

JUNIO 2019

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REHABILITACIÓN PSICOSOCIAL

Psychiatric Rehabilitation Journal



2018, Volume 41, Issue 4 (Dec)

Special Section: Youth and Young Adult Mental Health: Interventions, Services, Systems, and Rehabilitation

Maryann Davis and Michelle R. Munson, Editors

Youth and young adult mental health: Interventions, services, systems, and rehabilitation.

Pages 253-257. Davis, Maryann; Munson, Michelle R.

Aging out or continuing on? Exploring strategies to prepare marginalized youth for a transition to recovery in adulthood.

Pages 258-265. Manuel, Jennifer I.; Munson, Michelle R.; Dino, Mary; Villodas, Melissa L.; Barba, Antonia; Panzer, Paula G.

Vocational coaches for justice-involved emerging adults.

Davis, Maryann; Sheidow, Ashli J.; McCart, Michael R.; Perrault, Rachael T.

Race and gender differences in attitudes toward help seeking among marginalized young adults with mood disorders: A mixed-methods investigation.

Narendorf, Sarah C.; Munson, Michelle R.; Ben-David, Shelly; Cole, Andrea R.; Scott Jr., Lionel D.

The meaning of work for young adults diagnosed with serious mental health conditions.

Torres Stone, Rosalie A.; Sabella, Kathryn; Lidz, Charles W.; McKay, Colleen; Smith, Lisa M.

Postsecondary students with psychiatric disabilities identify core services and key ingredients to supporting education goals.

Biebel, Kathleen; Mizrahi, Raphael; Ringeisen, Heather.

Understanding the lived experience of cognitive remediation in schizophrenia: A qualitative comparison with an active control.

Bryce, Shayden; Warren, Narelle; Ponsford, Jennie; Rossell, Susan; Lee, Stuart.

Consumer perspectives on physical activity interventions within assertive community treatment programs.

Huck, Garrett E.; Finnicum, Cruz; Morrison, Blaise; Kaseroff, Ashley; Umucu, Emre.

The contribution of employment duration to 18-month neurocognitive outcomes in first-episode psychosis.

Karambelas, George J.; Allott, Kelly A.; Killackey, Eóin; Farhall, John; Cotton, Sue M.

Functional recovery of individuals with serious mental illnesses: Development and testing of a new short instrument for routine outcome monitoring.

Swildens, Wilma Elisabeth; Visser, Ellen; Bähler, Michiel; Bruggeman, Richard; Delespaul, Philippe; van der Gaag, Mark; de Haan, Lieuwe; Keet, René; Nijssen, Yolanda; van Os, Jim; Pijnenborg, Gerdina Marieke; Slooff, Cees; de Vos, Annerieke; van Weeghel, Jaap; Wunderink, Lex; Mulder, Cornelis Lambert; Wiersma, Durk.

Tobacco use and smoking behaviors of individuals with a serious mental illness.

Petty, Donna; Aubry, Tim.

2019, Volume 42, Issue 1 (Mar)

Roots and branches.

Resnick, Sandra G.

Development of a gender-sensitive and recovery-oriented intervention for women with serious mental illness.

Mizock, Lauren.

A conceptual model of mental health service utilization among young adults at clinical high-risk for developing psychosis.

Ben-David, Shelly; Cole, Andrea R.; Brucato, Gary; Girgis, Ragy; Munson, Michelle R.

Perspectives on a contingency management intervention for alcohol use among consumers with serious mental illness.

Leickly, Emily; Skalisky, Jordan; Angelo, Frank A.; Srebnik, Debra; McPherson, Sterling; Roll, John M.; Ries, Richard K.; McDonell, Michael G.

Community mental health center staff attitudes about employment for persons with serious mental illness.

Brucker, Debra L.; Doty, Mayumi.

Arts-based psychiatric rehabilitation programs in the community: Perceptions of healthcare professionals.

Oren, Reut; Orkibi, Hod; Elefant, Cochavit; Salomon-Gimmon, Maayan.

Text message exchanges between older adults with serious mental illness and older certified peer specialists in a smartphone-supported self-management intervention.

Fortuna, Karen L.; Naslund, John A.; Aschbrenner, Kelly A.; Lohman, Matthew C.; Storm, Marianne; Batsis, John A.; Bartels, Stephen J.

Examining cognitive functioning of adult acute psychiatric inpatients through a brief screening assessment.

Wood, Lisa; Williams, Claire; Enache, Gabriela; Withers, Frankie; Fullarton, Kate; Salehi, Dariush; Draper, Mark.

Developing quality assurance practices and measures for implementing and sustaining the Transition to Independence Process (TIP) model.

Klodnick, Vanessa V.; Clark, Hewitt B. "Rusty"; Johnson, Rebecca P.; Fagan, Marc A.

Examining the relationship between educational attainment and recovery of adults with serious mental illnesses.

O'Shea, Amber; Salzer, Mark S.

Predictors of perceived social effectiveness of individuals with serious mental illness.

Sánchez, Jennifer; Sung, Connie; Phillips, Brian N.; Tschopp, Molly K.; Muller, Veronica; Lee, Hui-Ling; Chan, Fong.

The relationship between social support and personal recovery in bipolar disorder.

Dunne, Laura; Perich, Tania; Meade, Tanya.

2019, Volume 42, Issue 2 (Jun)

Motherhood reimagined: Experiences of women with SMI surrounding parenting.

Mizock, Lauren; Merg, Andrea Laurel; Boyle, Eugene Joseph; Kompaniez-Dunigan, Elyse.

Loneliness and depressive symptoms in middle aged and older adults experiencing serious mental illness.

Dell, Nathaniel A.; Pelham, Michelle; Murphy, Allison M.

"It suits my needs": Self-employed individuals with psychiatric disabilities and small businesses.

Ostrow, Laysha; Smith, Carina; Penney, Darby; Shumway, Martha.

Evaluation of an online learning academy of peer specialists.

Spagnolo, Amy B.; Gill, Kenneth; Cronise, Rita; Backs, Annette; Richards, Karen; Kamat, Varsha.

Hope and its dimensions in relation to clinical recovery: A cross-sectional study among people with psychotic disorders.

Anczewska, Marta; Wciórka, Jacek; Grygiel, Paweł; Nowak, Izabela et al.

Recovery in homelessness: The influence of choice and mastery on physical health, psychiatric symptoms, alcohol and drug use, and community integration.

Manning, Rachel M.; Greenwood, Ronni Michelle.

Conceptualizations, assessments, and implications of personal recovery in mental illness: A scoping review of systematic reviews and meta-analyses.

van Weeghel, Jaap; van Zelst, Catherine; Boertien, Dienke; Hasson-Ohayon, Ilanit.

Life with FOCUS: A qualitative evaluation of the impact of a smartphone intervention on people with serious mental illness.

Jonathan, Geneva; Carpenter-Song, Elizabeth A.; Brian, Rachel M.; Ben-Zeev, Dror.

Voting rights for persons with serious mental illnesses in the U.S.

Kamens, Sarah R.; Blum, Eliana; Styron, Thomas H.

Coherence between goals and therapeutic homework of clients engaging in recovery-oriented support.

Lenehan, Peter; Deane, Frank P.; Wolstencroft, Keren; Kelly, Peter J.



2019. Vol. 31, nº 1

Beliefs and attitudes about intimate partner violence against women in Spain.

Victoria A. Ferrer-Pérez, Esperanza Bosch-Fiol, Andrés Sánchez-Prada, and Carmen Delgado-Álvarez. Psicothema, 2019, Vol. 31, pág. 38-45.

Creencias y actitudes sobre la violencia contra las mujeres en la pareja en España.

