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A SELECTION OF TEN CURRENT READINGS ON TOPICS RELATED TO MENTAL HEALTH UPDATE.

All are available as free full text.
Selection of readings were made by A/Prof Goh Lee Gan

READING 1 – BENZODIAPINE USE IN ANXIETY DISORDERS: RISKS, BENEFITS AND ALTERNATIVES

Guina J (1) (2), Merrill B (3). Benzodiazepines I: Upping the Care on Downers: The Evidence of Risks, Benefits and Alternatives. J Clin Med. 2018 Jan 30; 7(2). pii: E17.

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Author information:
(1) Department of Psychiatry, University of Michigan Medical School, Ann Arbor, MI 48109, USA. jeffguina@yahoo.com.
(2) Department of Psychiatry, Wright State University Boonshoft School of Medicine, Dayton, OH 45435, USA. jeffguina@yahoo.com.
(3) Department of Psychiatry, Wright State University Boonshoft School of Medicine, Dayton, OH 45435, USA. brian.merrill@wright.edu.

ABSTRACT
Benzodiazepines are some of the most commonly prescribed medications in the world. These sedative-hypnotics can provide rapid relief for symptoms like anxiety and insomnia, but are also linked to a variety of adverse effects (whether used long-term, short-term, or as needed). Many patients take benzodiazepines long-term without ever receiving evidence-based first-line treatments (e.g., psychotherapy, relaxation techniques, sleep hygiene education, serotonergic agents). This review discusses the risks and benefits of, and alternatives to benzodiazepines. We discuss evidence-based indications and contraindications, and the theoretical biopsychosocial bases for effectiveness, ineffectiveness and harm. Potential adverse effects and drug-drug interactions are summarized. Finally, both fast-acting/acute and delayed-action/chronic alternative treatments for anxiety and/or insomnia are discussed. Response to treatment-whether benzodiazepines, other pharmacological agents, or psychotherapy-should be determined based on functional recovery and not merely sedation.

READING 2 – COMPARISON BETWEEN DEPRESSED AND NON-DEPRESSED SMOKERS

Ho CSH (1), Tan ELY (2), Ho RCM (3) (4) (5), Chiu MYL (6). Relationship of Anxiety and Depression with Respiratory Symptoms: Comparison between Depressed and Non-Depressed Smokers in Singapore. Int J Environ Res Public Health. 2019 Jan 8; 16(1). pii: E163.

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Author information:
(1) Department of Psychological Medicine, National University Health System, Singapore 119228, Singapore. su_hui_ho@nuhs.edu.sg.
(2) Faculty of Arts and Social Sciences, National University of Singapore, Singapore 117416, Singapore. elysiatanly@gmail.com.
(3) Department of Psychological Medicine, Yong Loo Lin School of Medicine, National University of Singapore, Singapore 119228, Singapore. pcmrhcm@nus.edu.sg.
(4) Centre of Excellence in Behavioral Medicine, Nguyen Tat Thanh University (NTTU), Ho Chi Minh City, 70000, Vietnam. pcmrhcm@nus.edu.sg.
(5) Faculty of Education, Huaibei Normal University, 100 Dongshan Road, Huaibei, Anhui 235000, China. pcmrhcm@nus.edu.sg.
(6) Behavioral Sciences, City University of Hong Kong, Hong Kong, China. mylchiu@cityu.edu.hk.

ABSTRACT
The rising prevalence of smokers in the community, specifically psychiatric patients, necessitates smoking cessation as an important strategy for reducing the harmful effects of tobacco. This study aims to compare the profiles of depressed and non-depressed smokers and evaluate how psychiatric symptoms influence respiratory symptoms. A cross-sectional survey was administered to 276 non-depressed adult smokers in the community and 69 adult smokers who had been formally diagnosed with depression in the outpatient clinic of a University Hospital in Singapore. Participants were administered questionnaires on smoking attitudes and perceptions, psychiatric symptoms, and respiratory symptoms. Correlations and multiple regression analyses were conducted. The mean age of smokers in the study was 35.32 ± 13.05 years. Smokers in the community and psychiatric samples were largely similar on all of the sociodemographic factors, except that fewer depressed people were employed ($\chi^2 = 8.35$, $p < 0.01$). Smokers with depression also

