Combination of Behavioral Therapy and Pediatric Antidepressant Treatment May Reduce Depression Relapses

According to a study published in the *American Journal of Psychiatry*, cognitive-behavioral therapy (CBT), in combination with medication, may improve the long-term success of treatment for children and adolescents with depression.

In the study, the relapse rate for a group of 75 youths (ages 8 to 17) who received CBT for 6 months following 6 weeks of initial treatment with the antidepressant agent fluoxetine (Prozac®) was 9%. Among the group of 69 youths who received only the drug during this period, 26.5% relapsed.

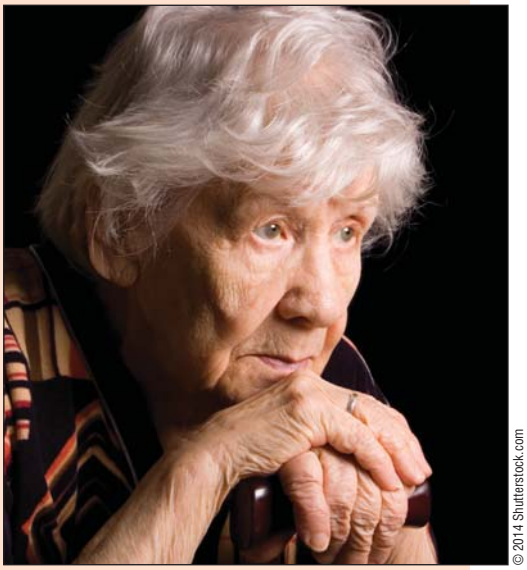
Youth who showed improvement after receiving fluoxetine for an initial 6-week treatment period continued in the study, split between the medication-only and therapy-plus-medication groups.

The type of therapy used in the study, called *relapse prevention cognitive-behavioral therapy*, is an individual psychotherapy treatment with a family component that focuses on reducing residual symptoms, increasing wellness behaviors, and preventing relapse. For 6 months, the youth in this arm of the study participated in eight to 11 therapy sessions that were tailored to each child.

Relapse rates in youth with major depressive disorders typically range from 40% to 70%.

Source. "Behavioral Therapy Added to Pediatric Antidepressant Treatment Reduces Likelihood of Relapse." (2014, July 2). Retrieved August 15, 2014, from http://bit.ly/1mvRqG4.

Study Examines Relationship Between Depression and Dementia



© 2014 Shutterstock.com

A study published online in *Neurology* indicates that the association of depression with dementia is independent of dementia-related changes.

The study involved 1,764 individuals from the Religious Orders Study and the Rush Memory and Aging Project. Participants had an average age of 77 and had no thinking or memory problems at the start of the study.

Participants were screened every year for symptoms of depression, such as loneliness and lack of appetite, and took tests on their thinking and memory skills for an average of 8 years.

A total of 680 individuals died during the study, and autopsies were performed on 582 of them to look for plaques and tangles in the brain, which are signs of dementia and other damage in the brain.

During the study, 922 (52%) participants developed mild cognitive impairment (MCI) or mild problems with memory and thinking abilities, which are often a precursor to Alzheimer's disease. A total of 315 (18%) individuals developed dementia.

Researchers found no relationship between how much damage was found in the brain and the level of depression symptoms individuals experienced; they also did not find a change in depression symptoms over time. Participants who developed MCI were more likely to have a higher level of symptoms of depression before they were diagnosed, but they were no more likely to have any change in symptoms of depression after the diagnosis than individuals without MCI.

Individuals with dementia were also more likely to have a higher level of depression symptoms before the dementia started, but they had a more rapid decrease in depression symptoms after dementia developed.

Having a higher level of depression symptoms was associated with more rapid decline in thinking and memory skills, accounting for 4.4% of the difference in decline, which could not be attributed to the level of damage in the brain.

Source. "How is Depression Related to Dementia?" (2014, July 24). Retrieved October 2, 2014, from http://bit.ly/1txKknY.

Review of ADHD Drug Approval Exposes Gap Between Pediatric Approval Process and Long-Term Safety Assessment

Over the past 60 years, the U.S. Food and Drug Administration (FDA) has approved 20 medications for attention deficit/hyperactivity disorder (ADHD) based on clinical trials that were not designed to study their long-term efficacy and safety or detect rare adverse events, according to a report published in *PLOS ONE*.

The study highlights gaps in how the long-term safety of drugs intended for chronic use in children is assessed as part of the FDA approval process.

To understand how extensively the long-term safety of common ADHD medications had been studied before

African Americans Do Not Receive Adequate Mental Health Treatment, New Study Finds

A new study in *General Hospital Psychiatry* confirms that African Americans with depression plus another chronic medical condition (e.g., type 2 diabetes, high blood pressure) do not receive adequate mental health treatment.

Researchers used cross-sectional data obtained between 2001 and 2003 from the National Survey of American Life. They found that those who seek treatment for depression often receive medications from a primary care provider and are less likely to receive care from specialized mental health providers. Consequently, those patients are less likely to receive mental health treatment recommended by the American Psychiatric Association (APA).

Researchers were particularly interested in exploring whether this inadequate treatment was a result of exposure or crowd-out effects. The former (i.e., exposure) occurs when an individual has both a mental and medical illness. A provider helps manage the medical illness and will be more likely to inquire about mental health. In contrast, crowd-out effects occur when a medical illness (e.g., type 2 diabetes) demands more focus, resulting in inadequate mental health care.

