Medically Unexplained Symptoms
Current Awareness Newsletter

June 2016
Outreach

Your Outreach Librarian can help facilitate evidence-based practice for all staff, as well as assisting with academic study and research. We can help with literature searching, obtaining journal articles and books, and setting up individual current awareness alerts.

Literature Searching

We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence.

Critical Appraisal Training

We also offer one-to-one or small group training in literature searching, accessing electronic journals, and critical appraisal/Statistics. These are essential courses that teach how to interpret clinical papers.

For more information, email: katie.barnard@uhbristol.nhs.uk

Books

Books can be searched for using SWIMS our online catalogue at www.swims.nhs.uk. Books and journals that are not available on site or electronically may be requested from other locations. Please email requests to: library@uhbristol.nhs.uk
New NICE Guidance

CG155 Updated Psychosis and schizophrenia in children and young people: recognition and management

NHS Behind the Headlines

Magic mushroom ingredient tested as depression treatment

Wednesday May 18 2016

"Magic mushrooms 'promising' in depression,” BBC News reports. Magic mushrooms is an umbrella term for fungi that contain psilocybin. This is a psychoactive substance that can cause intense LSD-like...
Quick Exercise

Relative Risk

The relative risk is the ratio of probability of an event (a specified outcome) occurring in one group (i.e. those exposed to a particular intervention) compared to those in another group (i.e. those not exposed – a control group).

The relative risk can be interpreted using the following chart. First, you must determine whether the event (the outcome measure) is adverse or beneficial.

<table>
<thead>
<tr>
<th>Relative Risk</th>
<th>Adverse outcome (e.g. death)</th>
<th>Beneficial outcome (e.g. recovery of limb function)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>Intervention better than control</td>
<td>Intervention worse than control</td>
</tr>
<tr>
<td>1</td>
<td>Intervention no better or worse than control</td>
<td>Intervention no better or worse than control</td>
</tr>
<tr>
<td>&gt;1</td>
<td>Intervention worse than control</td>
<td>Intervention better than control</td>
</tr>
</tbody>
</table>

Have a go at interpreting the relative risks for these three studies using the chart above. Is the intervention better or worse than the control?

<table>
<thead>
<tr>
<th>Study</th>
<th>Intervention</th>
<th>Population</th>
<th>Outcome measure (think: adverse or beneficial?)</th>
<th>Relative Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Drug X</td>
<td>Adults at risk of a heart attack</td>
<td>Heart attack</td>
<td>1.2</td>
</tr>
<tr>
<td>2</td>
<td>Therapy programme Y</td>
<td>Smokers</td>
<td>Smoking cessation</td>
<td>0.8</td>
</tr>
<tr>
<td>3</td>
<td>Probiotic Z</td>
<td>Children on antibiotics</td>
<td>Diarrhoea</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Find out more about relative risk in one of our Basic Statistics training sessions. For more details, email library@uhbristol.nhs.uk.
Title: Functional somatic syndromes: Skin temperatures and activity measurements under ambulatory conditions.

Citation: Applied Psychophysiology and Biofeedback, May 2016, (May 20, 2016), 1090-0586 (May 20, 2016)

Author(s): Keppler, Carole, Rosburg, Timm, Lemoine, Patrick, Pflüger, Marlon, Gyr, Niklaus, Mager, Ralph

Abstract: Functional somatic syndromes are mostly associated with pain and emotional distress. As one marker for the autonomic stress response, the distal skin temperature decreases during psychological stress. In patients with functional somatic syndromes, the distal skin temperature under baseline conditions (without stress induction) is usually lower than in healthy subjects, which could be due to the sustained presence of pain-related stress in such patients. The aim of our study was to investigate whether patients with functional somatic syndromes show altered skin temperatures also under everyday life conditions. 14 patients with functional somatic syndromes and 14 matched healthy control subjects were investigated under ambulatory conditions over six consecutive days. During this time, distal and proximal skin temperatures were continuously recorded and sleep-wake cycles were monitored by actimetry and sleep-wake diaries. Unexpectedly, the patients showed higher distal skin temperatures than control subjects in the afternoon. The objective temperature data did not match the patients’ subjective experience: ratings of thermal comfort did not vary between the two groups. Moreover, similar levels of daytime activity were recorded in the two samples, even though patients reported more tiredness and more body tension than controls. We interpret the observed dissociation between objective skin temperature measurements and subjective ratings of the bodily thermal comfort as support for the notion of an alexisomia account (reduced bodily awareness) for functional somatic syndromes. Moreover, findings indicate that subjective complaints of tiredness and tension do not necessarily result in physical avoidance behaviour. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Title: Assessing mechanisms of mindfulness: Improving the precision of the nonattachment scale using a rasch model.