reported more attempts to quit smoking ($\chi^2 = 7.14$, $p < 0.05$), higher mean depressive, anxiety, and stress symptom (DASS) scores ($t = -10.04$, $p < 0.01$), and endorsed more respiratory symptoms than smokers in the community ($t = -2.40$, $p < 0.05$). The DASS scores, number of cigarettes smoked daily, years of smoking, general perception of smokers getting heart disease, and presence of lung disease were positively and significantly correlated with respiratory symptoms. On multiple regression, only anxiety symptoms ($\beta = 0.26$, $p < 0.05$) and the presence of lung disease ($\beta = 0.22$, $p < 0.001$) were significantly correlated with respiratory symptoms. Depressed smokers reported greater difficulty in quitting tobacco use, and they perceived more severe respiratory symptoms compared to non-depressed counterparts. Anxiety symptoms were positively associated with the severity of respiratory symptoms. Smoking cessation campaigns need to specifically target psychological symptoms in smokers and focus more psycho education on the risk of cardiovascular disease in the middle-aged population.

READING 3 – SYMPTOMS OF ANXIETY AND DEPRESSION IN OBESE SINGAPOREANS

Ho CS(1), Lu Y(2), Ndukwe N(3), Chew MW(4), Shabbir A(5), So JB(5), Ho RC(1). Symptoms of Anxiety and Depression in Obese Singaporeans: a Preliminary Study. . East Asian Arch Psychiatry. 2018 Mar; 28(1):3-8.

PMID: 29576551. [Free Full Text]

Author information:
(1) Department of Psychological Medicine, Yong Loo Lin School of Medicine, National University of Singapore.
(2) Department of Clinical Psychology and Psychiatry / School of Public Health, Zhejiang University College of Medicine, Hangzhou, China.
(3) Department of Psychology, James Cook University, Singapore.
(4) Department of Paediatrics, National University Hospital, Singapore.
(5) Department of Surgery, Yong Loo Lin School of Medicine, National University of Singapore.

ABSTRACT
BACKGROUND:
Obesity is a major component of metabolic syndrome and an independent risk factor for various chronic diseases. It is also closely associated with mental illness, and the interaction is complex and multi factorial. This study aimed to estimate the prevalence of anxiety and depressive symptoms among obese Singaporeans.

METHODS:
Cross-sectional data of 36 male and 47 female obese Singaporeans who had been referred to the weight management clinic of National University Hospital, Singapore, between January 2010 and November 2011 were collected. Obesity was classified according to criteria of the World Health Organization. The extents of anxiety and depressive symptoms were measured using the Hospital Anxiety and Depression Scale.

RESULTS:
In obese Singaporeans attending the weight management clinic, the prevalence of anxiety symptoms was higher than that of depressive symptoms (28% vs 11%). There was no major socioeconomic difference between obese patients with and without anxiety, or with and without depressive symptoms.

CONCLUSION:
In obese Singaporeans, anxiety symptoms may be more common than depressive symptoms. Weight management programmes should incorporate anxiety management as part of standard treatment. Early detection and pharmacological and psychological interventions should be implemented.

READING 4 – APPROACH TO MANGEMENT OF DEPRESSION IN PRIMARY CARE

Ng CW (1), How CH (2), Ng YP (3) (4). Managing depression in primary care. Singapore Med J. 2017 Aug; 58(8):459-466.

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Author information:
(1)SingHealth Polyclinics, Singapore.
(2)Care and Health Integration, Changi General Hospital, Singapore.
(3)Penang Medical College, Penang, Malaysia.
(4)Penang Adventist Hospital, Penang, Malaysia.

