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(Archer, Bower et al. 2012; Ayers, Althouse et al. 2012; Bedrosian, Weil et al. 2012; Bridle, Spanjers et al. 2012; Chen, Chen et al. 2012; Ciudad, Alvarez et al. 2012; Hurley and Kwon 2012; Knabb 2012; Landa, Peterson et al. 2012; Lyoo, Yoon et al. 2012; Maneeton, Maneeton et al. 2012; Mellsop, Macdonald et al. 2012; Merikangas K 2012; Moreau and Mageau 2012; Munshi, Eisendrath et al. 2012; Neshat-Doost, Dalgleish et al. 2012; Rane, Fekadu et al. 2012; Razykov, Ziegelstein et al. 2012; Sauer, Walach et al. 2012; Sivertsen, Salo et al. 2012; Strakowski 2012; Wichers, Maes et al. 2012; Yavchitz, Boutron et al. 2012)

Archer, J., P. Bower, et al. (2012). ***"Collaborative care for depression and anxiety problems."*** Cochrane Database Syst Rev 10: CD006525. http://www.ncbi.nlm.nih.gov/pubmed/23076925

BACKGROUND: Common mental health problems, such as depression and anxiety, are estimated to affect up to 15% of the UK population at any one time, and health care systems worldwide need to implement interventions to reduce the impact and burden of these conditions. Collaborative care is a complex intervention based on chronic disease management models that may be effective in the management of these common mental health problems. OBJECTIVES: To assess the effectiveness of collaborative care for patients with depression or anxiety. SEARCH METHODS: We searched the following databases to February 2012: The Cochrane Collaboration Depression, Anxiety and Neurosis Group (CCDAN) trials registers (CCDANCTR-References and CCDANCTR-Studies) which include relevant randomised controlled trials (RCTs) from MEDLINE (1950 to present), EMBASE (1974 to present), PsycINFO (1967 to present) and the Cochrane Central Register of Controlled Trials (CENTRAL, all years); the World Health Organization (WHO) trials portal (ICTRP); ClinicalTrials.gov; and CINAHL (to November 2010 only). We screened the reference lists of reports of all included studies and published systematic reviews for reports of additional studies. SELECTION CRITERIA: Randomised controlled trials (RCTs) of collaborative care for participants of all ages with depression or anxiety. DATA COLLECTION AND ANALYSIS: Two independent researchers extracted data using a standardised data extraction sheet. Two independent researchers made 'Risk of bias' assessments using criteria from The Cochrane Collaboration. We combined continuous measures of outcome using standardised mean differences (SMDs) with 95% confidence intervals (CIs). We combined dichotomous measures using risk ratios (RRs) with 95% CIs. Sensitivity analyses tested the robustness of the results. MAIN RESULTS: We included seventy-nine RCTs (including 90 relevant comparisons) involving 24,308 participants in the review. Studies varied in terms of risk of bias.The results of primary analyses demonstrated significantly greater improvement in depression outcomes for adults with depression treated with the collaborative care model in the short-term (SMD -0.34, 95% CI -0.41 to -0.27; RR 1.32, 95% CI 1.22 to 1.43), medium-term (SMD -0.28, 95% CI -0.41 to -0.15; RR 1.31, 95% CI 1.17 to 1.48), and long-term (SMD -0.35, 95% CI -0.46 to -0.24; RR 1.29, 95% CI 1.18 to 1.41). However, these significant benefits were not demonstrated into the very long-term (RR 1.12, 95% CI 0.98 to 1.27).The results also demonstrated significantly greater improvement in anxiety outcomes for adults with anxiety treated with the collaborative care model in the short-term (SMD -0.30, 95% CI -0.44 to -0.17; RR 1.50, 95% CI 1.21 to 1.87), medium-term (SMD -0.33, 95% CI -0.47 to -0.19; RR 1.41, 95% CI 1.18 to 1.69), and long-term (SMD -0.20, 95% CI -0.34 to -0.06; RR 1.26, 95% CI 1.11 to 1.42). No comparisons examined the effects of the intervention on anxiety outcomes in the very long-term.There was evidence of benefit in secondary outcomes including medication use, mental health quality of life, and patient satisfaction, although there was less evidence of benefit in physical quality of life. AUTHORS' CONCLUSIONS: Collaborative care is associated with significant improvement in depression and anxiety outcomes compared with usual care, and represents a useful addition to clinical pathways for adult patients with depression and anxiety.

Ayers, J. W., B. M. Althouse, et al. (2012). ***"Novel surveillance of psychological distress during the great recession."*** J Affect Disord 142(1-3): 323-330. http://www.ncbi.nlm.nih.gov/pubmed/22835843