Citation: Mindfulness, May 2016, (May 20, 2016), 1868-8527 (May 20, 2016)

Author(s): Feng, Xuan Joanna, Krägeloh, Christian U., Medvedev, Oleg N., Billington, D. Rex, Jang, Jin Young, Siegert, Richard J.

Abstract: Nonattachment, or the lack of possessive and mental fixations and clinging, is considered a key element by which mindfulness cultivates psychological wellbeing. The 30-item Nonattachment Scale (NAS) is a measure of nonattachment, but its item functioning and measurement precision remain to be explored. The present study used a Rasch model to examine 434 participants’ responses to the NAS. Disordered thresholds were corrected by uniform item re-scoring. Satisfactory model fit was achieved after removing four misfitting items and combining locally dependent items
into sub-tests. NAS item functioning improved significantly following these minor modifications. In addition, by combining particular response options upon scoring, researchers can utilize our modified version without the need to alter current response formatting, thus offering them greater precision in their measurement of nonattachment. Ordinal-to-interval conversion tables presented in the manuscript further increases precision of our proposed 26-item version of the instrument and enables use of the scale without the need to violate fundamental assumptions of parametric statistics. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Title: Prolonged non-metabolic heart rate variability reduction as a physiological marker of psychological stress in daily life.

Citation: Annals of Behavioral Medicine, May 2016, (May 5, 2016), 0883-6612 (May 5, 2016)

Author(s): Verkuil, Bart, Brosschot, Jos F., Tollenaar, Marieke S., Lane, Richard D., Thayer, Julian F.

Abstract: Background: Prolonged cardiac activity that exceeds metabolic needs can be detrimental for somatic health. Psychological stress could result in such “additional cardiac activity.” Purpose: In this study, we examined whether prolonged additional reductions in heart rate variability (AddHRVr) can be measured in daily life with an algorithm that filters out changes in HRV that are purely due to metabolic demand, as indexed by movement, using a brief calibration procedure. We tested whether these AddHRVr periods were related to worry, stress, and negative emotions. Methods: Movement and the root of the mean square of successive differences (RMSSD) in heart rate were measured during a calibration phase and the subsequent 24 h in 32 participants. Worry, stress, explicit and implicit emotions were assessed hourly using smartphones. The Levels of Emotional Awareness Scale and resting HRV were used to account for individual differences. During calibration, person-specific relations between movement and RMSSD were determined. The 24-h data were used to detect prolonged periods (i.e., 7.5 min) of AddHRVr. Results: AddHRVr periods were associated with worrying, with decreased explicit positive affect, and with increased tension, but not with the frequency of stressful events or implicit emotions. Only in people high in emotional awareness and high in resting HRV did changes in AddHRVr covary with changes in explicit emotions. Conclusions: The algorithm can be used to capture prolonged reductions in HRV that are not due to metabolic needs. This enables the real-time assessment of episodes of potentially detrimental cardiac activity and its psychological determinants in daily life. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Title: Depression and Dissociation as Predictors of Physical Health Symptoms Among Female Rape Survivors With Posttraumatic Stress Disorder.

Citation: Psychological Trauma: Theory, Research, Practice, and Policy, May 2016, (May 5, 2016), 1942-9681 (May 5, 2016)

Author(s): Scioli-Salter, Erica R., Johnides, Benjamin D., Mitchell, Karen S., Smith, Brian N., Resick, Patricia A., Rasmusson, Ann M.

Abstract: Objective: To investigate the relative contributions of depression and dissociation, as well as posttraumatic stress disorder (PTSD), to physical health symptoms and to examine the relationships among somatic symptoms, PTSD, depression, and dissociation in relation to childhood and adult trauma exposure. Method: Cross-sectional data are from 132 female rape survivors with PTSD assessed before engaging in a study of trauma-focused cognitive therapy for PTSD. Measures
included the Pennebaker Inventory of Limbic Languidness, Clinician Administered PTSD Scale, Beck Depression Inventory, Trauma Symptom Inventory-Dissociation Subscale, Childhood Sexual Abuse Exposure Questionnaire, and Assessing Environments-III-Physical Punishment Scale. Results: Hierarchical regression analyses revealed that only dissociative and depression symptoms contributed significantly to physical health symptoms. Similarly, among the subsample of women with either childhood sexual or physical abuse, depression and dissociation were significant predictors of somatic symptoms. However, among women without childhood abuse, only dissociation significantly predicted somatic symptoms. Conclusion: Understanding the psychological and biological mechanisms that link childhood versus adult trauma exposure, PTSD, and comorbid depression or dissociation to physical health symptoms may aid development of individualized treatments for the physical and psychological consequences of trauma. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Full Text: Available from ProQuest in Psychological Trauma: Theory, Research, Practice, and Policy

Title: Conversion to dementia in mild cognitive impairment diagnosed with DSM-5 criteria and with Petersen's criteria.

