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(Adam and Galinsky ; Barnett, Mercer et al. 2012; Bergh, Selbaek et al. 2012; Bodenmann and Randall 2012; Boschloo, van den Brink et al. 2012; Carrier and Kabbaj 2012; Dierckx, Heijnen et al. 2012; Freedland, Carney et al. 2012; Gauthier and Gagliese 2012; Hegeman, Kok et al. 2012; Hudak and Wisner 2012; Kessler, Avenevoli et al. 2012; Kessler, Avenevoli et al. 2012; Kessler, Avenevoli et al. 2012; Koivumaa-Honkanen, Kaprio et al. 2012; Lasch, Hassan et al. 2012; Lester and Gilbody 2012; Manicavasagar, Perich et al. 2012; McLaughlin, Gadermann et al. 2012; Miyaki, Song et al. 2012; Prazak, Critelli et al. 2012; Rawal and Rice 2012; Slepian, Masicampo et al. 2012; Swartz, Frank et al. 2012; Wilcox, Arria et al. 2012; Zimmerman 2012; Zuidersma, Ormel et al. 2012)

Adam, H. and A. D. Galinsky ***"Enclothed cognition."*** Journal of Experimental Social Psychology(0). http://www.sciencedirect.com/science/article/pii/S0022103112000200

(Free full text at http://tinyurl.com/7tec9b4) We introduce the term "enclothed cognition" to describe the systematic influence that clothes have on the wearer's psychological processes. We offer a potentially unifying framework to integrate past findings and capture the diverse impact that clothes can have on the wearer by proposing that enclothed cognition involves the co-occurrence of two independent factors—the symbolic meaning of the clothes and the physical experience of wearing them. As a first test of our enclothed cognition perspective, the current research explored the effects of wearing a lab coat. A pretest found that a lab coat is generally associated with attentiveness and carefulness. We therefore predicted that wearing a lab coat would increase performance on attention-related tasks. In Experiment 1, physically wearing a lab coat increased selective attention compared to not wearing a lab coat. In Experiments 2 and 3, wearing a lab coat described as a doctor's coat increased sustained attention compared to wearing a lab coat described as a painter's coat, and compared to simply seeing or even identifying with a lab coat described as a doctor's coat. Thus, the current research suggests a basic principle of enclothed cognition—it depends on both the symbolic meaning and the physical experience of wearing the clothes. (For some fun potential implications of this work, see http://positivepsychologynews.com/news/emily-vansonnenberg/2012052122126).

Barnett, K., S. W. Mercer, et al. (2012). ***"Epidemiology of multimorbidity and implications for health care, research, and medical education: A cross-sectional study."*** The Lancet. http://linkinghub.elsevier.com/retrieve/pii/S0140673612602402

Long-term disorders are the main challenge facing health-care systems worldwide, but health systems are largely configured for individual diseases rather than multimorbidity. We examined the distribution of multimorbidity, and of comorbidity of physical and mental health disorders, in relation to age and socioeconomic deprivation. In a cross-sectional study we extracted data on 40 morbidities from a database of 1,751,841 people registered with 314 medical practices in Scotland as of March, 2007. We analysed the data according to the number of morbidities, disorder type (physical or mental), sex, age, and socioeconomic status. We defined multimorbidity as the presence of two or more disorders. 42·2% (95% CI 42·1—42·3) of all patients had one or more morbidities, and 23·2% (23·08—23·21) were multimorbid. Although the prevalence of multimorbidity increased substantially with age and was present in most people aged 65 years and older, the absolute number of people with multimorbidity was higher in those younger than 65 years (210 500 vs 194 996). Onset of multimorbidity occurred 10—15 years earlier in people living in the most deprived areas compared with the most affluent, with socioeconomic deprivation particularly associated with multimorbidity that included mental health disorders (prevalence of both physical and mental health disorder 11·0%, 95% CI 10·9—11·2% in most deprived area vs 5·9%, 5·8%—6·0% in least deprived). The presence of a mental health disorder increased as the number of physical morbidities increased (adjusted odds ratio 6·74, 95% CI 6·59—6·90 for five or more disorders vs 1·95, 1·93—1·98 for one disorder), and was much greater in more deprived than in less deprived people (2·28, 2·21—2·32 vs 1·08, 1·05—1·11). Our findings challenge the single-disease framework by which most health care, medical research, and medical education is configured. A complementary strategy is needed, supporting generalist clinicians to provide personalised, comprehensive continuity of care, especially in socioeconomically deprived areas.

Bergh, S., G. Selbaek, et al. (2012). ***"Discontinuation of antidepressants in people with dementia and neuropsychiatric symptoms (desep study): Double blind, randomised, parallel group, placebo controlled trial."*** BMJ 344: e1566. http://www.ncbi.nlm.nih.gov/pubmed/22408266

OBJECTIVE: To determine the effect of discontinuing antidepressant treatment in people with dementia and neuropsychiatric symptoms. DESIGN: Double blind, randomised, parallel group, placebo controlled trial. SETTING: Norwegian nursing homes; residents recruited by 16 study centres in Norway from August 2008 to June 2010. PARTICIPANTS: 128 patients with Alzheimer's disease, dementia or vascular dementia, and neuropsychiatric symptoms (but no depressive disorder), who had been prescribed escitalopram, citalopram, sertraline, or paroxetine for three months or more. We excluded patients with severe somatic disease or terminal illness, or who were unable to take tablets or capsules as prescribed. INTERVENTIONS: Antidepressant treatment was discontinued over one week in 63 patients, and continued in 68 patients. We assessed patients at baseline, four, seven, 13, and 25 weeks. MAIN OUTCOME MEASURES: Primary outcomes were score differences between study groups in the Cornell scale of depression in dementia and the neuropsychiatric inventory (10 item version) after 25 weeks. Secondary outcomes were score differences in the clinical dementia rating scale, unified Parkinson's disease rating scale, quality of life-Alzheimer's disease scale, Lawton and Brody's physical self maintenance scale, and severe impairment battery. RESULTS: Using a linear multilevel model analysis, we found that the discontinued group had significantly higher scores on the Cornell scale after 25 weeks than the continuation group (difference -2.89 (95% confidence interval -4.76 to -1.02); P=0.003). We saw a similar result in the mean total score for the neuropsychiatric inventory after 25 weeks, but this difference was non-significant (-5.96 (-12.35 to 0.44); P=0.068). We confirmed these results by non-response analysis (>30% worsening on the Cornell scale)--significantly more patients worsened in the discontinuation group than in the continuation group (32 (54%) v 17 (29%); P=0.006). We found no significant differences between the groups for secondary outcomes. Forty seven (37%) patients withdrew from the study early. CONCLUSIONS: Discontinuation of antidepressant treatment in patients with dementia and neuropsychiatric symptoms leads to an increase in depressive symptoms, compared with those patients who continue with treatment. TRIAL REGISTRATION: ClinicalTrial.gov NCT00594269, EudraCT 2006-002790-43.