Resumen

Antecedentes: algunas actitudes sirven para justificar la violencia contra las mujeres, culparlas por la violencia que experimentan, y perpetuar los niveles de esta violencia. Estas actitudes a menudo se derivan de normas y creencias tradicionales que es importante identificar. El objetivo de este estudio es comparar las creencias sobre violencia contra las mujeres en la pareja (IPVAW) entre dos momentos temporales, analizando el efecto del sexo y la formación académica previa. Método: se utilizan dos muestras de conveniencia: 1.392 estudiantes universitarios en 2006 (34,4% hombres y 65,6% mujeres) y 730 en 2018 (36,3% hombres y 63,7% mujeres). Se emplea un modelo de cuatro factores del Inventario de Pensamientos Distorsionados sobre la Mujer y la Violencia (IPDMV), tras evaluar el ajuste mediante AFC. Resultados: se obtienen, mediante MANCOVA (covariable: edad), diferencias significativas entre 2006 y 2018 en todos los factores. Se observan asimismo diferencias por sexo y formación académica previa, y efectos de interacción en el primer factor entre estas variables y el momento temporal. Conclusiones: las creencias y pensamientos distorsionados sobre la mujer y la violencia disminuyen entre los dos momentos analizados, y son menores en las mujeres y las personas con formación académica previa en IPVAV

Prevention of recurrent suicidal behavior: Case management and psychoeducation.

Sergio Fernández-Artamendi, Susana Al-Halabí, Patricia Burón, Julia Rodríguez-Revuelta, Marlén Garrido, Leticia González-Blanco, Leticia García-Álvarez, Paz García-Portilla, Pilar Sáiz. Psicothema, 2019, Vol. 31, pág. 107-113.

Resumen

Antecedentes: el desarrollo de programas efectivos para la prevención del suicidio es una prioridad global. Este estudio ha evaluado la efectividad diferencial de la combinación de diversas estrategias para la prevención de la repetición de los intentos suicidas. Método: los participantes del estudio son pacientes que acudieron al Servicio de Urgencias tras un intento de suicidio. Un total de 163 participantes (68,1% mujeres, edad media = 41,39 años) cumplieron los criterios de inclusión y fueron repartidos en tres grupos: un grupo recibió una estrategia pasiva de información preventiva, un segundo grupo recibió la estrategia pasiva combinada con un componente activo de manejo de casos (MAC) y un tercer grupo recibió la estrategia pasiva, el manejo de casos y un programa psicoeducativo (PSyMAC). La aleatorización de los participantes

no fue posible. El estudio incluyó evaluaciones al inicio y seguimientos cada seis meses hasta los 30 meses. Resultado: el estudio no mostró diferencias significativas entre grupos en el número de reintentos. La regresión logística mostró un efecto positivo para el MAC. Conclusiones: el presente estudio muestra que el uso del manejo de casos puede ser una estrategia prometedora, pero se requiere de más investigación.

Preventing cognitive decline in chronic schizophrenia: Long-term effectiveness of integrated psychological therapy and emotional management training.

María Ruiz-Iriondo, Karmele Salaberria, Rocío Polo-López, Alvaro Iruín, and Enrique Echeburúa,. *Psicothema*, 2019, Vol. 31, pág. 114-120.

Resumen

Antecedentes: los programas de tratamiento psicológico grupal eficaces para las fases crónicas de la esquizofrenia son escasos. Este artículo describe los resultados obtenidos tras la aplicación de un programa grupal, que incluye la terapia psicológica integrada (IPT) junto con una adaptación de la terapia de manejo emocional (EMT), en una muestra de pacientes ambulatorios con esquizofrenia crónica. Método: 42 pacientes recibieron el programa durante ocho meses y se evaluaron al inicio, en el post-tratamiento y en los seguimientos de 1, 3, 6 y 12 meses. Resultados: el programa fue bien aceptado ya que únicamente hubo un abandono durante los 8 meses de tratamiento y 2 ingresos hospitalarios durante los 20 meses de duración del estudio. Se obtuvieron mejorías en la cognición, el funcionamiento social y la calidad de vida tras recibir el tratamiento, y éstas se mantuvieron en el seguimiento a largo plazo. En resumen, los pacientes estaban mejor 12 meses después de recibir el tratamiento que en la evaluación inicial. Conclusión: el tratamiento resulta efectivo, ha sido bien aceptado y podría ser útil en los servicios de salud para reducir las hospitalizaciones, prevenir el deterioro cognitivo y ayudar a los pacientes a manejar sus preocupaciones diarias.

Reduction of sexist attitudes, romantic myths, and aggressive behaviors in adolescents: Efficacy of the DARSÍ program.

Laura Carrascosa, María-Jesús Cava, Sofía Buelga, and Saúl-Neves de Jesus. *Psicothema*, 2019, Vol. 31, pág. 121-127.

Resumen

Antecedentes: el programa DARSÍ (Desarrollando en Adolescentes Relaciones Saludables e Igualitarias) tiene como finalidad prevenir conductas agresivas entre iguales dentro y fuera de las redes sociales y formar a los adolescentes en igualdad de género. El objetivo de este estudio fue evaluar los efectos del programa en la disminución de actitudes sexistas, mitos del amor romántico y conductas agresivas en adolescentes. Método: en este estudio participaron 191 adolescentes, de 12 a 17 años (53,93% chicas), asignados a un grupo experimental (3 aulas) y dos grupos control (6 aulas de dos centros educativos). Se utilizó un diseño cuasi-experimental con grupo control y se evaluó la efectividad del programa mediante diseño factorial de medidas repetidas. Resultados: los resultados mostraron una disminución significativa en el grupo experimental en sexismo hostil, sexismo benevolente, mitos del amor romántico, agresión directa, agresión relacional y ciberagresión. Conclusiones: se constata la efectividad del programa evaluado y la viabilidad de intervenir conjuntamente en la prevención de la violencia entre iguales y la violencia de pareja en adolescentes.



Vol. 30. Núm. 2.

Relación entre la Salud Mental y el Nivel de Funcionamiento de las Personas Mayores de 65 Años de la Comunidad de Madrid

Alba Zamorano, Manuel Muñoz, Berta Ausín y Eloísa Pérez

Resumen

El objetivo de este estudio es analizar la relación entre el nivel de funcionamiento (NdF) y las variables sociodemográficas y, salud física y mental de las personas mayores de 65 años. La muestra ($N = 555$) se tomó al azar en la Comunidad de Madrid. Los trastornos mentales se evaluaron con la CIDI65+ y el NdF con la WHODAS II y con la HoNOS65+. Se realizaron análisis de medias, ANOVA, ajuste de Bonferroni y un análisis de regresión lineal múltiple. Las mujeres presentan un NdF más bajo que los hombres y el NdF empeora con la edad. Los trastornos físicos y mentales tienen un impacto similar en el NdF. Las variables que ejercen un mayor impacto sobre el NdF son el número de síntomas psicológicos, la presencia de cualquier trastorno mental, una peor situación financiera, tener una mayor edad y otorgar poca importancia a las creencias religiosas.

La Atribución Causal y las Creencias sobre los Trastornos Mentales en Población General y Psicólogos. Un Estudio Exploratorio

Soraya E. Castro-de Diego y Aida de Vicente-Colomina

Resumen

Con el objetivo de comparar las creencias sobre los trastornos mentales en población general y en profesionales de la Psicología y analizar las diferencias entre aquellos que presentan una atribución causal biomédica vs. psicosocial sobre estas creencias, se aplicó una versión adaptada del *Illness Perception Questionnaire* (IPQ-R) a una muestra de 166 participantes. El consumo de drogas y el desequilibrio bioquímico cerebral fueron las causas señaladas con mayor nivel de acuerdo por la población general y el estrés y el consumo de drogas por los profesionales de la Psicología. Los participantes de la población general que adoptaron una explicación biológica consideraron estos problemas como significativamente más crónicos que los se inclinaron por causas psicosociales. Los psicólogos señalaron los trastornos mentales como significativamente menos crónicos, menos cíclicos, más controlables por la persona y el tratamiento, más coherentes y asociados a una menor representación emocional negativa que la población general.

