A SELECTION OF TEN CURRENT READINGS ON TOPICS RELATED TO PSYCHIATRY UPDATES AVAILABLE AS FULL-TEXT, SOME FREE & SOME REQUIRE PAYMENT

Selection of readings made by A/Prof Goh Lee Gan

READING 1 - Antidepressants and sleep

Holshoe JM. Antidepressants and sleep: a review. Perspect Psychiatr Care. 2009 Jul;45(3):191-7.

URL: http://www3.interscience.wiley.com/cgi-bin/fulltext/122466760/PDFSTART (full free text)

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ABSTRACT
PURPOSE. Insomnia is one of the most common symptoms seen in both primary and psychiatric care. Sleep hypnotics and benzodiazepines are the drugs of choice for insomnia but are not appropriate for all patients. CONCLUSION. The sedating tricyclics, the serotonin-2A receptor antagonist/serotonin-reuptake inhibitor antidepressants, and the atypical antidepressants can improve sleep and return sleep architecture to its restorative function. The serotonin/norepinephrine reuptake inhibitors and selective serotonin-reuptake inhibitors, with the possible exception of escitalopram, derange sleep architecture and decrease restorative sleep. PRACTICE IMPLICATIONS. Although most antidepressants cause sedation, not all antidepressants are equal in their effects on producing restorative sleep.
PMID: 19566691 [PubMed - indexed for MEDLINE]

READING 2 - Sleep and depression

Berk M. Sleep and depression - theory and practice. Aust Fam Physician. 2009 May;38(5):302-4.

URL: http://www.racgp.org.au/afp/200905/200905berk.pdf (full free text)

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ABSTRACT
BACKGROUND: Sleep disorders are particularly common in the primary care setting, and are intimately interlinked with depression. OBJECTIVE: This article aims to review the relationship between sleep and depression, with an emphasis on the foundation and clinical salience of this relationship. DISCUSSION: Depression is the most common cause of insomnia, and insomnia is highly prevalent in depression. This association has a well characterised physiological foundation. Sleep disorder in depression has prognostic and therapeutic implications. Residual insomnia after remission of depression is predictive of relapse, and prominent insomnia predicts a poorer treatment outcome in depression. Evidence based management involves integrating both pharmacological and behavioural strategies; the latter includes sleep hygiene and regulating diurnal rhythms. PMID: 19458799 [PubMed - indexed for MEDLINE]

READING 3 - Depression in primary care

McNaughton JL. Brief interventions for depression in primary care: a systematic review. Can Fam Physician. 2009 Aug;55(8):789-96.

URL: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2726093/pdf/0550789.pdf (free full text)

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ABSTRACT
OBJECTIVE: To assess existing, brief nonpharmacologic interventions that are available for primary care physicians with minimal training in psychotherapy to use in managing depression in adult patients. DATA SOURCES: MEDLINE was searched from 1996 to 2007, EMBASE was searched from 1980 to 2007, and EBM Reviews was searched from 1999 to 2007. STUDY SELECTION: Several randomized controlled trials were selected using specified criteria. Selected articles were subsequently appraised and qualitatively analyzed. SYNTHESIS: Significant improvements on depression scales were found in 6 out of 8 studies ($P < .05$) using various brief interventions and formal control groups. Successful interventions included bibliotherapy, websites based on cognitive-behavioural therapy (CBT), and CBT-based computer programs. Completion rates were highest when interventions were shorter, more structured, and included frequent contact or reminders from study staff. Validity limitations included small sample sizes, non-blinding of studies, and an uncertain degree of generalizability. CONCLUSION: Bibliotherapy, CBT-based websites, and CBT-based computer programs might be effective in assisting primary care physicians who have minimal training in psychotherapy in treating adult patients with depression. Health care personnel contact with patients undergoing these interventions might result in increased effectiveness. Future research is warranted in this area, and despite several limitations, findings from this study could help guide efforts in the development and evaluation of such research. PMCID: PMC2726093 PMID: 19675262 [PubMed - indexed for MEDLINE]

READING 4 - Which antidepressant?

Koenig AM, Thase ME. First-line pharmacotherapies for depression - what is the best choice? Pol Arch Med Wewn. 2009 Jul-Aug;119(7-8):478-86.

