36 depression-relevant abstracts november '15 newsletter

(Bond and Anderson 2015; Capitão, Murphy et al. 2015; Chambers, Cook et al. 2015; Collaboration 2015; Connolly Gibbons, Kurtz et al. 2015; Cristea, Huibers et al. 2015; Daley, Blamey et al. 2015; Danilenko and Ivanova 2015; Di Simplicio, Hales et al. 2015; Driessen, Hollon et al. 2015; Fergusson, McLeod et al. 2015; Fredman, Baucom et al. 2015; Gentile 2015; Gerhard, Devanand et al. 2015; Gibbons, Thompson et al. 2015; Guidi, Tomba et al. 2015; Hawke 2015; Hayslip, Pruett et al. 2015; Imamura, Kawakami et al. 2015; Iqbal and Dar 2015; Kessing, Vradi et al. 2015; Kushlev, Dunn et al. 2015; Leichsenring, Luyten et al. 2015; Lenze, Mulsant et al. 2015; Leonpacher, Liebers et al. 2015; Li, Liu et al. 2015; Lin, Chou et al. 2015; Lopresti 2015; Lutz, De Jong et al. 2015; Maccallum, Galatzer-Levy et al. 2015; Mårtensson, Pettersson et al. 2015; Miklowitz 2015; Newby, McKinnon et al. 2015; Pallaskorpi, Suominen et al. 2015; Pina-Camacho, Jensen et al. 2015; Sarris, Logan et al. 2015; Zhai, Zhang et al. 2015)

Bond, K. and I. M. Anderson (2015). ***"Psychoeducation for relapse prevention in bipolar disorder: A systematic review of efficacy in randomized controlled trials."*** Bipolar Disorders 17(4): 349-362. http://dx.doi.org/10.1111/bdi.12287

Objectives Previous reviews have concluded that interventions including psychoeducation are effective in preventing relapse in bipolar disorder, but the efficacy of psychoeducation itself has not been systematically reviewed. Our aim was to evaluate the efficacy of psychoeducation for bipolar disorder in preventing relapse and other outcomes, and to identify factors that relate to clinical outcomes. Methods We employed the systematic review of randomized controlled trials of psychoeducation in participants with bipolar disorder not in an acute illness episode, compared with treatment-as-usual, and placebo or active interventions. Pooled odds ratios (ORs) for non-relapse into any episode, mania/hypomania, and depression were calculated using an intent-to-treat (ITT) analysis, assigning dropouts to relapse, with a sensitivity analysis in which dropouts were assigned to non-relapse (optimistic ITT). Results Sixteen studies were included, eight of which provided data on relapse. Although heterogeneity in the data warrants caution, psychoeducation appeared to be effective in preventing any relapse [n = 7; OR: 1.98–2.75; number needed to treat (NNT): 5–7, depending on the method of analysis] and manic/hypomanic relapse (n = 8; OR: 1.68–2.52; NNT: 6–8), but not depressive relapse. Group, but not individually, delivered interventions were effective against both poles of relapse; the duration of follow-up and hours of therapy explained some of the heterogeneity. Psychoeducation improved medication adherence and short-term knowledge about medication. No consistent effects on mood symptoms, quality of life, or functioning were found. Conclusions Group psychoeducation appears to be effective in preventing relapse in bipolar disorder, with less evidence for individually delivered interventions. Better understanding of mediating mechanisms is needed to optimize efficacy and personalize treatment.

Capitão, L. P., S. E. Murphy, et al. (2015). ***"Acute fluoxetine modulates emotional processing in young adult volunteers."*** Psychological Medicine 45(11): 2295-2308. http://dx.doi.org/10.1017/S0033291715000240

Background Fluoxetine is generally regarded as the first-line pharmacological treatment for young people, as it is believed to show a more favourable benefit:risk ratio than other antidepressants. However, the mechanisms through which fluoxetine influences symptoms in youth have been little investigated. This study examined whether acute administration of fluoxetine in a sample of young healthy adults altered the processing of affective information, including positive, sad and anger cues. Method A total of 35 male and female volunteers aged between 18 and 21 years old were randomized to receive a single 20 mg dose of fluoxetine or placebo. At 6 h after administration, participants completed a facial expression recognition task, an emotion-potentiated startle task, an attentional dot-probe task and the Rapid Serial Visual Presentation. Subjective ratings of mood, anxiety and side effects were also taken pre- and post-fluoxetine/placebo administration. Results Relative to placebo-treated participants, participants receiving fluoxetine were less accurate at identifying anger and sadness and did not show the emotion-potentiated startle effect. There were no overall significant effects of fluoxetine on subjective ratings of mood. Conclusions Fluoxetine can modulate emotional processing after a single dose in young adults. This pattern of effects suggests a potential cognitive mechanism for the greater benefit:risk ratio of fluoxetine in adolescent patients.

Chambers, E., S. Cook, et al. (2015). ***"The self-management of longer-term depression: Learning from the patient, a qualitative study."*** BMC Psychiatry 15(1): 172. http://www.biomedcentral.com/1471-244X/15/172

(Available in free full text) BACKGROUND: Depression is a common mental health condition now viewed as chronic or long-term. More than 50% of people will have at least one further episode of depression after their first, and therefore it requires long-term management. However, little is known about the effectiveness of self-management in depression, in particular from the patients' perspective. This study aimed to understand how people with longer-term depression manage the condition, how services can best support self-management and whether the principles and concepts of the recovery approach would be advantageous. METHODS: Semi-structured in depth interviews were carried out with 21 participants, recruited from a range of sources using maximum variation sampling. Interpretative Phenomenological Analysis was used by a diverse team comprised of service users, practitioners and academics. RESULTS: Four super-ordinate themes were found: experience of depression, the self, the wider environment, self-management strategies. Within these, several prominent sub-themes emerged of importance to the participants. These included how aspects of themselves such as hope, confidence and motivation could be powerful agents; and how engaging in a wide range of chosen activities could contribute to their emotional, mental, physical, social, spiritual and creative wellbeing. CONCLUSIONS: Services in general were not perceived to be useful in specifically facilitating self-management. Increased choice and control were needed and a greater emphasis on an individualised holistic model. Improved information was needed about how to develop strategies and locate resources, especially during the first episode of depression. These concepts echoed those of the recovery approach, which could therefore be seen as valuable in aiding the self-management of depression.