Bodenmann, G. and A. K. Randall (2012). ***"Common factors in the enhancement of dyadic coping."*** Behavior Therapy 43(1): 88-98. http://www.sciencedirect.com/science/article/pii/S0005789411000864

(Available in free full text) Stress and coping are important constructs in understanding the dynamics of close relationships. Couple therapy and marital distress prevention approaches have become increasingly focused on these variables to gain knowledge of how stress and coping may impact the quality and stability of close relationships. In this paper, we outline couple's coping enhancement training (CCET) and the coping-oriented couple's therapy (COCT); both, couple interventions derived from stress and coping research. We address specific features of each approach and report data on their efficacy and

effectiveness. We also examine both the common and specific factors that may play a role in the effectiveness of these approaches.

Boschloo, L., W. van den Brink, et al. (2012). ***"Alcohol-use disorder severity predicts first-incidence of depressive disorders."*** Psychological Medicine 42(04): 695-703. http://dx.doi.org/10.1017/S0033291711001681

Background Previous studies suggest that alcohol-use disorder severity, defined by the number of criteria met, provides a more informative phenotype than dichotomized DSM-IV diagnostic measures of alcohol use disorders. Therefore, this study examined whether alcohol-use disorder severity predicted first-incident depressive disorders, an association that has never been found for the presence or absence of an alcohol use disorder in the general population. Method In a national sample of persons who had never experienced a major depressive disorder (MDD), dysthymia, manic or hypomanic episode (n=27 571), we examined whether a version of DSM-5 alcohol-use disorder severity (a count of three abuse and all seven dependence criteria) linearly predicted first-incident depressive disorders (MDD or dysthymia) after 3-year follow-up. Wald tests were used to assess whether more complicated models defined the relationship more accurately. Results First-incidence of depressive disorders varied across alcohol-use disorder severity and was 4.20% in persons meeting no alcohol-use disorder criteria versus 44.47% in persons meeting all 10 criteria. Alcohol-use disorder severity significantly predicted first-incidence of depressive disorders in a linear fashion (odds ratio 1.14, 95% CI 1.06–1.22), even after adjustment for sociodemographics, smoking status and predisposing factors for depressive disorders, such as general vulnerability factors, psychiatric co-morbidity and subthreshold depressive disorders. This linear model explained the relationship just as well as more complicated models. Conclusions Alcohol-use disorder severity was a significant linear predictor of first-incident depressive disorders after 3-year follow-up and may be useful in identifying a high-risk group for depressive disorders that could be targeted by prevention strategies.

Carrier, N. and M. Kabbaj (2012). ***"Extracellular signal-regulated kinase 2 signaling in the hippocampal dentate gyrus mediates the antidepressant effects of testosterone."*** Biological Psychiatry 71(7): 642-651. http://linkinghub.elsevier.com/retrieve/pii/S0006322311012017?showall=true

Human and animal studies suggest that testosterone may have antidepressant effects. In this study, we sought to investigate the molecular mechanisms underlying the antidepressant effects of testosterone within the hippocampus, an area that is fundamental in the etiology of depression. The effects of testosterone replacements in gonadectomized adult male rats were investigated using the sucrose preference and forced swim tests. We explored possible effects of testosterone on hippocampal neurogenesis and gene expression of stress-related molecules. Through the use of viral vectors, we pursued the antidepressant molecular mechanism(s) of testosterone in mediating anhedonia and manipulated extracellular signal-regulated kinase 2 (ERK2) expression in the dentate gyrus in gonadectomized rats with testosterone replacements. Testosterone had antidepressant effects, likely mediated by aromatization to estrogen metabolites, in the sucrose preference and forced swim tests despite having no effects on hippocampal cell proliferation or survival. We found a testosterone-dependent regulation of hippocampal ERK2 expression. Functionally, reducing ERK2 activity within the dentate gyrus induced anhedonia in gonadectomized rats receiving testosterone supplementation, whereas the overexpression of ERK2 rescued this behavior in gonadectomized rats. These results implicate a role for ERK2 signaling within the dentate gyrus area of the hippocampus as a key mediator of the antidepressant effects of testosterone.

Dierckx, B., W. T. Heijnen, et al. (2012). ***"Efficacy of electroconvulsive therapy in bipolar versus unipolar major depression: A meta-analysis."*** Bipolar Disorders 14(2): 146-150. http://dx.doi.org/10.1111/j.1399-5618.2012.00997.x

Objective: Bipolar major depression differs considerably from unipolar major depression with regard to the efficacy of treatment with antidepressants. In bipolar depression, response to treatment with antidepressants is disappointing. Whether response to electroconvulsive therapy (ECT) differs between bipolar and unipolar depression remains unclear. Therefore, this systematic review investigates the relative efficacy of ECT in both forms of depression. Methods: Relevant cohort studies were identified from a systematic search of the PubMed electronic database. Six studies were included in this meta-analysis. Results: In this meta-analysis, the overall remission rate was 50.9% (n = 402/790) for patients with unipolar depression and 53.2% (n = 168/316) for patients with bipolar major depression. A pooled odds ratio (OR) and confidence interval (CI) were calculated using random-effects meta-analysis with the Mantel–Haenzel method. This analysis shows similar efficacy of ECT in patients with unipolar and bipolar depression (OR = 1.08, 95% CI: 0.75–1.57). Conclusion: ECT appears to be equally effective for both bipolar and unipolar depression and the remission rates are encouraging, especially for bipolar depression.