URL: http://www.ncbi.nlm.nih.gov/sites/entrez (free full text)

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ABSTRACT
Major depressive disorder is a significant public health problem and the leading cause of suicide worldwide. Since the discovery of the first effective medications for depression in the late 1950s, a variety of pharmacotherapies have been developed that are useful for treating the full range of depressive disorders. The availability of safer classes of antidepressants, as well as other factors, has resulted in a large increase in the number of depressed individuals who are treated for depression by their primary care providers. This review examines the antidepressants that are currently used as the initial or "first-line" therapies for major depressive disorder (MDD). These newer medications may be grouped into three classes: the selective serotonin reuptake inhibitors, the serotonin and norepinephrine reuptake inhibitors, and the norepinephrine-dopamine reuptake inhibitor. While the modern classes of antidepressants offer superior tolerability and safety over older medications such as the tricyclic antidepressants, there remains no universally effective pharmacologic treatment for MDD, and effective disease management requires careful attention to ongoing assessment of medication response and management of side effects. PMID: 19776688 [PubMed - indexed for MEDLINE]

READING 5 - Screening for childhood depression

Williams SB, O'Connor EA, Eder M, Whitlock EP. Screening for child and adolescent depression in primary care settings: a systematic evidence review for the US Preventive Services Task Force. Pediatrics. 2009 Apr;123(4):e716-35.

URL: http://pediatrics.aappublications.org/cgi/content/full/123/4/e716 (free full text)

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ABSTRACT

CONTEXT: Depression among youth is a disabling condition that is associated with serious long-term morbidities and suicide. OBJECTIVE: To assess the health effects of routine primary care screening for major depressive disorder among children and adolescents aged 7 to 18 years. METHODS: Medline, the Cochrane Central Registry of Controlled Trials, PsycInfo, the Cochrane Database of Systematic Reviews, recent systematic reviews, experts, and bibliographies from selected studies were the data sources. The studies selected were fair- and good-quality (on the basis of US Preventive Services Task Force criteria) controlled trials of screening and treatment (selective serotonin reuptake inhibitor and/or psychotherapy), diagnostic accuracy studies, and large observational studies that reported adverse events. Two reviewers quality-graded each article. One reviewer abstracted relevant information into standardized evidence tables, and a second reviewer checked key elements. RESULTS: We found no data describing health outcomes among screened and unscreened populations. Although the literature on diagnostic screening test accuracy is small and methodologically limited, it indicates that several screening instruments have performed fairly well among adolescents. The literature on treatment efficacy of selective serotonin reuptake inhibitors and/or psychotherapy is also small but includes good-quality randomized, controlled trials. Available data indicate that selective serotonin reuptake inhibitors, psychotherapy, and combined treatment are effective in increasing response rates and reducing depressive symptoms. Not all specific selective serotonin reuptake inhibitors, however, seem to be efficacious. Selective serotonin reuptake inhibitor treatment was associated with a small absolute increase in risk of suicidality (ie, suicidal ideation, preparatory acts, or attempts). No suicide deaths occurred in any of the trials. CONCLUSIONS. Limited available data suggest that primary care-feasible screening tools may accurately identify depressed adolescents and treatment can improve depression outcomes. Treating depressed youth with selective serotonin reuptake inhibitors may be associated with a small increased risk of suicidality and should only be considered if judicious clinical monitoring is possible. PMID: 19336361 [PubMed - indexed for MEDLINE]

READING 6 - Depression in cancer patients

Snyderman D, Wynn D. Depression in cancer patients. Prim Care. 2009 Dec;36(4):703-19.

URL: http://www.mdconsult.com/das/article/body/188248210-2/jorg=journal&source=&sp=22686315&sid=0/N/723961/s0095454309000748.pdf?issn=0095-4543 (payment required)

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ABSTRACT
Primary care clinicians who care for cancer patients are integral to the recognition, diagnosis, and management of depression in this population. A review of risk factors that may make patients more likely to develop depression can be a useful first step in screening for depression. Several screening instruments may guide clinicians in further work-up of patients suspected of being depressed. Depression is treatable in this patient population and prompt management may have a positive impact on overall outcomes. Pharmacologic and psychotherapeutic treatment options are numerous, and consideration of specific cancer treatments, including side-effect profiles, patient comorbidity, patient preference, and clinician resources, should direct management. PMID: 19913183 [PubMed - indexed for MEDLINE]

READING 7 - Social phobia

Jørstad-Stein EC, Heimberg RG. Social phobia: an update on treatment. Psychiatr Clin North Am. 2009 Sep;32(3):641-63.

URL: http://www.mdconsult.com/das/article/body/188248210-2/jorg=journal&source=&sp=22463031&sid=0/N/711056/1.html?issn=0193-953X (payment required)

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ABSTRACT
Social phobia is a prevalent anxiety disorder that may be treated with pharmacotherapy, psychotherapy, or both. This article reviews the empirical evidence for these interventions and discusses new treatment developments. Active ingredients and mechanisms involved in the effectiveness of treatment are discussed. In addition, the elements of social phobia and its treatment that are similar to other anxiety and non-anxiety disorders are considered. Finally, it discusses future efforts to improve diagnosis and treatment for social phobia, including possible revisions to the diagnostic criteria that might be considered in the forthcoming fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, as well as routine care and obstacles for dissemination. PMID: 19716995 [PubMed - indexed for MEDLINE]

READING 8 - Obsessive compulsive disorder

Fenske JN, Schwenk TL. Obsessive compulsive disorder: diagnosis and management. Am Fam Physician. 2009 Aug 1;80(3):239-45.