Collaboration, O. S. (2015). ***"Estimating the reproducibility of psychological science."*** Science 349(6251). http://www.sciencemag.org/content/349/6251/aac4716.abstract

Reproducibility is a defining feature of science, but the extent to which it characterizes current research is unknown. We conducted replications of 100 experimental and correlational studies published in three psychology journals using high-powered designs and original materials when available. Replication effects were half the magnitude of original effects, representing a substantial decline. Ninety-seven percent of original studies had statistically significant results. Thirty-six percent of replications had statistically significant results; 47% of original effect sizes were in the 95% confidence interval of the replication effect size; 39% of effects were subjectively rated to have replicated the original result; and if no bias in original results is assumed, combining original and replication results left 68% with statistically significant effects. Correlational tests suggest that replication success was better predicted by the strength of original evidence than by characteristics of the original and replication teams.

(The excellent BPS Digest - http://digest.bps.org.uk/2015/08/this-is-what-happened-when.html - comments "After some high-profile and at times acrimonious failures to replicate past landmark findings, psychology as a discipline and scientific community has led the way in trying to find out more about why some scientific findings reproduce and others don't, including instituting reporting practices to improve the reliability of future results. Much of this endevour is thanks to the Center for Open Science, co-founded by the University of Virginia psychologist Brian Nosek. Today, the Center has published its latest large-scale project: an attempt by 270 psychologists to replicate findings from 100 psychology studies published in 2008 in three prestigious journals that cover cognitive and social psychology: Psychological Science, the Journal of Personality and Social Psychology, and the Journal of Experimental Psychology: Learning, Memory and Cognition. The Reproducibility Project is designed to estimate the "reproducibility" of psychological findings and complements the Many Labs Replication Project which published its initial results last year. The new effort aimed to replicate many different prior results to try to establish the distinguishing features of replicable versus unreliable findings: in this sense it was broad and shallow and looking for general rules that apply across the fields studied. By contrast, the Many Labs Project involved many different teams all attempting to replicate a smaller number of past findings – in that sense it was narrow and deep, providing more detailed insights into specific psychological phenomena. The headline result from the new Reproducibility Project report is that whereas 97 per cent of the original results showed a statistically significant effect, this was reproduced in only 36 per cent of the replication attempts. Some replications found the opposite effect to the one they were trying to recreate. This is despite the fact that the Project went to incredible lengths to make the replication attempts true to the original studies, including consulting with the original authors. Just because a finding doesn't replicate doesn't mean the original result was false – there are many possible reasons for a replication failure, including unknown or unavoidable deviations from the original methodology. Overall, however, the results of the Project are likely indicative of the biases that researchers and journals show towards producing and publishing positive findings. For example, a survey published a few years ago revealed the questionable practices many researchers use to achieve positive results, and it's well known that journals are less likely to publish negative results. The Project found that studies that initially reported weaker or more surprising results were less likely to replicate. In contrast, the expertise of the original research team or replication research team were not related to the chances of replication success. Meanwhile, social psychology replications were less than half as likely to achieve a significant finding compared with cognitive psychology replication attempts, but in terms of declines in size of effect, both fields showed the same average reduction from original study to replication attempt, to less than half (cognitive psychology studies started out with larger effects and this is why more of the replications in this area retained statistical significance). Among the studies that failed to replicate was research on loneliness increasing supernatural beliefs; conceptual fluency increasing a preference for concrete descriptions (e.g. if I prime you with the name of a city, that increases your conceptual fluency for the city, which supposedly makes you prefer concrete descriptions of that city); and research on links between people's racial prejudice and their response times to pictures showing people from different ethnic groups alongside guns. A full list of the findings that the researchers attempted to replicate can be found on the Reproducibility Project website (as can all the data and replication analyses). This may sound like a disappointing day for psychology, but in fact really the opposite is true. Through the Reproducibility Project, psychology and psychologists are blazing a trail, helping shed light on a problem that afflicts all of science, not just psychology. The Project, which was backed by the Association for Psychological Science (publisher of the journal Psychological Science), is a model of constructive collaboration showing how original authors and the authors of replication attempts can work together to further their field. In fact, some investigators on the Project were in the position of being both an original author and a replication researcher. "The present results suggest there is room to improve reproducibility in psychology," the authors of the Reproducibility Project concluded. But they added: "Any temptation to interpret these results as a defeat for psychology, or science more generally, must contend with the fact that this project demonstrates science behaving as it should" – that is, being constantly sceptical of its own explanatory claims and striving for improvement. "This isn't a pessimistic story", added Brian Nosek in a press conference for the new results. "The project shows science demonstrating an essential quality, self-correction – a community of researchers volunteered their time to contribute to a large project for which they would receive little individual credit.")

Connolly Gibbons, M. B., J. E. Kurtz, et al. (2015). ***"The effectiveness of clinician feedback in the treatment of depression in the community mental health system."*** J Consult Clin Psychol 83(4): 748-759. http://www.ncbi.nlm.nih.gov/pubmed/26052874

OBJECTIVE: We describe the development and evaluation of a clinician feedback intervention for use in community mental health settings. The Community Clinician Feedback System (CCFS) was developed in collaboration with a community partner to meet the needs of providers working in such community settings. METHOD: The CCFS consists of weekly performance feedback to clinicians, as well as a clinical feedback report that assists clinicians with patients who are not progressing as expected. Patients in the randomized sample (N = 100) were predominantly female African Americans, with a mean age of 39 years. RESULTS: Satisfaction ratings of the CCFS indicate that the system was widely accepted by clinicians and patients. A hierarchical linear models (HLM) analysis comparing rates of change across conditions controlling for baseline gender, age, and racial group indicated a moderate effect in favor of the feedback condition for symptom improvement, $t(94) = 2.41$, $p = .017$, $d = .50$. Thirty-six percent of feedback patients compared with only 13% of patients in the no-feedback condition demonstrated clinically significant change across treatment, $chi2(1) = 6.13$, $p = .013$. CONCLUSIONS: These results indicate that our CCFS is acceptable to providers and patients of mental health services and has the potential to improve the effectiveness of services for clinically meaningful depression in the community mental health setting.