ABSTRACT
Major depression is common in the primary care setting. In the final article of this series, we illustrate the approach to the management of depression in primary care. Psychotherapy has been shown to be as effective as antidepressants for mild to moderate major depression. The common myth that antidepressants are addictive should be addressed. Antidepressants should be started at a sub therapeutic dose to assess tolerability, then gradually increased until a minimally effective dose is achieved. Apart from pharmacotherapy and psychotherapy, management of depression should include managing stressors, engaging social and community support, dealing with stigma and discrimination, and managing concomitant comorbidities. A strong therapeutic relationship and empathic listening are important between the primary care physicians and patient.

READING 5 – DEPRESSION IN PRIMARY CARE: ASSESSING SUICIDE RISK

Ng CW (1), How CH (2), Ng YP (3) (4). Depression in primary care: assessing suicide risk. Singapore Med J. 2017 Feb; 58(2):72-77.

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Author information:
(1) SingHealth Polyclinics, Singapore.
(2) Care and Health Integration, Changi General Hospital, Singapore.
(3) Penang Medical College, Penang, Malaysia.
(4) Penang Adventist Hospital, Penang, Malaysia.

ABSTRACT
Major depression is a common condition seen in the primary care setting. This article describes the suicide risk assessment of a depressed patient, including practical aspects of history-taking, consideration of factors in deciding if a patient requires immediate transfer for inpatient care and measures to be taken if the patient is not hospitalised. It follows on our earlier article about the approach to management of depression in primary care.

READING 6 – COMPREHENSIVE COMMUNITY TREATMENT FOR SCHIZOPHRENIA AND SCHIZOPHRENIA SPECTRUM DISORDERS

Addington D(1), Anderson E(2), Kelly M(3), Lesage A(4), Summerville C(5). Canadian Practice Guidelines for Comprehensive Community Treatment for Schizophrenia and Schizophrenia Spectrum Disorders. Can J Psychiatry. 2017 Sep; 62(9):662-672.

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Author information:
(1) Department of Psychiatry, Hotchkiss Brain Institute, Foothills Hospital, University of Calgary, Calgary, Alberta.
(2) Being Mentally Healthy Company, Calgary, Alberta.
(3) Department of Family Medicine, University of Calgary, Calgary, Alberta.
(4) Department of Psychiatry, Faculty of Medicine, Université de Montréal, Montreal, Québec.
(5) Schizophrenia Society of Canada, Winnipeg, Manitoba.

ABSTRACT
OBJECTIVE:
The objective of this review is to identify the features and components of a comprehensive system of services for people living with schizophrenia. A comprehensive system was conceived as one that served the full range of people with schizophrenia and was designed with consideration of the incidence and prevalence of schizophrenia. The system should provide access to the full range of evidence-based services, should be recovery oriented, and should provide patient-centred care.

METHOD:
A systematic search was conducted for published guidelines for schizophrenia and schizophrenia spectrum disorders. The guidelines were rated by at least 2 raters, and recommendations adopted were primarily drawn from the National Institute for Clinical Excellence (2014) Guideline on Psychosis and Schizophrenia in adults and the Scottish Intercollegiate Guidelines Network guidelines on management of schizophrenia.

RESULTS:
The recommendations adapted for Canada cover the range of services required to provide comprehensive services.

CONCLUSIONS: Comprehensive services for people with schizophrenia can be organized and delivered to improve the quality of life of people with schizophrenia and their carers. The services need to be organized in a system that provides access to those who need them.

READING 7 – PHYSICAL HEALTH AND DRUG SAFETY IN INDIVIDUALS WITH SCHIZOPHRENIA

Pringsheim T(1), Kelly M(2), Urness D(3), Teehan M(4), Ismail Z(5), Gardner D(6).Physical Health and Drug Safety in Individuals with Schizophrenia. . Can J Psychiatry. 2017 Sep; 62(9):673-683.

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Author information:
(1) Department of Clinical Neurosciences, Psychiatry, Pediatrics and Community Health Sciences, University of Calgary, Calgary, Alberta.
(2) Department of Family Medicine, University of Calgary, Alberta.
(3) Clinical Department Head, Addiction and Mental Health, Central Zone, Alberta Health Services, Edmonton, Alberta.
(4) Department of Psychiatry, Dalhousie University, Halifax, Nova Scotia.
(5) Department of Psychiatry and Clinical Neurosciences, University of Calgary, Calgary, Alberta.
(6) Department of Psychiatry and College of Pharmacy, Dalhousie University, Halifax, Nova Scotia.

