A SELECTION OF TEN READINGS ON TOPICS RELATED TO
MENTAL HEALTH 2023

Most require payment, some are available as free full text

Selection of readings made by A/Prof Goh Lee Gan

READING 1 – ANXIETY IN CHILDREN AND YOUTH – DIAGNOSIS

Klein B,[1] Rajendram R,[1] Hrycko S,[1] Poynter A,[1] Ortiz-Alvarez O,[1] Saunders N,[1] Andrews D.[1] Anxiety in children and youth: Part 1-Diagnosis. Paediatr Child Health. 2023 Feb 28;28(1):37-51. PMID: 36865762.

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ABSTRACT

Anxiety disorders are the most common mental health concerns affecting Canadian children and adolescents. The Canadian Paediatric Society has developed two position statements that summarise current evidence regarding the diagnosis and management of anxiety disorders. Both statements offer evidence-informed guidance to support paediatric healthcare providers (HCPs) making decisions around the care of children and adolescents with these conditions.

The objectives of Part 1, which focuses on assessment and diagnosis, are to: (1) review the epidemiology and clinical characteristics of anxiety disorders; and (2) describe a process for assessment of anxiety disorders. Specific topics are reviewed, including prevalence, differential diagnosis, co-occurring conditions, and the process of assessment.

Approaches are offered for standardised screening, history-taking, and observation. Associated features and indicators that distinguish anxiety disorders from developmentally appropriate fears, worries, and anxious feelings are considered. Note that when the word "parent'" (singular or plural) is used, it includes any primary caregiver and every configuration of family.

READING 2 – ANXIETY IN CHILDREN AND YOUTH – MANAGEMENT

Bobbitt S,[1] Kawamura A,[1] Saunders N,[1] Monga S,[1] Penner M,[1] Andrews D.[1] Anxiety in children and youth: Part 2-The management of anxiety disorders. Paediatr Child Health. 2023 Feb 28;28(1):52-66. PMID: 36865757.

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ABSTRACT

Anxiety disorders are the most common mental health concerns affecting Canadian children and adolescents. The Canadian Paediatric Society has developed two position statements that summarise current evidence regarding the diagnosis and management of anxiety disorders. Both statements offer evidence-informed guidance to support paediatric healthcare providers (HCPs) making decisions around the care of children and adolescents with these conditions.

The objectives of Part 2, which focuses on management, are to: (1) review the evidence and context for a range of clinical approaches that combine behavioural and pharmacological interventions to effectively address impairment; (2) describe the roles of education and psychotherapy in the prevention and treatment of anxiety disorders; and (3) outline the use of pharmacotherapy, with side effects and risks.

Recommendations for managing anxiety are based on current guidelines, review of the literature, and expert consensus. Note that when the word "parent" (singular or plural) is used, it includes any primary caregiver and every configuration of family.

READING 3 – ANXIETY AND DEPRESSION AMONG COMMUNITY-DWELLING OLDER ADULTS

Chen Q,[1] Lu L,[1,2,3] Liang M,[1,2,3] Shen H,[2,3] Tan L,[2,3] Huang Q,[4] He L,[5,6,7] Zhou Y.[8] Prevalence and factors associated with anxiety and depression among community-dwelling older adults in Hunan, China: a cross-sectional study. BMC Psychiatry. 2023 Feb 15;23(1):107. PMID: 36793025.

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ABSTRACT

BACKGROUND: Older adults' psychological health is a public health issue that cannot be ignored, especially when these psychological health problems and related factors change across different social backgrounds because of rapid changes in traditions and family structures and the epidemic responses after the outbreak of COVID-19 in China. The aim of our study is to determine the prevalence of anxiety and depression and their associated factors among community-dwelling older adults in China.

METHODS: A cross-sectional study was conducted from March to May 2021 with 1,173 participants aged 65 years or above from three communities in Hunan Province, China who were selected using convenience sampling. A structured questionnaire including sociodemographic characteristics, clinical characteristics, the Social Support Rating Scale (SSRS), the 7-Item Generalised Anxiety Disorder scale (GAD-7), and the Patient Health Questionnaire-9 Item (PHQ-9) was used to collect relevant demographic and clinical data and to measure social support status, anxiety symptoms, and depressive symptoms, respectively. Bivariate analyses were conducted to explore the difference in anxiety and depression based on samples' different characteristics. The multivariable logistic regression analysis was performed to test for significant predictors of anxiety and depression.