Cristea, I. A., M. J. Huibers, et al. (2015). ***"The effects of cognitive behavior therapy for adult depression on dysfunctional thinking: A meta-analysis."*** Clin Psychol Rev 42: 62-71. http://www.ncbi.nlm.nih.gov/pubmed/26319193

BACKGROUND: It is not clear whether cognitive behavior therapy (CBT) works through changing dysfunctional thinking. Although several primary studies have examined the effects of CBT on dysfunctional thinking, no meta-analysis has yet been conducted. METHOD: We searched for randomized trials comparing CBT for adult depression with control groups or with other therapies and reporting outcomes on dysfunctional thinking. We calculated effect sizes for CBT versus control groups, and separately for CBT versus other psychotherapies and respectively, pharmacotherapy. RESULTS: 26 studies totalizing 2002 patients met inclusion criteria. The quality of the studies was less than optimal. We found a moderate effect of CBT compared to control groups on dysfunctional thinking at post-test ($g=0.50$; 95% CI: 0.38-0.62), with no differences between the measures used. This result was maintained at follow-up ($g=0.46$; 95% CI: 0.15-0.78). There was a strong association between the effects on dysfunctional thinking and those on depression. We found no significant differences between CBT and other psychotherapies ($g=0.17$; $p=0.31$), except when restrict in outcomes to the Dysfunctional Attitudes Scale ($g=0.29$). There also was no difference between CBT and pharmacotherapy ($g=0.04$), though this result was based on only 4 studies. DISCUSSION: While CBT had a robust and stable effect on dysfunctional thoughts, this was not significantly different from what other psychotherapies or pharmacotherapy achieved. This result can be interpreted as confirming the primacy of cognitive change in symptom change, irrespective of how it is attained, as well as supporting the idea that dysfunctional thoughts are simply another symptom that changes subsequent to treatment.

Daley, A. J., R. V. Blamey, et al. (2015). ***"A pragmatic randomized controlled trial to evaluate the effectiveness of a facilitated exercise intervention as a treatment for postnatal depression: The pam-pers trial."*** Psychological Medicine 45(11): 2413-2425. http://dx.doi.org/10.1017/S0033291715000409

Background Postnatal depression affects about 10–15% of women in the year after giving birth. Many women and healthcare professionals would like an effective and accessible non-pharmacological treatment for postnatal depression. Method Women who fulfilled the International Classification of Diseases (ICD)-10 criteria for major depression in the first 6 months postnatally were randomized to receive usual care plus a facilitated exercise intervention or usual care only. The intervention involved two face-to-face consultations and two telephone support calls with a physical activity facilitator over 6 months to support participants to engage in regular exercise. The primary outcome was symptoms of depression using the Edinburgh Postnatal Depression Scale (EPDS) at 6 months post-randomization. Secondary outcomes included EPDS score as a binary variable (recovered and improved) at 6 and 12 months post-randomization. Results A total of 146 women were potentially eligible and 94 were randomized. Of these, 34% reported thoughts of self-harming at baseline. After adjusting for baseline EPDS, analyses revealed a −2.04 mean difference in EPDS score, favouring the exercise group [95% confidence interval (CI) −4.11 to 0.03, p = 0.05]. When also adjusting for pre-specified demographic variables the effect was larger and statistically significant (mean difference = −2.26, 95% CI −4.36 to −0.16, p = 0.03). Based on EPDS score a larger proportion of the intervention group was recovered (46.5% v. 23.8%, p = 0.03) compared with usual care at 6 months follow-up. Conclusions This trial shows that an exercise intervention that involved encouragement to exercise and to seek out social support to exercise may be an effective treatment for women with postnatal depression, including those with thoughts of self-harming.

Danilenko, K. V. and I. A. Ivanova (2015). ***"Dawn simulation vs. Bright light in seasonal affective disorder: Treatment effects and subjective preference."*** Journal of Affective Disorders 180: 87-89. http://www.sciencedirect.com/science/article/pii/S0165032715001949

Abstract Background Studies comparing the efficacy of dawn simulation to conventional bright light for the treatment of seasonal affective disorder (in parallel groups) have yielded conflicting results. This crossover study investigated treatment outcomes and long-term treatment preference. Methods Forty winter depressives were treated for a week with bright light (4.300 lx for 30–45 min shortly after awakening) or dawn simulation (gradually increasing light during the last 30 min of sleep achieving 100 lx before alarm beep, with the dawn simulator placed closer to the open eyes for a further 15 min: 250 lx). The depression level was self-rated using SIGH-SAD-SR. Results Depression scores reduced similarly following bright light and dawn simulation: for 43.8% and 42.2% (medians), respectively; efficacy ratio was 23:17. The preference was also similar (21:19). Among those who preferred bright light, the most common reason was that they perceived the bright light to be more effective (19/21; it was more effective, p=0.0096; this subgroup tended to have more severe depression) and ease of use (6/21). Among those who preferred the dawn simulator, the reasons were a more "natural" action (9/19), device compactness and/or time-saving (10/19) and in 4 cases where bright light caused eyestrain. Limitations Not overhead naturalistic light for dawn simulation, self-rating of depression. Conclusions Dawn simulation is similarly effective to bright light in the treatment of winter depression. Patients with more severe depression tended to report greater improvement with bright light; in such cases, this would outweigh the non-clinical advantages of dawn simulation.

