Attention-Deficit/Hyperactivity Disorder Overlooked in Older Adults

Despite decades of research on children and adults with attention-deficit/hyperactivity disorder (ADHD), a new review in Drugs and Aging draws attention to the paucity of research and the need to learn how persistent ADHD affects the functioning and quality of life of older adults.

The estimated number of individuals with ADHD older than 50 is 1.2 million and is expected to grow to 2.5 million in 2050. In one study of adults ages 60 to 77 with ADHD, mean age at time of ADHD diagnosis was 57 years. A survey of memory clinics demonstrated that only one in five regularly screen for ADHD in older adults, thereby missing this treatable disorder. Older adults concerned about cognitive problems may not be adequately evaluated for possible ADHD and may be misdiagnosed and mistreated.

In another study, 63% of older adults with ADHD reported taking medication, whereas 23% did not. Older adults taking medication reported a better ability to manage daily demands than those not taking medication.

Presence of medical illnesses and medication add a layer of complexity to be overcome by well-trained physicians and mental health professionals. Heightened awareness by the public will drive the increased demand for sophisticated evaluations and individualized treatment approaches. The new literature review will start this discussion.

Family-Level Intervention Helps Military Families Reduce Anxiety and Depressive Symptoms

Family-level preventive intervention can lead to improved behavioral health outcomes for military families affected by wartime deployment, according to a study published in the Journal of the American Academy of Child and Adolescent Psychiatry.

The intervention approach FOCUS (Families Overcoming Under Stress) uses a family-centered methodology to address the impact that traumatic and stressful situations, such as parental deployment, have on each member of a family. Implemented in eight provider-led sessions, FOCUS is a strength-based preventive intervention designed to bridge gaps in the continuum of behavioral health care for military families and has been implemented with >600,000 individuals in the United States.

Using data from a sample of 2,615 active duty military families, living at designated military installations with a child age 3 to 17, a group of researchers examined the impact of FOCUS on behavioral health outcomes, including depression, anxiety, and child prosocial behavior over two follow-up assessments.

Overall, there was an improvement in outcomes for the military and civilian parent, with significant reductions in anxiety and depressive symptoms compared to the control group.
in clinically meaningful anxiety and depression symptoms (23% at intake versus 11% at follow up); these results remained relatively consistent at both follow-up assessments. Children also saw a reduction in self-reported anxiety symptoms (14.5% at intake versus 11.8% at follow up) and displayed positive prosocial behavior that continued to improve between assessments.

More Teenagers With Less Mental Health Issues Smoking Electronic Cigarettes

Teenagers with moderate mental health problems who may not have considered smoking conventional cigarettes are turning to electronic cigarettes (e-cigarettes), according to a study in the Journal of Psychiatric Research. The study surveyed 3,310 ninth-grade students in 10 Los Angeles–area high schools. Students answered questions about conventional or e-cigarette use, anxiety disorders, depression, bipolar disorder, substance use and abuse, and traits linked with poor mental health (e.g., impulsivity).

Teenagers who used prescription drugs to get high and those with more symptoms of depression, social phobia, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, and other emotional issues were more likely to smoke than vape e-cigarettes.

This is the first time researchers identified mental and behavioral conditions associated with e-cigarette—only use as well as dual use (i.e., vaping and smoking).

Inherited Traits Related to Sleep, Wake, and Activity Cycles and Bipolar Disorder Discovered

In the first study of its kind, a team of international scientists led by University of Texas Southwestern Medical Center and University of California, Los Angeles, researchers have identified a dozen inherited traits related to sleep, wake, and activity cycles associated with severe bipolar disorder. Researchers were able to tie the traits to specific chromosomes, providing important clues to the genetic nature of the disorder, as well as potential new avenues for prevention and treatment.

The study, involving more than 500 members of 26 families from Costa Rica and Colombia, is the first large-scale delineation of sleep and activity traits in individuals with bipolar disorder and their relatives, and the first genetic investigation of a comprehensive set of sleep and circadian measures.

Researchers found that individuals with bipolar disorder awoke later and slept longer; were, on average, awake fewer minutes overall; and were active for shorter periods than those without the disorder. Researchers also found that individuals with bipolar disorder displayed lower activity levels while awake and had greater variations in sleep and wake cycles.

Exposure Therapy May Benefit Patients With Obsessive-Compulsive Disorder

Patients with obsessive-compulsive disorder (OCD) may improve their symptoms significantly by adding exposure and response prevention therapy to their treatment regimen when common drug treatment options have failed, according to new research published in the Journal of Clinical Psychiatry.