Freedland, K. E., R. M. Carney, et al. (2012). ***"Effect of obstructive sleep apnea on response to cognitive behavior therapy for depression after an acute myocardial infarction."*** Journal of Psychosomatic Research 72(4): 276-281. http://www.sciencedirect.com/science/article/pii/S0022399912000190

Objective To determine whether obstructive sleep apnea (OSA) interferes with cognitive behavior therapy (CBT) for depression in patients with coronary heart disease. Methods Patients who were depressed within 28 days after an acute myocardial infarction (MI) were enrolled in the Enhancing Recovery in Coronary Heart Disease (ENRICHD) trial; 289 (12%) of the 2481 participants in ENRICHD met the criteria for inclusion in this ancillary study. Results A validated ambulatory ECG algorithm was used to detect OSA. Of the 289 participants, 64 (22%) met the criteria for OSA. CBT was efficacious relative to usual care (UC) for depression (p = .004). OSA had no effect on 6-month Beck Depression Inventory (BDI) scores (p = .11), and there was no interaction between OSA and treatment (p = .42). However, the adjusted mean (s.e.) 6-month BDI scores among patients without OSA were 12.2 (0.8) vs. 9.0 (0.8) in the UC and CBT groups (Cohen's d = .40); among those with OSA, they were 9.5 (1.4) and 8.1 (1.5) in the UC and CBT groups (d = .17). There were no significant OSA × Treatment interactions in the major depression (n = 131) or minor depression (n = 158) subgroups, but in those with major depression, there was a larger treatment effect in those without (d = .44) than with (d = .09) OSA. In those with minor depression, the treatment effects were d = .37 and d = .25 for the non-OSA and OSA subgroups. Conclusion CBT is efficacious for depression after an acute myocardial infarction in patients without obstructive sleep apnea, but it may be less efficacious for post-MI patients with OSA.

Gauthier, L. R. and L. Gagliese (2012). ***"Bereavement interventions, end-of-life cancer care, and spousal well-being: A systematic review."*** Clinical Psychology: Science and Practice 19(1): 72-92. http://dx.doi.org/10.1111/j.1468-2850.2012.01275.x

(Free full text available) Recent comprehensive reviews have concluded that there is little evidence for the effectiveness of bereavement interventions. These reviews have not been limited to investigations of bereavement services for spouses of patients with cancer. This systematic review examined the evidence from 10 articles reporting on eight studies examining outcomes of bereavement interventions and adjustment to bereavement following specialized end-of-life patient care for spouses of patients with cancer. Patient end-of-life interventions may positively influence bereavement outcomes for spouses, but based on the available evidence, it is difficult to draw definitive conclusions about the effectiveness of bereavement group

interventions for spouses of patients with cancer. Methodologically rigorous studies with larger sample sizes are required to determine the effectiveness of these interventions.

Hegeman, J. M., R. M. Kok, et al. (2012). ***"Phenomenology of depression in older compared with younger adults: Meta-analysis."*** The British Journal of Psychiatry 200(4): 275-281. http://bjp.rcpsych.org/content/200/4/275.abstract

Background: Late-life depression may differ from early-life depression in its phenomenology. Aims: To investigate the effect of age on the phenomenology of major depression. Method: A systematic search was conducted in PubMed, Embase and PsycINFO for all studies examining the relation between age and phenomenology of major depression according to RDC, DSM and ICD criteria. Studies were included only if the age groups were compared at the single-item level using the 17-, 21- or 24-item versions of the Hamilton Rating Scale for Depression; a meta-analysis was done for each item of the 17-item scale. Results: Eleven papers met the inclusion criteria. Older depressed adults, compared with younger depressed adults, demonstrated more agitation, hypochondriasis and general as well as gastrointestinal somatic symptoms, but less guilt and loss of sexual interest. Conclusions: The phenomenology of late-life depression differs only in part from that of early-life depression. Major depression in older people may have a more somatic presentation, whereas feelings of guilt and loss of sexual function may be more prevalent in younger people.

Hudak, R. and K. L. Wisner (2012). ***"Diagnosis and treatment of postpartum obsessions and compulsions that involve infant harm."*** Am J Psychiatry 169(4): 360-363. http://ajp.psychiatryonline.org/article.aspx?articleid=1090646

Obsessive-compulsive symptoms in the postpartum period often include intrusive thoughts of harming the infant and rituals that result in avoidance of the baby. The differential diagnosis of women who develop these symptoms includes postpartum major mood disorders, obsessive-compulsive disorder, and psychosis with infanticidal thoughts. The treatment of the most common diagnoses, mood disorders and obsessive-compulsive disorder, includes serotonergic drugs, psychoeducation to help the patient understand that she is highly unlikely to harm her infant, and exposure with response prevention therapy. This intervention involves exposure of the patient to the feared situations, which are usually related to infant care, while simultaneously preventing the compulsive rituals.