RESULTS: The prevalence of anxiety and depression were 32.74% and 37.34%, respectively. Multivariable logistic regression analysis revealed that being female, being unemployed before retirement age, lacking physical activity, having physical pain, and having three or more comorbidities were significant predictors for anxiety. Subjective social support and support utilisation were significant protective factors. Regarding depression, religion, lacking physical activity, having physical pain, and having three or more comorbidities were found to be significant predictors. Support utilisation was a significant protective factor.

CONCLUSION: The study group showed a high prevalence of anxiety and depression. Sex, employment status, physical activity, physical pain, comorbidities, and social support were associated with psychological health problems of older adults. These findings suggest that governments should focus on the psychological health problems of older adults by raising community awareness of issues related to older adults' psychological health. They should also screen for anxiety and depression among high-risk groups and encourage individuals to seek supportive counselling.

READING 4 – ROUTINE SCREENING FOR DEPRESSION AND ANXIETY IN PRIMARY CARE

Salinas A,[1] Gray G,[1] Crenshaw JT,[2] Gilder RE.[2] Implementing the evidence: Routine screening for depression and anxiety in primary care. J Am Coll Health. 2023 Jan 26:1-6. PMID: 36701422.

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ABSTRACT
BACKGROUND: Primary care providers are qualified to treat, diagnose, and manage common mental health issues like anxiety and depression. Anxiety and depression are common among college-age students, with the average age of onset occurring in one's late teens to early 20s. Screening tools are commonly used to recognise patients who may be at risk for anxiety and depression.

PURPOSE: The purpose of this evidence-based practice project was to (a) implement evidence-based guidelines for screening and management of college-aged patients with anxiety and/or depression and (b) to develop an algorithm that describes evidence-based management to guide providers at two student health centres.

METHODS: All patients who registered for a sick visit or other appointment at the project site were screened for anxiety and depression using two validated tools. An algorithm to help healthcare providers properly assess and better treat anxiety and depression was developed and implemented for this project.

RESULTS: A total of 366 patients were screened for depression and anxiety over a 3-month period. Using the created algorithm, patients received education on anxiety and/or depression and a counselling referral. If warranted, patients were prescribed medication therapy for depression and/or anxiety.

CONCLUSION: Screening for anxiety and depression has become the standard of care in primary care clinics. Routine screening tools help healthcare providers identify patients with anxiety and depression. Early identification and diagnosis of anxiety and depression leads to better outcomes in treatment.

READING 5 – DEPRESSION AND ANXIETY IN OLDER PEOPLE IN AFRICA, ASIA, AND SOUTH AMERICA

Edwards N,[1] Walker S,[2] Paddick SM,[3] Prina AM,[4] Chinnasamy M,[5] Reddy N,[6] Mboya IB,[7] Mtei M,[8] Varghese M,[9] Nakkasuja N,[10] Guerra M,[11] Sapkota N,[12] Dotchin C.[13] Prevalence of depression and anxiety in older people in low- and middle- income countries in Africa, Asia and South America: A systematic review and meta-analysis. J Affect Disord. 2023 Mar 15;325:656-674. PMID: 36681304.

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BACKGROUND: There is rapid growth of older people in Low- and Middle-Income Countries (LMICs). The aim of this review was to assess the literature on prevalence of anxiety and depression in this demographic, which to our knowledge has not yet been conducted.

METHODS: Databases including Medline, PsychInfo, Embase, Scielo, and African Journals Online were searched for terms including "mental disorders", "neurotic disorders", "mood disorders", and "anxiety disorders". Studies published between 1990 and 2020 providing data on older people (≥50 years) in LMICs (defined by World Bank Criteria) were included and quality-assessed. Meta-analysis was conducted on a subset of higher-quality studies to derive pooled prevalence estimates of depression.