Citation: Acta Psychiatrica Scandinavica, May 2016, vol. 133, no. 5, p. 378-385, 0001-690X (May 2016)


Abstract: Objective: In a background of revision of criteria for states of increased risk for progression to dementia, we compare the conversion rate to dementia and Alzheimer's disease (AD) of mild cognitive impairment (MCI) as diagnosed using DSM-5 (DSM-5-MCI) and Petersen's (P-MCI) criteria. Method: A population representative cohort of 4057 dementia-free individuals 55+ years of age was followed up at 2.5 and 4.5 years in Zaragoza, Spain (ZARADEMP). Using the Geriatric Mental State-AGECAT for assessment, research psychiatrists diagnosed DSM-5-MCI and P-MCI following operationalized criteria. ‘Conversion rate’ (CR), ‘annual conversion rate’ (ACR), and incidence rate (IR) were calculated along with incidence rate ratio (IRR) to compare the performance of the intermediate cognitive definitions. Results: At 4.5-year follow-up, in individuals aged 65 + years, ACRs for non-cases, P-MCI, and DSM-5-MCI were 0.8, 1.9 and 3.4, respectively, for global dementia. The IRRs were 2.9 and 5.3 for P-MCI and DSM5-MCI, respectively, being the non-cases the reference category. The corresponding values were slightly lower for AD. Conclusion: Conversion rate to dementia and AD was higher using DSM-5-MCI criteria than using Petersen's criteria. However, prediction of the construct still has some way to go, as most MCI individuals did not convert at 4.5-year follow-up. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Title: Psychosomatic and physical responses to a multi-component stress management program among teaching professionals: A randomized study of cognitive behavioral intervention (CB) with complementary and alternative medicine (CAM) approach.

Citation: Behaviour Research and Therapy, May 2016, vol. 80, p. 10-16, 0005-7967 (May 2016)

Author(s): Au, Doreen W. H., Tsang, Hector W. H., Lee, Janet L. C., Leung, Christie H. T., Lo, Jennie Y. T., Ngai, Shirley P. C., Cheung, W. M.
Abstract: Background: The present study aims to assess psychosomatic and physical responses to a multi-component stress management program with the use of CAM and CB approaches among teaching professionals in Hong Kong. Method: A random controlled trial (RCT) was used to compare between CB group (n = 26) and the CAM-CB group (n = 30). Interventions were administered for 1.5 h once a week for eight consecutive weeks. A self-administered questionnaire including perceived stress scale (PSS) and frequency of psychosomatic symptoms were measured at baseline (T1), immediate after the program (T2), and 4 weeks after the program (T3). Physical parameters were measured at T1 and T2. Results: A reduction of 23% in PSS was observed in the CB group, while the CAM-CB group yielded 18% reductions in PSS from T1 to T3 [F(2,108) = 3.099; p = .049]. No significant interactions were observed in the frequency of psychosomatic symptoms and physical parameters. However, a significant downward time trend was observed (p < .001) and larger percentage changes in physical responses were shown in the CAM-CB group than CB group. Conclusion: Clinical evidence of both the CAM-CB and CB program has been demonstrated in the current study and both approaches are easy to be self-implemented. The CAM technique might serve as an alternative choice for self-administered stress management to replace the additional time needed for professional follow-up contacts. It might further improve some physical responses such as handgrip strength and resting heart rate, which are associated with better psychosomatic health and better occupational stress management. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Title: Examining the panic attack specifier in social anxiety disorder.

Citation: Cognitive Behaviour Therapy, May 2016, vol. 45, no. 3, p. 177-181, 1650-6073 (May 2016)

Author(s): Allan, Nicholas P., Oglesby, Mary E., Short, Nicole A., Schmidt, Norman B.

