Suicidal Thoughts in Older Adults Driven By Physical, Economic Factors

The majority of thoughts of death and suicide among older adults may be a result of physical, economic, and family factors—not depression, according to study findings presented at the American Association for Geriatric Psychiatry Annual Meeting.

Researchers looked at data from the ongoing, longitudinal New York City Neighborhood and Mental Health Study, which included 3,497 New York City residents aged 65 to 75.

Study participants were screened for depression using the Patient Health Questionnaire-9 (PHQ-9). Question nine of the PHQ-9 explores suicidality and asks patients if they have experienced thoughts of death or suicide in the past 2 weeks. Those who responded “yes” were referred to a psychiatrist, who diagnosed suicidal ideas.

To elucidate motivations behind suicidality, the psychiatrist asked participants why they responded “yes” to question nine, as well as what reasons they had to live. According to researchers, the majority of participants said that factors other than depression, including illness, disability, pain, financial concerns, family problems, and bereavement were driving their thoughts.

Participants who had suicidal ideation and those who did not gave similar reasons at similar rates for answering “yes” to question nine of the PHQ-9. Among those with suicidal ideation, 26% cited depression as a reason for sometimes feeling that they would be better off dead, compared with 25% of those without suicidal ideation.

In both groups, family and satisfaction with support were most frequently cited as reasons to live.


Smartphone App May Detect Mood Swings in Patients With Bipolar Disorder

A smartphone application, or app, that monitors subtle qualities of an individual’s voice during everyday telephone conversations may be able to detect early signs of mood changes in individuals with bipolar disorder, new research shows.

Researchers recruited six patients who all have a rapid-cycling form of Type 1 bipolar disorder and a history of being prone to frequent depressive and manic episodes. Researchers studied these patients as they experienced all aspects of bipolar disorder mood changes, including mild depressions, hypomania, and manic states.

The app runs in the background on an ordinary smartphone and automatically monitors the patients’ voice patterns during any calls they make, as well as during weekly conversations with members of their care teams.

Only the patients’ sides of phone calls were recorded, and the recordings were encrypted and kept off-limits to the research team. Researchers could only see the computer analysis results of the recordings, which were stored on secure servers that comply with patient privacy laws.

Standardized weekly mood assessments with a trained clinician provided a benchmark for the patients’ moods and were used to correlate the acoustic features of speech with their mood state.

Researchers said that their analysis of voice characteristics from everyday conversations could detect elevated and depressed moods. However, the detection of mood states will improve over time as the software is further trained, based on more conversations and data from more patients.

The app currently runs on smartphones with the Android operating system. Researchers have applied for patent protection for the intellectual property involved.


National Council Launches Mental Health First Aid for Veterans Program

The National Council for Behavioral Health (the National Council), along with leaders from Veterans service organizations and various mental health advocates, have launched a new training program called Mental Health First Aid for Veterans, which offers participants a simple, proven combination of information and techniques to recognize and respond to the warning signs of mental illness and addiction.

The program, developed by and for service members, builds on the original Mental Health First Aid program, which is a training program for educators, community leaders, and
“Self-Expanding” Activities May Help Individuals Quit Smoking by Fulfilling Nicotine Craving

“Self-expanding” activities, such as puzzle solving, games, or hobbies with one’s partner or loved ones, may help individuals quit smoking, according to a new study published online in PLOS ONE.

Researchers used functional magnetic resonance imaging to measure the brain activity of nicotine-deprived smokers, who engaged in a series of two-player cooperative games with their relationship partners during the actual time of scanning. The games were randomized and switched between self-expanding activities, which offered new choices and more targets for participants, and non-expanding activities.

Researchers found that the exciting and self-expanding activities yielded significantly greater activation in a major reward region of the brain, which is associated with addictive behaviors, than the non-expanding conditions.

Because engaging in self-expanding activities clearly stimulated the same pathways in the brain that are activated by nicotine, these activities could potentially substitute for the reward the brain receives from nicotine, researchers said.


APS Publishes New Clinical Practice Guideline on Methadone Safety

Improved physician education and patient counseling about methadone safety and electrocardiography (ECG) monitoring to identify patients at high risk for cardiac problems will lead to safer use of methadone medication, according to the Clinical Practice Guideline on Methadone Safety by the American Pain Society (APS) published in The Journal of Pain.

In preparing the new guideline, an APS expert panel reviewed more than 3,700 scientific abstracts to assess a variety of topics related to methadone safety.

Researchers said that the intent of the guideline is to provide evidence-based recommendations for the use of methadone, a synthetic opioid narcotic, in individuals of all ages for treat-
Recommendations in the guideline were rated as either strong or weak. Strong recommendations were based on the panel’s assessment that potential benefits outweigh harms or burdens.

The following are key recommendations from the guideline:

Patient assessment. Careful patient selection for methadone is essential and should be based on a thorough review of medical history and records, as well as a physical examination. Assessment results can be used to stratify patients based on their risk for substance abuse. Physicians should also consider that the long and variable half-life of the methadone medication could cause reactions with other prescription medications and possible cardiac arrhythmias.

Education and counseling. Clinicians should counsel patients about any potential risks and benefits prior to beginning methadone therapy. Patients should be advised to take methadone as prescribed and to comply with recommended follow up and monitoring. Caregivers should be notified about risks for respiratory depression. They should also be authorized to withhold additional doses of methadone and contact the prescriber if signs of respiratory depression or somnolence occur.

Baseline ECGs. ECG examinations should be performed prior to initiating methadone therapy. The examination will help clinicians assess risks for cardiac arrhythmias. Recent data suggest that methadone is the most common drug-related cause of ventricular arrhythmia.

Alternative medications. The APS panel recommended that clinicians consider buprenorphine as an option for patients being treated for opioid addiction who have risk factors for prolonged QTc intervals.

Low beginning dose. Methadone treatment should be started at low doses (i.e., no more than 30 to 40 milligrams daily) and titrated slowly. This recommendation is based on the medication’s long and variable half-life, which can be as long as 120 hours. Slow titration may reduce the risk of unintended drug accumulation and accidental overdose.

Urine drug testing. Urine drug testing should be performed before initiating methadone therapy and at regular intervals for patients treated for opioid addiction.

Methadone safety has been a major clinical concern in recent years, as U.S. deaths from methadone overdoses have increased from 800 in 1999 to 4,900 in 2008. The increase in mortality has been substantially higher than for any other opioid medication and is attributed to a sharp rise in prescribing methadone for chronic pain.