The study included 32 patients who received 17 weeks of exposure and response prevention therapy treatment after not benefiting sufficiently from risperidone. Evaluation at 12 and 16 weeks showed significant symptom improvement, with 25 (78%) patients completing treatment; 17 (53%) were classified as treatment responders and 11 (34%) as excellent responders at 32-week follow up. The remaining patients required medication changes during follow up, which enabled them to shift to excellent responder status.

Long-Term Opioid Drug Use Linked to Increased Depression Risk

Opioid drugs may cause short-term improvement in mood, but long-term use imposes risk of new-onset depression, according to a study in Annals of Family Medicine.

Researchers collected patient data from 2000-2012 from the Veterans Health Administration (VHA), Baylor Scott & White Health (BSWH), and Henry Ford Health System (HFHS). Data sets comprised 70,997 VHA patients, 13,777 BSWH patients, and 22,981 HFHS patients. Patients were new opioid drug users, ages 18 to 80, without a diagnosis of depression when they began taking medication.

Twelve percent of the VHA sample, 9% of the BSWH sample, and 11% of the HFHS sample experienced
new-onset depression after opioid analgesic drug use. In all three patient populations, longer duration of opioid analgesic drug use was associated with new-onset depression after controlling for pain and daily morphine equivalent doses.


Poverty Linked to Altered Brain Connectivity in Children

Many negative consequences are linked to growing up poor, and a new study in the American Journal of Psychiatry has identified one more: altered brain connectivity.

Analyzing brain scans of 105 children ages 7 to 12, researchers found that key structures in the brain are connect ed differently in poor children than in those raised in more affluent settings. In particular, the brain’s hippocampus (i.e., a structure key to learning, memory, and regulation of stress) and amygdala (which is linked to stress and emotion) connect to other areas of the brain differently in poor children than in those whose families had higher incomes.

Those connections, viewed using functional magnetic resonance imaging scans, were weaker, depending on the degree of poverty to which a child was exposed. The poorer the family, the more likely the hippocampus and amygdala would connect to other brain structures in ways researchers characterized as weaker. In addition, poorer preschoolers were much more likely to have symptoms of clinical depression when they reached school age.


Topiramate With Psychological Counseling Curbs Marijuana Use

Combining topiramate (an epilepsy drug) with psychological counseling curbed marijuana use among young smokers significantly more than counseling alone, according to results of a small randomized, controlled trial at Brown University. However, many study volunteers could not tolerate the medicine’s side effects.

Sixty-six volunteers ages 15 to 24, who smoked at least twice weekly but were interested in receiving psychological and drug treatment to reduce marijuana use, were recruited. All participants received 50-minute motivational enhancement therapy (MET) sessions at Weeks 1, 3, and 5 of the 6-week study.

Of 66 volunteers, 40 received topiramate in doses that slowly scaled up from 25 mg in Week 1 to 200 mg by Week 5, before being tapered off a few days after the study’s end.

At the end of the study, 21 of 40 participants receiving the drug had dropped out compared to only 6 of 26 participants taking a placebo. Two thirds of participants who left the study after using topiramate cited its side effects as their reason for leaving; they complained of problems such as depression, anxiety, trouble with coordination and balance, weight loss, and unusual sensations.

Results show the drug provided a statistically significant benefit. Although topiramate did not reduce the frequency of smoking significantly more than therapy alone, participants who received the medication and MET used less marijuana each time, on average, than those who received counseling and a placebo.


doi:10.3928/02793695-20160219-02

New Coalition for Improving Patient Care During Psychiatric Emergencies

More than 80% of emergency physicians say the mental health care systems in their regions are not working for patients, according to a new survey of approximately 1,500 emergency physicians. To help address these challenges, more than 30 of the nation’s top mental health and emergency medicine leaders are launching the Coalition on Psychiatric Emergencies (COPE), aimed at improving patient care in emergency departments during psychiatric crisis.

COPE specifically aims to:

- Decrease waiting for inpatient psychiatric beds (“boarding”) for psychiatric patients in emergency departments;
- Ensure education and training for emergency health care providers who care for patients experiencing psychiatric emergencies;
- Ensure adequate funding and resources for treating psychiatric emergencies;
- Drive improved quality and safety of diagnosis and treatment for psychiatric emergencies;
- Advance the research around psychiatric emergencies;
- Develop a continuum of care to include prevention and aftercare; and
- Improve patient and health care provider experience during psychiatric emergencies.