BACKGROUND: Economic stressors have been retrospectively associated with net population increases in nonspecific psychological distress (PD). However, no sentinels exist to evaluate contemporaneous associations. Aggregate Internet search query surveillance was used to monitor population changes in PD around the United States' Great Recession. METHODS: Monthly PD query trends were compared with unemployment, underemployment, homes in delinquency and foreclosure, median home value or sale prices, and S&P 500 trends for 2004-2010. Time series analyses, where economic indicators predicted PD one to seven months into the future, were performed in 2011. RESULT: PD queries surpassed 1,000,000 per month, of which 300,000 may be attributable to the Great Recession. A one percentage point increase in mortgage delinquencies and foreclosures was associated with a 16% (95%CI, 9-24) increase in PD queries one-month, and 11% (95%CI, 3-18) four months later, in reference to a pre-Great Recession mean. Unemployment and underemployment had similar associations half and one-quarter the intensity. "Anxiety disorder", "what is depression", "signs of depression", "depression symptoms", and "symptoms of depression" were the queries exhibiting the strongest associations with mortgage delinquencies and foreclosures, unemployment or underemployment. Housing prices and S&P 500 trends were not associated with PD queries. LIMITATIONS: A non-traditional measure of PD was used. It is unclear if actual clinically significant depression or anxiety increased during the Great Recession. Alternative explanations for strong associations between the Great Recession and PD queries, such as media, were explored and rejected. CONCLUSIONS: Because the economy is constantly changing, this work not only provides a snapshot of recent associations between the economy and PD queries but also a framework and toolkit for real-time surveillance going forward. Health resources, clinician screening patterns, and policy debate may be informed by changes in PD query trends.

Bedrosian, T. A., Z. M. Weil, et al. (2012). ***"Chronic dim light at night provokes reversible depression-like phenotype: Possible role for tnf."*** Mol Psychiatry. http://dx.doi.org/10.1038/mp.2012.96

The prevalence of major depression has increased in recent decades and women are twice as likely as men to develop the disorder. Recent environmental changes almost certainly have a role in this phenomenon, but a complete set of contributors remains unspecified. Exposure to artificial light at night (LAN) has surged in prevalence during the past 50 years, coinciding with rising rates of depression. Chronic exposure to LAN is linked to increased risk of breast cancer, obesity and mood disorders, although the relationship to mood is not well characterized. In this study, we investigated the effects of chronic exposure to 5 lux LAN on depression-like behaviors in female hamsters. Using this model, we also characterized hippocampal brain-derived neurotrophic factor expression and hippocampal dendritic morphology, and investigated the reversibility of these changes 1, 2 or 4 weeks following elimination of LAN. Furthermore, we explored the mechanism of action, focusing on hippocampal proinflammatory cytokines given their dual role in synaptic plasticity and the pathogenesis of depression. Using reverse transcription-quantitative PCR, we identified a reversible increase in hippocampal tumor necrosis factor (TNF), but not interleukin-1β, mRNA expression in hamsters exposed to LAN. Direct intracerebroventricular infusion of a dominant-negative inhibitor of soluble TNF, XPro1595, prevented the development of depression-like behavior under LAN, but had no effect on dendritic spine density in the hippocampus. These results indicate a partial role for TNF in the reversible depression-like phenotype observed under chronic dim LAN. Recent environmental changes, such as LAN exposure, may warrant more attention

as possible contributors to rising rates of mood disorders. *(See comment in at Psychiatric News at http://psychnews.psychiatryonline.org/newsArticle.aspx?articleid=1361759.)*

Bridle, C., K. Spanjers, et al. (2012). ***"Effect of exercise on depression severity in older people: Systematic review and meta-analysis of randomised controlled trials."*** The British Journal of Psychiatry 201(3): 180-185. http://bjp.rcpsych.org/content/201/3/180.abstract

BackgroundThe prevelance of depression in older people is high, treatment is inadequate, it creates a substantial burden and is a public health priority for which exercise has been proposed as a therapeutic strategy.AimsTo estimate the effect of exercise on depressive symptoms among older people, and assess whether treatment effect varies depending on the depression criteria used to determine participant eligibility.MethodSystematic review and meta-analysis of randomised controlled trials of exercise for depression in older people.ResultsNine trials met the inclusion criteria and seven were meta-analysed. Exercise was associated with significantly lower depression severity (standardised mean difference (SMD) = −0.34, 95% CI −0.52 to −0.17), irrespective of whether participant eligibility was determined by clinical diagnosis (SMD = −0.38, 95% CI −0.67 to −0.10) or symptom checklist (SMD = −0.34, 95% CI −0.62 to −0.06). Results remained significant in sensitivity analyses.ConclusionsOur findings suggest that, for older people who present with clinically meaningful symptoms of depression, prescribing structured exercise tailored to individual ability will reduce depression severity.

Chen, Y.-C., C.-K. Chen, et al. (2012). ***"Quetiapine fumarate augmentation for patients with a primary anxiety disorder or a mood disorder: A pilot study."*** BMC Psychiatry 12(1): 162. http://www.biomedcentral.com/1471-244X/12/162