Di Simplicio, M., S. Hales, et al. (2015). ***"Mental imagery and mood instability: A case series of imagery-focused cognitive therapy for bipolar disorder."*** Bipolar Disord S1(17): 42-43

Mental imagery (the experience of 'seeing through the mind's eye') is associated with a greater emotional response than are verbal thoughts (Holmes & Matthews, 2005). Intrusive mental images characterise numerous mental disorders, from social anxiety to post-traumatic stress disorder, and have been proven a useful target for cognitive therapy to reduce anxiety (Clark et al., 2006) and depression (Brewin et al., 2009). Anxiety is a common feature of bipolar disorder potentially worsening mood instability, yet it remains neglected in psychological treatment approaches (Stratford, Cooper, Di Simplicio, Blackwell, Holmes in press). We proposed that excessive levels of vivid mental images can act as 'emotional amplifier' in bipolar disorder, contributing to the escalation of anxiety and mood symptoms (Holmes, et al., 2008). Compared to individuals with unipolar depression, bipolar patients report more compelling 'flashforwards' (future images) of both a negative suicidal (Hales et al., 2012) or positive nature (Ivins et al., 2014). MAPP (Mood Action Psychology Programme) is a case series study of imagery-focused cognitive therapy for bipolar disorder. Fourteen patients with bipolar disorder underwent a brief intervention (10–12 sessions) reducing dysfunctional and improving functional mental images associated with anxiety, low and elevated mood. Weekly depression, mania and anxiety symptoms were collected from four weeks baseline through the study duration and patients were followed up for six months; functioning and suicidality measures were also assessed. Data will be presented following our prediction that targeting mental imagery via cognitive therapy will reduce bipolar anxiety and improve eventual mood stability.

Driessen, E., S. D. Hollon, et al. (2015). ***"Does publication bias inflate the apparent efficacy of psychological treatment for major depressive disorder? A systematic review and meta-analysis of us national institutes of health-funded trials."*** PLoS One 10(9): e0137864. http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0137864

(Available in free full text) BACKGROUND: The efficacy of antidepressant medication has been shown empirically to be overestimated due to publication bias, but this has only been inferred statistically with regard to psychological treatment for depression. We assessed directly the extent of study publication bias in trials examining the efficacy of psychological treatment for depression. METHODS AND FINDINGS: We identified US National Institutes of Health grants awarded to fund randomized clinical trials comparing psychological treatment to control conditions or other treatments in patients diagnosed with major depressive disorder for the period 1972-2008, and we determined whether those grants led to publications. For studies that were not published, data were requested from investigators and included in the meta-analyses. Thirteen (23.6%) of the 55 funded grants that began trials did not result in publications, and two others never started. Among comparisons to control conditions, adding unpublished studies (Hedges' g = 0.20; CI95% -0.11~0.51; k = 6) to published studies (g = 0.52; 0.37~0.68; k = 20) reduced the psychotherapy effect size point estimate (g = 0.39; 0.08~0.70) by 25%. Moreover, these findings may overestimate the "true" effect of psychological treatment for depression as outcome reporting bias could not be examined quantitatively. CONCLUSION: The efficacy of psychological interventions for depression has been overestimated in the published literature, just as it has been for pharmacotherapy. Both are efficacious but not to the extent that the published literature would suggest. Funding agencies and journals should archive both original protocols and raw data from treatment trials to allow the detection and correction of outcome reporting bias. Clinicians, guidelines developers, and decision makers should be aware that the published literature overestimates the effects of the predominant treatments for depression.

Fergusson, D. M., G. F. H. McLeod, et al. (2015). ***"Life satisfaction and mental health problems (18 to 35 years)."*** Psychological Medicine 45(11): 2427-2436. http://dx.doi.org/10.1017/S0033291715000422

Background Previous research has found that mental health is strongly associated with life satisfaction. In this study we examine associations between mental health problems and life satisfaction in a birth cohort studied from 18 to 35 years. Method

Data were gathered during the Christchurch Health and Development Study, which is a longitudinal study of a birth cohort of 1265 children, born in Christchurch, New Zealand, in 1977. Assessments of psychiatric disorder (major depression, anxiety disorder, suicidality, alcohol dependence and illicit substance dependence) using DSM diagnostic criteria and life satisfaction were obtained at 18, 21, 25, 30 and 35 years. Results Significant associations ($p < 0.01$) were found between repeated measures of life satisfaction and the psychiatric disorders major depression, anxiety disorder, suicidality, alcohol dependence and substance dependence. After adjustment for non-observed sources of confounding by fixed effects, statistically significant associations ($p < 0.05$) remained between life satisfaction and major depression, anxiety disorder, suicidality and substance dependence. Overall, those reporting three or more mental health disorders had mean life satisfaction scores that were nearly 0.60 standard deviations below those without mental health problems. A structural equation model examined the direction of causation between life satisfaction and mental health problems. Statistically significant ($p < 0.05$) reciprocal associations were found between life satisfaction and mental health problems. Conclusions After adjustment for confounding, robust and reciprocal associations were found between mental health problems and life satisfaction. Overall, this study showed evidence that life satisfaction influences mental disorder, and that mental disorder influences life satisfaction.

Fredman, S. J., D. H. Baucom, et al. (2015). ***"Relatives' emotional involvement moderates the effects of family therapy for bipolar disorder."*** J Consult Clin Psychol 83(1): 81-91. http://www.ncbi.nlm.nih.gov/pubmed/25198285

OBJECTIVE: The "critical comments" dimension of the expressed emotion (EE) construct has been found to predict the illness course of patients with bipolar disorder, but less is known about the "emotional overinvolvement" component. The goal of this study was to evaluate whether relatives' observed appropriate and inappropriate emotional involvement (intrusiveness, self-sacrifice, and distress about patients' well-being) moderated the effectiveness of a family-based intervention for bipolar disorder. METHOD: 108 patients with bipolar disorder (mean age = 35.61 years, SD = 10.07; 57% female) and their relatives (62% spouses) from 2 clinical trials completed 10-min problem-solving interactions prior to being treated with pharmacotherapy plus family-based therapy (FBT) or brief psychoeducation (crisis management [CM]). Patients were interviewed every 3-6 months over 2 years to assess mood symptoms. RESULTS: When relatives showed low levels of inappropriate self-sacrifice, CM and FBT were both associated with improvements in patients' manic symptoms over 2 years. When relatives showed high levels, patients in CM became more manic over time, whereas patients in FBT became less manic. Group differences in mania trajectories were also observed at high levels of inappropriate emotional response but not at low. When relatives showed high levels of appropriate self-sacrifice, patients in both groups became less depressed. At low levels of appropriate self-sacrifice, patients in CM did not improve, whereas patients in FBT became less depressed. CONCLUSIONS: Future studies of bipolar disorder should consider the prognostic value of the amount and appropriateness of relatives' emotional involvement with patients in addition to their critical behaviors.