REVISTA

*de la Asociación Española
de Neuropsiquiatría*

Vol 38, No 133 (2018)

EDITORIAL

La intervención temprana en psicosis

Vicente Ibáñez Rojo

Evaluación del modelo comunitario de atención a los trastornos mentales en España

Manuel Gómez-Beneyto, Francisco Rodríguez Pulido, Virginia Caamaño Sánchez, Antonia Cifre LLull, Francisco del Río Noriega, Juan Antonio Estévez Salinas, Paz Arias García, Iñaki Markez Alonso, Ana Martínez Calvo, María José Lozano Semitiel, José María Redero San Román, Iván de la Mata Ruíz, Ana Sánchez Guerrero, Deirdre Sierra Biddle, Francisco Villegas Miranda

DOSSIER: PSICOFARMACOTERAPIA

Hacia una psicofarmacoterapia razonada

Ana Mármol Fábrega, José A. Inchauspe Aróstegui, Miguel A. Valverde Eizaguirre

Un enfoque alternativo del tratamiento farmacológico en psiquiatría

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Los antidepresivos en pediatría: ¿el mayor fracaso de la asistencia sanitaria?

David Healy, Joanna Le Noury, Jon Jureidini

Acerca del influyente estudio STAR*D sobre la clínica con antidepresivos: sesgos y resultados

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José Antonio Inchauspe Aróstegui, Miguel Ángel Valverde Eizaguirre

Uso de los antipsicóticos en adultos mayores

Emilio Pol Yanguas

El litio y otros fármacos para el trastorno maníaco-depresivo y bipolar

Joanna Moncrieff

Psicoestimulantes para el TDAH: análisis integral para una medicina basada en la prudencia

Luis Carlos Saiz Fernández



BMJ Open 2019;9

'Being normal' and self-identity: the experience of volunteering in individuals with severe mental disorders—a qualitative study

Jorge Pérez-Corrales, Marta Pérez-de-Heredia-Torres, Rosa Martínez-Piedrola, Carlos Sánchez-Camarero, Paula Parás-Bravo, Domingo Palacios-Ceña

Abstract

Objective: This study sought to explore the views and experiences of a group of people with severe mental disorders (SMDs) who performed volunteer services.

Design: A qualitative phenomenological study.

Setting: Community public mental health services of the Community of Madrid and the province of Barcelona (Spain).

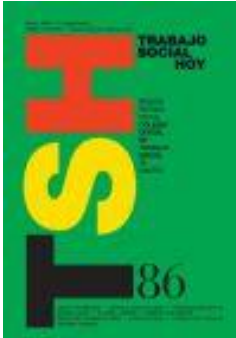
Participants: Purposive sampling techniques were used between September 2016 and April 2017. The inclusion criteria were: individuals aged 18–65 years who participated in volunteer activities during the performance of this study, based on the regulations of volunteer services in Spain and the community of Madrid; a diagnosis of non-organic psychotic disorder (F20.x, F21, F22, F24, F25, F28, F29, F31.x, F32.3 and F33) according to the International Classification of Diseases, 10th Revision; an evolution of ≥ 2 years; and a moderate to severe dysfunction of global functioning with scores ≤ 70 in the Global Assessment of Functioning Scale. Ultimately, 23 people with SMD participated in the study with a mean age of 47 years (SD 8.23).

Methods: Data were collected through in-depth interviews and researcher field notes. A thematic analysis was performed following appropriate guidelines for qualitative research.

Results: Two main themes emerged to describe the experience of participating in volunteer activities: (1) rebuilding self-identity, based on the participant's experience of volunteering, of acquiring a new role and a new perceived identity that made them feel valued and respected; and (2) being a so-called normal person with a 'normal' life, based on recovering a sense of normality, unmarked by the illness, thanks to daily responsibilities and occupations.

Conclusions: Qualitative research offers insight into the way people with SMD experience volunteering and may help to improve understanding of the underlying motivations that drive these individuals. These findings may be applied to improve guidance during their process of recovery and subsequent inclusion into society.

Trabajo Social Hoy



ENERO - 2019 Primer cuatrimestre

“La historia social, herramienta del trabajo social”

Autoría: Colegio Oficial Trabajo Social Madrid (2018). Varios autores

Extracto

(...) el documento, tras enmarcar la definición de historia social como instrumento específico del trabajo social, se centra en la reflexión de la historia social como sistema de información y documentación del sistema de servicios sociales y el papel central de los/las trabajadores/as sociales en él, con especial incidencia en la Atención Social Primaria donde son profesionales de referencia, para finalizar con recomendaciones generales sobre la configuración de las políticas sociales y unas conclusiones en relación a los objetivos señalados (..)



NÚMERO 28. 2019

Educación Social, medio ambiente y sostenibilidad

Educación Social, medio ambiente y sostenibilidad

Carlos Sánchez-Valverde Visus, coordinador del consejo de redacción. Carmen Morán de Castro, editora invitada

Límites e indefiniciones de la educación ambiental, un debate permanente

Maria Barba, Universidad de Santiago de Compostela

35 años de éxitos en la Educación Ambiental en España

Rodrigo-Cano, Daniel, Universidad de Sevilla. Gutiérrez Bastida, José Manuel, ESenRED-Escuelas hacia la Sostenibilidad en Red. Ferreras Tomé, Josechu, Argos Proyectos educativos S.L.

La educación no formal en colectivos sociales, como vía para implementar el Plan de Acción Global de Educación para el Desarrollo Sostenible en Canarias

Raúl Ciro Matas Reyes, Facultad de Ciencias de la Educación, Universidad de Las Palmas de Gran Canaria

Un análisis socioeducativo de la Educación Ambiental y del Aula Natura

Daniel Musitu-Ferrer, Celeste León-Moreno y Juan Evaristo Callejas Jerónimo, Universidad Pablo de Olavide, Sevilla

A Eira do Ceesg, un lustro habitando la intersección entre la Educación Social y la Educación Ambiental

Kylyan Marc Bisquert i Pérez, Grupo de Investigación en Pedagogía Social e Educación Ambiental SEPA-interea (Universidade de Santiago de Compostela) / A Eira do Ceesg (Colexio de Educadoras e Educadores Sociais de Galicia) Nereida Rivero Cruz, **Coordinadora de A Eira do Ceesg María del Valle Marcos García-Conde y Enma Alcaide Ucha, A Eira do Ceesg**

Antropoceno: tiempo para la ética ecosocial y la educación ecociudadana

José Manuel Gutiérrez Bastida, Ingurugela - Centro de Educación e Investigación Didáctico Ambiental de la Comunidad Autónoma del País Vasco

Del tráfico al acceso. De la educación vial a la educación para la movilidad

Jaume J. Portet Tiebas, miembro del colectivo València en Bici.

Educación ambiental y formación docente: reto de la Educación Social para la Responsabilidad Social Universitaria

Mayra Araceli Nieves Chávez y Sara Miriam Gonzáles Ramírez, Universidad Autónoma de Querétaro

Consumo e sustentabilidade em Círculos Freireanos de Cultura: uma experiência com estudantes do Sul do Brasil

João Paulo Schultz. Secretaria de Estado da Educação do Paraná. Marília Andrade Torales Campos. Setor de Educação. Universidade Federal do Paraná

Proyecto Valleverde, “juntos contra el cambio climático”. Las personas con discapacidad intelectual como agentes de cambio social

David Cebrián Martínez, Educador Social



Construyendo el futuro de la terapia ocupacional en España.