RESULTS: One hundred and forty relevant studies were identified, of which 32 were included in meta-analysis. One hundred and fifteen studies reported depression prevalence only, 19 reported both depression and anxiety, and six reported anxiety only. In all studies identified, depression prevalence ranged from 0.5% to 62.7%, and Generalised Anxiety Disorder prevalence ranged from 0.2% to 32.2%. The pooled prevalence of depression on meta-analysis was 10.5% (95% CI, 8.9-11.2%). Reported prevalence rates of depression were significantly different in studies using ICD-10 compared with DSM criteria, and between community and clinical settings.

LIMITATIONS: The search strategy contained bias towards English language papers and high income country (HIC) publications. There is significant heterogeneity within the meta-analysis.

DISCUSSION: A wide range of methodologies and clinical criteria are used in prevalence studies of depression and anxiety in older people. Studies using screening tools found higher prevalence rates; clinicians and researchers should ensure diagnosis is made with gold-standard clinical criteria. Meta-analysis data suggest that rates of depression are similar in older people in LMICs compared to HICs but mental healthcare resources are limited, suggesting a large potential treatment gap.

READING 6 – NURSING STUDENTS' ATTITUDES, BEHAVIOUR, AND KNOWLEDGE TOWARD SMOKING CESSATION

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ABSTRACT
BACKGROUND: Smoking is the largest single cause of lifestyle-related preventable morbidity and mortality. Nurses form the largest cohort of health professionals and are strategically placed to implement smoking cessation interventions. However, their capacity is underutilised, particularly in rural and remote areas in countries such as Australia, where the incidence

of smoking in is higher than average and access to healthcare is limited. One strategy to address the underutilisation of nurses in smoking cessation interventions is to include training in the university/college nursing curriculum. To effectively implement this training, it is vital to have an in-depth knowledge of student nurses' attitudes towards smoking, including the role of healthcare professionals in smoking cessation, their smoking behaviour and that of their peers, and knowledge regarding smoking cessation techniques and resources.

OBJECTIVES: Investigate nursing students' attitudes, behaviour, and knowledge towards smoking cessation, determine the impact of demographics and educational experienced on these, and develop recommendations for future research and educational practice.

DESIGN: Descriptive survey.

PARTICIPANTS: Non-probability sample of undergraduate nursing students (n=247) from a regional Australian university.

RESULTS: Significantly more participants had tried smoking cigarettes than had not (p=0.026). There were no significant relationships between gender and smoking (p=0.169) or e-cigarette use (p=0.200), but a significant relationship was found between age and smoking status where older participants (48-57 years) were more likely to smoke (p<0.001). Most participants (70%) were supportive of public health measures to reduce cigarette smoking but felt that they lacked specific knowledge in assisting their patients to cease smoking.

CONCLUSIONS: Within education, there needs to be an emphasis on the central role that nurses play in smoking cessation, with a greater focus on training nursing students about smoking cessation strategies and resources. There is also a need to ensure that students know it falls within their duty of care to address smoking cessation with patients.

READING 7 – FACTORS ASSOCIATED WITH QUITTING AMONG SMOKING CESSATION MEDICATION-ASSISTED SMOKERS, AND EX-SMOKERS

Mersha AG,[1,2] Eftekhari P,[1,2] Kennedy M,[1,2] Gould GS.[3] Factors associated with quitting among smoking cessation medication-assisted smokers and ex-smokers: A cross-sectional study in Australia. Prev Med Rep. 2023 Feb 28;32:102168. PMID: 36922959.

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ABSTRACT

Effective smoking cessation medications (SCM) are available and are recommended for the treatment of tobacco smoking. In this study, we evaluated rate and factors associated with successful quitting among individuals who supported their quit attempt using SCMs in Australia.

An observational online cross-sectional survey was conducted using a convenience sample of smokers and ex-smokers in Australia. A self-administered questionnaire was used to evaluate socio-demographic, psychological, smoking, and medication use characteristics. The Fagerstrom Test for Nicotine Dependence scale was used to assess the level of nicotine addiction. Logistic regression used to identify factors associated with smoking cessation.

