

A SELECTION OF TEN READINGS ON TOPICS RELATED TO CHILD AND ADOLESCENT PREVENTIVE MENTAL HEALTH CARE 2023

Some are available as free full text, some require payment

Selection of readings made by A/Prof Goh Lee Gan

READING 1 – METHYLPHENIDATE IN CHILDREN WITH ATTENTION DEFICIT/ HYPERACTIVITY DISORDER (ADHD)

Mizuno Y,¹ Cai W,² Supekar K,² Makita K,³ Takiguchi S,⁴ Tomoda A,⁵ Menon V.⁶ Methylphenidate remediates aberrant brain network dynamics in children with attention-deficit/hyperactivity disorder: A randomized controlled trial. *Neuroimage*. 2022 Aug 15;257:119332. PMID: 35640787

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ABSTRACT

Methylphenidate is a widely used first-line treatment for attention deficit/hyperactivity disorder (ADHD), but the underlying circuit mechanisms are poorly understood. Here we investigate whether a single dose of osmotic release oral system methylphenidate can remediate attention deficits and aberrancies in functional circuit dynamics in cognitive control networks, which have been implicated in ADHD.

In a randomised placebo-controlled double-blind crossover design, 27 children with ADHD were scanned twice with resting-state functional MRI, and sustained attention was examined using a continuous performance task under methylphenidate and placebo conditions; 49 matched typically-developing (TD) children were scanned once for comparison. Dynamic time-varying cross-network interactions between the salience (SN), frontoparietal (FPN), and default mode (DMN) networks were examined in children with ADHD under both administration conditions and compared with TD children. Methylphenidate improved sustained attention on a continuous performance task in children with ADHD when compared to the placebo condition.

Children with ADHD under placebo showed aberrancies in dynamic time-varying cross-network interactions between the SN, FPN, and DMN, which were remediated by methylphenidate. Multivariate classification analysis confirmed that methylphenidate remediates aberrant dynamic brain network interactions. Furthermore, dynamic time-varying network interactions under placebo conditions predicted individual differences in methylphenidate-induced improvements in sustained attention in children with ADHD.

These findings suggest that a single dose of methylphenidate can remediate deficits in sustained attention and aberrant brain circuit dynamics in cognitive control circuits in children with ADHD. Findings identify a novel brain circuit mechanism underlying a first-line pharmacological treatment for ADHD and may inform clinically useful biomarkers for evaluating treatment outcomes.

READING 2 – EMERGENCY MENTAL HEALTH PRESENTATIONS IN CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD) AND ADHD

Hill A,¹ Bourke EM,^{1,2} Say DF,³ Carison A,³ Babi FE,^{1,2,3,4} O'Donnell SM,^{1,3} Craig S,^{1,4,5} Hiscock H.^{2,6,7} Emergency mental health presentations in children with autism spectrum disorder and attention deficit hyperactivity disorder. *J Paediatr Child Health*. 2021 Oct;57**(10):1572-1579. PMID: 33963626.**

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AIM: To characterise the key features and management of young people presenting to the emergency department (ED) with a mental health (MH) complaint and a known diagnosis of autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD).

METHODS: Retrospective review of all ED MH presentations in children aged 7-17 years, presenting over a 12-month period from 1 January 2018 to 31 December 2018, to the Royal Children's Hospital in Melbourne, Australia. Univariate analyses were carried out to examine the relationship between an underlying diagnosis of ASD and/or ADHD and a number of key presentation variables. Relative risks (RRs) and 95% confidence intervals (CIs) were calculated for ED management outcomes.

RESULTS: There were 374 presentations in this cohort, representing 28% of the total MH presentations in 2018. The most common reason for presentation was acute severe behavioural disturbance. Young people with ASD and ADHD were at increased risk of having an acute crisis team response activated (ASD RR 2.3, CI 1.6-3.3, ADHD RR 2.2, CI 1.2-4.1). Compared to those without either diagnosis, young people with ASD were more likely to be physically restrained (RR 2.8, CI 1.7-4.6), managed in seclusion (RR 3.3, CI 1.7-6.4), and to receive medication to assist with behavioural de-escalation (RR 2.8, CI 1.6-4.9).

