**Handbook Helps Teachers, School Personnel, & Parents Understand OCD**

*Students With OCD: A Handbook for School Personnel* is now available. Authored by Dr. Gail Adams, this comprehensive guide focuses on obsessive-compulsive disorder (OCD) in the school setting and provides teachers, mental health professionals, and parents vital information to better identify and help students with OCD.

The largely misunderstood disorder continues to result in many students being subjected to inappropriate teaching methods, emotional distress, bullying, and even unwarranted disciplinary action.

The *OCD Handbook* presents a complete overview of the complex relationship between OCD and education, from symptoms to treatment, in organized, easy-to-follow sections that provide an actionable understanding of the disorder. The 251-page guide was developed to empower parents, school personnel, and health professionals to better recognize, understand, and work with the disorder and become the critical link between OCD and education.

The book is available at [http://www.ocdhandbook.com](http://www.ocdhandbook.com). One dollar of all proceeds will be donated back to mental health research and support.


**Brain Fitness Training Tied to Depression Reduction**

A recent study conducted in the Czech Republic and presented at the 12th European Congress of Psychology in Istanbul suggests that online cognitive training reduces depression and improves functions of everyday living in individuals with depression.

A group of outpatients with unipolar or bipolar depression who trained three times per week for 8 weeks with CogniFit mental training, a scientifically validated online cognitive training program ([http://www.cognifit.com](http://www.cognifit.com)), were compared to a control group of patients who received standard care but no cognitive training. Before and after the intervention, all patients were administered several questionnaires that measured patients’ perceived levels of depression, cognitive function, and functioning during daily life.

The results indicated clear reductions in the levels of depression, as measured by the Beck Depression Inventory-II in the CogniFit group but not in the control group. Moreover, patients in the CogniFit group reported fewer failures in executive control (reasoning and planning) and fewer memory lapses in everyday activities.

The improvement in everyday functioning is possibly due to an improvement in memory, occasioned by the cognitive training effort, the researchers noted.


**Hospitalization Rates for Eating Disorders Released**

Eating disorders as the primary reason for entering the hospital declined by 23% from 2007 and 2009, after a steep and steady increase from 1999 to 2007, according to the Agency for Healthcare Research and Quality. The severity of eating disorders also lessened, with symptoms such as irregular heartbeat and menstrual disorders declining by 39% and 46%, respectively.

However, from 1999 to 2009, hospitalizations jumped 93% for patients with the eating disorder *pica*, which causes them to eat largely non-edible substances such as clay, dirt, chalk, and feces. Women and children, including those with autism and other mental or developmental disorders, are most likely to have pica.

According to data from the agency, between 1999 and 2009:

- The number of hospital stays for patients with pica increased from 964 to 1,862 during the decade, and there was an overall increase of nearly 25% in cases of eating disorders.
- Patients who were found to have eating disorders diagnosed generally were hospitalized for other conditions such as depression, fluid and electrolyte disorders, schizophrenia, or alcohol-related disorders.
- Hospitalizations increased 13% for anorexia and decreased 14% for bulimia.
- Although 9 in 10 cases of eating disorders were among women, those in men increased by 53%.

CBT-Pharmacotherapy Combo Lessens Pediatric OCD Symptoms

Children and teens with obsessive-compulsive disorder (OCD) who were receiving some benefit from treatment with medication had a significantly greater reduction in OCD symptoms with the addition of cognitive-behavioral therapy (CBT), according to a study in the *Journal of the American Medical Association*.

A paucity of expertise in pediatric OCD prevents most families from accessing exposure-plus-response prevention or combined treatment, the study noted. Outcome data for pharmacotherapy alone, the most widely available treatment, indicate that partial response is the norm and clinically significant residual symptoms often persist even after adequate treatment.

The researchers conducted the study to examine the effects of augmenting serotonin reuptake inhibitors with CBT or a brief form of CBT (instructions in CBT delivered in the context of medication management). The 12-week randomized controlled trial was conducted at three academic medical centers between 2004 and 2009, involving 124 outpatients ages 7 to 17 with OCD as a primary diagnosis. Participants were randomly assigned to one of three treatment strategies that included seven sessions over 12 weeks: 42 in the medication management only, 42 in the medication management plus instructions in CBT, and 42 in the medication management plus CBT; the last included 14 concurrent CBT sessions.