Kessler, R. C., S. Avenevoli, et al. (2012). ***"Prevalence, persistence, and sociodemographic correlates of dsm-iv disorders in the national comorbidity survey replication adolescent supplement."*** Arch Gen Psychiatry 69(4): 372-380. http://archpsyc.jamanetwork.com/article.aspx?articleid=1151058

(Free full text accessible) CONTEXT: Community epidemiological data on the prevalence and correlates of adolescent mental disorders are needed for policy planning purposes. Only limited data of this sort are available. OBJECTIVE: To present estimates of 12-month and 30-day prevalence, persistence (12-month prevalence among lifetime cases and 30-day prevalence among 12-month cases), and sociodemographic correlates of commonly occurring DSM-IV disorders among adolescents in the National Comorbidity Survey Replication Adolescent Supplement. DESIGN: The National Comorbidity Survey Replication Adolescent Supplement is a US national survey of DSM-IV anxiety, mood, behavior, and substance disorders among US adolescents based on face-to-face interviews in the homes of respondents with supplemental parent questionnaires. SETTING: Dual-frame household and school samples of US adolescents. PARTICIPANTS: A total of 10,148 adolescents aged 13 to 17 years (interviews) and 1 parent of each adolescent (questionnaires). MAIN OUTCOME MEASURES: The DSM-IV disorders assessed with the World Health Organization Composite International Diagnostic Interview and validated with blinded clinical interviews based on the Schedule for Affective Disorders and Schizophrenia for School-Age Children. Good concordance (area under the receiver operating characteristic curve >/=0.80) was found between Composite International Diagnostic Interview and Schedule for Affective Disorders and Schizophrenia for School-Age Children diagnoses. RESULTS: The prevalence estimates of any DSM-IV disorder are 40.3% at 12 months (79.5% of lifetime cases) and 23.4% at 30 days (57.9% of 12-month cases). Anxiety disorders are the most common class of disorders, followed by behavior, mood, and substance disorders. Although relative disorder prevalence is quite stable over time, 30-day to 12-month prevalence ratios are higher for anxiety and behavior disorders than mood or substance disorders, suggesting that the former are more chronic than the latter. The 30-day to 12-month prevalence ratios are generally lower than the 12-month to lifetime ratios, suggesting that disorder persistence is due more to episode recurrence than to chronicity. Sociodemographic correlates are largely consistent with previous studies. CONCLUSIONS: Among US adolescents, DSM-IV disorders are highly prevalent and persistent. Persistence is higher for adolescents than among adults and appears to be due more to recurrence than chronicity of child-adolescent onset disorders.

Kessler, R. C., S. Avenevoli, et al. (2012). ***"Severity of 12-month dsm-iv disorders in the national comorbidity survey replication adolescent supplement."*** Arch Gen Psychiatry 69(4): 381-389. http://archpsyc.jamanetwork.com/article.aspx?articleid=1151059

(Free full text accessible online) CONTEXT: Estimates of DSM-IV disorder prevalence are high; stringent criteria to define need for services are desired. OBJECTIVE: To present US national data on the prevalence and sociodemographic correlates of 12-month serious emotional disturbance (SED), defined by the US Substance Abuse and Mental Health Services Administration, from the National Comorbidity Survey Replication Adolescent Supplement. DESIGN: The National Comorbidity Survey Replication Adolescent Supplement is a national survey of DSM-IV anxiety, mood, behavior, and substance disorders among US adolescents. SETTING: Dual-frame household and school samples of US adolescents. PARTICIPANTS: Total of 6483 pairs of adolescents aged 13 to 17 (interviews) and parents (questionnaires). MAIN OUTCOME MEASURES: The DSM-IV disorders were assessed with the World Health Organization Composite International Diagnostic Interview and validated with blinded clinical interviews based on the Schedule for Affective Disorders and Schizophrenia for School-Age Children. Serious emotional disturbance was operationalized as a DSM-IV/Composite International Diagnostic Interview disorder with a score of 50 or less on the Children's Global Assessment Scale (ie, moderate impairment in most areas of functioning or severe impairment in at least 1 area). Concordance of Composite International Diagnostic Interview SED diagnoses with blinded Schedule for Affective Disorders and Schizophrenia for School-Age Children diagnoses was good. RESULTS: The estimated prevalence of SED was 8.0%. Most SEDs were due to behavior (54.5%) or mood (31.4%) disorders. Although respondents with 3 or more disorders made up only 29.0% of those with 12-month DSM-IV/Composite International Diagnostic Interview disorders, they constituted 63.5% of SEDs. Predictive effects of high comorbidity were significantly greater than the product of their disorder-specific odds ratios and consistent across disorder types. Associations of sociodemographic variables with SED were generally nonsignificant after controlling for disorder type and number. CONCLUSIONS: The high estimated 12-month prevalence of DSM-IV disorders among US adolescents is largely due to mild cases. The significant between-disorder differences in risk of SED and the significant effect of high comorbidity have important public health implications for targeting interventions.

Kessler, R. C., S. Avenevoli, et al. (2012). ***"Lifetime co-morbidity of dsm-iv disorders in the us national comorbidity survey replication adolescent supplement (ncs-a)."*** Psychol Med: 1-14. http://www.ncbi.nlm.nih.gov/pubmed/22273480

BACKGROUND: Research on the structure of co-morbidity among common mental disorders has largely focused on current prevalence rather than on the development of co-morbidity. This report presents preliminary results of the latter type of

analysis based on the US National Comorbidity Survey Replication Adolescent Supplement (NCS-A).MethodA national survey was carried out of adolescent mental disorders. DSM-IV diagnoses were based on the Composite International Diagnostic Interview (CIDI) administered to adolescents and questionnaires self-administered to parents. Factor analysis examined co-morbidity among 15 lifetime DSM-IV disorders. Discrete-time survival analysis was used to predict first onset of each disorder from information about prior history of the other 14 disorders. RESULTS: Factor analysis found four factors representing fear, distress, behavior and substance disorders. Associations of temporally primary disorders with the subsequent onset of other disorders, dated using retrospective age-of-onset (AOO) reports, were almost entirely positive. Within-class associations (e.g. distress disorders predicting subsequent onset of other distress disorders) were more consistently significant (63.2%) than between-class associations (33.0%). Strength of associations decreased as co-morbidity among disorders increased. The percentage of lifetime disorders explained (in a predictive rather than a causal sense) by temporally prior disorders was in the range 3.7-6.9% for earliest-onset disorders [specific phobia and attention deficit hyperactivity disorder (ADHD)] and much higher (23.1-64.3%) for later-onset disorders. Fear disorders were the strongest predictors of most other subsequent disorders. CONCLUSIONS: Adolescent mental disorders are highly co-morbid. The strong associations of temporally primary fear disorders with many other later-onset disorders suggest that fear disorders might be promising targets for early interventions.