BACKGROUND:Comorbid anxiety symptoms,in patients with a primary anxiety disorder or a mood disorder, leads to poor patient outcomes and burdens the healthcare system. This pilot study evaluated the feasibility of extended-release quetiapine fumarate (quetiapine XR) for the treatment of patients with either a primary anxiety disorder or a mood disorder with comorbid anxiety symptoms compared to a placebo, as an adjunct to antidepressant therapy. METHODS:Thirty-nine patients with a diagnosis of a primary anxiety disorder or a mood disorder with comorbid anxiety symptoms were enrolled in this study. Patients with a stable dose of antidepressant therapy were randomized according to a 2:1 probability of receiving either quetiapine XR or a placebo adjunctive treatment for 8 weeks. The efficacy was assessed by the Hamilton Anxiety Rating Scale (HAM-A) and the Clinical Global Impression of severity (CGI-S) score at baseline, week 1, 4, and 8.RESULTS:A total of 35 patients were included in this intention-to treat (ITT) population for the efficacy analysis (quetiapine XR: 22 patients; placebo: 13 patients). At week 4, statistically significant differences were observed on both the HAM-A score (p = 0.003) and the CGI-S score (p = 0.025), favouring the quetiapine XR (-13.00 +/- 4.14) compared to placebo (-6.63 +/- 5.42). However, no statistically significant difference was observed between the two groups with regard to changes from the baseline to week 8 on the HAM-A score (p = 0.332) or the CGI-S score (p = 0.833). CONCLUSIONS:Augmentation of antidepressant treatment with quetiapine XR did not result in clinical improvement according to the outcome measure of anxiety using the HAM-A and CGI-S scores at week 8, among the patients with either a primary anxiety disorder or a mood disorder with comorbid anxiety symptoms. However, treatment with quetiapine XR as an adjunct to antidepressant therapy appeared to provide a short-term benefit at 4 weeks. Further study is needed with a larger sample size, randomized controlled design and control of the dosage prescribed.

Ciudad, A., E. Alvarez, et al. (2012). ***"Early response and remission as predictors of a good outcome of a major depressive episode at 12-month follow-up: A prospective, longitudinal, observational study."*** J Clin Psychiatry 73(2): 185-191. http://www.ncbi.nlm.nih.gov/pubmed/22053897

OBJECTIVE: The goal of treating major depressive disorder (MDD) should be not only achieving remission in a particular episode but also avoiding relapses and attaining long-term recovery. The current study was designed to evaluate whether response and remission achieved within the first 6 weeks of antidepressant treatment are associated with a 12-month good outcome (achieving remission by 6 months and remaining in remission until the end of follow-up). METHOD: This prospective, longitudinal, multicenter study included adult outpatients who had a DSM-IV diagnosis of MDD, baseline scores >/= 15 on the 17-item Hamilton Depression Rating Scale (HDRS(17)), Clinical Global Impressions-Severity of Illness scores >/= 4, and a minimum remission period of 12 weeks between the index episode and the immediately prior episode (or who were in their first MDD episode). The primary efficacy measure was early response (a 50% decrease from baseline in HDRS(17) score by week 6). The secondary efficacy measure was early remission (HDRS(17) score </= 7 by week 6). RESULTS: Among the total of 930 patients included from December 2006 to June 2007, 38.2% showed early response, and 20.5% showed early remission. Of the early responders, 76.1% had a 12-month good outcome as compared to 81.1% of early remitters. Logistic regression showed that factors associated with a good outcome included early response (odds ratio [OR] = 4.14), being employed, and the absence of physical comorbidities. Early remission was also strongly associated with a good outcome (OR = 4.72). CONCLUSIONS: Either response or remission achieved by week 6 is the strongest prognostic factor for the 12-month good outcome of an episode of MDD.

Hurley, D. and P. Kwon (2012). ***"Results of a study to increase savoring the moment: Differential impact on positive and negative outcomes."*** Journal of Happiness Studies 13(4): 579-588. http://dx.doi.org/10.1007/s10902-011-9280-8

Positive psychology has been increasingly moving towards testing interventions to increase positive outcomes and decrease negative outcomes. One of these possible interventions involves increasing savoring the moment. During savoring the moment, one focuses on positive events while they occur to increase, intensify, or prolong positive emotions in the present. This study tested a group savoring the moment intervention to increase positive outcomes and decrease negative outcomes over 2 weeks. The sample consisted of 193 undergraduate students who completed both sessions (94 intervention and 99 control condition). The intervention group experienced significant decreases in self-reported depressive symptoms and negative affect when compared to the control group. However, positive affect did not differ between the groups. Clinical and research implications are explored.

Knabb, J. (2012). ***"Centering prayer as an alternative to mindfulness-based cognitive therapy for depression relapse prevention."*** Journal of Religion and Health 51(3): 908-924. http://dx.doi.org/10.1007/s10943-010-9404-1

In the last two decades, mindfulness has made a significant impact on Western secular psychology, as evidenced by several new treatment approaches that utilize mindfulness practices to ameliorate mental illness. Based on Buddhist teachings, mindfulness offers individuals the ability to, among other things, decenter from their thoughts and live in the present moment. As an example, mindfulness-based cognitive therapy (MBCT) teaches decentering and mindfulness techniques to adults in an eight-session group therapy format so as to reduce the likelihood of depression relapse. Yet, some Christian adults may prefer to turn to their own religious heritage, rather than the Buddhist tradition, in order to stave off depression relapse. Thus, the purpose of this article is to present centering prayer, a form of Christian meditation that is rooted in Catholic mysticism, as an alternative treatment for preventing depression relapse in adults. I argue that centering prayer overlaps considerably with MBCT, which makes it a suitable treatment alternative for many Christians in remission from depressive episodes.

