

A SELECTION OF TEN CURRENT READINGS ON TOPICS RELATED TO MENTAL HEALTH UPDATE- RE-RUN

Some available as free full-text and some requiring payment

Selection of readings made by A/Prof Goh Lee Gan

READING 1 – ASIANS REQUIRE ONLY HALF THE DOSE OF CLOZAPINE DOSE PRESCRIBED FOR ASIANS

de Leon J(1)(2), Rajkumar AP(3)(4), Kaithi AR(5), Schoretsanitis G(6), Kane JM(6)(7), Wang CY(8), Tang YL(9), Lin SK(10), Hong KS(11), Farooq S(12), Ng CH(13), Ruan CJ(14), Andrade C(15). Do Asian Patients Require Only Half of the Clozapine Dose Prescribed for Caucasians? A Critical Overview. Indian J Psychol Med. 2020 Jan 6;42(1):4-10.

doi: 10.4103/IJPSYM.IJPSYM_379_19. eCollection 2020 Jan-Feb. PMID: 31997860. Free full text.

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ABSTRACT

Since 1997, studies have found that Asians need lower clozapine doses than Caucasians. Caucasians with average clozapine metabolism may need from 300 to 600 mg/day to reach the therapeutic range (350 ng/ml). Thus, serum clozapine concentration-to-dose (C/D) ratios typically range between 0.60 (male smokers) and 1.20 (female non-smokers).

A 2019 systematic review of clozapine levels demonstrated weighted mean C/D ratios of 1.57 in 876 East Asians and 1.07 in 1147 Caucasians ($P < .001$). In Asian countries, average clozapine doses are lower than 300 mg/day. After sex and smoking stratification in 5 Asian samples with clozapine concentrations, the clozapine dose required to reach 350 ng/ml in female non-smokers ranged from 145 to 189 mg/day and in male smokers, from 259 to 294 mg/day.

Thus, in Asian patients with average metabolism (with no inducers other than smoking, with no inhibitors, and in the absence of extreme obesity), the dose needed for clinical response may range between 150 mg/day for female non-smokers to 300 mg/day for male smokers.

Clozapine levels may help personalize dosing in clozapine poor metabolizers (PMs) and ultrarapid metabolizers (UMs). Asian PMs may need very low doses (50-150 mg/day) to obtain therapeutic concentrations. About 10% (range 2-13%) of Asians are genetic PM cases.

Other PMs are patients taking CYP1A2 inhibitors such as fluvoxamine, oral contraceptives, and valproate. Temporary clozapine PM status may occur during severe systemic infections/inflammations with fever and C-reactive protein (CRP) elevations. Asian UMs include patients taking potent inducers such as phenytoin, and rarely, valproate.

READING 2 – STIGMA AGAINST PSYCHIATRIC ILLNESSES IN SIX ASIAN SOCIETIES AND NEEDED INTERVENTIONS

Zhang Z(1)(2), Sun K(3), Jatchavala C(4), Koh J(5), Chia Y(6), Bose J(6), Li Z(1), Tan W(2)(7), Wang S(8), Chu W(1), Wang J(1), Tran B(9)(10), Ho R(1)(2)(6)(11). Overview of Stigma against Psychiatric Illnesses and Advancements of Anti-Stigma Activities in Six Asian Societies. *Int J Environ Res Public Health*. 2019 Dec 31;17(1). pii: E280.

doi: 10.3390/ijerph17010280. PMID: 31906068. Full free text.

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ABSTRACT

Background: In psychiatry, stigma is an attitude of disapproval towards people with mental illnesses. Psychiatric disorders are common in Asia but some Asians receive inadequate treatment. Previous review found that Asians with mental illness were perceived to be dangerous and aggressive. There is a need for renewed efforts to understand stigma and strategies which can effectively reduce stigma in specific Asian societies.