Koivumaa-Honkanen, H., J. Kaprio, et al. (2012). ***"Self-reported life satisfaction and alcohol use: A 15-year follow-up of healthy adult twins."*** Alcohol and Alcoholism.
http://alcalc.oxfordjournals.org/content/early/2012/01/02/alcalc.agr151.abstract

Aims: To study the bidirectional relationships between life satisfaction (LS) and alcohol use. Methods: Health questionnaires were administered in 1975, 1981 and 1990 to a population-based sample of healthy Finnish twins aged 18–45 at baseline (n = 14,083). These included a LS scale and three indicators for adverse alcohol use: binge drinking, passing out and high consumption (women/men ≥400/800 g/month). In longitudinal analyses, logistic regression, pair-wise case–control analyses and growth models were applied. Results: All alcohol indicators increased the age-adjusted risk of becoming dissatisfied regardless of study period [binge drinking odds ratio (OR)1975–1990 = 1.29; 95% confidence interval (CI) 1.12–1.50; high consumption OR1975–1990 = 1.60; 1.29–1.99 and passing out OR1981–1990 = 2.01; 1.57–2.57]. Also, the dissatisfied had an increased subsequent risk for adverse alcohol use. The risk for passing out due to drinking (OR1975–1990 = 1.50; 1.22–1.86) was increased regardless of study period, while high consumption (OR1975–1981 = 1.97; 1.40–2.77; OR1981–1990 = 2.48; 1.50–4.12) and binge drinking (OR1975–1981 = 1.37; 1.12–1.67) showed some variation by the study period. Predictions remained after multiple adjustments. Longitudinally, high consumption predicted dissatisfaction somewhat more strongly than vice versa. The change/levels within the whole range of LS and alcohol consumption were only slightly associated in the entire study population. Conclusion: Life dissatisfaction and adverse alcohol use reciprocally predict each other prospectively. The heavier the alcohol use the stronger the relationship.

Lasch, K. E., M. Hassan, et al. (2012). ***"Development and content validity of a patient reported outcomes measure to assess symptoms of major depressive disorder."*** BMC Psychiatry 12(1): 34. http://www.biomedcentral.com/1471-244X/12/34

(Free full text available) BACKGROUND:Although many symptoms of Major Depressive Disorder (MDD) are assessed through patient-report, there are currently no patient-reported outcome (PRO) instruments that incorporate documented evidence of patient input in PRO instrument development. A review of existing PROs used in MDD suggested the need to conduct qualitative research with patients with MDD to better understand their experience of MDD and develop an evaluative instrument with content validity. The aim of this study was to develop a disease-specific questionnaire to assess symptoms important and relevant to adult MDD patients.METHODS:The questionnaire development involved qualitative interviews for concept elicitation, instrument development, and cognitive interviews to support content validity. For concept elicitation, ten MDD severity-specific focus group interviews with thirty-eight patients having clinician-confirmed diagnoses of MDD were conducted in January 2009. A semi-structured discussion guide was used to elicit patients' spontaneous descriptions of MDD symptoms. Verbatim transcripts of focus groups were coded and analyzed to develop a conceptual framework to describe MDD. A PRO instrument was developed by operationalizing concepts elicited in the conceptual framework. Cognitive interviews were carried out in patients (n = 20) to refine and test the content validity of the instrument in terms of item relevance and comprehension, instructions, recall period, and response categories.RESULTS:Concept elicitation focus groups identified thirty-five unique concepts falling into several domains: i) emotional, ii) cognitive, iii) motivation, iv) work, v) sleep, vi) appetite, vii) social, viii) activities of daily living, ix) tired/fatigue, x) body pain, and xi) suicidality. Concept saturation, the point at which no new relevant information emerges in later interviews, was achieved for each of the concepts. Based on the qualitative findings, the PRO instrument developed had 15 daily and 20 weekly items. The cognitive interviews confirmed that the instructions, item content, and response scales were understood by the patients.CONCLUSIONS:Rigorous qualitative research resulted in the development of a PRO measure for MDD with supported content validity. The MDD PRO can assist in understanding and assessing MDD symptoms from patients' perspectives as well as evaluating treatment benefit of new targeted therapies.

Lester, H. and S. Gilbody (2012). ***"Choosing a second generation antidepressant for treatment of major depressive disorder."*** BMJ 344: e1014. http://www.bmj.com/content/344/bmj.e1014

Involve patients in decision because drugs have similar efficacy but side effect profiles differ. Depression is a major cause of disability worldwide, with costs and consequences at the level of the individual, the family, and society. Effective treatments—both drug based and psychological—are much needed. A variety of antidepressants have been shown to be effective in clinical trials, and primary care and secondary care clinicians seem to have almost too much choice. However, recent meta-analyses of the comparative efficacy and safety of second generation antidepressants have reached conflicting conclusions, muddying the therapeutic waters. The most recent meta-analysis found little difference in efficacy among second generation antidepressants, whereas an earlier one found that escitalopram and sertraline had the best efficacy to acceptability ratio. National Institute for Health and Clinical Excellence guidance in England and Wales suggests that the first choice antidepressant should be a generic selective serotonin reuptake inhibitor (SSRI). The most recent meta-analysis reviewed 234 studies (including 118 head to head drug trials) published between 1980 and August 2011 and focused on the benefits and harms of 13 pharmacologically different second generation antidepressants for treating major depressive disorder.[3] Their method included inviting key stakeholders to help the study team refine their review questions and they sought unpublished research in this area, which is bedevilled by publication bias and conflicts of interest. Just under two thirds of the patients responded to treatment by 12 weeks and just under half achieved full remission. This provides evidence that antidepressants are an effective treatment for depression and counters recent claims of low effect sizes or no effect for people with anything less than very severe depression ... Evidence from randomised trials and observational studies indicates that overall rates of discontinuation of antidepressants are high and adherence rates are poor, which reduces the effectiveness of these drugs. Collaborative care tackles these problems by integrating shared decision making with medication management, where case managers check patients' understanding and worries about drugs and liaise closely with general practitioners if problems arise. This approach increases the use of antidepressants and improves patient outcomes, according to a large body of evidence from