Landa, A., B. S. Peterson, et al. (2012). ***"Somatoform pain: A developmental theory and translational research review."*** Psychosomatic Medicine 74(7): 717-727. http://www.psychosomaticmedicine.org/content/74/7/717.abstract

Somatoform pain is a highly prevalent, debilitating condition and a tremendous public health problem. Effective treatments for somatoform pain are urgently needed. The etiology of this condition is, however, still unknown. On the basis of a review of recent basic and clinical research, we propose one potential mechanism of symptom formation in somatoform pain and a developmental theory of its pathogenesis. Emerging evidence from animal and human studies in developmental neurobiology, cognitive-affective neuroscience, psychoneuroimmunology, genetics, and epigenetics, as well as that from clinical and treatment studies on somatoform pain, points to the existence of a shared neural system that underlies physical and social pain. Research findings also show that nonoptimal early experiences interact with genetic predispositions to influence the development of this shared system and the ability to regulate it effectively. Interpersonal affect regulation between infant and caregiver is crucial for the optimal development of these brain circuits. The aberrant development of this shared neural system during infancy, childhood, and adolescence may therefore ultimately lead to an increased sensitivity to physical and social pain and to problems with their regulation in adulthood. The authors critically review translational research findings that support this theory and discuss its clinical and research implications. Specifically, the proposed theory and research review suggest that psychotherapeutic and/or pharmacological interventions that foster the development of affect regulation capacities in an interpersonal context will also serve to more effectively modulate aberrantly activated neural pain circuits and thus be of particular benefit for the treatment of somatoform pain.

Lyoo, I. K., S. Yoon, et al. (2012). ***"A randomized, double-blind placebo-controlled trial of oral creatine monohydrate augmentation for enhanced response to a selective serotonin reuptake inhibitor in women with major depressive disorder."*** Am J Psychiatry 169(9): 937-945. http://www.ncbi.nlm.nih.gov/pubmed/22864465

OBJECTIVE Antidepressants targeting monoaminergic neurotransmitter systems, despite their immediate effects at the synaptic level, usually require several weeks of administration to achieve clinical efficacy. The authors propose a strategy of adding creatine monohydrate (creatine) to a selective serotonin reuptake inhibitor (SSRI) in the treatment of patients with major depressive disorder. Such augmentation may lead to a more rapid onset of antidepressant effects and a greater treatment response, potentially by restoring brain bioenergetics at the cellular level. METHOD Fifty-two women with major depressive disorder were enrolled in an 8-week double-blind placebo-controlled clinical trial and randomly assigned to receive escitalopram in addition to either creatine (5 g/day, N=25) or placebo (N=27). Efficacy was primarily assessed by changes in the Hamilton Depression Rating Scale (HAM-D) score. RESULTS In comparison to the placebo augmentation group, patients receiving creatine augmentation showed significantly greater improvements in HAM-D score, as early as week 2 of treatment. This differential improvement favoring creatine was maintained at weeks 4 and 8. There were no differences between treatment groups in the proportion of patients who discontinued treatment prematurely (creatine: N=8, 32.0%; placebo: N=5, 18.5%) or in the overall frequency of all reported adverse events (creatine: 36 events; placebo: 45 events). CONCLUSIONS The current study suggests that creatine augmentation of SSRI treatment may be a promising therapeutic approach that exhibits more rapid and efficacious responses in women with major depressive disorder.

Maneeton, N., B. Maneeton, et al. (2012). ***"Quetiapine monotherapy in acute phase for major depressive disorder: A meta-analysis of randomized, placebo-controlled trials."*** BMC Psychiatry 12(1): 160. http://www.biomedcentral.com/1471-244X/12/160

BACKGROUND:Schizophrenia and bipolar depression trials suggest that quetiapine may have an antidepressant effect.OBJECTIVES:This meta-analysis aimed to determine the efficacy, acceptability and tolerability of quetiapine treatment for major depressive disorder (MDD). Only the randomized controlled trials (RCTs) comparison between quetiapine and placebo were included. The authors searched such clinical trials carried out between 1991 and February 2012.DATA SOURCES:MEDLINE, EMBASE, CINHL, PsycINFO and Cochrane Controlled Trials Register were searched in February 2012. Study populations comprised adults with MDD or major depression.Study eligible criteria, participants and interventionsEligible studies were randomized, placebo-controlled trials of quetiapine monotherapy carried out in adults with MDD and presenting endpoint outcomes relevant to: i) depression severity, ii) response rate, iii) overall discontinuation rate, or iv) discontinuation rate due to adverse events. No language restriction was applied.Study appraisal and synthesis methodsAll abstracts identified by the electronic searches were examined. The full reports of relevant studies were assessed, and the data of interest were extracted. Based on the Cochrane methods of bias assessment, risks of bias were determined. The studies with two risks or less were included. The efficacy outcomes were the mean change scores of depression rating scales, the overall response rate, and the overall remission rates. The overall discontinuation rate was considered as a measure of acceptability. The discontinuation rate due to adverse events was a measure of tolerability. Relative risks (RRs) and weighted mean differences (WMDs) with 95% confidence intervals (CIs) were computed by using a random effect model.RESULTS:A total of 1497 participants in three RCTs were included. All trials examined the quetiapine extended-release (XR). The pooled mean change scores of the Montgomery-Asberg Depression Rating Scale (MADRS) and the Hamilton Depression Rating Scale (HAM-D) of the quetiapine-treated group were higher than those of the placebo-treated group with the WMDs (95%CI) of -3.37 (-3.95, -2.79) and -2.46 (-3.47, -1.45), respectively. All studies defined the response and remission as >= 50% reduction of the MADRS total score and the MADRS total score of <=8 at endpoint, respectively. The overall response and remission rates were significantly greater in the quetiapine-treated group with RRs (95%CIs) of 1.44 (1.26, 1.64) and 1.37 (1.12, 1.68), respectively. The pooled discontinuation rate was not significantly different between groups with an RR (95%CI) of 1.16 (0.97, 1.39). The pooled discontinuation rate due to adverse event was greater in the quetiapine group with an RR (95%CI) of 2.90 (1.87, 4.48). With respect to sleep time, the pooled mean change Pittsburgh Sleep Quality Index (PSQI) scores of the quetiapine-treated group was also significantly higher than that of the placebo-treated group [WMD (95%CI) of -1.21 (-1.81, -0.61)].LimitationsVariety of quetiapine XR doses and the small number of RCTs were key limitations of this meta-analysis.CONCLUSIONS:Based on the limited evidence obtained from three RCTs, quetiapine XR is effective for adult patients with MDD. The high dropout rate due to adverse events suggests that some MDD patients may not be able to tolerate quetiapine XR. Due to the balance of its efficacy benefit and risk of side effects, as the overall discontinuation rate shown, the acceptability of this agent is not more than placebo. These results should be viewed as the very preliminary one. Further studies in this area are warranted.Implication of key findingsQuetiapine may be an alternative antidepressant. However, both risk and benefit of this agent should be taken into account for an individual patient with MDD.