Jorge Arenas de la Cruz

Conocimientos y actitudes de los estudiantes de terapia ocupacional hacia la práctica basada en la evidencia.

Sarai Zorrilla Martín, Olga López Martín

Percepción del desarrollo profesional en el contexto histórico presente. Mirando al futuro.

Cristina Mendoza Holgado

El inicio de la formación en España: la escuela de terapia ocupacional (1961-1964).

Alba Cambra Aliaga, Ana Alejandra Laborda Soriano

La creación de un código deontológico: experiencia del colegio de terapeutas ocupacionales de Cataluña.

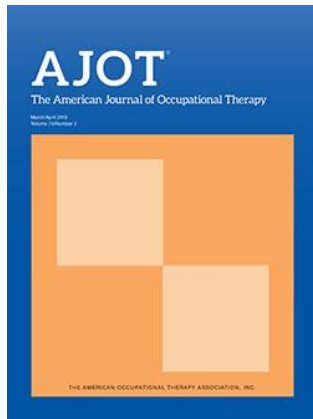
Jennifer Grau-Sánchez, Cristina Bonet, Jennifer Gallego, Marta Gutiérrez, Roser Massana, Estela Medina, Estefanía Montiel, Betsabé Méndez

Programa de jardinería para adultos mayores institucionalizados con deterioro cognitivo.

Ángela Castellón Daniel, Nuria Xifré Díaz

Situación actual de la terapia ocupacional en la sanidad pública Española.

Sabina Barrios Fernández, Pablo A. Cantero Garlito



03 2019, Vol. 73,

Reliability and Validity of a Functional Cognition Screening Tool to Identify the Need for Occupational Therapy

Dorothy Farrar Edwards; Timothy J. Wolf; Timothy Marks; Sarah Alter; Victoria Larkin; Braeden L. Padesky; Meredith Spiers; Muhammad O. Al-Heizan; Gordon Muir Giles

Abstract

Importance: The Centers for Medicare & Medicaid Services (CMS) has identified the need to assess functional cognition as part of the postacute care planning process.

Objective: We examined the reliability, validity, and clinical utility of the Menu Task (MT) as a screening measure of functional cognition to assess the need for occupational therapy services.

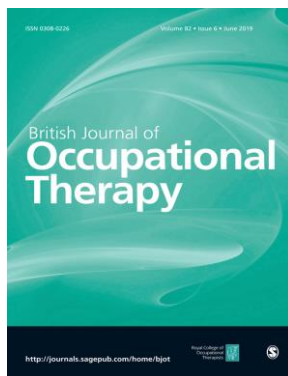
Design: Cross-sectional study testing a convenience sample of community-dwelling older adults ($n = 130$) and adults hospitalized for elective orthopedic surgery ($n = 60$). The MT and four neuropsychological screening tests—the Brief Interview of Mental Status, the Montreal Cognitive Assessment, Trail Making Tests A and B, and an instrumental activities of daily living (IADL) scale—were administered.

Setting: Community-dwelling participants were tested at the University of Wisconsin occupational therapy program and in community settings. Hospitalized participants were tested at the University of Missouri Orthopedic Institute.

Participants: We recruited healthy community-dwelling adults in Madison, WI (community sample; $n = 130$) and patients hospitalized for elective orthopedic surgery in Columbia, MO (hospital sample; $n = 60$). Inclusion criteria were age 55 yr or older, living in the community, and willingness to be tested in English; for the hospital sample, participants had to be referred for elective orthopedic surgery requiring a hospital stay and be independent in activities of daily living before being admitted for surgery.

Results: We found significant differences between groups classified as impaired or not impaired on the basis of MT scores. Participants classified as impaired on the MT performed significantly less well than those classified as not impaired on the neurocognitive and IADL measures.

Conclusion: The reliability and validity of the MT were supported.



Volume 82 Issue 6, June 2019

Food skills group value, meaning, and use with inpatients in a mental health setting

Gina De Vos, Leanne Leclair

Abstract

Introduction

Occupational therapists use food skills groups to support mental health recovery and engagement in meaningful occupation. Research examining participants' experiences in these mental health groups is sparse.

Method

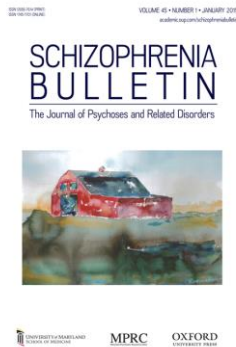
Researchers used a convergent parallel mixed methods design. Following participation in an inpatient food skills group, 60 participants completed a questionnaire, and 20 also participated in a semi-structured interview. The questionnaire data was analysed using descriptive and correlational statistics. The interview data was analysed using thematic analysis. Triangulation was used to combine and interpret findings from the different methods to gain a more complete understanding of the participants' experiences.

Findings

Participants strongly agreed/agreed that they enjoyed participating, felt having the opportunity to participate was important to their recovery, and after discharge would use the skills they had learnt. Age, sex, and level of education were associated with some of the questionnaire responses. Three main themes emerged from the interview data: importance of engaging/doing, connections with food, and being involved in a group process.

Conclusion

Individuals who participated in the food skills group valued having the opportunity to build skills and engage in meaningful activities with others while in hospital. They identified the food skills group as important to their recovery.



Volume 45, Issue 1, January 2019

THEME: METACOGNITION IN SCHIZOPHRENIA: FROM EXPERIMENTAL PSYCHOPATHOLOGY TO CLINICAL PRACTICE

Metacognition Research in Psychosis: Uncovering and Adjusting the Prisms That Distort Subjective Reality

Steffen Moritz; Paul H Lysaker

INVITED THEMED ARTICLES

Metacognition, Personal Distress, and Performance-Based Empathy in Schizophrenia

Kelsey A Bonfils; Paul H Lysaker; Kyle S Minor; Michelle P Salyers

Individualized Metacognitive Training (MCT+) Reduces Delusional Symptoms in Psychosis: A Randomized Clinical Trial

Ryan P Balzan; Julie K Mattiske; Paul Delfabbro; Dennis Liu; Cherrie Galletly

Suicidal Ideation in People With Psychosis Not Taking Antipsychotic Medication: Do Negative Appraisals and Negative Metacognitive Beliefs Mediate the Effect of Symptoms?

Paul Hutton; Francesca Di Rienzo; Douglas Turkington; Helen Spencer; Peter Taylor

Metacognitive Deficits Predict Impaired Insight in Schizophrenia Across Symptom Profiles: A Latent Class Analysis

Paul H Lysaker; Emily Gagen; Abigail Wright; Jenifer L Vohs; Marina Kukla...