more than 36 randomised trials.8 In the long term, better services may have more effect on improving care than choice of antidepressant. Nearly 40 years ago, when reviewing which form of psychotherapy was the most effective, researchers arrived at the so called dodo verdict: "Everybody has won and all must have prizes" (from Lewis Carroll's Alice's Adventures in Wonderland).9 The same verdict seems appropriate for second generation antidepressants. The immediate challenge is not to try to work out which drug is best but to make the most of what is available through cost conscious prescribing and shared decision making.

Manicavasagar, V., T. Perich, et al. (2012). ***"Cognitive predictors of change in cognitive behaviour therapy and mindfulness-based cognitive therapy for depression."*** Behavioural and Cognitive Psychotherapy 40(02): 227-232. http://dx.doi.org/10.1017/S1352465811000634

Background: An appreciation of cognitive predictors of change in treatment outcome may help to better understand differential treatment outcomes. The aim of this study was to examine how rumination and mindfulness impact on treatment outcome in two group-based interventions for non-melancholic depression: Cognitive Behaviour Therapy (CBT) and Mindfulness-Based Cognitive Therapy (MBCT). Method: Sixty-nine participants were randomly allocated to either 8-weekly sessions of group CBT or MBCT. Complete data were obtained from 45 participants (CBT = 26, MBCT = 19). Outcome was assessed at completion of group treatments. Results: Depression scores improved for participants in both group interventions, with no significant differences between the two treatment conditions. There were no significant differences between the interventions at post-treatment on mindfulness or rumination scores. Rumination scores significantly decreased from pre- to post-treatment for both conditions. In the MBCT condition, post-treatment rumination scores were significantly associated with post-treatment mindfulness scores. Conclusions: Results suggest that decreases in rumination scores may be a common feature following both CBT and MBCT interventions. However, post-treatment rumination scores were associated with post-treatment mindfulness in the MBCT condition, suggesting a unique role for mindfulness in understanding treatment outcome for MBCT.

McLaughlin, K. A., A. M. Gadermann, et al. (2012). ***"Parent psychopathology and offspring mental disorders: Results from the who world mental health surveys."*** The British Journal of Psychiatry 200(4): 290-299. http://bjp.rcpsych.org/content/200/4/290.abstract

Background: Associations between specific parent and offspring mental disorders are likely to have been overestimated in studies that have failed to control for parent comorbidity. Aims: To examine the associations of parent with respondent disorders. Method: Data come from the World Health Organization (WHO) World Mental Health Surveys (n = 51 507). Respondent disorders were assessed with the Composite International Diagnostic Interview and parent disorders with informant-based Family History Research Diagnostic Criteria interviews. Results: Although virtually all parent disorders examined (major depressive, generalised anxiety, panic, substance and antisocial behaviour disorders and suicidality) were significantly associated with offspring disorders in multivariate analyses, little specificity was found. Comorbid parent disorders had significant sub-additive associations with offspring disorders. Population-attributable risk proportions for parent disorders were 12.4% across all offspring disorders, generally higher in high- and upper-middle- than low-/lower-middle-income countries, and consistently higher for behaviour (11.0-19.9%) than other (7.1-14.0%) disorders. Conclusions: Parent psychopathology is a robust non-specific predictor associated with a substantial proportion of offspring disorders.

Miyaki, K., Y. Song, et al. (2012). ***"Folate intake and depressive symptoms in japanese workers considering ses and job stress factors: J-hope study."*** BMC Psychiatry 12(1): 33. http://www.biomedcentral.com/1471-244X/12/33

(Free full text available) BACKGROUND:Recently socioeconomic status (SES) and job stress index received more attention to affect mental health. Folate intake has been implicated to have negative association with depressionHowever, few studies were published for the evidence association together with the consideration of SES and job stress factors. The current study is a part of the Japanese study of Health, Occupation and Psychosocial factors related Equity (J-HOPE study) that focused on the association of social stratification and health and our objective was to clarify the association between folate intake and depressive symptoms in Japanese general workers. METHODS:Subjects were 2266 workers in a Japanese nationwide company. SES and job stress factors were assessed by self-administered questionnaire. Folate intake was estimated by a validated, brief, self-administered diet history questionnaire. Depressive symptoms were measured by Kessler's K6 questionnaire. "Individuals with depressive symptoms" was defined as K69 (in K6 score of 0-24 scoring system). Multiple logistic regression and linear regression model were used to evaluate the association between folate and depressive symptoms. RESULTS:Several SES factors (proportion of management positions, years of continuous employment, and annual household income) and folate intake were found to be significantly lower in the subjects with depressive symptom (SES factors: $p<0.001$; folate intake: $P=0.001$). There was an inverse, independent linear association between K6 score and folate intake after adjusting for age, sex, job stress scores (job strains, worksite supports), and SES factors ($p=0.010$). The impact of folate intake on the prevalence of depressive symptom by a multiple logistic model was (ORs[95% CI]: 0.813 [0.664-0.994]; $P=0.044$). CONCLUSIONS:Our cross-sectional study suggested an inverse, independent relation of energy-adjusted folate intake with depression score and prevalence of depressive symptoms in Japanese workers, together with the consideration of SES and job stress factors were considered.