Of the 201 respondents, 33.3% had successfully quit smoking. Nicotine replacement therapy (NRT), varenicline, and bupropion were used by 71.6%, 19.9%, and 8.5% respectively. The rate of quitting was 30.6%, 47.5%, and 23.5% for participants who used NRT, varenicline, and bupropion, respectively. Six in ten (59.6%) of the participants who were adherent to SCMs reported continuous abstinence, whereas 22.9% among participants who were nonadherent to SCMs reported quitting. Adherence to SCMs was significantly associated with increased rate of quitting (AOR=2.67, 95% CI of 1.17-6.10). Additionally, having a smoke-free home was associated with successful smoking cessation (AOR=2.34, 95% CI of 1.13-4.90). In conclusion, one in three participants self-reported that they successfully quit smoking. Adherence to SCMs and a smoke-free home were strongly associated with quitting.

Smoking cessation programmes and future studies are recommended to incorporate medication adherence as a core component. Home-targeted and family-inclusive interventions are recommended to manage smoke-free homes and enhance success of quitting attempts.

READING 8 – GLOBAL BURDEN OF CANCERS ATTRIBUTABLE TO TOBACCO SMOKING

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ABSTRACT

AIM AND BACKGROUND: Identifying risk factors for cancer initiation and progression is the cornerstone of the preventive approach to cancer management and control (EPMA J. 4(1):6, 2013). Tobacco smoking is a well-recognised risk factor for initiation and spread of several cancers. The predictive, preventive, and personalised medicine (PPPM) approach to cancer management and control focuses on smoking cessation as an essential cancer prevention strategy. Towards this end, this study examines the temporal patterns of cancer burden due to tobacco smoking in the last three decades at global, regional, and national levels.

DATA AND METHODS: The data pertaining to the burden of 16 cancers attributable to tobacco smoking at global, regional, and national levels were procured from the Global Burden of Disease 2019 Study. Two main indicators, deaths and disability-adjusted life years (DALYs), were used to describe the burden of cancers attributable to tobacco smoking. The socio-economic development of countries was measured using the socio-demographic index (SDI).

RESULTS: Globally, deaths due to neoplasms caused by tobacco smoking increased from 1.5 million in 1990 to 2.5 million in 2019, whereas the age-standardised mortality rate (ASMR) decreased from 39.8/100,000 to 30.6/100,000 and the age-standardised DALY rate (ASDALR) decreased from 948.9/100,000 to 677.3/100,000 between 1990 and 2019. Males accounted for approximately 80% of global deaths and DALYs in 2019. Populous regions of Asia and a few regions of Europe account for the largest absolute burden, whereas countries in Europe and America have the highest age-standardised rates of cancers due to tobacco smoking. In 8 out of 21 regions, there were more than 100,000 deaths due to cancers attributable to tobacco smoking led by East Asia, followed by Western Europe in 2019. The regions of Sub-Saharan Africa (except southern region) had one of the lowest absolute counts of deaths, DALYs, and age-standardised rates. In 2019, tracheal, bronchus, and lung (TBL), esophageal, stomach, colorectal, and pancreatic cancer were the top 5 neoplasms attributable to tobacco smoking, with different burdens in regions as per their development status. The ASMR and ASDALR of neoplasms due to tobacco smoking were positively correlated with SDI, with pairwise correlation coefficient of 0.55 and 0.52, respectively.

CONCLUSION: As a preventive tool, tobacco smoking cessation has the biggest potential among all risk factors for preventing millions of cancer deaths every year. Cancer burden due to tobacco smoking is found to be higher in males and is positively associated with socio-economic development of countries. As tobacco smoking begins mostly at younger ages and the epidemic is unfolding in several parts of the world, more accelerated efforts are required towards tobacco cessation and preventing youth from entering this addiction. The PPPM approach to medicine suggests that not only personalised and precision medicine must be provided to cancer patients afflicted by tobacco smoking, but personalised and targeted preventive solutions must be provided to prevent initiation and progression of smoking.

READING 9 – EVOLUTION OF PAEDIATRIC EATING DISORDERS IN SINGAPORE

Wong L,[1,2] Goh LG,[3,4] Ramachandran R.[2,5] Evolution of paediatric eating disorders in Singapore: a historical cohort study. Arch Dis Child. 2022 Jul 18:archdischild-2022-323925. PMID: 35851292.