Gentile, S. (2015). ***"Prenatal antidepressant exposure and the risk of autism spectrum disorders in children. Are we looking at the fall of gods?"*** Journal of Affective Disorders 182: 132-137. http://www.sciencedirect.com/science/article/pii/S0165032715002815

Recent information suggests that antenatal exposure to psychotropics may impair child neurodevelopment. Thus, aim of this review is to examine systematically available literature investigating potential associations between prenatal use of selective serotonin reuptake inhibitors (SSRIs) and the risk of autism spectrum disorders (ASDs). Methods Medical literature published in English since 1988 identified using MEDLINE/PubMed, EMBASE, SCOPUS, and The Cochrane Library. Search terms: antidepressants, autism (spectrum disorders), childhood, children, neurodevelopment, pregnancy, SSRIs. Searches were updated until March 5, 2015. Results Six out of eight reviewed articles confirm an association between antenatal SSRI exposure and an increased risk of ASDs in children. However, the epidemiologic evidence on the link between prenatal SSRI exposure and ASD risk must still be cautiously interpreted, because of potential biases of analyzed research. Limitations Main limitations of reviewed studies include: lack of directly validated clinical evaluation, impossibility to identify women who really took the prescribed medications during pregnancy, no assessment of severity and course of symptoms in relation to the pregnancy, lack of information about unhealthy prenatal lifestyle behaviors. Conclusions Despite such limitations, available data show that some signal exists suggesting that antenatal exposure to SSRIs may increase the risk of ASDs. Thus, there is an urgent need for further, large, well-designed research finalized to definitively assess the existence and the magnitude of this severe risk, thus confirming or denying that we are truly looking at "the fall of Gods", since for many years SSRIs have been considered the first-choice agents for treating antenatal depression (Gentile, 2014; Gentile, 2011a; Gentile, 2005).

Gerhard, T., D. P. Devanand, et al. (2015). ***"Lithium treatment and risk for dementia in adults with bipolar disorder: Population-based cohort study."*** The British Journal of Psychiatry 207(1): 46-51. http://bjp.rcpsych.org/bjprcpsych/207/1/46.full.pdf

Background Lithium inhibits glycogen synthase kinase-3, an enzyme implicated in the pathogenesis of dementia. Aims To examine the association of lithium and dementia risk in a large claims-based US cohort of publicly insured older adults with bipolar disorder. Method The cohort included individuals ≥50 years diagnosed with bipolar disorder who did not receive dementia-related services during the prior year. Each follow-up day was classified by past-year cumulative duration of lithium use (0, 1–60, 61–300 and 301–365 days). Dementia diagnosis was the study outcome. Anticonvulsants commonly used as mood stabilisers served as a negative control. Results Compared with non-use, 301–365 days of lithium exposure was associated with significantly reduced dementia risk (hazard ratio (HR) = 0.77, 95% CI 0.60–0.99). No corresponding association was observed for shorter lithium exposures (HR = 1.04, 95% CI 0.83–1.31 for 61–300 days; HR = 1.07, 95% CI 0.67–1.71 for 1–60 days) or for any exposure to anticonvulsants. Conclusions Continuous lithium treatment may reduce dementia risk in older adults with bipolar disorder.

Gibbons, M. B., S. M. Thompson, et al. (2015). ***"The relation of baseline skills to psychotherapy outcome across diverse psychotherapies."*** J Clin Psychol 71(6): 491-499. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4560345/

(Available in free full text) OBJECTIVE: We explored whether patients with varied levels of baseline deficits in compensatory skills and self-understanding had different outcomes across cognitive and dynamic therapies. METHOD: The assessment battery was administered at intake and termination (N = 97; 66% female, 81% Caucasian). We conducted regression analyses predicting symptom change from baseline levels of self-understanding and compensatory skills. We also evaluated the interaction between baseline skill levels and treatment condition in the prediction of psychotherapy outcome. RESULTS: There was a significant interaction between treatment group and baseline compensatory skills in the prediction of Hamilton Depression Rating Scale (HAMD) symptom change, $F(1,76) = 4.59$, $p = .035$. Baseline deficits in compensatory skills were significantly related to symptom change for patients who received cognitive treatment, etarho = .40, $p = .037$, while baseline levels of self-understanding were not significantly predictive of treatment outcome in either condition. Baseline skill variables did not predict symptom change as measured by the HAMA. CONCLUSIONS: The findings support a capitalization model of cognitive therapy, whereby patients with relative strengths in compensatory skills at baseline have better treatment outcomes.

Guidi, J., E. Tomba, et al. (2015). ***"The sequential integration of pharmacotherapy and psychotherapy in the treatment of major depressive disorder: A meta-analysis of the sequential model and a critical review of the literature."*** Am J Psychiatry: appiajp201515040476. http://www.ncbi.nlm.nih.gov/pubmed/26481173