Mellsop, G. W., J. Macdonald, et al. (2012). ***"Patients' appraisal of psychiatric trainee interview skills."*** Acad Psychiatry 36(5): 374-379. http://www.ncbi.nlm.nih.gov/pubmed/22983468

OBJECTIVE The aim of this pilot project was to explore the extent to which judgments made by psychiatrist examiners accord with those of patients in postgraduate clinical examinations, so as to inform further consideration of the role of patients in such assessments. METHOD Senior psychiatrist examiners (N=8) and patients (N=30) rated 16 aspects of trainee psychiatrist interviewing style and performance during 30 observed clinical interviews (OCIs) conducted in the format of official

examinations. RESULTS Significant differences were apparent in the judgments of examiners and patients regarding 7 of 16 rated aspects of trainee performance. Differences were evident largely in domains in which patients could be expected to be "expert," reflecting their subjective experience of the interviewer. By contrast, there was little difference in the judgments of patients and examiners on the more technical criteria. CONCLUSION These preliminary findings provide some challenge to the assumption that psychiatrists are the best judges of the "technical" skills and knowledge required by the profession. They support previous findings, with simulated patients, of the discrepancy between patient and examiner judgments of the more subjective elements of the examination. Psychiatric patients could contribute to clinical examinations as co-examiners, rather than merely constituting the substrate for the examination.

Merikangas K, C. L. K. G. G. C. G. A. Y. E. A. A. J. (2012). ***"Mania with and without depression in a community sample of us adolescents."*** Archives of General Psychiatry 69(9): 943-951. http://dx.doi.org/10.1001/archgenpsychiatry.2012.38

Context There are limited data on the manifestations of mania in general community samples of adolescents.Objective To present the prevalence and clinical correlates of mania with and without depressive episodes in a representative sample of US adolescents.Design Cross-sectional survey of adolescents using a modified version of the Composite International Diagnostic Interview.Participants Ten thousand one hundred twenty-three adolescents aged 13 to 18 years identified in household and school settings.Main Outcome Measures Mania/hypomania with or without depression among those who met DSM-IV criteria for bipolar I or II disorder or major depressive disorder.Results Two and a half percent of youth met criteria for lifetime bipolar I or II disorder and 1.7%, for mania only. Twelve-month rates of mania with and without depression were 2.2% and 1.3%, respectively. There was a nearly 2-fold increase in rates of mania from ages 13-14 to 17-18 years. Mania with depression was associated with a greater number of all indictors of clinical severity including symptom number and severity, role disability, severe impairment, comorbidity, and treatment compared with depression alone, whereas correlates of mania were similar among those with mania with or without depression.Conclusions The increasing prevalence of bipolar disorder with increasing age and the comparable rate of bipolar disorder with those of adult samples highlight adolescence as the peak period of onset of mania. The clinical significance of mania plus depression as demonstrated by a 1 in 5 suicide attempt rate and nearly 2 months per year of role impairment in adolescence has important implications for early intervention. The evidence for independence of mania from depression warrants additional scrutiny in the diagnostic nomenclature and etiologic dissection of bipolar disorder.

Moreau, E. and G. Mageau (2012). ***"The importance of perceived autonomy support for the psychological health and work satisfaction of health professionals: Not only supervisors count, colleagues too!"*** Motivation and Emotion 36(3): 268-286. http://dx.doi.org/10.1007/s11031-011-9250-9

Previous studies show that supervisors' autonomy-supportive style predicts greater psychological health (Baard et al. in J Appl Soc Psychol 34:2045–2068, 2004 ; Blais and Brière 1992 ; Lynch et al. in Prof Psychol Res Pract 36:415–425, 2005) and lower psychological distress (Deci et al. in Personal Soc Psychol Bull 27:930–942, 2001). The goal of the present study is to extend these results and investigate the contribution of colleagues' perceived autonomy support in the prediction of health professionals' work satisfaction and psychological health. The combined impact of supervisors' and colleagues' perceived autonomy support is also examined. A sample of 597 health professionals from the province of Quebec (Canada) completed a questionnaire, which included measures of perceived supervisors' and colleagues' autonomy support and outcome variables. Results confirm that supervisors' and colleagues' perceived autonomy support predict health professionals' work satisfaction and psychological health. Results also show that colleagues' perceived autonomy support adds to the prediction of health professionals' work satisfaction, subjective well-being, and suicidal ideation above and beyond supervisors' perceived autonomy support.