Objectives: The objective of this systematic review was to provide an up-to-date overview of existing research and status on stigma experienced by psychiatric patients and anti-stigma campaigns in China, Hong Kong, Japan, Singapore, Korea, and Thailand.

Methods: A systematic literature search was conducted in the following databases, including PubMed, PsycINFO, Embase, Web of Science, and local databases. Studies published in English and the official language of included countries/territories were considered for inclusion in the systematic review. Any article on stigma related to any form of psychiatric illness in the six Asian societies was included.

Results: One hundred and twenty-three articles were included for this systematic review. This review has six major findings. Firstly, Asians with mental illnesses were considered as dangerous and aggressive, especially patients suffering from schizophrenia and bipolar disorder; second, psychiatric illnesses in Asian societies were less socially-acceptable and were viewed as being personal weaknesses; third, stigma experienced by family members was pervasive and this is known as family stigma; fourth, this systemic review reported more initiatives to handle stigma in Asian societies than a decade ago; fifth, there have been initiatives to treat psychiatric patients in the community; and sixth, the role of supernatural and religious approaches to psychiatric illness was not prevailing.

Conclusion: This systematic review provides an overview of the available scientific evidence that points to areas of needed intervention to reduce and ultimately eliminate inequities in mental health in Asia.

READING 3 – MOTIVATION FOR MEDICATION USE IS THE STRATEGY FOR PROMOTING MEDICATION ADHERENCE

Hsieh WL(1), Lee SK(2), Chien WT(3), Liu WI(4), Lai CY(4), Liu CY(4). Mediating Effect Of The Motivation For Medication Use On Disease Management And Medication Adherence Among Community-Dwelling Patients With Schizophrenia. Patient Prefer Adherence. 2019 Nov 5;13:1877-1887.

doi: 10.2147/PPA.S218553. eCollection 2019. PMID: 31806936. Full free text

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ABSTRACT

Background: Nearly half of patients with schizophrenia do not adhere to the long-term medical treatment needed to manage their disease. Programs to promote medication adherence include promotion of motivation as a critical element to influence task performance.

Purpose: This study investigated the mediating effect of motivation for medication use on disease management and medication adherence in schizophrenia.

Methods: This cross-sectional, descriptive correlational study enrolled a convenience sample of 373 community-dwelling patients with schizophrenia in the northern and central regions of Taiwan. Data were collected with questionnaires and a series of validated assessment tools. Hierarchical regression was used to analyze the mediating effect of motivation for medication use on disease management and medication adherence.

Results: The medication adherence rate of the patients was 47.2%. The mediating effect of motivation for medication use on therapeutic alliance and medication adherence was 50%, whereas that on insight and medication adherence was 41% and that on medical social support and medication adherence was 72%.

Conclusion: Developing a medication motivation care model may be more effective than promoting therapeutic alliance, insight, or medical social support for promoting medication adherence. It also had greater impact on preventing relapses of community-dwelling patients with schizophrenia.

READING 4 – LIFESTYLE INTERVENTIONS IMPROVE MENTAL HEALTH, PHYSICAL HEALTH AND QUALITY OF LIFE

Manger S(1). Lifestyle interventions for mental health. Aust J Gen Pract. 2019 Oct;48(10):670-673.

doi: 10.31128/AJGP-06-19-4964. PMID: 31569326. Free full text.

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ABSTRACT

BACKGROUND: Mental illness is the single most common reason for patient visits to a general practitioner (GP). Prevalent mental illnesses include major depression disorder and dysthymia, anxiety disorders, bipolar disorders and schizophrenia. Patients with severe mental illness have a 10-20-year shorter life expectancy when compared with the general population, primarily due to physical chronic disease.

OBJECTIVE: The aim of this article is to provide a concise update regarding the evidence-based clinical lifestyle interventions in the management of both mental illnesses and the physical chronic diseases highly prevalent in people with mental illness.