CONCLUSIONS: Children with ASD and/or ADHD represent one-quarter of all children presenting to the ED with MH complaints. They experience high rates of acute severe behavioural disturbance. Future research is needed to co-design, implement, and evaluate better approaches for their management.

READING 3 – OBSERVATIONAL STUDY ON MENTAL AND BEHAVIOURAL DISORDERS OF CHILDHOOD AND ADOLESCENCE

Das S,¹ Soren RV,¹ Ghosh S,² Bhuyan D,³ Goswami HK,³ Saikia H,⁴ Bhandari SS.⁵ **Mental and Behavioural Disorders of Childhood and Adolescence: An Observational Study.** *J Adv Med Med Res.* 2021;33(16):189-194. PMID: 34395951.

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ABSTRACT

BACKGROUND: There is overlap of symptoms in psychiatric disorders, especially in mental and behavioural disorders of childhood and adolescence. Half of all lifetime psychiatric disorders tend to arise by age 14 and three-fourths of them arise by age 24.

AIM: To study the various types of mental and behavioural disorders of childhood and adolescence, and to find out comorbidities within and across the types.

METHODS: An observational cross-sectional study was carried out over a period of one year in the psychiatry department of a tertiary care general hospital. The psychiatric diagnoses according to the World Health Organization's (WHO) 10th revision of the International Statistical Classification of Health and Related Problems (ICD-10) were categorised into type 1 (depression, anxiety, obsessive-compulsive disorder, and somatoform disorder), type 2 (attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder), and type 3 (mental retardation, developmental disorders of speech and language and scholastic skills, and pervasive developmental disorders). Descriptive statistics was used with frequency and percentage.

RESULTS: The total sample size was 137. Children and adolescents were almost equally distributed. There were more boys than girls. Type 3 disorders were maximum. Adolescents had mostly type 1 disorders. The children had mostly type 3 disorders. Girls had almost same number of type 1 and type 3 disorders. Boys had mostly type 3 disorders. Within group comorbidity was mostly with type 3 disorders. Across group comorbidity was highest in type2-type 3 disorders.

CONCLUSION: Mental and behavioural disorders in childhood and adolescence do vary according to age and sex, and their recognition will help in the early diagnosis and proper management.

READING 4 – CHANGES IN MENTAL HEALTH SYMPTOMS AMONG SINGAPORE CHILDREN FROM 2003 TO 2017

Lee CYS,¹ Goh TJ,² Meaney MJ,³ Cai S,⁴ Chong YS,⁴ Tan KH,⁵ Shek LP,⁶ Broekman B,⁷ Fung DSS.⁸ **Our children then and now: Changes in mental health symptoms among Singaporean children from 2003 to 2017.** *Asian J Psychiatr.* 2021 Sep;63:102773. PMID: 34298431.

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ABSTRACT

In recent years, there appears to have been a rise in the diagnosis and treatment of child mental health disorders in many countries, including Singapore. While this increase may be alarming, it could possibly be attributed to factors such as changes in diagnostic criteria, improved screening in schools and primary health settings, changes in clinical practices, and an increase in help-seeking behaviour. Hence, an examination of community-level trends in mental health symptoms can elucidate how child psychopathology has changed over the years.

This study aimed to investigate differences in symptoms of mental health between two cohorts of young Asian children aged six to eight living in Singapore.

Child Behaviour Checklist (CBCL) scores from a sample in 2003 (Cohort 1; n=524) were compared to another sample taken in 2017 (Cohort 2; n=655). Cohort 2 had lower externalising scale scores as compared to Cohort 1, but there were no significant differences in total problem scores or internalising scale scores. Among the CBCL subscales, Cohort 2 had comparatively lower levels of aggressive behaviour and withdrawn/depressed symptoms, but higher levels of thought problems and somatic complaints as compared to Cohort 1.

Our findings suggest that children in Singapore are progressing as well as, or even better than, children 14 years ago on most aspects of mental well-being.

