Psychiatric Inpatient Services Needed

The need for psychiatric services in inpatient hospitals continues to grow, according to the latest annual survey from the National Association of Psychiatric Health Systems (NAPHS). The survey reports 2013 data collected in 2014 from NAPHS-member organizations.

Trended admissions and days of care in inpatient hospitals have increased over the past year, whereas inpatient length of stay has remained constant. To accommodate for increased use in inpatient facilities, occupancy and bed size increased from 2012 to 2013. Inpatient occupancy increased 0.3%, whereas the number of set-up and staffed beds in inpatient facilities increased 5.2% from 2012 to 2013.

Conversely, the average number of partial hospitalization visits decreased 5.1% from 2012 to 2013. Trended use days of psychiatric services in residential treatment centers also decreased 4.6% from 2012 to 2013, with members reporting a lower number of admissions (i.e., a decrease of 16% from 2012) but a longer average length of stay (i.e., an increase of 3.9% from 2012).


Studies Identify Factors of and Treatment for Depression and Posttraumatic Stress Disorder in African American, Latino, and Hispanic Individuals

Chronic disease and mental health issues disproportionately affect low-income African American, Latino, and Hispanic individuals, according to the Centers for Disease Control and Prevention. Two new studies shed light on the causes and impacts of this disparity.

The first study, published in Psychological Trauma, analyzed certain types of negative experiences that may affect low-income African American and Latino individuals and found five specific environmental factors, which researchers call “domains,” that can predict adult depression, anxiety, and posttraumatic stress disorder.

In the second study, published in Psychological Assessment, researchers used the same five domains to develop a new screening tool for use in clinical settings: The University of California, Los Angeles Life Adversities Screener (i.e., a brief questionnaire that can help providers offer more accurate treatment for stress and trauma).


Poor Sleep Associated With Negative Mood in Women With Bipolar Disorder

Poor sleep is associated with negative mood in women with bipolar disorder, according to researchers at Penn State College of Medicine and University of Michigan Medical School. Sleep problems are common in individuals with bipolar disorder, and poor sleep quality and bipolar disorder appear to exacerbate one another. Finding the best treatments for sleep disorders in individuals with bipolar disorder meant investigating differences between women and men with the condition.

Researchers analyzed data from 216 participants in the Prechter Longitudinal Study of Bipolar Disorder. They looked at the effect of sleep quality at the beginning of the study on mood outcome over the next 2 years. Mood outcome was measured by the severity, frequency, and variability of depressive or manic symptoms.

For women, poor sleep quality predicted increased severity and frequency of depression and increased severity and variability of mania. Among men, baseline depression score and neuroticism were stronger predictors of mood outcome than sleep quality.


Faster Weight Gain is Safe for Patients With Anorexia Nervosa

A new study of patients hospitalized with anorexia nervosa shows that a faster weight gain during inpatient treatment is...
safe and effective. The work challenges long-held guidelines for dangerously underweight patients with the eating disorder set by the American Psychiatric Association, the American Dietetic Association, and other major international organizations for “refeeding” and stabilizing eating and nutrition.

Researchers collected data over 8 years from 361 patients with anorexia nervosa and related disorders, each of whom spent 1 week or more on an inpatient weight gain regimen.

At issue is refeeding syndrome, a metabolic disturbance that can affect severely underweight patients with cancer, starved war survivors, and patients with anorexia nervosa who return too quickly to high calorie meals.

The study suggests careful monitoring of patients in an inpatient treatment program can sidestep refeeding syndrome. Patients who entered the program with a dangerously low body mass index (BMI) were tested daily for levels of phosphate and glucose. Monitoring continued until nutritional treatments restored normal levels. Less than one fifth of patients had a drop in phosphates during more rapid refeeding and none developed refeeding syndrome. More than 70% of adult patients reached a normal BMI of \( \geq 19 \) and 80% of adolescents were within 5 pounds of their target weight.


New Service for Assisting Americans Who are Sexually Assaulted While Abroad

The Sexual Assault Support and Help for Americans Abroad (SASHAA) Program has launched a new resource to assist American citizens and legal permanent residents who are sexually assaulted in a foreign country. SASHAA was created to ensure Americans victimized in a foreign country have immediate access to services.

SASHAA case managers provide an informed, compassionate response, as well as advocacy and assistance navigating medical, law enforcement, and legal options. This support, including counseling and other services, is continued long-term. The program can be reached 24 hours per day, 7 days per week from overseas by calling an international toll-free hotline (i.e., 866-US-WOMEN) via the AT&T® Direct Access code for each country. Instructions can be found on the SASHAA website (access http://www.sashaa.org).


Benzodiazepine Drugs Not Effective in Treating Posttraumatic Stress Disorder

Benzodiazepine drugs are widely used in patients with posttraumatic stress disorder (PTSD), but evidence suggests they are not effective and
Cognitive-Behavioral Therapy Improves Insomnia in Patients With Psychiatric and Medical Conditions

Cognitive-behavioral therapy (CBT) is a widely used nonpharmacological treatment for insomnia disorders, and an analysis of the literature by sleep researchers suggests it also can work for patients whose insomnia is coupled with psychiatric and medical conditions, according to a study in *JAMA Internal Medicine*.

Researchers reviewed medical literature to examine the efficacy of CBT for insomnia in patients with psychiatric (e.g., alcohol dependence, depression, posttraumatic stress disorder) and/or medical (e.g., chronic pain, cancer, fibromyalgia) conditions. Twelve studies provided data sufficient for a meta-analysis. Results suggested that benzodiazepine drugs were associated with no improvement in or worsening of overall severity, psychotherapy outcomes, aggression, depression, and substance use in patients with PTSD.

Twelve studies provided data sufficient for a meta-analysis. Results suggested that benzodiazepine drugs were associated with no improvement in PTSD-related outcomes and that using them in patients with recent trauma actually increased PTSD risk.

More studies are needed to conclude that benzodiazepine drugs consistently worsen PTSD.

**“Real World” Patients Excluded in Antidepressant Trials**

More than 80% of individuals with depression in the general population are not eligible for clinical trials of antidepressant drugs, according to a study in the *Journal of Psychiatric Practice*. The study highlights some major differences between patients with depression seen in everyday clinical practice and those enrolled in antidepressant registration trials (ARTs).

To find out how inclusion and exclusion criteria affect patient selection for ARTs, researchers analyzed more than 4,000 patients from the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study, funded by the National Institute of Mental Health, STAR*D was the largest and longest study of depression treatment ever conducted. To ensure that the “real world” population of patients with depression was represented, STAR*D used minimal exclusion criteria.

Researchers found that more than 82% of STAR*D patients would not be eligible for enrollment in current ARTs, based on a list of “usual” inclusion and exclusion criteria. Fourteen percent would be excluded on the basis of age alone because most ARTs exclude patients older than 65. Another 15% of patients would be excluded because their depression was less severe than a commonly used cutoff point.

The researchers hope their work will help drug developers (a) understand how inclusion and exclusion criteria may affect enrollment in ARTs and (b) develop an appropriate recruitment plan and timeline. The findings may also help explain to health care practitioners why ARTs tend to overestimate the benefits of antidepressant treatment in “real world” patients with depression.