ABSTRACT
BACKGROUND:
While anti psychotic medications are the mainstay of therapy for individuals with schizophrenia and psychotic disorders, their use is associated with adverse effects on physical health that require the attention and care of prescribers.

METHODS:
We used the ADAPTE process to adapt existing guideline recommendations from the National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidelines on the dosing of anti psychotics and anti psychotic poly pharmacy, screening for adverse effects of anti psychotics, and management of metabolic and extra pyramidal side effects to the Canadian context.

RESULTS:
Prescribers are encouraged to use the lowest effective dose and to avoid the routine use of multiple anti psychotics. Scheduled monitoring of body mass index, waist circumference, blood pressure, glucose, lipids, prolactin, electrocardiograms, and extra pyramidal symptoms is recommended. Lifestyle interventions are recommended to mitigate antipsychotic-induced weight gain. Prescribers should follow Canadian guidelines on the treatment of obesity, dyslipidemia, and diabetes. Recommendations on anti psychotic drug choice are made for users particularly concerned about extrapyramidal symptoms.

CONCLUSION:
Careful monitoring and attention by prescribers may mitigate adverse effects associated with antipsychotic medications.

READING 8 – PHARMACY-LED SMOKING CESSATION CLINIC IN DERMATOLOGY CENTRE

Cheng HM(1), Liu WC(1), Chua G(1), Liew CF(2), Li W(1), Choo W(1), Oon HH(1). Impact of a pharmacy-led smoking cessation clinic in a dermatology centre. Singapore Med J. 2019 Jan; 60(1):31-33.

doi: 10.11622/smedj.2018063. PMID: 29774362 [Free Full Text]

Author information:
(1) Department of Dermatology, National Skin Centre, Singapore.
(2) Diabetes and Endocrine Centre, Raffles Hospital, Singapore.

ABSTRACT
INTRODUCTION:
Cigarette smoking is a leading cause of morbidity and mortality, and has a deleterious effect on dermatological conditions, such as skin

cancers, hidradenitis suppurativa and psoriasis. The study aimed to evaluate the efficacy of a pharmacist-led smoking cessation clinic in reducing cigarette smoking at a tertiary referral dermatology centre. We described the impact of this clinic to provide guidance on how such a model could be further improved and implemented more widely.

METHODS:
In this single-centre, retrospective study, 74 currently smoking patients who received counselling at a structured smoking cessation clinic between January 2010 and March 2013 were identified. Information on baseline demographic characteristics and detailed past medical history, including smoking history, was collected. Follow-up was conducted at two weeks and three months.

RESULTS:
At the first follow-up at two weeks, which was attended by 57 patients, 9 (15.8%) had stopped smoking and 26 (45.6%) showed reduction in the number of cigarette sticks smoked per day, with an average reduction of 4.1 cigarette sticks per day. However, a few patients also reported no change or increased number of cigarette sticks smoked per day following counselling.

CONCLUSION:
A structured pharmacist-led smoking cessation clinic is effective and can be made a part of the holistic management of dermatological conditions.

READING 9 – PRIMARY INFORMAL CAREGIVERS PROVING CARE TO RELATIVES WITH MENTAL ILLNESS

Chang S(1), Zhang Y(2), Jeyagurunathan A(2), Lau YW(2), Sagayadevan V(2), Chong SA(2), Subramaniam M(2). Providing care to relatives with mental illness: reactions and distress among primary informal caregivers. BMC Psychiatry. 2016 Mar 25; 16:80.

doi: 10.1186/s12888-016-0786-9. PMID: 27016185 [Free Full Text]

Author information:
(1) Research Division, Institute of Mental Health, 10 Buangkok View, Singapore, 539747, Singapore. sherilyn_sh_chang@imh.com.sg.
(2) Research Division, Institute of Mental Health, 10 Buangkok View, Singapore, 539747, Singapore.