OBJECTIVE: A number of randomized controlled trials in major depressive disorder have employed a sequential model, which consists of the use of pharmacotherapy in the acute phase and of psychotherapy in its residual phase. The aim of this review was to provide an updated meta-analysis of the efficacy of this approach in reducing the risk of relapse in major depressive disorder and to place these findings in the larger context of treatment selection. METHOD: Keyword searches were conducted in MEDLINE, EMBASE, PsycINFO, and Cochrane Library from inception of each database through October 2014. Randomized controlled trials examining the efficacy of the administration of psychotherapy after successful response to acute-phase pharmacotherapy in the treatment of adults with major depressive disorder were considered for inclusion in the meta-analysis. RESULTS: Thirteen high-quality studies with 728 patients in a sequential treatment arm and 682 in a control treatment arm were included. All studies involved cognitive-behavioral therapy (CBT). The pooled risk ratio for relapse/recurrence was 0.781 (95% confidence interval [CI]=0.671-0.909; number needed to treat=8), according to the random-effects model, suggesting a relative advantage in preventing relapse/recurrence compared with control conditions. A significant effect of CBT during continuation of antidepressant drugs compared with antidepressants alone or treatment as usual (risk ratio: 0.811; 95% CI=0.685-0.961; number needed to treat=10) was found. Patients randomly assigned to CBT who had antidepressants tapered and discontinued were significantly less likely to experience relapse/recurrence compared with those assigned to either clinical management or continuation of antidepressant medication (risk ratio: 0.674; 95% CI=0.482-0.943; number needed to treat=5). CONCLUSIONS: The sequential integration of CBT and pharmacotherapy is a viable strategy for preventing relapse in major depressive disorder. The current indications for the application of psychotherapy in major depressive disorder are discussed, with special reference to its integration with pharmacotherapy.

Hawke, L. (2015). ***"Laughing like crazy stand up comedy peer support program for people with mental illness: Research results."*** Bipolar Disord 17(S1): 40-41. http://dx.doi.org/10.1111/bdi.12306_31

Dr. Hawke will present the results of the formal research project assessing the impacts of Laughing Like Crazy. In a collaborative project between MDAO and academic partners at the University Health Network, Dr. Hawke led a mixed-methods research project evaluating the effects of the Laughing Like Crazy program. A total of 40 participants completed a series of questionnaires before and after the program and participated in focus group interviews. Among them, 30 (75%) completed the entire Laughing Like Crazy program. Participants reported extremely high rates of satisfaction, as well as statistically significant improvements on nearly every measure. Improvements included greater self-confidence, reduced anxiety and depression, and more frequent use of humour to deal with stressful situations. Furthermore, at the end of the program participants reported using humour in a more adaptive way and using less maladaptive humour. Focus group discussions revealed improved symptom management, personal development, a sense of achievement, a sense of community, and enjoyment of a very inspiring experience. In summary, MDAO's Laughing Like Crazy stand-up comedy training program has many positive effects for participants and is a unique, powerful recovery program in the MDAO suite of services. Based on these positive results, preliminary planning is under way to begin program dissemination to Ontario affiliate groups.

Hayslip, B., J. H. Pruett, et al. (2015). ***"The "how" and "when" of parental loss in adulthood: Effects on grief and adjustment."*** OMEGA - Journal of Death and Dying 71(1): 3-18. http://ome.sagepub.com/content/71/1/3.abstract

In order to evaluate the role of cause of death on the grief responses of parentally bereaved young and middle-aged adults, 400 individuals completed measures assessing their experiences and feelings surrounding the loss of a parent. Respondents included 247 young adults and 155 middle-aged adults. Cause of death was categorized as acute or anticipated with 209 participants reporting the parent's death as acute, while anticipated death was reported by 191 individuals. Results suggested that gender of the adult child and age level of the participant were important factors contributing to the grief response, and women were found to have more difficulty adjusting to the loss of a parent as well as demonstrating a more intense grief response. Young adults were found to be more impacted by the loss of a parent than were middle-aged adults. Those who were single or separated were similarly more impacted versus those who were married, where more young adults were single/separated and more middle-aged adults were married. Cause of death was only mildly influential in influencing responses to parental loss and did not interact with other studied variables. These results point to the importance of support from others in coping with a parent's death as well as for the counseling of bereaved persons who may be at risk for difficulties in coping with the death of a parent and enable a more precise understanding of individual grief processes across the adult lifespan.

Imamura, K., N. Kawakami, et al. (2015). ***"Does internet-based cognitive behavioral therapy (icbt) prevent major depressive episode for workers? A 12-month follow-up of a randomized controlled trial."*** Psychological Medicine 45(09): 1907-1917. http://dx.doi.org/10.1017/S0033291714003006

Background In this study we investigated whether an Internet-based computerized cognitive behavioral therapy (iCBT) program can decrease the risk of DSM-IV-TR major depressive episodes (MDE) during a 12-month follow-up of a randomized controlled trial of Japanese workers. Method Participants were recruited from one company and three departments of another company. Those participants who did not experience MDE in the past month were randomly allocated to intervention or control groups (n = 381 for each). A 6-week, six-lesson iCBT program was provided to the intervention group. While the control group only received the usual preventive mental health service for the first 6 months, the control group was given a chance to undertake the iCBT program after a 6-month follow-up. The primary outcome was a new onset of DSM-IV-TR MDE during the 12-month follow-up, as assessed by means of the web version of the WHO Composite International Diagnostic Interview (CIDI), version 3.0 depression section. Results The intervention group had a significantly lower incidence of MDE at the 12-month follow-up than the control group (Log-rank $\chi 2 = 7.04$, $p < 0.01$). The hazard ratio for the intervention group was 0.22 (95% confidence interval 0.06–0.75), when estimated by the Cox proportional hazard model. Conclusions The present study demonstrates that an iCBT program is effective in preventing MDE in the working population. However, it should be noted that MDE was measured by self-report, while the CIDI can measure the episodes more strictly following DSM-IV criteria.

Iqbal, N. and K. A. Dar (2015). ***"Negative affectivity, depression, and anxiety: Does rumination mediate the links?"*** Journal of Affective Disorders 181: 18-23. http://www.sciencedirect.com/science/article/pii/S0165032715002177

Background Negative affectivity (NA) is thought to be a vulnerability factor for depressive and anxiety symptoms; however, the mechanism through which this process takes place is yet to be fully ascertained. Rumination, a negative thought process, however, is believed a likely candidate in the association between NA and symptoms of depression and anxiety. Moreover, a thought-provoking advance in the understanding of rumination is the identification of a two-factor structure, with 'brooding' and 'reflection' as its subtypes. Thus, the present study sought to clarify the meditational effects of brooding and reflection in the relationships between NA and symptoms of depression and anxiety. Method Self-report questionnaires tapping

rumination, NA, and symptoms of depression and anxiety were administered to a sample of 77 psychiatric patients aged 30–40. Results In line with study expectations, brooding, reflection, NA, anxiety, and depressive symptoms correlated substantially with each other. Both, brooding and reflection completely mediated the association between NA and depressive symptoms; however, the relationship between NA and anxiety was not mediated by either brooding or reflection. Limitations The current study is limited in terms of its cross sectional nature, sample size, sample selection, and methods of assessment. Conclusions Despite these limitations, the present study demonstrated that a temperamental construct NA significantly predicts brooding and reflection and these in turn predict depressive symptoms but not anxiety. Thus, NA, a temperamental construct, may be more related to anxiety rather than depression.