Overall, researchers found that only 19.2% of African Americans with major depression alone, 7.8% with depression plus type 2 diabetes, and 22.3% with depression and hypertension reported receiving psychotherapy or antidepressant treatment in accordance with APA guidelines. Respondents with two health conditions, either major depression and type 2 diabetes or major depression and hypertension, were no more likely to receive depression care than respondents with major depression alone. However, respondents with all three health concerns (i.e., depression, type 2 diabetes, and hypertension) were three times more likely to report any guideline-concordant care.

Source. "Inadequate Mental Health Care for Blacks With Depression and Diabetes, High Blood Pressure." (2014, July 24). Retrieved October 3, 2014, from http://bit.ly/YXzWJ3.

going on the market, researchers reviewed the clinical trial data included in the FDA drug approval packages for 20 drugs, reaching as far back as the original FDA approval for methylphenidate (Ritalin©) in 1955.

The research team identified 32 clinical trials on the 20 drugs. Only five trials were focused specifically on drug safety. The team calculated that each drug was tested in a median of 75 patients prior to FDA approval, with a median trial duration of 4 weeks. Eleven of the 20 drugs were approved after being tested in fewer than 100 patients, and 14 drugs were approved after testing in fewer than 300 patients.

Seven drugs that the FDA had previously approved for other conditions (e.g., obesity) were approved for ADHD without any condition-specific trials or trials in children.

In addition, six drugs received FDA approval with the caveat that the manufacturers conduct post-marketing surveillance studies of long-term safety. However, based on the records researchers reviewed, only two of those requested studies were ever conducted.

The International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use, a forum for best practices in drug development, recommends that drugs intended for chronic use in non-life-threatening conditions (e.g., ADHD) should be tested in a minimum of 300 to 600 patients for at least 6 months, in a minimum of 100 patients for at least 1 year, and in approximately 1,500 patients total prior to regulatory approval.

Source. "Review of ADHD Drug Approvals Highlights Gaps Between Approval Process, Long-term Safety Assessment." (2014, July 9). Retrieved October 3, 2014, from http://bit.ly/1rTIe0C.

Affordable School-Based Screening May Lead to Earlier Diagnosis of Eating Disorders Among Teens

A brief screening survey to identify teens at risk for an eating disorder

could lead to earlier diagnosis and help find hard-to-detect cases, which

Continued on page 39.

Continued from page 8.

could lower overall treatment costs and improve outcomes, according to a report in the *American Journal of Public Health*.

To evaluate the cost-effectiveness of a school-based screening program, researchers devised a computer simulation comparing annual screening of 10- to 17-year-olds to a no-screening scenario. They found that the 5-question survey boosted detection and treatment for eating disorders; in addition, implementing a school-based screening program costs only $0.35 per student, and the survey can be scored in a few minutes.

Eating disorders (i.e., anorexia nervosa, bulimia nervosa, and binge-eating disorder) are underdiagnosed and undertreated, particularly among low-income, minority, overweight, and male teens. Only 3% to 28% of teens with eating disorders receive treatment for their condition, and interventions for eating disorders, such as residential treatment and lengthy therapy, tend to be expensive. Teens with untreated eating disorders face medical complications, hospitalization, and higher risk of early death.

Source. "School-based Screening for Eating Disorders Could Improve Detection and Outcomes." (2014, July 18). Retrieved October 6, 2014, from http://yhoo.it/1xi5S70.

Hourly Rounds May Improve Patient Safety and Satisfaction

Adoption of hourly rounds schedules for nurses working in acute care hospitals may improve patient safety and overall satisfaction with care provided, according to research reported in the *Journal for Healthcare Quality*.

Researchers investigated whether a standard hourly nursing rounding process implemented through a formal education program would result in improved efficiencies, patient satisfaction, and quality and safety metrics when compared with a less standardized implementation process. Two 32-bed cardiovascular surgery nursing units (serving as active and control groups, respectively) were chosen for the study. Data were collected for 6 months.

Variables evaluated in the study were:

- efficient delivery of care measured by total number of call lights and steps walked in a shift as documented on pedometers, and from a survey of nursing staff citing perceptions of having enough time to complete their work;
- quality/safety of patient care measured by weekly readmission rates and incidence of patient falls;
- patient satisfaction gauged by answers from patients for two questions added to discharge phone questionnaires.

Results showed that daily and weekly call light use differed significantly in the two units; however, no difference existed in staff steps logged or perceptions of having enough time to complete work.

For the quality of care measures, no differences existed in the incidence of patient falls or weekly readmission rates between the two nursing units. For patient satisfaction, no significant difference existed between patient answers to discharge questions related to satisfaction, although positive feedback was obtained regarding how rapidly call lights were answered.

Researchers concluded that because hourly rounding was one of several quality improvement strategies employed, including workshops and in-service education programs to help improve patient satisfaction, overall improvement in satisfaction was due to the effect of all strategies involved.

Source. "Study Assesses Impact of Hourly Nursing Rounds on Patient Safety and Satisfaction." (2014, July 31). Retrieved October 2, 2014, from http://bit.ly/1vIfQgA.

doi:10.3928/02793695-20141021-02