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ABSTRACT
OBJECTIVE: Most eating disorders (EDs) develop during adolescence, impacting a critical period of development. There is limited research on EDs in children in Singapore or the rest of South-East (SE) Asia.

DESIGN: We analysed a hospital-based cohort of paediatric patients (≤18 years) with EDs (n=177) in Singapore between 2011 and 2021. Historical trends, over three decades, were obtained by comparison with two previously published Singapore studies.

RESULTS: Of the 177 patients, the majority 158 (89%) were females, with anorexia nervosa (AN) 151 (85%). The mean age at diagnosis was 14.6 (SD 1.8) years. For AN, the mean duration of illness before diagnosis was 8.3 (SD 6.3) months, and this has decreased by 8.4 months (95% CI 4.5 to 12.3 months, p=<0.0001) from the 2003 to 2010 cohort, and 17.7 months (95% CI 12.6 to 22.8 months, p=<0.0001) from the 1994 to 2002 cohort. Avoidant/restrictive food intake disorder (ARFID) cases are increasing, and the clinical profile differs from other EDs. Since family-based therapy (FBT) was introduced for patients with AN, the remission rate at one year improved from 30% to 79%, and time to remission has decreased from 16 to 7.5 months.

CONCLUSION: AN is the most common ED in paediatric patients in Singapore. Over the past three decades, EDs are being diagnosed earlier. FBT has emerged as the most effective treatment for AN. ARFID is being diagnosed more frequently. Data suggest that EDs are prevalent and increasing among adolescents in SE Asia. Singapore is a good test case for SE Asia, but research and attention to the problem in the region is needed.

READING 10 – IDENTIFYING EATING DISORDERS IN ADOLESCENTS AND ADULTS WITH OVERWEIGHT OR OBESITY

House ET,[1,2] Lister NB,[1,2] Jebeile H,[1,2] McMaster CM,[2,5] Seidler AL,[3] Li H,[4] Ong WY,[4] Paxton SJ.[6] Identifying eating disorders in adolescents and adults with overweight or obesity: A systematic review of screening questionnaires. Int J Eat Disord. 2022 Sep;55(9):1171-1193. PMID: 35809028.

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ABSTRACT

OBJECTIVE: This review aimed to examine the validity of self-report screening questionnaires for identifying eating disorder (ED) risk in adults and adolescents with overweight/obesity.

METHOD: Five databases were searched from inception to September 2020 for studies assessing validation of self-report ED screening questionnaires against diagnostic interviews in adolescents and adults with overweight/obesity. The review was registered with PROSPERO (https://www.crd.york.ac.uk/PROSPERO/display_record.php?RecordID=220013).

RESULTS: Twenty-seven papers examining 15 questionnaires were included. Most studies validated questionnaires for adults (22 of 27 studies), and most questionnaires (12 of 15) screened for binge eating or binge-eating disorder (BED). The Eating Disorder Examination Questionnaire (sensitivity=0.16-0.088, specificity=0.62-1.0) and Questionnaire on Eating and Weight Patterns (sensitivity=0.07-1.0, specificity=0.0-1.0) were most frequently validated (six studies each). Five studies of three questionnaires were in adolescents, with the Adolescent Binge-Eating Disorder Questionnaire having highest sensitivity (1.0) but lower specificity (0.27). Questionnaires designed to screen for BED generally had higher diagnostic accuracy than those screening for EDs in general.

DISCUSSION: Questionnaires have been well validated to identify BED in adults with overweight/obesity. Validated screening tools to identify other EDs in adults and any ED in adolescents with overweight/obesity are lacking. Thus, clinical assessment should inform the identification of patients with co-morbid EDs and overweight/obesity.

PUBLIC SIGNIFICANCE: Individuals with overweight/obesity are at increased risk of EDs. This review highlights literature gaps regarding screening for ED risk in this vulnerable group. This work presents possibilities for improving care of individuals with overweight/obesity by reinventing ED screening tools to be better suited to diverse populations.