REGULAR ARTICLES

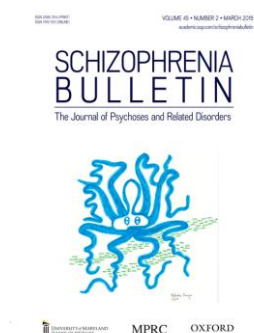
Prevalence Rate and Risk Factors of Victimization in Adult Patients With a Psychotic Disorder: A Systematic Review and Meta-analysis

Bertine de Vries Jooske T van Busschbach Elisabeth C D van der Stouwe André Aleman Jan J M van Dijk Paul H Lysaker Johan Arends Saskia A Nijman Gerdina H M Pijnenborg

Abstract

Psychotic disorders often have been linked with violence. However, studies have shown that people with a psychotic disorder are more often victim than perpetrator of violence. The objective of this meta-analysis was to review prevalence rates for

different types of victimization and to identify risk factors associated with victimization. Based on a search in MEDLINE, PsycINFO, and Web of Science, 27 studies were found with samples consisting of adults with a psychotic disorder and possible victimization occurring during adulthood and data on “violent victimization,” “sexual victimization,” “non-violent victimization,” and/or “victimization not otherwise specified.” The median prevalence rate for violent victimization was 20%, for sexual victimization 20%, nonviolent victimization 19%, and for victimization not otherwise specified 19%. Victimization rates were approximately 4–6 times higher than in the general community. Meta-analyses showed the following significant risk factors: delusion (OR = 1.69), hallucinations (OR = 1.70), manic symptoms (OR = 1.66), drugs (OR = 1.90) or alcohol abuse (OR = 2.05), perpetration of a crime (OR = 4.33), unemployment (OR = 1.31), and homelessness (OR = 2.49). Other risk factors like previous victimization, impaired social functioning, personality disorder, and living in a disadvantaged neighborhood were found only in 1 or 2 studies. Based on the results, we conclude that, depending on the examined time period, 1 in 5 (assessment period ≤ 3 y) or 1 in 3 (assessment period entire adulthood) people with a psychotic disorder was victim of a crime. Clinical, behavioral, and sociodemographic factors were significantly associated with victimization, as well as previous victimization. Prospective research into risk factors is needed to capture causal trajectories of victimization.



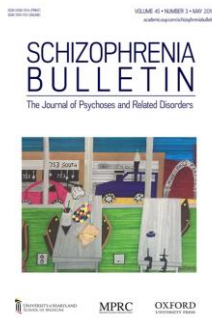
Volume 45, Issue 2, March 2019

Cognitive Behavioral Therapy Plus Standard Care Versus Standard Care Plus Other Psychosocial Treatments for People With Schizophrenia

Christopher Jones, David Hacker, Irene Cormac, Alan Meaden, Claire B. Irving, Jun Xia, Sai Zhao, Chunhu Shi and Jue Chen

Background

Cognitive behavioral therapy (CBT) is a psychosocial treatment that aims to help individuals reevaluate their appraisals of their experiences that can affect their level of distress and problematic behavior. CBT is now recommended by the National Institute for Health and Care Excellence (NICE) as an add-on treatment for people with a diagnosis of schizophrenia. Other psychosocial therapies that are often less expensive are also available as an add-on treatment for people with schizophrenia. This review is also part of a family of Cochrane Reviews on CBT for people with schizophrenia.



Volume 45, Issue 3, May 2019,

How Many Patients With Schizophrenia Do Not Respond to Antipsychotic Drugs in the Short Term? An Analysis Based on Individual Patient Data From Randomized Controlled Trials

Myrto T Samara Adriani Nikolakopoulou Georgia SalantiStefan Leucht

Abstract

Objective

An important clinical question is how many patients with acute schizophrenia do not respond to antipsychotics despite being treated for adequate time and with an effective dose. However, up to date, the exact extent of the phenomenon remains unclear.

Methods

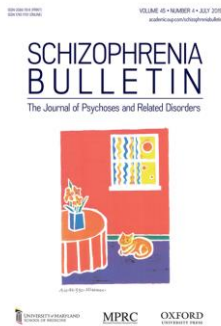
We calculated the nonresponse and nonremission percentages using individual patient data from 16 randomized controlled trials (RCTs). Six thousand two hundred twenty-one patients were assigned to one antipsychotic (amisulpride, flupenthixol, haloperidol, olanzapine, quetiapine, risperidone, or ziprasidone) at an adequate dose; the response was assessed at 4–6 weeks. As various definitions of nonresponse have been used in the literature, we applied 4 different cut-offs covering the whole range of percent Positive and Negative Syndrome Scale (PANSS)/Brief Psychiatric Rating Scale (BPRS) reduction ($\leq 0\%$, $<25\%$, $<50\%$, $<75\%$). For symptomatic remission, we used the definition proposed by Andreasen without employing the time criterion.

Results

The overall nonresponse for the cut-off of $\leq 0\%$ PANSS/BPRS reduction was 19.8% (18.8%–20.8%); for the cut-off of $<25\%$ reduction it was 43% (41.7%–44.3%); for the cut-off of $<50\%$ reduction it was 66.5% (65.3%–67.8%); and for the cut-off of $<75\%$ reduction it was 87% (86%–87.9%). The overall percentage of no symptomatic remission was 66.9% (65.7%–68.1%). Earlier onset of illness, lower baseline severity and the antipsychotic used were significantly associated with higher nonresponse percentages.

Conclusions

Nonresponse and nonremission percentages were notably high. Nevertheless, the patients in our analysis could represent a negative selection since they came from short-term RCTs and could have been treated before study inclusion; thus, further response may not have been observed. Observational studies on this important question are needed.



Volume 45, Issue 4, July 2019

Reconsidering the Latent Structure of Negative Symptoms in Schizophrenia: A Review of Evidence Supporting the 5 Consensus Domains

Gregory P Strauss Anthony O Ahmed Jared W Young Brian Kirkpatrick

Extract

Negative symptoms have featured prominently as a core symptom of schizophrenia (SZ) since the earliest descriptions of the disorder.^{1,2} They predict a range of poor clinical outcomes, such as reduced rates of recovery,³ poor functional outcome,⁴ lower subjective well-being,⁵ and liability for the onset of a psychotic disorder.⁶ Unfortunately, interventions targeting negative symptoms have produced minimal benefits and no drug has received US Food and Drug Administration approval for an indication of negative symptoms.⁷

A factor likely to have contributed to the limited progress in developing effective treatments is that there is a lack of conceptual...

Electroconvulsive Therapy for Treatment-Resistant Schizophrenia

Diarmid J M Sinclair; Sai Zhao; Fang Qi; Kazare Nyakyoma; Joey S W Kwong ...

Extract

Electroconvulsive therapy (ECT) involves the induction of a seizure by the administration of an electrical stimulus via electrodes usually placed bilaterally on the scalp and was introduced as a treatment for schizophrenia in 1938. However, ECT is a controversial treatment with concerns about long-term side effects such as memory loss. Therefore, it is important to determine its clinical efficacy and safety for people with schizophrenia who are not responding to their treatment.

Our primary objective was to assess the effects (benefits and harms) of ECT for people with treatment-resistant schizophrenia. Our secondary objectives were to determine whether ECT...

The Effect of Reducing the “Jumping to Conclusions” Bias on Treatment Decision-Making Capacity in Psychosis: A Randomized Controlled Trial With Mediation Analysis

David T Turner Angus MacBeth Amanda Larkin Steffen Moritz Karen Livingstone Alison Campbell Paul Hutton

Abstract

Background

Evidence-based psychological interventions to support treatment decision-making capacity (capacity) in psychosis do not currently exist. This study sought to establish whether reducing the extent to which this group form conclusions based on limited

evidence, also known as the “jumping-to-conclusions” (JTC) bias, could improve capacity.

Methods

In a randomized controlled open trial, 37 patients aged 16–65 years diagnosed with schizophrenia-spectrum disorders were randomly assigned (1:1) to receive a single-session intervention designed to reduce the JTC bias (MCT-JTC; adapted from Metacognitive Training [MCT]) or an attention control (AC) condition designed to control for therapist attention, duration, modality, and face validity. Primary outcomes were treatment decision-making capacity measured by the MacArthur Competency Assessment Tool for Treatment (MacCAT-T) and the jumping-to-conclusions reasoning bias measured by draws to decision on the beads task, each of which were administered by the psychologist delivering the intervention.

Results

Those receiving MCT-JTC had large improvements in overall capacity ($d = 0.96$, $P < .05$) and appreciation ($d = 0.87$, $P < .05$) compared to those receiving AC. Reduction in JTC mediated a large proportion of the effect of group allocation on understanding, appreciation, reasoning, and overall MacCAT-T scores.