DISCUSSION: Growing evidence shows that lifestyle interventions are an effective component of management for patients with mental illness to improve mental health, physical health and quality of life, which consequently assists in reducing the life expectancy gap between patients with severe mental illness and the general population. Measures can be taken to improve long-term adherence. The GP plays a crucial part in initiating and supporting patients with these measures.

READING 5 – EVIDENCE FOR TREAT-TO-TARGET SERUM URATE IN GOUT

O'Keefe EL(1), O'Keefe JH(2), Lavie CJ(3). Exercise Counteracts the Cardiotoxicity of Psychosocial Stress. Mayo Clin Proc. 2019 Sep;94(9):1852-1864.

doi: 10.1016/j.mayocp.2019.02.022. Epub 2019 Aug 23. PMID: 31451292. Payment required.

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ABSTRACT

Physical inactivity and psychosocial stress are prevalent in residents of the United States. The purpose of this article is to review the interaction between these 2 conditions and examine the effects of exercise on stress and cardiovascular (CV) health.

A query of scientific references between 1974 to 2018 was performed using the PubMed search engine accessing the MEDLINE database using the search terms psychosocial stress, CV disease (CVD), physical activity, exercise, cardiac rehabilitation, and team sports.

Psychosocial stress is a strong independent risk factor for adverse CV events. Conversely, people who experience CV events subsequently have drastically elevated rates of new-onset mental health disorders, including depression and anxiety.

Psychosocial stress and CVD often trigger self-reinforcing feedback loops that can worsen mental health and cardiac prognosis.

Exercise predictably improves CV health and prognosis and also is effective at lowering levels of psychosocial stress. Group exercise in particular seems to provide social support while at the same time boosting fitness levels and, thus, may be the single most important intervention for patients with concomitant CVD and emotional stress.

Collaborative physical activity, such as group exercise, team sports, interactive physical play, and cardiac rehabilitation programs, have the potential to improve mental health and CV prognosis.

READING 6 – EXERCISE, YOGA, TAI CHI, QIGONG, AND MEDITATION IMPROVE SYMPTOMS OF DEPRESSION AND ANXIETY

Saeed SA(1), Cunningham K(1), Bloch RM(1). Depression and Anxiety Disorders: Benefits of Exercise, Yoga, and Meditation. Am Fam Physician. 2019 May 15;99(10):620-627. PMID: 31083878. Payment required.

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ABSTRACT

Many people with depression or anxiety turn to nonpharmacologic and nonconventional interventions, including exercise, yoga, meditation, tai chi, or qi gong.

Meta-analyses and systematic reviews have shown that these interventions can improve symptoms of depression and anxiety disorders. As an adjunctive treatment, exercise seems most helpful for treatment-resistant depression, unipolar depression, and posttraumatic stress disorder.

Yoga as monotherapy or adjunctive therapy shows positive effects, particularly for depression. As an adjunctive therapy, it facilitates treatment of anxiety disorders, particularly panic disorder. Tai chi and qi gong may be helpful as adjunctive therapies for depression, but effects are inconsistent.

As monotherapy or an adjunctive therapy, mindfulness-based meditation has positive effects on depression, and its effects can last for six months or more. Although positive findings are less common in people with anxiety disorders, the evidence supports adjunctive use. There are no apparent negative effects of mindfulness-based interventions, and their general health benefits justify their use as adjunctive therapy for patients with depression and anxiety disorders.

READING 7 – GENERALISED ANXIETY DISORDER

DeMartini J(1), Patel G(1), Fancher TL(1). Generalized Anxiety Disorder. Ann Intern Med. 2019 Apr 2;170(7):ITC49-ITC64.

doi: 10.7326/AITC201904020. PMID: 30934083. Payment required.

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ABSTRACT

Generalized anxiety disorder (GAD) is a common and disabling illness that is often underdiagnosed and undertreated. Patients with GAD are at increased risk for suicide as well as cardiovascular-related events and death. Most patients can be diagnosed and managed by primary care physicians.