Munshi, K., S. Eisendrath, et al. (2012). ***"Preliminary long-term follow-up of mindfulness-based cognitive therapy-induced remission of depression."*** Mindfulness (N Y): 1-8. http://dx.doi.org/10.1007/s12671-012-0135-0

Major depressive disorder is often chronic and characterized by relapse and recurrence despite successful treatments to induce remission. Mindfulness-based cognitive therapy (MBCT) was developed as a means of preventing relapse for individuals in remission using cognitive interventions. In addition, MBCT has preliminarily been found to be useful in treating active depression. This current investigation is unique in evaluating the long-term outcome of individuals with active depression who achieved remission with MBCT. Eighteen participants who achieved remission after an 8-week MBCT group were seen for evaluation at a mean follow-up interval of 48.7 months (SD = 10.2) after completing treatment. The current study shows that in these participants, the gains achieved after the initial treatment including remission of depression, decreased rumination, decreased anxiety, and increased mindfulness continued for up to 58.9 months of follow-up. The data suggest that all levels of depression from less recurrent and mild to more recurrent and severe were responsive to MBCT. The average number of minutes per week of continued practice in our cohort was 210, but the number of minutes of practice did not correlate with depression outcomes. MBCT's effects may be more related to regularity of practice than specific quantity. This study provides a preliminary exploration of MBCT's long-term effects, which can aid in future research with a typically chronic illness.

Neshat-Doost, H. T., T. Dalgleish, et al. (2012). ***"Enhancing autobiographical memory specificity through cognitive training."*** Clinical Psychological Science. http://cpx.sagepub.com/content/early/2012/09/07/2167702612454613.abstract

The objective of this study was to investigate the efficacy of memory specificity training (MEST) on autobiographical memory recall and depression. Afghan adolescents with depression were randomly assigned to a MEST group or to a control group. At baseline, both groups completed Persian versions of the Autobiographical Memory Test (AMT) and the Mood and Feelings Questionnaire (MFQ). The MEST group then had five weekly group sessions of MEST. The control group had no additional contact. The AMT and MFQ were then readministered to all participants, and the MFQ was readministered at 2-month follow-up. The MEST group retrieved a higher proportion of specific memories following training and had lower levels of depression at 2-month follow-up than did the control group. Change in memory specificity predicted follow-up depression over and above baseline depression and mediated the relationship between receipt of MEST and reduction in later depression. The results suggest that MEST can improve autobiographical memory performance and drive subsequent reduction in depression symptoms.

Rane, L. J., A. Fekadu, et al. (2012). ***"Psychological and physiological effects of caring for patients with treatment-resistant depression."*** Psychological Medicine 42(09): 1825-1833. http://dx.doi.org/10.1017/S0033291711003035

Background Carers of patients with psychiatric disorders show high levels of anxiety and depression, possibly mediated through disruption of the hypothalamo–pituitary–adrenal (HPA) axis. Among carers of patients with treatment-resistant depression (TRD), we set out to determine the psychological and physiological (HPA axis) consequences of caring, and the association of these consequences with long-term outcome in patients. Method Thirty-five informal carers of patients with severe TRD requiring in-patient treatment were recruited and compared with 23 controls. HPA-axis activity was assessed by measuring post-awaking salivary cortisol. The Involvement Evaluation Questionnaire (IEQ) and the General Health Questionnaire-12 (GHQ-12) were administered to measure carer burden and psychiatric caseness respectively. Independent t tests were used to

compare differences between carers and controls and a linear regression model was used to determine the association of post-awakening cortisol with carer status while controlling for confounding variables. Data on long-term patient outcome (12 to 83 months), measured using the Hamilton Depression Rating Scale (HAMD), were also obtained and linear regression was used to determine the association between cortisol output in carers and remission status in patients. Results Carers experienced high carer burden and high psychiatric caseness. Carers showed reduced cortisol output after awakening, calculated as the area under the curve with respect to ground (AUCg), which remained significant after controlling for potential confounders. In a linear regression model, non-remission in patients was associated with reduced cortisol output in carers. Conclusions Caring for patients with TRD is associated with adverse psychological and physiological changes suggesting hypocortisolism post-awakening. These changes are associated with poor patient outcome.