Conclusion

This is the first experimental investigation of the effect of a psychological intervention on treatment decision-making capacity in psychosis. It provides early evidence that reducing the JTC bias is associated with large and rapid improvements in capacity. Due to limited resources, assessments were administered by the researchers delivering the intervention. Results should therefore be considered preliminary and a larger, definitive trial addressing methodological limitations is warranted.

Working Memory Impairment Across Psychotic disorders

James M Gold Deanna M Barch Leah M FeuerstahlerCameron S Carter Angus W MacDonald, III J Daniel RaglandSteven M Silverstein Milton E Strauss Steven J Luck

Abstract

Background

Working memory (WM) has been a central focus of cognitive neuroscience research because WM is a resource that is involved in many different cognitive operations. The goal of this study was to evaluate the clinical utility of WM paradigms developed in the basic cognitive neuroscience literature, including methods designed to estimate storage capacity without contamination by lapses of attention.

Methods

A total of 61 people with schizophrenia, 49 with schizoaffective disorder, 47 with bipolar disorder with psychosis, and 59 healthy volunteers were recruited. Participants received multiple WM tasks, including two versions each of a multiple Change Detection paradigm, a visual Change Localization paradigm, and a Running Span task.

Results

Healthy volunteers performed better than the combined patient group on the visual Change Localization and running span measures. The multiple Change Detection tasks provided mixed evidence about WM capacity reduction in the patient groups, but a mathematical model of performance suggested that the patient groups differed from controls in their rate of attention lapsing. The 3 patient groups performed similarly on the WM tasks. Capacity estimates from the Change Detection and Localization tasks showed significant correlations with functional capacity and functional outcome.

Conclusions

The patient groups generally performed in a similarly impaired fashion across tasks, suggesting that WM impairment and attention lapsing are general features of psychotic disorders. Capacity estimates from the Change Localization and Detection tasks were related to functional capacity and outcome, suggesting that these methods may be useful in a clinical context.



Volume 54, Issue 4, April 2019

Prognoses after self-harm in youth: exploring the gender factor

Karin Beckman, Henrik Lysell, Axel Haglund, Marie Dahlin

Abstract

Purpose

Gender differences in youth self-harm are sparsely studied regarding long-term prognoses. We aimed to study the gender differences in effects of adolescent self-harm in early adult life in four domains: 1/family situation, 2/education and employment, 3/mental illness and suicidal behaviour, and 4/suicide and all-cause mortality.

Method

A register-based cohort study including all Swedish residents aged 20 during 2001–2005 was performed. Exposure was self-harm at ages 10–20, and outcomes were death and suicide and past-year records of self-harm, marital status/children, education/employment, and mental health at age 30. We used logistic regression for dichotomous outcomes, and Cox regression models for time-dependent outcomes. An interaction term was introduced to detect significant gender effects, in which case we performed stratified analyses.

Results

Subjects with self-harm before age 20 had a poorer prognosis for all studied outcomes, and risk estimates were similar for men and women for most outcomes including suicide. Significant interaction terms (ITs) were found, revealing gender differences, for being married ($p_{IT} 0.0003$; $OR_{men} 0.6$, $OR_{women} 0.9$), being a parent ($p_{IT} < 0.0001$; $OR_{men} 0.7$, $OR_{women} 1.1$), receiving unemployment support ($p_{IT} < 0.0001$; $OR_{men} 2.4$, $OR_{women} 1.8$), and death from any cause ($p_{IT} 0.006$; $OR_{men} 10.6$, $OR_{women} 7.4$).

Conclusions

Adolescent self-harm was associated with later life adversities and affected men more than women regarding prognoses for unemployment and certain aspects of the family situation. We found no gender difference for the effect of self-harm on the risk of suicide. Future suicide risk should not be underestimated in young self-harming women.

Effectiveness of supported employment in non-trial routine implementation: systematic review and meta-analysis

Dirk Richter, Holger Hoffmann

Abstract

Purpose

While supported employment (SE) programs for people with mental illness have demonstrated their superiority in randomized controlled trials (RCTs) and meta-analyses, little is known about the effectiveness of non-trial routine programs. The primary objective of this study was to estimate a pooled competitive employment rate of non-trial SE programs by means of a meta-analysis. A secondary objective was to compare this result to competitive employment rates of SE programs in RCTs, prevocational training programs in RCTs and in routine implementation.

Methods

A systematic review and a random-effects meta-analysis of proportions were conducted. Quality assessment was provided. Moderator analyses by subgroup comparisons were conducted.

Results

Results from 28 samples were included in the meta-analysis. The pooled competitive employment rate for SE routine programs was 0.43 (95% CI 0.37–0.50). The pooled competitive employment rates for comparison conditions were: SE programs in RCTs: 0.50 (95% CI 0.43–0.56); prevocational programs in RCTs: 0.22 (95% CI 0.16–0.28); prevocational programs in routine programs: 0.17 (95% CI 0.11–0.23). SE routine studies conducted prior to 2008 showed a significantly higher competitive employment rate.

Conclusion

SE routine programs lose only little effectiveness compared to SE programs from RCTs but are much more successful in reintegrating participants into the competitive labor market than prevocational programs. Labor market conditions have to be taken into account when evaluating SE programs.



Volume 139, Issue 5, May 2019

Meta - analysis of suicide rates among people discharged from non - psychiatric settings after presentation with suicidal thoughts or behaviours

M. Wang, S. Swaraj, D. Chung, C. Stanton, N. Kapur, M. Large

Abstract

Objective

To quantify the suicide rate among people discharged from non-psychiatric settings after presentations with suicidal thoughts or behaviours.

Method

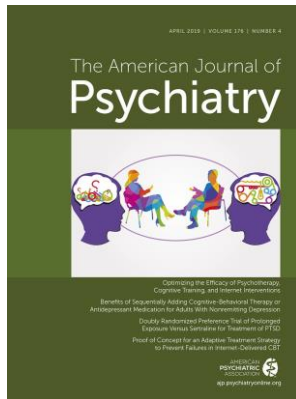
Meta-analysis of studies reporting suicide deaths among people with suicidal thoughts or behaviours after discharge from emergency departments or the medical or surgical wards of general hospitals.

Results

A total of 115 studies reported 167 cohorts and 3747 suicide deaths among 248 005 patients during 1 263 727 person-years. The pooled suicide rate postdischarge was 483 suicide deaths per 100 000 person-years (95% confidence interval (CI) 445–520, prediction interval (PI) 200–770) with high between-sample heterogeneity ($I^2 = 92$). The suicide rate was highest in the first year postdischarge (851 per 100 000 person-years) but remained elevated in the long term. Suicide rates were elevated among samples of men (716 per 100 000 person-years) and older people (799 per 100 000 person-years) but were lower in samples of younger people (107 per 100 000 person-years) and among studies published between 2010 and 2018 (329 per 100 000 person-years).

Conclusions

People with suicidal thoughts or behaviours who are discharged from non-psychiatric settings have highly elevated rates of suicide despite a clinically meaningful decline in these suicide rates in recent decades.



Volume 176, Issue 4, April 2019

Optimizing the Efficacy of Psychotherapy, Cognitive Training, and Internet Interventions

Ned H. Kalin, M.D.

Has the Time Come for Cognitive Remediation in Schizophrenia...Again?

Sophia Vinogradov, M.D.

Cognitive Remediation and Social Skills Training for Schizotypal Personality Disorder: Greater Gains With Guanfacine?

Susan R. McGurk, Ph.D.

A Randomized Controlled Trial of Executive Functioning Training Compared With Perceptual Training for Schizophrenia Spectrum Disorders: Effects on Neurophysiology, Neurocognition, and Functioning

Michael W. Best, M.Sc., Melissa Milanovic, M.Sc., Felicia Iftene, M.D., Christopher R. Bowie, Ph.D.