Abstract: Panic attacks (PAs) are characterized by overwhelming surges of fear and discomfort and are one of the most frequently occurring symptoms in psychiatric populations. The most recent version of the Diagnostic and Statistical Manual of Mental Disorders (i.e. DSM-5) allows for a panic attack (PA) specifier for all disorders, including social anxiety disorder (SAD). However, there is little research examining differences between individuals diagnosed with SAD with the PA specifier versus individuals diagnosed with SAD without the PA specifier. The current study examined social anxiety, mood, anxiety, and anxiety sensitivity social concerns, a risk factor for social anxiety in SAD-diagnosed individuals without (N = 52) and with (N = 14) the PA specifier. The groups differed only in somatic symptoms of anxiety. Result of the current study provides preliminary evidence that the presence of the PA specifier in social anxiety does not result in elevated levels of comorbidity or a more severe presentation of social anxiety. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Title: Adult attachment representation moderates psychotherapy treatment efficacy in clinically depressed inpatients.

Citation: Journal of Affective Disorders, May 2016, vol. 195, p. 163-171, 0165-0327 (May 2016)

Author(s): Reiner, I., Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., Fremmer-Bombik, E., Beutel, M.

Abstract: Background: We explored in a sample of clinically depressed patients the influence of attachment security and unresolved trauma on psychotherapeutic outcome as well as changes in
attachment representation through psychotherapeutic intervention. Methods: The sample consisted of 85 women (aged 19–52), 43 clinically depressed patients from a psychosomatic inpatient unit, and 42 healthy control subjects matched for age and education. Average length of hospitalization in the patient group was eight weeks. Attachment representations were assessed with the Adult Attachment Interview at the time of admission (baseline) and at discharge. Depressive symptoms were measured using the PHQ-9 at T1 and T2. Results: Insecure attachment representations were overrepresented in depressed patients. Treatment effects were moderated by baseline attachment representation: patients with higher attachment security scores at admission benefited more from the inpatient treatment and were less depressed at time of discharge than less secure patients ($\eta^2 = .07$). Generally, attachment security increased ($\eta^2 = .19$) and depressive symptoms decreased ($\eta^2 = .23$) after inpatient psychotherapy treatment in the patient group. No significant effects for unresolved symptoms were found. Limitations: The study is not a randomized controlled study, but used a quasi-experimental matched control group design with female subjects only. Conclusions: Our results suggest that attachment representations play a major role in both the development and treatment of clinical depression. Baseline attachment security may influence psychotherapeutic outcome, perhaps through relational factors such as therapeutic working alliance. Inpatient psychotherapy may also need to address psychological issues associated with depression such as attachment insecurity. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Title: Interleukin-6 promoter polymorphism interacts with pain and life stress influencing depression phenotypes.

Citation: Journal of Neural Transmission, May 2016, vol. 123, no. 5, p. 541-548, 0300-9564 (May 2016)

Author(s): Kovacs, David, Eszlari, Nora, Petschner, Peter, Pap, Dorottya, Vas, Szilvia, Kovacs, Peter, Gonda, Xenia, Bagdy, Gyorgy, Juhasz, Gabriella

Abstract: Interleukin-6 (IL-6) has emerged as a potent biomarker for depression as its elevated plasma levels in patients with clinical depression have been confirmed by meta-analyses. Increased plasma IL-6 concentration was associated with various psychological stress factors and physical disorders accompanied by pain. Another modulator of the IL-6 level is rs1800795, a promoter polymorphism in the IL-6 gene which is able to influence its expression rate. Therefore, we examined in a Hungarian population sample of 1053 volunteers with European origins if rs1800795 polymorphism can affect depression symptoms measured by Zung Self-rating Depression Scale (ZSDS), and Brief Symptom Inventory (BSI). We also investigated the interactions of the polymorphism with reported painful physical conditions and Recent Negative Life Events (RLE) measured by the List of Life Threatening Experiences. Rs1800795 significantly interacted with both RLE and painful condition on depressive symptoms measured by ZSDS and BSI using different heritability models, while no main effects of the polymorphism were identified. After correction for multiple testing only the rs1800795 × RLE interaction effect (recessive model) remained significant on the BSI score, while both RLE and painful conditions significantly interacted on the ZSDS. In conclusion, the functional IL-6 rs1800795 polymorphism in interaction with various stress factors increases the risk of depression and has a greater impact on symptoms measured by the ZSDS. Thus, IL-6 and other cytokines may be more relevant in the development of somatic symptoms compared to affective signs of depression, delineating a specific genotype–phenotype relationship in this heterogeneous disorder. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)
Title: “False feigners”: Examining the impact of non-content-based invalid responding on the Minnesota Multiphasic Personality Inventory-2 Restructured Form content-based invalid responding indicators.