READING 5 – YOUNG ADULT MENTAL HEALTH SEQUELAE OF EATING AND BODY IMAGE DISTURBANCES IN ADOLESCENCE

Linardon J,¹ Fuller-Tyszkiewicz M,¹ Greenwood CJ,^{1,2} Youssef GJ,^{1,2} Macdonald JA,^{1,2,3} Spry E,^{1,2,3} Letcher P,^{1,2,3} Olsson CA,^{1,2,3} Hutchinson DM,^{1,2,3,4} McIntosh JE,^{1,2,3,5} Sanson A,³ Wertheim EH,⁵ Le Grange D.⁶ Young adult mental health sequelae of eating and body image disturbances in adolescence. *Int J Eat Disord.* 2021 Sep;54(9):1680-1688.PMID: 34240437.

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ABSTRACT

OBJECTIVE: There has been interest in the antecedents and mental health impacts of eating and body image disturbances in adolescence. Less is known about longer-term mental health impacts into young adulthood, as longitudinal studies with data spanning this developmental period are rare. We capitalise on mental health data collected across adolescence and young adulthood from a population-based cohort study that has been following >2000 Australian children and their families from infancy to young adulthood.

METHOD: This sample comprised 1,568 participants who completed the Eating Disorder Inventory drive for thinness and bulimic behaviour (the severity of binge-purge patterns) subscales, and a modified version of the body dissatisfaction subscale in mid-adolescence (15-16 years), or the Depression Anxiety Stress Scales in young adulthood (19-20, 23-24, and 27-28 years).

RESULTS: After adjusting for baseline demographic and prior mental health factors (<13 years of age), all three indices of eating and body image disturbances in adolescence predicted each mental health outcome in young adulthood. Mental health risks associated with adolescent body dissatisfaction and bulimic behaviour scores remained stable across young adulthood, with men having more pronounced problems associated with bulimic behaviour scores than women. In contrast, mental health risks associated with adolescent drive for thinness scores diminished across this period similarly for men and women.

DISCUSSION: Findings suggest that adolescent eating and body image disturbances may have long-term mental health impacts that extend into young adulthood. This underscores the need for early preventative intervention, and longer-term monitoring and support for body image and eating disturbances.

READING 6 – COMMUNITY SOLUTIONS AND PARENT MANAGEMENT TRAINING FOR OPPOSITIONAL YOUTHS

Murrihy RC,¹ Drysdale SAO,² Dedousis-Wallace A,² Rémond L,² Ellis DM,² McAloon J,³ Halldorsdottir T,⁴ Greene RW,⁵ Ollendick TH.⁵ Community-Delivered Collaborative and Proactive Solutions and Parent Management Training for Oppositional Youth: A Randomized Trial. *Behav Ther.* 2023 Mar;54(2):400-417. 36858768.

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ABSTRACT

The aim of this study was to examine the relative effectiveness of Collaborative and Proactive Solutions (CPS) and Parent Management Training (PMT) for youth with oppositional defiant disorder (ODD) in a community setting.

Based on a semistructured diagnostic interview, 160 youth with ODD (ages 7-14; 72% male; ethnicity representative of the wider Australian population) were randomised to CPS (n=81) or PMT (n=79) for up to 16 weekly sessions.

The primary hypothesis was that participants in the CPS group, treated in a community setting, would exhibit significant improvement in ODD, equivalent to that of an evidence-based treatment, PMT.

Assessment was conducted at baseline, post-intervention, and at 6-month follow-up, using independently rated semistructured diagnostic interviews, parent ratings of ODD symptoms, and global ratings of severity and improvement. Analyses were conducted with hierarchical growth linear modelling, ANCOVA, and equivalence testing using an intent-to-treat sample.

Both treatments demonstrated similar outcomes, with 45-50% of youth in the nonclinical range after treatment, and 67% considered much improved. No differences were found between groups, and group equivalency was shown on the independent clinician and parent-rated measures. Gains were maintained at the 6-month follow-up.

In conclusion, CPS works as effectively as the well-established treatment, PMT, for youths with ODD, when implemented in a community-based setting. As such, CPS provides a viable choice for families who seek alternate treatments.