Prazak, M., J. Critelli, et al. (2012). ***"Mindfulness and its role in physical and psychological health."*** Applied Psychology: Health and Well-Being 4(1): 91-105. http://dx.doi.org/10.1111/j.1758-0854.2011.01063.x

(Free full text available) This study examined the relationships of mindfulness, a form of focused self-awareness, with physical and psychological health. Mindfulness was measured in terms of four stable forms of awareness: Observe, an awareness of internal and external stimuli; Describe, an ability to verbally express thoughts clearly and easily; Act with Awareness, the tendency to focus on present tasks with undivided attention; and Accept without Judgment, the tendency to take a nonjudgmental attitude toward one's own thoughts and emotions. These aspects of mindfulness were explored in relation to both physical health, which consisted of heart rate variability, a measure of overall cardiovascular health, and psychological health, which consisted of flourishing, existential well-being, negative affect, and social well-being in a sample of 506 undergraduate students. Individuals high in mindfulness showed better cardiovascular health and psychological health.

Rawal, A. and F. Rice (2012). ***"Examining overgeneral autobiographical memory as a risk factor for adolescent depression."*** Journal of the American Academy of Child and Adolescent Psychiatry 51(5): 518-527. http://linkinghub.elsevier.com/retrieve/pii/S0890856712002262?showall=true

Identifying risk factors for adolescent depression is an important research aim. Overgeneral autobiographical memory (OGM) is a feature of adolescent depression and a candidate cognitive risk factor for future depression. However, no study has ascertained whether OGM predicts the onset of adolescent depressive disorder. OGM was investigated as a predictor of depressive disorder and symptoms in a longitudinal study of high-risk adolescents. In addition, cross-sectional associations between OGM and current depression and OGM differences between depressed adolescents with different clinical outcomes were examined over time. A 1-year longitudinal study of adolescents at familial risk for depression (n = 277, 10-18 years old) was conducted. Autobiographical memory was assessed at baseline. Clinical interviews assessed diagnostic status at baseline and

follow-up. Currently depressed adolescents showed an OGM bias compared with adolescents with no disorder and those with anxiety or externalizing disorders. OGM to negative cues predicted the onset of depressive disorder and depressive symptoms at follow-up in adolescents free from depressive disorder at baseline. This effect was independent of the contribution of age, IQ, and baseline depressive symptoms. OGM did not predict onset of anxiety or externalizing disorders. Adolescents with depressive disorder at both assessments were not more overgeneral than adolescents who recovered from depressive disorder over the follow-up period. OGM to negative cues predicted the onset of depressive disorder (but not other disorders) and depressive symptoms over time in adolescents at familial risk for depression. Results are consistent with OGM as a risk factor for depression.

Slepian, M. L., E. J. Masicampo, et al. (2012). ***"The physical burdens of secrecy."*** J Exp Psychol Gen. http://www.ncbi.nlm.nih.gov/pubmed/22390267

The present work examined whether secrets are experienced as physical burdens, thereby influencing perception and action. Four studies examined the behavior of people who harbored important secrets, such as secrets concerning infidelity and sexual orientation. People who recalled, were preoccupied with, or suppressed an important secret estimated hills to be steeper, perceived distances to be farther, indicated that physical tasks would require more effort, and were less likely to help others with physical tasks. The more burdensome the secret and the more thought devoted to it, the more perception and action were influenced in a manner similar to carrying physical weight. Thus, as with physical burdens, secrets weigh people down. *The BPS Research Blog - http://www.bps-research-digest.blogspot.co.uk/2012/04/secrets-leave-us-physically-encumbered.html - comments "We talk metaphorically of secrets as great weights that must be carried through life like a heavy burden. Consistent with the ever-growing literature on embodied cognition, a new study shows how secrets affect perception and action, as if their keepers are encumbered, literally. A first study used participants recruited online via Amazon's Mechanical Turk website. Those asked to write a recollection about a big secret rated a hill, depicted head-on, as being steeper than participants who wrote about a trivial secret. This matches previous research (pdf) showing that people who are physically encumbered tend to rate hills as steeper. By contrast, the big secret vs. small secret groups didn't differ on other measures, such as their rating of the sturdiness of a table. Next, 36 undergrads threw a small beanbag at a target located just over two and a half meters away. Those who'd been asked to recall a meaningful secret threw their beanbag further, on average, than those asked to recall a trivial secret. It's as if they perceived the target to be further away, consistent with prior research showing that people who are physically encumbered tend to overestimate spatial distances. In a penultimate study, forty participants who'd recently been unfaithful to their partners were recruited via Amazon. Those who said the secret of their infidelity was a burden (it bothered them, affected them and they thought about it a lot) tended to rate physical tasks, such as carrying shopping upstairs, as requiring more physical effort and energy than those who were unburdened by their infidelity. Ratings of non-physical tasks, by contrast, did not vary between the groups. Finally, keeping a significant secret (in this case not revealing one's homosexuality whilst being video-interviewed) led gay male participants to be less likely to agree to help the researchers move some books; keeping a trivial secret (concealing one's extraversion) had no such effect. Michael Slepian and his colleagues said their findings showed how carrying a secret leads to the experience of being weighed down. They don't think the findings can be explained by the mental effort of keeping a secret - for example, past research has shown that cognitive load prompts people to underestimate, not overestimate, physical distances. The researchers warned about the health implications of their findings. "We suggest that concealment ... leads to greater physical burden and perhaps eventually physical overexertion, exhaustion, and stress," they said."*

Swartz, H. A., E. Frank, et al. (2012). ***"A randomized pilot study of psychotherapy and quetiapine for the acute treatment of bipolar ii depression."*** Bipolar Disorders 14(2): 211-216. http://dx.doi.org/10.1111/j.1399-5618.2012.00988.x