Razykov, I., R. C. Ziegelstein, et al. (2012). ***"The phq-9 versus the phq-8 — is item 9 useful for assessing suicide risk in coronary artery disease patients? Data from the heart and soul study."*** Journal of Psychosomatic Research 73(3): 163-168. http://www.sciencedirect.com/science/article/pii/S0022399912001511

Objective Item 9 of the Patient Health Questionnaire—9 (PHQ-9), which inquires about both passive thoughts of death and active ideas of self-harm, has been used to assess suicide risk. The objectives of this study were (1) to determine the proportion of patients who responded "yes" to Item 9 who endorsed active suicidal ideation in response to more direct questions from a structured clinical interview and (2) to compare the sensitivity and specificity for detecting cases of depression of the PHQ-9 and the PHQ-8, which does not include Item 9, as well as the correlation between the PHQ-8 and PHQ-9. Methods Coronary artery disease (CAD) outpatients were administered the PHQ-9 and the Computerized Diagnostic Interview Schedule (C-DIS). Item 9 responses were compared to suicidal ideation and intent in the last year based on the C-DIS. Scores on the PHQ-8 were obtained by eliminating Item 9 from the PHQ-9. Test characteristics of the PHQ-9 and PHQ-8 were compared. Results Of 1022 patients, 110 (10.8%) endorsed Item 9. Of those, only 22 (19.8%) reported thoughts about committing suicide, and only 9 of those (8.1%) reported a suicide plan any time in the last year based on the C-DIS. Correlation between PHQ-9 and PHQ-8 scores was r = 0.997. Sensitivity and specificity for the PHQ-9 (54%, 90%) and PHQ-8 (50%, 91%) to detect major depression were similar. Conclusion Item 9 does not appear to be an accurate suicide screen. The PHQ-8 may be a better option than the PHQ-9 in CAD patients.

Sauer, S., H. Walach, et al. (2012). ***"Assessment of mindfulness: Review on state of the art."*** Mindfulness (N Y): 1-15. http://dx.doi.org/10.1007/s12671-012-0122-5

Although alternative methods have been proposed, mindfulness is predominantly measured by means of self-assessment instruments. Until now, several scales have been published and to some degree also psychometrically validated. The number of scales reflects the widespread research interest. While some authors have started to compare the underlying concepts and operationalizations of these scales, up to now no overview has been presented describing, contrasting, and evaluating the different methodological approaches towards measuring mindfulness including questionnaires and alternative approaches. In light of this, the present article summarizes the state of mindfulness measurement. Recommendations on how current measurement practice may be improved are provided, as well as recommendations as to what measurement instruments are deemed to be most appropriate for a particular research context.

Sivertsen, B., P. Salo, et al. (2012). ***"The bidirectional association between depression and insomnia: The hunt study."*** Psychosomatic Medicine 74(7): 758-765. http://www.psychosomaticmedicine.org/content/74/7/758.abstract

Objective Depression and insomnia are closely linked, yet our understanding of their prospective relationships remains limited. The aim of the current study was to investigate the directionality of association between depression and insomnia. Methods Data were collected from a prospective population-based study comprising the most recent waves of the Nord-Trøndelag Health Study (HUNT) (the HUNT2 in 1995–1997 and the HUNT3 in 2006–2008). A total of 24,715 persons provided valid responses on the relevant questionnaires from both surveys. Study outcomes were onset of depression or insomnia at HUNT3 in persons not reporting the other disorder in HUNT2. Results Both insomnia and depression significantly predicted the onset of the other disorder. Participants who did not have depression in HUNT2 but who had insomnia in both HUNT2 and HUNT3 had an odds ratio (OR) of 6.2 of developing depression at HUNT3. Participants who did not have insomnia in HUNT2 but who had depression in both HUNT2 and HUNT3 had an OR of 6.7 of developing insomnia at HUNT3. ORs were only slightly attenuated when adjusting for potential confounding factors. Conclusions The results support a bidirectional relationship between insomnia and depression. This finding stands in contrast to the previous studies, which have mainly focused on insomnia as a risk factor for the onset of depression.

Strakowski, S. M. (2012). ***"Bioenergetics for depression: Something different for depression."*** American Journal of Psychiatry 169(9): 891-893. http://dx.doi.org/10.1176/appi.ajp.2012.12050720

(Free full text available): At those times when I slow down enough to reflect on the current state of psychiatry and my own clinical experiences since I completed residency 20 years ago, I am struck by how much we have learned yet how relatively little we have advanced. Although we have a number of new medications and therapies, most of these are from the same general drug classes or psychotherapy models that I used in residency, e.g., dopamine antagonists for psychosis or cognitive-behavioral therapy for anxiety. Most of these were based on serendipitous discoveries. Consequently, the management of major depression remains little changed over the last two decades; the general approach is still to increase the concentration of monoamines serotonin and norepinephrine in the synapse, generally through reuptake inhibition (even though the initial increases seem to have little to do with the eventual antidepressant response), and then add some cognitive-behavioral or other evidenced-based therapy to try to improve outcome. The drugs are a bit different now from those in use when I was in training, e.g., fluoxetine is more specific than nortriptyline and perhaps better tolerated, but the general mechanisms of action are largely the same. This state of affairs would be fine if our depressed patients were robustly improving, but only one-half to two-thirds of patients respond to a specific intervention, often only after multiple treatment trials; response tends to be slow, on the order of 6–12 weeks; and many individuals develop side effects. Additionally, if a patient does not respond to the first intervention, subsequent interventions are mostly "more of the same" and do not promise robust outcomes. Clearly, we need a paradigm shift in treatment development in order to make meaningful advances in how we care for depressed patients ... Lyoo et al. in this issue provide just such an example of an innovative approach to developing new treatments for major depression. In this study, the investigators relied on a growing database that demonstrates that bioenergetic abnormalities in the brain may underlie aspects of the development of depression ... A previously studied rodent model suggested that creatine may have antidepressant effects, at least in female animals. On the basis of these hypothetical considerations and preclinical findings, the investigators initiated a double-blind, placebo-controlled clinical trial of creatine augmentation of escitalopram in depressed women. Creatine augmentation was well tolerated and significantly improved escitalopram response by as early as the second week of the 8-week trial. Augmentation with creatine appeared to accelerate treatment response by approximately 2 weeks and may also have contributed to an overall greater response rate, although a longer follow-up would be needed to determine if that was true. Regardless, this study is unusual in that it translated preclinical neuroscience into a potentially novel antidepressant