Kessing, L. V., E. Vradi, et al. (2015). ***"Life expectancy in bipolar disorder."*** Bipolar Disorders 17(5): 543-548. http://dx.doi.org/10.1111/bdi.12296

Objective Life expectancy in patients with bipolar disorder has been reported to be decreased by 11 to 20 years. These calculations are based on data for individuals at the age of 15 years. However, this may be misleading for patients with bipolar disorder in general as most patients have a later onset of illness. The aim of the present study was to calculate the remaining life expectancy for patients of different ages with a diagnosis of bipolar disorder. Methods Using nationwide registers of all inpatient and outpatient contacts to all psychiatric hospitals in Denmark from 1970 to 2012 we calculated remaining life expectancies for values of age 15, 25, 35 ¨ 75 years among all individuals alive in year 2000. Results For the typical male or female patient aged 25 to 45 years, the remaining life expectancy was decreased by 12.0–8.7 years and 10.6–8.3 years, respectively. The ratio between remaining life expectancy in bipolar disorder and that of the general population decreased with age, indicating that patients with bipolar disorder start losing life-years during early and mid-adulthood. Conclusions Life expectancy in bipolar disorder is decreased substantially, but less so than previously reported. Patients start losing life-years during early and mid-adulthood.

Kushlev, K., E. W. Dunn, et al. (2015). ***"Higher income is associated with less daily sadness but not more daily happiness."*** Social Psychological and Personality Science 6(5): 483-489. http://spp.sagepub.com/content/6/5/483.abstract

Although extensive previous research has explored the relationship between income and happiness, no large-scale research has ever examined the relationship between income and sadness. Yet, happiness and sadness are distinct emotional states, rather than diametric opposites, and past research points to the possibility that wealth may have a greater impact on sadness than happiness. Using data from a diverse cross section of the U.S. population (N = 12,291), we show that higher income is associated with experiencing less daily sadness, but has no bearing on daily happiness. This pattern of findings could not be explained by relevant demographics, stress, and people's daily time use. Although causality cannot be inferred from this correlational data set, the present findings point to the possibility that money may be a more effective tool for reducing sadness than enhancing happiness.

Leichsenring, F., P. Luyten, et al. (2015). ***"Psychodynamic therapy meets evidence-based medicine: A systematic review using updated criteria."*** The Lancet Psychiatry 2(7): 648-660. http://www.sciencedirect.com/science/article/pii/S2215036615001558

Summary Psychodynamic therapy (PDT) is an umbrella concept for treatments that operate on an interpretive-supportive continuum and is frequently used in clinical practice. The use of any form of psychotherapy should be supported by sufficient evidence. Efficacy research has been neglected in PDT for a long time. In this review, we describe methodological requirements for proofs of efficacy and summarise the evidence for use of PDT to treat mental health disorders. After specifying the requirements for superiority, non-inferiority, and equivalence trials, we did a systematic search using the following criteria: randomised controlled trial of PDT; use of treatment manuals or manual-like guidelines; use of reliable and valid measures for diagnosis and outcome; adults treated for specific mental problems. We identified 64 randomised controlled trials that provide evidence for the efficacy of PDT in common mental health disorders. Studies sufficiently powered to test for equivalence to established treatments did not find substantial differences in efficacy. These results were corroborated by several meta-analyses that suggest PDT is as efficacious as treatments established in efficacy. More randomised controlled trials are needed for some mental health disorders such as obsessive-compulsive disorder and post-traumatic stress disorder. Furthermore, more adequately powered equivalence trials are needed.

Lenze, E. J., B. H. Mulsant, et al. (2015). ***"Efficacy, safety, and tolerability of augmentation pharmacotherapy with aripiprazole for treatment-resistant depression in late life: A randomised, double-blind, placebo-controlled trial."*** The Lancet. http://dx.doi.org/10.1016/S0140-6736(15)00308-6

Background Treatment-resistant major depression is common and potentially life-threatening in elderly people, in whom little is known about the benefits and risks of augmentation pharmacotherapy. We aimed to assess whether aripiprazole is associated with a higher probability of remission than is placebo. Methods We did a randomised, double-blind, placebo-controlled trial at three centres in the USA and Canada to test the efficacy and safety of aripiprazole augmentation for adults aged older than 60 years with treatment-resistant depression (Montgomery Asberg Depression Rating Scale [MADRS] score of ≥15). Patients who did not achieve remission during a pre-trial with venlafaxine extended-release (150–300 mg/day) were randomly assigned (1:1) to the addition of aripiprazole (target dose 10 mg [maximum 15 mg] daily) daily or placebo for 12 weeks. The computer-generated randomisation was done in blocks and stratified by site. Only the database administrator and research pharmacists had knowledge of treatment assignment. The primary endpoint was remission, defined as an MADRS score of 10 or less (and at least 2 points below the score at the start of the randomised phase) at both of the final two consecutive visits, analysed by intention to treat. This trial is registered with ClinicalTrials.gov, number NCT00892047. Findings From July 20, 2009, to Dec 30, 2013, we recruited 468 eligible participants, 181 (39%) of whom did not remit and were randomly assigned to aripiprazole (n=91) or placebo (n=90). A greater proportion of participants in the aripiprazole group achieved remission than did those in the placebo group (40 [44%] vs 26 [29%] participants; odds ratio [OR] 2·0 [95% CI 1·1–3·7], p=0·03; number needed to treat [NNT] 6·6 [95% CI 3·5–81·8]). Akathisia was the most common adverse effect of aripiprazole (reported in 24 [26%] of 91 participants on aripiprazole vs one [1%] of 90 on placebo). Compared with placebo, aripiprazole was also associated with more Parkinsonism (15 [17%] of 86 vs two [2%] of 81 participants), but not with treatment-emergent suicidal ideation (13 [21%] of 61 vs 19 [29%] of 65 participants) or other measured safety variables. Interpretation In adults aged 60 years or older who do not achieve remission from depression with a first-line antidepressant, the addition of aripiprazole is effective in achieving and sustaining remission. Tolerability concerns include the potential for akathisia and Parkinsonism.