Objectives: The differential roles of psychotherapy and pharmacotherapy in the management of bipolar (BP) II depression are unknown. As a first step toward exploring this issue, we conducted a pilot study to evaluate the feasibility and acceptability of comparing a BP-specific psychotherapy [Interpersonal and Social Rhythm Therapy (IPSRT)] to quetiapine as treatments for BP-II depression. Methods: Unmedicated individuals (n = 25) meeting DSM-IV criteria for BP-II disorder, currently depressed, were randomly assigned to weekly sessions of IPSRT (n = 14) or quetiapine (n = 11), flexibly dosed from 25–300 mg. Participants were assessed with weekly measures of mood and followed for 12 weeks. Treatment preference was queried prior to randomization. Results: Using mixed effects models, both groups showed significant declines in the 25-item Hamilton Rating Scale for Depression [$F(1,21) = 44$, $p < 0.0001$] and Young Mania Rating Scale [$F(1,21) = 20$, $p = 0.0002$] scores over time but no group-by-time interactions. Dropout rates were 21% (n = 3) and 27% (n = 3) in the IPSRT and quetiapine groups, respectively. Overall response rates (defined as ≥ 50% reduction in depression scores without an increase in mania scores) were 29% (n = 4) in the IPSRT group and 27% (n = 3) in the quetiapine group. Measures of treatment satisfaction were high in both groups. Treatment preference was not associated with outcomes. Conclusions: Outcomes in participants with BP-II depression assigned to IPSRT monotherapy or quetiapine did not differ over 12 weeks in this small study. Follow-up trials should examine characteristics that predict differential response to psychotherapy and pharmacotherapy.

Wilcox, H. C., A. M. Arria, et al. (2012). ***"Longitudinal predictors of past-year non-suicidal self-injury and motives among college students."*** Psychological Medicine 42(04): 717-726. http://dx.doi.org/10.1017/S0033291711001814

Background Non-suicidal self-injury (NSSI) is the deliberate and direct injuring of body tissue without suicidal intent for purposes not socially sanctioned. Few studies have examined the correlates of NSSI among young adults. This study aimed to identify predictors of lifetime and past-year NSSI, and describe motives for NSSI and disclosure of NSSI to others. Method Interviews were conducted annually with 1081 students enrolled in the College Life Study, a prospective longitudinal study conducted at a large public mid-Atlantic university. NSSI characteristics were assessed at Year 4. Demographic and predictor variables were assessed during Years 1 to 4. Multivariate logistic regression models were used to identify correlates of lifetime NSSI and predictors of past-year NSSI. Results The prevalence of past-year and lifetime NSSI was 2% and 7% respectively (>70% were female for both lifetime and past-year NSSI). Seven percent of NSSI cases self-injured once, whereas almost half self-injured six or more times. Independent predictors of past-year NSSI were maternal depression, non-heterosexual orientation, affective dysregulation and depression. Independent predictors of lifetime NSSI were depression, non-heterosexual orientation, paternal depression and female sex. One in six participants with NSSI had attempted suicide by young adulthood. The three most commonly reported motives for NSSI were mental distress, coping and situational stressors. Most (89%) told someone about their NSSI, most commonly a friend (68%). Conclusions This study identified unique predictors of NSSI, which should help to elucidate its etiology and has implications for early identification and interventions.

Zimmerman, M. (2012). ***"Misuse of the mood disorders questionnaire as a case-finding measure and a critique of the concept of using a screening scale for bipolar disorder in psychiatric practice."*** Bipolar Disorders 14(2): 127-134. http://dx.doi.org/10.1111/j.1399-5618.2012.00994.x

Zimmerman M. Misuse of the Mood Disorders Questionnaire as a case-finding measure and a critique of the concept of using a screening scale for bipolar disorder in psychiatric practice. Bipolar Disord 2012: 14: 127–134.

 Objectives: Under-recognition of bipolar disorder (BD) is common and incurs significant costs for individuals and society. Clinicians are often encouraged to use screening instruments to help them identify patients with the disorder. The Mood Disorder Questionnaire (MDQ) is the most widely studied measure for this purpose. Some studies, however, have used the MDQ as a case-finding instrument rather than a screening scale. Such inappropriate use of screening scales risks distorting perceptions about many facets of BD, from its prevalence to its consequences. Methods: Studies using the MDQ were reviewed to identify those reports that have used the scale as a case-finding measure rather than a screening scale. Results: Multiple studies were identified in the BD literature that used the MDQ as a diagnostic proxy. The findings of these studies were misinterpreted because of the failure to make the distinction between screening and case-finding. Conclusions: Inappropriate conclusions have been drawn regarding the prevalence, morbidity, and diagnostic under-recognition of BD in studies that rely on the MDQ as a diagnostic proxy. A conceptual critique is offered against the use of self-administered screening questionnaires for the detection of BD in psychiatric settings.

Zuidersma, M., J. Ormel, et al. (2012). ***"An increase in depressive symptoms after myocardial infarction predicts new cardiac events irrespective of depressive symptoms before myocardial infarction."*** Psychological Medicine 42(04): 683-693. http://dx.doi.org/10.1017/S0033291711001784

Background Depression after myocardial infarction (MI) is associated with poor cardiovascular prognosis. There is some evidence that specifically depressive episodes that develop after the acute event are associated with poor cardiovascular prognosis. The aim of the present study was to evaluate whether an increase in the number of depressive symptoms after MI is associated with new cardiac events. Method In 442 depressed and 325 non-depressed MI patients the Composite International Diagnostic Interview interview to assess post-MI depression was extended to evaluate the presence of the ICD-10 depressive symptoms just before and after the MI. The effect of an increase in number of depressive symptoms during the year following MI on new cardiac events up to 2.5 years post-MI was assessed with Cox regression analyses. Results Each additional increase of one symptom was significantly associated with a 15% increased risk of new cardiac events, and this was stronger for non-depressed than for depressed patients. This association was independent of baseline cardiac disease severity. There was no interaction with the number of depressive symptoms pre-MI. Conclusions Our findings suggest that an increase in depressive symptoms after MI irrespective of the state of depression pre-MI explains why post-MI depression is associated with poor cardiovascular prognosis. Also increases in depressive symptoms after MI resulting in subthreshold depression should be evaluated as a prognostic marker. Whether potential mechanisms such as cardiac disease severity or inflammation underlie the association remains to be clarified.