READING 7 – NETWORK ANALYSIS OF OPPOSITIONAL DEFIANT BEHAVIOUR (ODD) SYMPTOMS IN CHILDREN

Gomez R,¹ Watson S,¹ Stavropoulos V,^{2,3} Gomez A,⁴ Brown T.⁵ Network analyses of Oppositional Defiant Disorder (ODD) symptoms in children. BMC Psychiatry. 2022 Apr 13;22(1):263.PMID: 35418047.

doi: 10.1186/s12888-022-03892-5. PMID: 35418047. Full free text.

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ABSTRACT

Based on parent and teacher ratings of their children, this study used regularised partial correlation network analysis (EBIC glasso) to examine the structure of DSM-5 Oppositional Defiant Disorder (ODD) symptoms.

Parent and teachers (N=934) from the general community in Malaysia completed questionnaires covering DSM-5 ODD symptoms. The most central ODD symptom for parent ratings was anger, followed by argue. For teacher ratings, it was anger, followed by defy. For both parent and teacher ratings, the networks revealed at least medium effect size connections for temper and argue, defy and argue, blames others, annoy, and spiteful and angry.

Overall, the findings were highly comparable across parent and teacher ratings, and they showed a novel understanding of the structure of the ODD symptoms. The clinical implications of the findings for assessment and treatment of ODD are discussed.

READING 8 – RISKS AND PROTECTIVE FACTORS ASSOCIATED WITH ADOLESCENT DEPRESSION IN SINGAPORE

Goh WS,¹ Tan JHN,¹ Luo Y,¹ Ng SH,¹ Sulaiman MSBM,² Loh VWK,² Wong JCM.³ Risk and protective factors associated with adolescent depression in Singapore: a systematic review. Singapore Med J. 2023 Apr 26. PMID: 37171423

doi: 10.4103/singaporemedj.SMJ-2021-192. PMID: 37171423. Free full text.

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ABSTRACT

INTRODUCTION: Adolescent depression is prevalent, and teen suicide rates are on the rise locally. A systemic review to understand associated risk and protective factors is important to strengthen measures for the prevention and early detection of adolescent depression and suicide in Singapore. This systematic review aims to identify the factors associated with adolescent depression in Singapore.

METHODS: A systematic search on the following databases was performed on 21 May 2020: PubMed, EMBASE, and PsycINFO. Full texts were reviewed for eligibility, and the included studies were appraised for quality using the Newcastle Ottawa Scale. Narrative synthesis of the finalised articles was performed through thematic analysis.

RESULTS: In total, eight studies were included in this review. The four factors associated with adolescent depression identified were: (1) sociodemographic factors (gender, ethnicity); (2) psychological factors, including childhood maltreatment exposure and psychological constructs (hope, optimism); (3) coexisting chronic medical conditions (asthma); and (4) lifestyle factors (sleep inadequacy, excessive internet use, and pathological gaming).

CONCLUSION: The identified factors were largely similar to those reported in the global literature, except for sleep inadequacy along with conspicuously absent factors such as academic stress and strict parenting, which should prompt further research in these areas. Further research should focus on current and prospective interventions to improve mental health literacy, targeting sleep duration and internet use and gaming, and mitigating the risk of depression in patients with chronic disease in the primary care and community setting.

READING 9 – WFSBP GUIDELINES FOR TREATMENT OF ANXIETY, OBSESSIVE COMPULSIVE AND POSTTRAUMATIC STRESS DISORDERS – VERSION 3. PART I. ANXIETY DISORDERS

Bandelow B,¹ Allgulander C,² Baldwin DS,³ Costa DLDC,⁴ Denys D,⁵ Dilbaz N,⁶ Domschke K,⁷ Eriksson E,⁸ Fineberg NA,⁹ Hättenschwiler J,¹⁰ Hollander E,¹¹ Kaiya H,¹² Karavaeva T,¹³ Kasper S,¹⁴ Rujescu D,¹⁴ Katzman M,^{15,16,17,18} Kim YK,¹⁹ Inoue T,²⁰ Lim L,²¹ Masdrakis V,²² Menchón JM,²³ Miguel EC,²⁴ Möller HJ,²⁵ Nardi AE,²⁶ Pallanti S,²⁷ Perna G,²⁸ Starcevic V,²⁹ Stein DJ,³⁰ Tsai SJ,³¹ Van Ameringen M,³² Vasileva A,³³ Wang Z,³⁴ Zohar J.³⁵ World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for treatment of anxiety, obsessive-compulsive and posttraumatic stress disorders – Version 3. Part I: Anxiety disorders. *World J Biol Psychiatry*. 2023 Feb;24(2):79-117. PMID: 35900161.

