 80, fall at least once a year. Falls cost the NHS more than £2 billion per year. With the number of people aged 65 and over predicted to increase by 2 million by 2021, these costs are set to rise further. This paper uses Torbay's unique patient-level linked data set to explore the NHS and social care costs of the care pathway for older people in the 12 months before and after being admitted to hospital as a result of a fall.
King's Fund: What are the real costs of falls and fractures.

Patient focus

Alzheimer's Society: The dementia guide. This guide is for anyone who has recently been told they have dementia. This could be any type of dementia, such as Alzheimer's disease, vascular dementia or mixed dementia. It will also be useful to close friends and family of someone with dementia, as it contains information for anyone taking on a caring role.

Network for Mental Health: Service users' experiences of recovery under the 2008 Care Programme Approach. This study explores whether people with lived experience of mental distress think that the Care Programme Approach (CPA) serves its purpose in promoting recovery. The study was a user-led project which stemmed from a partnership between the Mental Health Foundation and the National Survivor User Network. Research participants were people who had experienced the CPA since October 2008 and there was a particular focus on hearing from people who belong to both marginalised and majority communities. The report highlights examples of good practice, but also addresses major concerns which participants expressed.

National Institute for Health Research: Focus on Dementia. To mark the start of World Alzheimer's Month, the National Institute for Health Research (NIHR) is showcasing some of the cutting-edge clinical research that could bring new hope to dementia patients and their families. Aimed at the general public, this online website highlights some of the pioneering work supported by the NIHR, which could lead to better treatments for dementia sufferers, and improvements in the quality of life for those with the condition.

Evidence Based Practice

NICE: NICE to consider US approach to depression. NICE is to consider the US approach to treating people with depression, after latest research found that the treatment model could be successfully replicated in the UK. While the vast majority of cases of depression in the UK are treated within primary care, barriers exist between GPs and specialist mental health services that can hinder patient care. In the US, depression is treated using a collaborative care method which involves the use of care managers who liaise between GPs and mental health specialists. Depressed people often have access to a team of specialists, with advice and support often given over the phone.

Staff Focus

Forces in Mind Trust: The transition mapping study: understanding the transition process for service personnel returning to civilian life. This report is the result of a review which looked at how the entire transition process from military to civilian life currently works and how it is viewed by stakeholders and recent service leavers. One aspect of the transition process which is examined is the provision of mental health care for service leavers and how this could be improved.

Library & Knowledge Services for RDaSH Mental Health Staff & Students

This current awareness bulletin is one of the services provided to all mental health staff and students in Rotherham, Doncaster and South Humber NHS Trust (RDaSH). Services are provided by the Library & Knowledge Service of the Rotherham Foundation NHS Trust (RFT).

Please note that RDaSH have given notice to end the contract with RFT thus services to staff employed by RDaSH will cease on 21st November 2013. Until then the full range of services listed below will be available.

We can help you to do your job by providing up to date relevant information for patient care, audit, CPD and research. Services we provide include:

- Enquires – the library staff can advise you our services and assist you with using electronic, e.g. NICE Evidence Search & other resources.
- Expert literature searches using bibliographic databases such as Medline.
- Training in the use of databases and websites to access the evidence-base, critical appraisal skills and support for journal clubs
- Electronic access to full text of journals, books & bibliographic databases via NICE Evidence Search (www.evidence.nhs.uk) via an NHS Athens password
- Current Awareness Services providing news and up to date research, e.g. RDaSH Knowledge Wordpress (http://rdashknowledge.wordpress.com)
- Books (which can be sent out via post) and journals and a request service for almost any journal article or book that we do not hold
- IT facilities and study areas at Rotherham Hospital and Oak House

The general library and knowledge service website can be found at: www.therotherhamft.nhs.uk/lks

Colin Lynch is the lead for RDaSH within the Library and Knowledge Service. We are able to visit sites across RDaSH to assist with your information needs.

The two physical and staffed locations are:

Rotherham General Hospital, Moorgate, Rotherham
01709 427 139 Library.healthcare@rothgen.nhs.uk

Oak House, Moorhead Way, Bramley, Rotherham,
01709 302 096 knowledge.service@rothgen.nhs.uk

Please Note: Library and Information Services for non-mental health Doncaster community staff employed by RDaSH are provided by the Library Service of Doncaster Royal Infirmary. They can be contacted on 01302 553 118 or dri.library@dbh.uk