ABSTRACT
BACKGROUND:
The responsibility of caring for relatives with mental illness often falls on the family members. It has been reported that the reactions to or consequences of providing care are what rendered the role of a caregiver challenging and hence a source of distress.

This present study thus aimed to identify socio-demographic correlates of care giving experiences using the Caregiver Reaction Assessment (CRA) and to examine the associations between reactions to care giving and psychological distress.

METHODS:
A total of 350 caregivers with relatives seeking outpatient care at a tertiary psychiatric hospital were recruited for this study. Distress among caregivers was assessed using the Patient Health Questionnaire (PHQ-9). The CRA was administered to measure reactions from care giving in four domains including impact on schedule and health (ISH), impact on finance (IF), lack of family support (LFS) and caregiver esteem (CE). Participants also completed a questionnaire that asked for their socio-demographic information. Multivariable linear regression analysis was first used with domains of CRA as outcome variables and socio-demographic variables as predictors in the models. The next set of multivariable linear regression analysis tested for the association between CRA domains and distress with CRA domain scores as outcome variables and PHQ-9 score as predictor, controlling for socio-demographic variables.

RESULTS:
Socio-demographic correlates of CRA domains identified were age, education, employment, income and ethnicity. Domain scores of CRA were significantly associated with PHQ-9 score even after controlling for socio-demographic variables.

A higher distress score was associated with greater impact felt in the domain of ISH ($\beta = 0.080$, $P < 0.001$), IF ($\beta = 0.064$, $P < 0.001$), and LFS ($\beta = 0.057$, $P < 0.001$), and was associated with lower CE domain scores ($\beta = -0.021$, $P < 0.05$).

CONCLUSION:
This study identified several socio-demographic correlates of caregiving reaction in the different domains. Each of these domains was found to be significantly associated with caregiver distress.

Higher distress was associated with stronger impact on the negative domains and a lower impact in the positive domain of caregiving reaction. Interventions such as educational programs at the caregiver level, and also promoting wider social care support in these domains may help to address caregiver distress.

READING 10 – EATING DISORDERS TREATMENT PROGRAMME IN SINGAPORE

Ng KW (1), Kuek A (2), Lee HY (1). Eating psychopathology and psychosocial impairment in patients treated at a Singapore eating disorders treatment programme. Singapore Med J. 2018 Jan; 59(1):33-38.

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Author information:
(1) Department of Psychiatry, Singapore General Hospital, Singapore.
(2) Australasian College of Health Service Management, Victoria, Australia.

ABSTRACT

INTRODUCTION:

There is limited data on the psychopathology of eating disorders in Singapore. This study: (a) described levels of eating psychopathology and psychosocial impairment among individuals diagnosed with eating disorders at our hospital; and (b) compared the related psychopathology of these patients.

METHODS:

Between 1 August 2010 and 31 July 2012, 257 individuals who met the diagnostic criteria for eating disorders completed the Eating Disorder Examination Questionnaire (EDE-Q) and Clinical Impairment Assessment questionnaire (CIA).

RESULTS:

A majority of participants were women and of Chinese ethnicity. Diagnoses included anorexia nervosa (AN; 41.6%), bulimia nervosa (BN; 29.6%) and eating disorder not otherwise specified (EDNOS; 28.8%). Mean age at presentation was 20.52 ± 7.14 years and mean body mass index was 17.84 ± 4.18 kg/m2. Individuals with AN were significantly younger at presentation and had shorter duration of untreated illness compared to those with BN and EDNOS.

There were no significant differences in the CIA scores of the diagnostic groups. Participants with BN scored higher in all subscales of the EDE-Q than those with AN and EDNOS.

Our sample scored lower in most subscales of EDE-Q when compared to treatment centres in Sweden, Australia and the United States.

CONCLUSION:

Our clinical sample reported lower scores of psychopathology compared to overseas centres. This could be attributed to the higher percentages of BN and EDNOS diagnosed in overseas populations. Individuals with AN showed higher levels of psychopathology in our study compared to patients from the United States.