Symptoms include chronic, pervasive anxiety and worry accompanied by nonspecific physical and psychological symptoms (restlessness, fatigue, difficulty concentrating, irritability, muscle tension, or sleep disturbances).

Effective treatments include psychotherapy (often cognitive behavioral therapy) and pharmacotherapy, such as selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors.

READING 8 – KEEP PATIENTS ON ANTIDEPRESSANT THERAPY FOR A YEAR OR LONGER

McGuire P(1), Castelli G(1). PURL: Antidepressant Tx for anxiety disorders: How long? J Fam Pract. 2019 Sep;68(7):409-410.

PMID: 31532817. Free full text.

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Comment on BMJ. 2017 Sep 13;358:j3927.

ABSTRACT

This systematic review/meta-analysis provides some long-awaited evidence regarding the length of time to treat patients on antidepressant therapy to minimize the risk of relapse. Keep patient for a year or longer before considering a taper. Strength of evidence: A.

READING 9 – PHYSICIAN STRESS AND BURNOUT**Yates SW(1). Physician Stress and Burnout. Am J Med. 2020 Feb;133(2):160-164.****doi: 10.1016/j.amjmed.2019.08.034. Epub 2019 Sep 11. PMID: 31520624. Full free text.**

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ABSTRACT

Tens (or hundreds) of thousands of Americans die each year as a result of preventable medical errors. Changes in the practice and business of medicine have caused some to question whether burnout among physicians and other healthcare providers may adversely affect patient outcomes.

A clear consensus supports the contention that burnout affects patients, albeit with low-quality objective data. The psychological and physical impact on physicians and other providers is quite clear, however, and the impact on the physician workforce (where large shortages are projected) is yet another cause for concern.

We have all heard the airplane safety announcement remind us to "Please put on your own oxygen mask first before assisting others." Unfortunately, like many airline passengers (very few of whom use oxygen masks correctly when they are needed), physicians often do not recognize symptoms of burnout or depression, and even less often do they seek help.

We detail the causes and consequences of physician burnout and propose solutions to increase physician work satisfaction.

READING 10 – TRAINING FRONTLINE ELDERCARE WORKERS IN MENTAL HEALTHCARE**Sin GL(1), Yeo D(2), Koh HJ(3), Lee J(4), Ng LL(5). Training eldercare workers in mental healthcare. Singapore Med J. 2018 Jan;59(1):28-32.****doi: 10.11622/smedj.2017052. Epub 2017 Jul 6. PMID: 28681056. Free full text.**

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ABSTRACT

INTRODUCTION: A significant proportion of older persons who require support or care services have mental health concerns. There is a need to equip frontline eldercare workers with the necessary skills in caring for older persons with mental illnesses. The Community Psychogeriatric Programme aims to support community eldercare providers with training and consultation. We sought to measure eldercare workers' perceived levels of stress and knowledge about caring for older persons with mental illness before (pre-workshop), immediately after (post-workshop) and three months after (three-month follow-up) they underwent standardised training workshops on dementia and depression.

METHODS: Participants who attended two four-hour workshops on dementia and depression were recruited for the study. Their knowledge of topics was evaluated pre-workshop, post-workshop and at three-month follow-up. Perceptions of working with older persons with mental health problems were rated pre-workshop and at three-month follow-up.

RESULTS: A total of 71 staff members from various eldercare centres participated in the study, of which 51 (71.8%) were women. At three-month follow-up, there was a significant change in most measures on Ryden's Perception Scale ($p < 0.05$). There were significant improvements in knowledge scores for dementia and depression ($p < 0.001$). Knowledge gains after the workshop were maintained at three-month follow-up.

CONCLUSION: Training of eldercare workers in mental healthcare is helpful for knowledge improvement and altering perceptions of caring for older persons. With continued support from mental health professionals, such training could contribute to better care for this vulnerable population.