The researchers found that at 12 weeks the percentages of participants who had at least a 30% reduction in their Children’s Yale-Brown Obsessive Compulsive Scale baseline score were 68.6% in the plus CBT group, 34% in the plus instructions in CBT group, and 30% in medication management only-group. Comparisons showed that the plus CBT strategy was superior to both the medication management only strategy and the plus instructions in CBT strategy. The plus instructions in CBT strategy was not statistically better than medication management only.

The researchers added that the findings from this and other studies highlight the importance of dissemi-

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Cell Phone Photos Tested for Use in Medication Adherence to Treat Meth Addiction

Sending cell phone pictures of medications before taking them may provide a simple but effective way to monitor adherence with prescribed treatment for methamphetamine addiction, reports a study in the *Journal of Addiction Medicine*.

The researchers provided camera-equipped cell phones to 20 patients taking a prescription medication (modafinil [Provigil*]) to treat methamphetamine dependence. Before taking their daily medication, patients were instructed to take a picture of the capsule in their hand, then e-mail the photo to the research center.

The cell phone pictures were compared with two other approaches to assessing medication compliance: a medication event monitoring system (MEMS), which is a special pill bottle that electronically records each time the bottle is opened; and pill counts, where researchers simply counted the patient’s supply of capsules at each clinic visit.

The patients took 95% of their prescribed medication based on pill counts and 94% based on MEMS. In contrast, based on cell phone photos, the estimated adherence rate was 77%. Analysis of weekly data collected by all three methods suggested that the cell phone method tended to underestimate treatment adherence, compared with pill counts. By comparison, the MEMS tended to overestimate adherence. This overestimation could be explained by patients opening the bottle without taking a pill, while the photograph underestimation could be explained by patients failing to send a photograph.

Based on timestamps on the cell phone photos, patients who took their medication at a consistent time each day had higher treatment adherence rates. Adherence was unrelated to how long the patients had used methamphetamine or to methamphetamine cravings.

The patients in the study received small financial incentives for sending the cell phone photos. There were some problems related to providing patients with cell phones—including lost phones and, at the beginning of the study, extra charges related to use of the phones for Internet browsing. These problems could be avoided by having patients use their own cell phones to take and send photos.

Within these limitations, the study suggests that camera-equipped cell phones provide a useful and cost-effective approach for monitoring adherence to recommended treatment. Given the ubiquity of cell phone use, the devices could have other health care applications as well.


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nating CBT for pediatric OCD into community settings so that affected children have options beyond medication management alone. 


Electronic Prescribing Could be Key to Adherence

People who receive medical care in an integrated health care system with electronic health records linked to its own pharmacy more often collect their new prescriptions for diabetes, cholesterol, and high blood pressure medications than do people who receive care in a non-integrated system, according to a study published online in the Journal of General Internal Medicine.

This retrospective, observational study examined pharmacy dispensing records of 12,061 men and women in Kaiser Permanente Colorado (mean age = 59) for 18 months in 2007 and 2008 to see whether they picked up newly initiated medications for high blood pressure, diabetes, and high cholesterol. Only 7% of the patients did not get their new prescriptions for blood pressure medication filled; 11% failed to pick up new prescriptions for diabetes medication, and 13% failed to collect new prescriptions for cholesterol-reducing medication.

Previous research of patients in health systems that are not integrated found that primary nonadherence, when new prescriptions are not filled, to be as high as 22%. However, primary nonadherence research conducted in non-integrated systems likely overestimates the percentage of patients who do not have their prescriptions filled. This is because, in a non-integrated system, medication orders from one organization must be linked with pharmacy claims from a different organization. Pharmacy claims databases do not include information on patients who never pick up their first prescription, nor do they contain information on patients who paid cash for their prescription, researchers said.

In contrast, within an integrated health system medication orders can be directly linked to prescriptions filled within the same system, thus including information on patients who do not pick up their first prescription.

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