strategy, very different from the standard emphasis on monoamine uptake inhibition or serendipity. Limitations in the study must be considered before everyone starts prescribing creatine to their patients. The study group was limited to Korean women who were mostly first-episode, treatment-naive patients. This group is obviously very narrow. First-episode patients may be particularly treatment responsive and are not representative of individuals with recurrent affective episodes or treatment-resistant depression, who constitute the bulk of most psychiatric practices. Also, the animal model of creatine treatment was successful in females but not males, which suggests that this treatment may be useful only for women. Although of heuristic interest for how we think about sex differences in the mechanisms of depression and psychiatric illness, unfortunately, in the absence of men in the study, this interest cannot be examined. A next step is to determine whether creatine alone might also be an antidepressant or whether it works only in conjunction with a selective serotonin reuptake inhibitor (SSRI); if the latter, the neurobiological underpinnings are different from those of effective creatine monotherapy. Clearly, more work is needed to determine the role of creatine in the treatment of depression. Nonetheless, the approach of translating neuroscience advances into clinical research represents the best strategy toward innovative interventions, as opposed to the more typical "me too" approach to drug development that has been rife in psychiatry during the last 20 years.

Wichers, M., H. H. Maes, et al. (2012). ***"Disentangling the causal inter-relationship between negative life events and depressive symptoms in women: A longitudinal twin study."*** Psychological Medicine 42(09): 1801-1814. http://dx.doi.org/10.1017/S003329171100300X

Background Negative life events are strongly associated with the development of depression. However, the etiologic relationship between life events and depression is complex. Evidence suggests that life events can cause depression, and depression increases the risk for life events. Additionally, third factors influencing both phenotypes may be involved. In this work we sought to disentangle these relationships using a genetically informative longitudinal design. Method Adult female twins (n=536, including 281 twin pairs) were followed up for measurements of negative life event exposure and depressive symptoms. Four follow-ups were completed, each approximately 3 months apart. Model fitting was carried out using the Mx program. Results The best-fitting model included causal paths from life events to depressive symptoms for genetic and shared environmental risk factors, whereas paths from depressive symptoms to life events were apparent for shared environmental factors. Shared latent influence on both phenotypes was found for individual-specific effects. Conclusions Life events and depressive symptoms have complex inter-relationships that differ across sources of variance. The results of the model, if replicated, indicate that reducing life event exposure would reduce depressive symptoms and that lowering depressive symptoms would decrease the occurrence of negative life events.

Yavchitz, A., I. Boutron, et al. (2012). ***"Misrepresentation of randomized controlled trials in press releases and news coverage: A cohort study."*** PLoS Med 9(9): e1001308. http://www.ncbi.nlm.nih.gov/pubmed/22984354

BACKGROUND: Previous studies indicate that in published reports, trial results can be distorted by the use of "spin" (specific reporting strategies, intentional or unintentional, emphasizing the beneficial effect of the experimental treatment). We aimed to (1) evaluate the presence of "spin" in press releases and associated media coverage; and (2) evaluate whether findings of randomized controlled trials (RCTs) based on press releases and media coverage are misinterpreted. METHODS AND FINDINGS: We systematically searched for all press releases indexed in the EurekAlert! database between December 2009 and March 2010. Of the 498 press releases retrieved and screened, we included press releases for all two-arm, parallel-group RCTs (n = 70). We obtained a copy of the scientific article to which the press release related and we systematically searched for related news items using Lexis Nexis. "Spin," defined as specific reporting strategies (intentional or unintentional) emphasizing the beneficial effect of the experimental treatment, was identified in 28 (40%) scientific article abstract conclusions and in 33 (47%) press releases. From bivariate and multivariable analysis assessing the journal type, funding source, sample size, type of treatment (drug or other), results of the primary outcomes (all nonstatistically significant versus other), author of the press release, and the presence of "spin" in the abstract conclusion, the only factor associated, with "spin" in the press release was "spin" in the article abstract conclusions (relative risk [RR] 5.6, [95% CI 2.8-11.1], $p<0.001$). Findings of RCTs based on press releases were overestimated for 19 (27%) reports. News items were identified for 41 RCTs; 21 (51%) were reported with "spin," mainly the same type of "spin" as those identified in the press release and article abstract conclusion. Findings of RCTs based on the news item was overestimated for ten (24%) reports. CONCLUSION: "Spin" was identified in about half of press releases and media coverage. In multivariable analysis, the main factor associated with "spin" in press releases was the presence of "spin" in the article abstract conclusion.