Citation: Psychological Assessment, May 2016, vol. 28, no. 5, p. 458-470, 1040-3590 (May 2016)

Author(s): Burchett, Danielle, Dragon, Wendy R., Smith Holbert, Ashley M., Tarescavage, Anthony M., Mattson, Curtis A., Handel, Richard W., Ben-Porath, Yossef S.

Abstract: Misinterpretation of non-content-based invalid (e.g., random, fixed) responding as overreporting or underreporting is likely to adversely impact test interpretation and could bias inferences about examinee intentions. We examined the impact of non-content-based invalid responding on the following Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF) content-based invalid responding indicators: Infrequent Responses (F-r), Infrequent Psychopathology Responses (FP-r), Infrequent Somatic Responses (FS), Symptom Validity (FBS-r), Response Bias Scale (RBS), Uncommon Virtues (L-r), and Adjustment Validity (K-r). In 4 samples from which invalid responders were excluded, we systematically inserted increasing percentages of random, acquiescent, or counter-acquiescent item responses ranging from 0% to 100% and examined the impact that non-content-based invalid response styles had on the content-based invalid responding indicators. F-r, FP-r, FS, RBS, and L-r were susceptible to non-content-based invalid responding, whereas FBS-r and K-r were unaffected. Individuals with Variable Response Inconsistency (VRIN-r) and True Response Inconsistency (TRIN-r) elevations were removed, and the frequencies of content-based invalid responding elevations were then reexamined for false indications of feigning. Findings were consistent across samples and emphasize the need to screen for non-content-based invalid responding before screening for content-based invalid responding in the assessment of personality and psychopathology. VRIN-r and TRIN-r were useful in detecting most—but not all—cases of non-content-based invalid responding. A small but meaningful percentage of the remaining individuals were misclassified as overreporters (i.e., false feigners) by FP-r and FS. Clinicians should interpret FP-r and FS with some caution in the presence of moderate levels of non-content-based invalid responding. Post hoc examinations of scale characteristics indicated that the most susceptible scales were brief, consisted of rarely endorsed items, included a relatively high percentage of true-keyed items, and required a low percentage of endorsed items to reach clinical significance. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Full Text: Available from ProQuest in Psychological Assessment

Title: The course of psychiatric co-morbidity in patients with breast cancer—Results from the prospective multi-centre BRENDA II study.

Citation: Psycho-Oncology, May 2016, vol. 25, no. 5, p. 590-596, 1057-9249 (May 2016)

Author(s): Singer, Susanne, Schwentner, Lukas, van Ewijk, Reyn, Blettner, Maria, Wöckel, Achim, Kühn, Thorsten, Felberbaum, Ricardo, Flock, Felix, Janni, Wolfgang, Kreienberg, Rolf

Abstract: Purpose: This study examined the frequency of psychiatric co-morbidity in patients with breast cancer, its changes over time and predictors for these changes. Methods: In a prospective study with measurements before surgery (t1, baseline), 1 month (t2) and 8 months thereafter (t3) using the Patient Health Questionnaire, we examined the course of psychiatric co-morbidity in
breast cancer patients. The co-morbidity courses were grouped into healthy (no co-morbidity during the study), acute (co-morbidity at t1 and/or t2, but not at t3), emerging (no co-morbidity at t1, but at t3) and chronic (co-morbidity at t1 and t3). Results: Of the 598 participants, 19% had acute, 10% emerging and 9% chronic psychiatric co-morbidity. Acute co-morbidity was more common in patients with poor quality of life (odds ratio (OR) 9.6, 95% confidence interval (CI) 4.4–20.8) and somatic co-morbidity (OR 3.8, CI 1.1–12.4). Patients who perceived support from their doctors had acute co-morbidity less frequently (OR 0.7, CI 0.5–1.0). Emerging co-morbidity occurred more often in younger patients (OR 2.4, CI 1.2–4.7) and in patients with another cancer in their own (OR 2.0, CI 1.1–3.9) or family (OR 2.1, CI 1.1–4.3) histories, less often in patients with support from doctors (OR 0.6, CI 0.4–1.0). Chronic co-morbidity was related to poor quality of life (OR 12.1, CI 3.6–39.9).

Conclusion: We found acute and emerging psychiatric co-morbidities less often in patients who reported having a supportive doctor–patient relationship. Patients that require psycho-oncological support often have poor quality of life and have experienced cancer before. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)
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