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ABSTRACT

AIM: This is the third version of the guideline of the World Federation of Societies of Biological Psychiatry (WFSBP) Task Force for the Pharmacological Treatment of Anxiety, Obsessive-Compulsive, and Posttraumatic Stress Disorders (published in 2002, revised in 2008).

METHOD: A consensus panel of 33 international experts representing 22 countries developed recommendations based on efficacy and acceptability of available treatments. In total, 1,007 RCTs for the treatment of these disorders in adults, adolescents, and children with medications, psychotherapy, and other non-pharmacological interventions were evaluated, applying the same rigorous methods that are standard for the assessment of medications.

RESULT: This paper, Part I, contains recommendations for the treatment of panic disorder/agoraphobia (PDA), generalised anxiety disorder (GAD), social anxiety disorder (SAD), specific phobias, mixed anxiety disorders in children and adolescents, separation anxiety, and selective mutism. Selective serotonin reuptake inhibitors (SSRI) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are first-line medications. Cognitive behavioural therapy (CBT) is the first-line psychotherapy for anxiety disorders. The expert panel also made recommendations for patients not responding to standard treatments and recommendations against interventions with insufficient evidence.

CONCLUSION: It is the goal of this initiative to provide treatment guidance for these disorders that has validity throughout the world.

READING 10 – GLOBAL PREVALENCE OF DEPRESSION AND ELEVATED DEPRESSIVE SYMPTOMS AMONG ADOLESCENTS

Shorey S,¹ Ng ED,¹ Wong CHJ.² Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis. *Br J Clin Psychol.* 2022 Jun;61**(2):287-305. PMID: 34569066**

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ABSTRACT

OBJECTIVE: Adolescence is a formative and turbulent phase where physiological, psychosocial, and cognitive changes leave adolescents vulnerable to psychological disorders. Given the lack of reviews that consolidate and compare worldwide prevalence of depression among adolescents, this review aims to examine the global prevalence of major depressive disorders, dysthymia, and elevated depressive symptoms among adolescents.

METHODS: A systematic review and meta-analysis was conducted. Six databases were searched for studies published from 2001 to December 2020. Seventy-two studies were included. Subgroup analyses were performed for year of publication, geographical region, sex, and assessment tools used.

RESULTS: The global point prevalence rate of elevated self-reported depressive symptoms from 2001 to 2020 was 34% (95% CI: 0.30-0.38). Point prevalence for major depressive disorder (MDD) and dysthymia was 8% (95% CI: 0.02-0.13) and 4% (95% CI: 0.01-0.07), respectively. The pooled one-year prevalence and lifetime prevalence for MDD were 8% (95% CI: 0.05-0.12) and 19% (95% CI: 0.12-0.26). Point prevalence of elevated depressive symptoms among adolescents increased from 24% (95% CI: 0.19-0.28) between 2001 and 2010 to 37% (95% CI: 0.32-0.42) between 2011 and 2020. The Middle East, Africa, and Asia have the highest prevalence of elevated depressive symptoms, and female adolescents were reported to have a higher prevalence of elevated depressive symptoms than male adolescents.

CONCLUSION: Besides targeting those with existing clinical depression, research and policies should also focus on educational and supportive mitigation efforts to curb depressive symptoms among adolescents before escalation. The findings encourage future research to develop more gender-specific and culturally relevant intervention programmes.

PRACTITIONER POINTS: 34% of adolescents globally, aged 10-19 years, are at risk of developing clinical depression, which exceeds the reported estimates of individuals aged 18 to 25 years. Practitioners are highly encouraged to prioritise depression screening and intervention implementation for individuals in this age group. Female adolescents and adolescents from Middle East, Africa, and Asia have the highest risk of developing depression. This should urge practitioners and researchers to develop more gender-specific and culturally relevant intervention programmes.