Addiction Treatment Patients Receiving More Interventions are More Engaged in Health Management

In the first trial of an intervention focused on increasing alcohol and drug treatment patients’ engagement in their own health care, researchers found that those who received six intervention sessions had greater involvement in managing their health and health care than those receiving fewer sessions.

The study enrolled 503 participants and assigned them to either standard care, including medical examinations, detoxification, therapy groups, individual counseling, and 12-step programs, or standard care plus the LINKAGE intervention.

Patients in the standard care group received medical education sessions focused on alcohol- and drug-associated medical and psychological problems. LINKAGE participants joined group sessions focused on how health care is related to overall health, accessing and engaging with health care, and improving communication with physicians. In addition, LINKAGE participants were taught how to use an online patient portal to send secure e-mails, view laboratory tests and medical information, as well as access preventive services. They also practiced skills necessary for collaborative communication with health care providers and were offered a psychologist-facilitated telephone appointment, assistance with secure e-mail, or help in preparing for an in-person visit with their primary care physician to discuss their addiction and treatment, health concerns, and ongoing care. LINKAGE participants had significantly more patient portal use during both the intervention period and through the 6-month follow-up period.

Among LINKAGE participants, those who received all six intervention sessions had higher patient portal use than those receiving fewer sessions. They also had higher rates of abstinence from alcohol (83.7% versus 71.7%), as well as from drugs and alcohol (77.6% versus 65.4%), and had longer stays in treatment (103.8 days versus 60.4 days).

New Risk Calculator Can Predict Risk of Developing Psychotic Disorders

A new risk calculator can predict an individual’s risk of developing psychotic disorders, such as schizophrenia, according to a new study in the American Journal of Psychiatry.

Researchers analyzed data from interviews with 596 participants ages 12 to 35 who were diagnosed with...
attenuated psychosis syndrome, a condition in which patients may experience hallucinations and/or develop unusual thoughts but recognize their perceptions are not based in reality. Researchers then developed the risk calculator, which analyzes known risk factors for schizophrenia. After following up with participants every 6 months, they found that 16% of patients diagnosed with attenuated psychosis syndrome had converted to psychosis within 2 years.

Symptoms of unusual thought content and suspiciousness contributed most to the risk of developing psychosis. A decline in social functioning, lower verbal learning, and slower processing speed were also significant factors. Individuals who were younger (in their teens or early 20s) when their symptoms began were also at increased risk. Stressful life events, traumas, and family history of schizophrenia had a lower impact on an individual’s risk profile.


Stressors at Time of Onset May Support Theory That Hysteria Arises in Response to Psychological Stress or Trauma

New research in Psychological Medicine has studied the controversial Freudian theory that hysteria, a disorder resulting in severe neurological symptoms (e.g., paralysis, seizures), arises in response to psychological stress or trauma. The study found supportive evidence that stressors around the time of onset of symptoms might be relevant for some patients. This research is the first to assess this key theory on what is now known as conversion disorder (CD) or functional neurological disorder.

The study comprised 43 patients with CD and a control group of 56 and 56 patients with depression, and used the Life Events and Difficulties Schedule, which detects, categorizes, and rates severity of stressors around the time of symptom onset.

Researchers found that patients with CD had experienced significantly more severe life events than controls, and this relative difference increased the closer they looked to symptom onset. In the month before symptom onset, at least one severe event was identified in 56% of patients with CD, 21% of patients with depression, and 18% of healthy controls. However, no stressors were identified in the year before symptom onset in 9% of patients with CD.


Multiple Antipsychotic Medications Still Prescribed After Inpatient Stays

In recent years, measures have been introduced to reduce the rate of antipsychotic polypharmacy among patients with schizophrenia and other serious mental illnesses, but at least 12% of patients are still prescribed multiple antipsychotic drugs after an inpatient stay at a state psychiatric hospital, according to a study in the Journal of Psychiatric Practice.

The study included data on more than 86,000 adult patients discharged from 160 state psychiatric inpatient hospitals during 2011. Data were obtained from the Behavioral Healthcare Performance Measurement System—a comprehensive proprietary national database maintained by the National Association of State Mental Health Program Directors Research Institute, representing 80% of all U.S. state psychiatric hospitals.


Risk Factors Found to Predict Alcohol Use During Later Adolescence

Underage drinking is a major public health and social problem in the United States. The ability to identify at-risk children before they initiate heavy alcohol use has immense clinical and public health implications. A new study has found that demographic factors, cognitive functioning, and brain features during the early-adolescence ages of 12 to 14 can predict which youth eventually initiate alcohol use during later adolescence (approximately age 18).

Researchers gathered data on 137 healthy alcohol- and drug-naïve adolescents through the Youth at Risk study, including extensive clinical interviews, neuropsychological testing, and structural and functional magnetic resonance imaging, followed by annual checkups. By age 18, 70 (51%) youth had initiated heavy alcohol use and 67 (49%) had remained non-users.

The data showed that 12% of patients were discharged with a prescription for multiple antipsychotic drugs. Of discharged patients who were prescribed at least one antipsychotic medication, 18% were prescribed more than one. The most common reason for antipsychotic polypharmacy was to “reduce symptoms” (cited for 37% of patients). Only 36% of patients met one of three criteria established by The Joint Commission for appropriate use of multiple antipsychotic medications.

Two factors were identified as strong predictors of antipsychotic polypharmacy: a diagnosis of schizophrenia and an inpatient stay of ≥90 days. Researchers noted that 40% of patients at state psychiatric inpatient hospitals have a diagnosis of schizophrenia, whereas approximately 20% of patients experience a longer hospital stay.

The results highlight the need for continued efforts to reduce the rate of antipsychotic polypharmacy.


Individuals Hospitalized for Mania More Likely to be Taking Antibiotic Medications

In research using patient medical records, investigators from Johns Hopkins and Sheppard Pratt Health System reported that individuals with serious mental disorders who were hospitalized for mania were more likely to be using antibiotic medications to treat active infections than a group of individuals without a mental disorder.

Low Cortisol Levels Linked to Obesity, Dyslipidemia, and Metabolic Syndrome in Patients With Recurrent Depression or Bipolar Disorder

Low levels of the stress hormone cortisol are linked to obesity, high levels of fat in the blood, and metabolic syndrome among patients with recurrent depressions or bipolar disorder, according to a study in the Journal of Affective Disorders.

To study the link between cortisol levels and metabolic diseases, 245 patients with bipolar disorder or recurrent depressions were analyzed together with 258 controls. Researchers measured cortisol levels in participants after they had taken a dexamethasone suppression test, which is used to discover early deviations in the stress system.

Findings showed patients with bipolar disorder or recurrent depressions with low levels of cortisol to a larger extent than other patients experience obesity (34% versus 11%), dyslipidemia (42% versus 18%), and metabolic syndrome (41% versus 26%).