URL: http://www.mdconsult.com/das/article/body/188248210-6/jorg=journal&source=&sp=22397125&sid=0/N/712760/1.html?issn=0002-838X (payment required)

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ABSTRACT
Obsessive-compulsive disorder is an illness that can cause marked distress and disability. It often goes unrecognized and is undertreated. Primary care physicians should be familiar with the various ways obsessive-compulsive disorder can present and should be able to recognize clues to the presence of obsessions or compulsions. Proper diagnosis and education about the nature of the disorder are important first steps in recovery. Treatment is rarely curative, but patients can have significant improvement in symptoms. Recommended first-line therapy is cognitive behavior therapy with exposure and response prevention or a selective serotonin reuptake inhibitor. The medication doses required for treatment of obsessive-compulsive disorder are often higher than those for other indications, and the length of time to response is typically longer. There are a variety of options for treatment-resistant obsessive-compulsive disorder, including augmentation of a selective serotonin reuptake inhibitor with an atypical antipsychotic. Obsessive-compulsive disorder is a chronic condition with a high rate of relapse. Discontinuation of treatment should be undertaken with caution. Patients should be closely monitored for comorbid depression and suicidal ideation. PMID: 19621834 [PubMed - indexed for MEDLINE]

READING 9 - Drink too much

Willenbring ML, Massey SH, Gardner MB. Helping patients who drink too much: an evidence-based guide for primary care clinicians. Am Fam Physician. 2009 Jul 1;80(1):44-50.

URL: http://www.mdconsult.com/das/article/body/188248210-4/jorg=journal&source=&sp=22366930&sid=0/N/706946/1.html?issn=0002-838X (payment required)

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ABSTRACT
Excessive alcohol consumption is a leading cause of preventable morbidity and mortality, but few heavy drinkers receive treatment. Primary care physicians are in a position to address heavy drinking and alcohol use disorders with patients, and can do so quickly and effectively. The National Institute on Alcohol Abuse and Alcoholism has published a guide for physicians that offers an evidence-based approach to screening, assessing, and treating alcohol use disorders in general health care settings. Screening can be performed by asking patients how many heavy drinking days they have per week. Assessing patients' willingness to change their drinking behaviors can guide treatment. Treatment recommendations should be presented in a clear, nonjudgmental way. Patients who are not alcohol-dependent may opt to reduce drinking to lower risk levels. Patients with alcohol dependence should receive pharmacotherapy and brief behavioral support, as well as disease management for chronic relapsing dependence. All patients with alcohol dependence should be encouraged to participate in community support groups PMID: 19621845 [PubMed - indexed for MEDLINE]

READING 10 - Eating disorders

Andersen AE, Ryan GL. Eating disorders in the obstetric and gynecologic patient population. Obstet Gynecol. 2009 Dec;114(6):1353-67.

URL: http://ovidsp.tx.ovid.com/sp-2.3/ovidweb.cgi?T=JS&PAGE=fulltext&D=ovft&AN=00006250-200912000-00031&NEWS=N&CSC=Y&CHANNEL=PubMed (payment required)

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ABSTRACT

The eating disorders anorexia nervosa and bulimia nervosa and eating disorders not otherwise specified disproportionately affect women, have profound effects on the overall well-being of women and their children, and can have mortality rates as high as those found with major depression. These disorders may present to obstetrician-gynecologists (ob-gyns) clinically as menstrual dysfunction, low bone density, sexual dysfunction, miscarriage, preterm delivery, or low birth weight in offspring. Ninety percent of eating disorders develop before the age of 25 in otherwise healthy young women, a group that characteristically seeks the majority of their health care from ob-gyns. For all of these reasons, ob-gyns must have a greater awareness of these disorders and a lower index of suspicion for screening their patients than they currently do. Otherwise, they may miss life-threatening illness, treat characteristic amenorrhea inappropriately, or inadvertently intervene to help these women conceive, contributing to maternal and fetal risks. As providers of both primary and specialty care for women, ob-gyns have the opportunity to play a vital role in prevention and diagnosis of eating disorders and in the multidisciplinary management required to effectively manage these disorders. PMID: 19935043 [PubMed - indexed for MEDLINE]