Guanfacine Augmentation of a Combined Intervention of Computerized Cognitive Remediation Therapy and Social Skills Training for Schizotypal Personality Disorder

Margaret M. McClure, Ph.D., Fiona Graff, Psy.D., Joseph Triebwasser, M.D., Mercedes Perez-Rodriguez, M.D., Ph.D., Daniel R. Rosell, M.D., Ph.D., et al.



Volume 55, Issue 4, May 2019

Predictors of Mental Health Recovery in Homeless Adults with Mental Illness

Nick Kerman, John Silvestre, Tim Aubry, Jino Distasio, Christian G. Schütz

Abstract

For people with mental illness, experiences of homelessness can complicate mental health recovery processes. This study used longitudinal data from a randomized controlled trial of housing first (HF) to examine predictors of recovery among homeless people with mental illness. Findings showed that health and community predictors were most strongly associated with mental health recovery. Receipt of HF did not have any effect on changes in recovery scores at follow-up. Overall, the findings suggest that interventions aimed at preventing chronic homelessness, strengthening social networks and community involvement, and providing case management services will facilitate mental health recovery.

Adverse Childhood Experiences and Their Relation to Parenting Stress and Parenting Practices

Brittany C. L. Lange, Laura S. Callinan, Megan V. Smith

Abstract

The objective of this study was to understand the relationship between the early adverse childhood experiences (ACEs) of parents and their later parenting stress and practices. At the baseline visit of an 8-week course of cognitive behavioral therapy, parenting women completed the Parenting Stress Index-Short Form (PSI-SF) and the Positive Parenting Practices (PPP) scale. Linear regression procedures were used to assess the relationship between a parent's own early experience of ACEs and current parenting stress and practices, including if there was a dose-response relationship. For the PSI-SF, significant dose-response relationships were observed between ACEs and the PSI Total Stress score ($p < 0.05$) and the difficult child subscale ($p < 0.05$). Additionally, a relationship was suggested with the parental distress subscale ($p < 0.10$). No significant relationships were found between ACEs and the parent-child dysfunctional interaction subscale of the PSI-SF or the PPP scale. Given the association observed between ACEs and parenting stress, it is important that future psychosocial interventions and policy initiatives preventing ACEs are developed.

ADICCIONES

Revista Española de Drogodependencias



VOLUMEN 44 - NÚMERO 1: MONOGRÁFICO "NUEVOS TIEMPOS EN LAS ADICCIONES" (PARTE I) –

EDITORIAL

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Hibai López-González , Frederic Guerrero-Solé, Ana Estévez.

Dependencia emocional en el noviazgo: papel mediador entre la autoestima y la violencia psicológica en jóvenes

Irache Urbiola, Ana Estévez, Itziar Iruarrizaga, Janire Momeñe, Paula Jáuregui, María Bilbao, Usue Orbegoza.

El papel de la resiliencia en la dependencia emocional y el abuso psicológico

Janire Momeñe, Ana Estévez.

La dependencia emocional como factor mediador en la relación entre apego y el abuso de drogas y alcohol en jóvenes

Olatz Barbarias, Ana Estévez, Paula Jáuregui.

La dependencia emocional y la resolución de conflictos en heterosexuales, homosexuales y bisexuales

José Gabriel Rodríguez Pérez, Janire Momeñe, Leticia Olave, Ana Estévez, Itziar Iruarrizaga.

Dificultades en la regulación emocional, esquemas inadaptados tempranos, y dependencia emocional en la adicción al sexo o comportamiento sexual compulsivo en la adolescencia

Itziar Iruarrizaga, Ana Estévez, Janire Momeñe, Leticia Olave, Lucía Fernández-Cárdaba, María Dolores Chávez-Vera, Francisco Ferre-Navarrete.

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El uso de las Nuevas Tecnologías (internet, redes sociales, videojuegos) en jóvenes: un estudio con población canaria

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Paula Jáuregui, Laura Macía, Ana Estévez.

La publicidad del juego y la ludopatía en el Derecho español: especial referencia al juego online en los medios audiovisuales

Francisco de Borja Langelaan Osset.

Cannabis y trastornos psicológicos

Antonio Cervero Fernández-Castañón



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Leticia García Álvarez, Jesus J. Gomar, M^a Paz García-Portilla, Julio Bobes

Disposición para participar en investigación en población adicta: prevalencia y factores asociados

Inés Morán-Sánchez, Aurelio Luna, María Dolores Pérez-Cárceles

Desarrollo y validación de la versión breve del cuestionario de motivos de consumo de marihuana (MMM SF)

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Preparando el escenario para dejar de fumar en el paciente con Trastorno Bipolar: intervención breve en la práctica clínica

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Impulsividad y conciencia del problema predicen la adherencia terapéutica y el abandono del tratamiento en el trastorno por juego de azar

María F. Jara-Rizzo, Juan F. Navas, Trevor Steward, Marta López-Gómez, Susana Jiménez-Murcia, Fernando Fernández-Aranda, José C. Perales

Validación empírica del CRAFFT Abuse Screening Test en una muestra de adolescentes españoles

Antonio Rial, Sion Kim-Harris, John R. Knight, Manuel Araujo, Patricia Gómez, Teresa Braña, Jesús Varela, Sandra Golpe



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Reestructuración de las Creencias Asociadas al Consumo de Drogas y la Conducción en Jóvenes

Eva M. Picado-Valverde, Fernando Sánchez-Martín

Resumen

El reto de reducir los accidentes de tráfico y reforzar la seguridad vial hace necesario concienciar, especialmente a la población juvenil, de los riesgos que lleva asociado el binomio drogas y conducción. El objetivo de este estudio es analizar los efectos de la aplicación de un programa preventivo que pretende modificar las actitudes de los jóvenes frente a drogas y conducción, además de investigar la relación entre la percepción del riesgo del consumo de drogas y la conducción según la variable sexo. Se ha realizado un estudio transversal cuasi experimental en una muestra de 3,299 jóvenes de la provincia de Salamanca y de la capital, con un rango de edad comprendido entre los 15 y los 22 años, que cursaban bachillerato o ciclos formativos, a los cuales administramos un cuestionario ad hoc antes y después de concluir la intervención. El análisis de la varianza evidencia el cambio de las creencias y representaciones de las drogas y la percepción de riesgo en los jóvenes en relación al efecto de las diferentes sustancias en la conducción, resultando diferencias significativas entre ambos sexos respecto a la percepción de riesgo derivado del binomio drogas y conducción.



Vol. 36. Núm. 1.

En defensa de los programas de reducción de daños para usuarios de drogas inyectables

Julie Kulikowski, Erika Linder

Resumen

En muchas zonas de Estados Unidos, las tasas de incidencia del VIH/sida han descendido en los últimos años. A pesar de este éxito, la evidencia sugiere que solo en Estados Unidos aproximadamente 50.000 personas contraen la infección por el VIH cada año. La actual crisis de opioides que está asolando el país amenaza con impulsar aún más el VIH a proporciones epidémicas: aunque el VIH comúnmente se transmite mediante conductas sexuales, también se propaga a través del uso compartido de agujas para inyectarse drogas. Por desgracia, la práctica de compartir agujas, jeringuillas y otros materiales para la inyección es frecuente entre los usuarios de drogas inyectables ilegales o recreativas. Un estudio a gran escala de esta población encontró que el 40% de los usuarios de drogas inyectables (UDI) admitían haber compartido jeringuillas. Por este motivo, los UDI tienen mayor riesgo de contraer el VIH y otras enfermedades transmisibles a través de la exposición sanguínea y de transmitir enfermedades a la sociedad en general. Este artículo analiza la evidencia que respalda las estrategias de reducción de daños, como los programas de intercambio de agujas y las salas supervisadas de inyección de drogas, y defiende la facilitación del uso de estas estrategias en Estados Unidos



Cribado de riesgos derivados del consumo de drogas utilizando la herramienta ASSIST (*Alcohol, smoking and substances involvement screening test*) en pacientes de atención primaria: estudio transversal

Juan A. López-Rodríguez, Alina Rigabert, M. Nieves Gómez Llano, Gabriel Rubio, Grupo ASSIST

Resumen

Objetivo

El objetivo es estimar la prevalencia de consumos de riesgo de drogas y patrones de consumo en atención primaria.

Diseño

Estudio multicéntrico descriptivo transversal.

Emplazamiento

Cinco centros de salud del área Sur de Madrid.

Participantes

Población consultante en atención primaria entre 16-100 años.

Mediciones

Se utilizó el test ASSIST validado al castellano de la Organización Mundial de la Salud para el cribado de consumo de drogas. Se calculó la puntuación total para cada droga.

Resultados

Se realizaron un total de 441 cribados. La edad media fue de 51,3 años y un 56,1% presentó algún consumo de riesgo moderado o grave para alguna de las 9 sustancias cribadas. Las drogas con cribado de riesgo más consumidas fueron el tabaco (41,7%), el alcohol (15,4%), los sedantes o los hipnóticos (13,7%) y el cannabis (5,7%), encontrándose algunas diferencias: los hombres consumían más alcohol y cannabis; las mujeres tenían mayor consumo de sedantes/hipnóticos que los hombres. Se observó policonsumo en un 16% de los sujetos.

Conclusiones

Existen riesgos derivados del consumo tabaco, alcohol, sedantes y cannabis en atención primaria. Existe una mayor prevalencia de sedantes e hipnóticos.



Volume 9 Issue 3 June 10, 2019

Problematic Internet use in drug addicts under treatment in public rehab centers

Stefano Baroni, Donatella Marazziti, Federico Mucci, Elisa Diadema, Liliana Dell'Osso

Abstract

BACKGROUND

Problematic Internet use (PIU) or Internet addiction has been recognized to be a behavioral addiction characterized by excessive or poorly controlled preoccupations, urges, or behaviors regarding computer use and Internet access that leads to impairment or distress resembling substance abuse.

AIM

To investigate the prevalence and characteristics of Internet use and abuse in a group of drug addicts from Southern Italy, by means of a specific questionnaire ["Questionario sull'Utilizzo delle Nuove Tecnologie" (QUNT)].

METHODS

All subjects (183) were heavy smokers, almost 50% of them used heroin and/or opioid compounds, 30% alcohol, 10% cannabis, 8% cocaine, and 5% were polydrug users. Almost 10% of the individuals were also suffering from gambling disorder.

RESULTS

The time spent online was more than 4 hours a day in the total sample, with a slight prevalence in male subjects. Cocaine and cannabis users spent more than 6 hours online, significantly more than opioid and alcohol abusers. Distribution of the QUNT factors was not different in both sexes. Cocaine users showed higher scores at the "loss of control", "pornography addiction", and "addiction to social networks" factors, for the stimulant effect of this substance. Moreover, 15 out of the total 17 cocaine users were pathological gamblers. Positive and statistically significant relationships were observed between some QUNT factors and body mass index.

CONCLUSION

These findings indicate that PIU is less severe in subjects taking sedative substances, such as heroin/opioids and alcohol, than in subjects taking stimulants. Alternatively, it may be used as a "stimulant" trigger in cocaine and cannabis users. Flattening effect of abuse drugs was noted on possible sex-related differences in QUNT items. We observed a sort of "protective" effect of a love relationship and/or living together with a partner, as those engaged subjects showed lower scores on different items than single subjects or those living alone. The relationship between time spent online (and related sedentary lifestyle) and body mass index would suggest that Internet use might be a contributing factor to increasing weight gain and obesity amongst adolescents and young adults worldwide. Our findings also highlighted the specific vulnerability of drug addicts who use stimulants, rather than sedative compounds, to other kinds of behavioral addictions, such as gambling disorder.



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Efficacy and cost-effectiveness of an adjunctive personalised psychosocial intervention in treatment-resistant maintenance opioid agonist therapy: a pragmatic, open-label, randomised controlled trial

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Background

Opioid use disorder is a chronic, debilitating, and costly disorder that has increased in prevalence in many countries, with an associated sharp rise in mortality. Maintenance opioid agonist therapy is the first-line treatment, but many patients do not stop using illicit or non-prescribed drugs concomitantly. We aimed to test the efficacy and cost-effectiveness of a personalised psychosocial intervention implemented with a toolkit of behaviour-change techniques as an adjunct to opioid agonist therapy.

Methods

We did a pragmatic, open-label, randomised controlled trial at a specialist UK National Health Service community addictions clinic in London, UK. Eligible patients were aged 18 years or older, met criteria for opioid or cocaine dependence, or both, in the past 12 months, and voluntarily sought continued oral maintenance opioid agonist therapy, which they had been prescribed for at least 6 weeks. All participants were treatment resistant (ie, had used illicit or non-prescribed opioids or cocaine on one or more days in the past 28 days at study screening, which was verified by positive urine drug screen). Participants were allocated (1:1) by a web-accessed randomisation sequence (stratified by opioid agonist medication, current cocaine use, and current rug use) to receive a personalised psychosocial intervention (comprising a flexible toolkit of psychological-change methods, including contingency management to reinforce abstinence, recovery activities, and clinic attendance) in addition to treatment as usual, or treatment as usual only (control group). The primary outcome was treatment response at 18 weeks, which was defined as abstinence from illicit and non-prescribed opioids and cocaine in the past 28 days, as measured with treatment outcomes profiles and urine drug screening. Taking a societal cost perspective, we did an evaluation of cost-effectiveness with a wide range of willingness-to-pay values for a unit improvement in the probability of treatment response. We also calculated quality-adjusted life-years (QALYs). Efficacy was analysed in a modified-intention-to-treat

population, including all participants who were randomly allocated but excluding those who had previously completed the intervention. This trial is registered with ISRCTN, number ISRCTN69313751. The trial is completed.

Findings

Between June 7, 2013, and Dec 21, 2015, we randomly allocated 136 participants to the psychosocial intervention group and 137 to the control group. The trial database was locked on April 19, 2017. Three patients (one in the psychosocial intervention group and two in the control group) who were re-randomised in error were excluded from the analysis. 22 (16%) of 135 patients in the psychosocial intervention group had a treatment response, compared with nine (7%) of 135 in the control group (adjusted log odds 1.20 [95% CI 0.01–2.37]; $p=0.048$). The psychosocial intervention had a higher probability of being cost-effective than treatment as usual. There was a probability range of 47–87% for willingness-to-pay thresholds of £0–1000 for a unit improvement in the probability of treatment response. QALYs were higher in the psychosocial intervention group than in the control group (mean difference 0.048 [95% CI 0.016–0.080]; $p=0.004$) in adjusted analyses, with 60% and 67% probabilities of cost-effectiveness at the UK National Institute for Health and Care Excellence's willingness-to-pay thresholds of £20 000 and £30 000 per QALY, respectively. The number of adverse events was similar between groups, and no severe adverse events in either group were judged to be treatment related. One participant in the control group was hospitalised with drug-injection-related sepsis and died.

Interpretation

In maintenance opioid agonist therapy, an adjunctive personalised psychosocial intervention in addition to standard therapy was efficacious and cost-effective compared with standard therapy alone at helping treatment-resistant patients abstain from using illicit and non-prescribed opioids and cocaine.