Leonpacher, A. K., D. Liebers, et al. (2015). ***"Distinguishing bipolar from unipolar depression: The importance of clinical symptoms and illness features."*** Psychological Medicine 45(11): 2437-2446. http://dx.doi.org/10.1017/S0033291715000446

Background Distinguishing bipolar disorder (BP) from major depressive disorder (MDD) has important relevance for prognosis and treatment. Prior studies have identified clinical features that differ between these two diseases but have been limited by heterogeneity and lack of replication. We sought to identify depression-related features that distinguish BP from MDD in large samples with replication. Method Using a large, opportunistically ascertained collection of subjects with BP and MDD we selected 34 depression-related clinical features to test across the diagnostic categories in an initial discovery dataset consisting of 1228 subjects (386 BPI, 158 BPII and 684 MDD). Features significantly associated with BP were tested in an independent sample of 1000 BPI cases and 1000 MDD cases for classifying ability in receiver operating characteristic (ROC) analysis. Results Seven clinical features showed significant association with BPI compared with MDD: delusions, psychomotor retardation, incapacitation, greater number of mixed symptoms, greater number of episodes, shorter episode length, and a history of experiencing a high after depression treatment. ROC analyses of a model including these seven factors showed significant evidence for discrimination between BPI and MDD in an independent dataset (area under the curve = 0.83). Only two features (number of mixed symptoms, and feeling high after an antidepressant) showed an association with BPII versus MDD. Conclusions Our study suggests that clinical features distinguishing depression in BPI versus MDD have important classification potential for clinical practice, and should also be incorporated as 'baseline' features in the evaluation of novel diagnostic biomarkers.

Li, F., X. Liu, et al. (2015). ***"Fish consumption and risk of depression: A meta-analysis."*** Journal of Epidemiology and Community Health. http://jech.bmj.com/content/early/2015/08/21/jech-2015-206278.abstract

Background The association between fish consumption and risk of depression is controversial. We performed a meta-analysis to evaluate the association. Methods A literature search was performed in PubMed, EMBASE and Web of Science database for all relevant studies up to March 2015. We pooled the relative risks (RRs) with 95% CIs from individual studies with random effects model, and conducted meta-regression to explore potential sources of heterogeneity. Publication bias was estimated by Egger's test and the funnel plot. Results A total of 26 studies involving 150 278 participants were included in the present meta-analysis. The pooled RR of depression for the highest versus lowest consumption of fish was 0.83 (95% CI 0.74 to 0.93). The findings remained significant in the cohort studies (RR=0.84, 95% CI 0.75 to 0.94, n=10) as well as in the cross-sectional studies (RR=0.82, 95% CI 0.68 to 1.00, n=16). When men and women were analysed separately, a significant inverse association was also observed. There was no evidence of publication bias. Conclusions This meta-analysis indicates that high-fish consumption can reduce the risk of depression.

Lin, C.-H., L.-S. Chou, et al. (2015). ***"The relationship between symptom relief and functional improvement during acute fluoxetine treatment for patients with major depressive disorder."*** Journal of Affective Disorders 182: 115-120. http://www.sciencedirect.com/science/article/pii/S0165032715002372

AbstractBackground The purpose of this study was to compare the rate of symptom relief to functional improvement and examine the relationships between symptom relief and functional improvement during the acute phase of treatment. Methods A total of 131 acutely ill inpatients with major depressive disorder were enrolled to receive 20 mg of fluoxetine daily for 6 weeks. Symptom severity, using the 17-item Hamilton Depression Rating Scale (HAMD-17), and functioning, using the Modified Work and Social Adjustment Scale (MWSAS), were measured regularly. The outcome measures were the HAMD-17 score and MWSAS score at weeks 1, 2, 3, 4, and 6. We compared the effect size and the reduction rate of HAMD-17 to those of MWSAS at week 1, 2, 3, 4, and 6. Structural equation modeling was used to examine relationships among the study variables. Results Of the 131 participants, 126 had at least one post-baseline assessment at week 1 and were included in the analysis. The HAMD-17 had a larger effect size and reduction rate than the MWSAS at weeks 1, 2, 3, 4, and 6. Parsimonious model satisfied all indices of goodness-of-fit (Chi-Square/df=1.479, TLI=0.978, CFI=0.986, RMSEA=0.062) and had all paths with significant path coefficients. MWSAS at week 0 predicted HAMD-17 at week 1. Limitation This was an open-labeled study with small sample size. Conclusion Depressive symptoms improved more quickly than functioning during the acute phase of treatment. Depressive symptoms and functional impairment are distinct domains, and should be assessed independently.

Lopresti, A. L. (2015). ***"A review of nutrient treatments for paediatric depression."*** Journal of Affective Disorders 181: 24-32. http://www.sciencedirect.com/science/article/pii/S0165032715002293

Paediatric depression is estimated to affect 15–20% of youths prior to adulthood and is associated with significant social, educational and physical impairment. Current treatments comprise moderately efficacious psychological therapies and pharmaceutical antidepressants. However, nutritional therapies are also available and are regularly sought by people with depressive illnesses and parents of depressed youths. In this narrative review, studies examining the antidepressant effects of individual nutritional supplements in child and adolescent populations are appraised. Epidemiological studies examining the relationship between nutritional status and paediatric depression, or depressive symptoms are also reviewed. Nutrients covered in this article include: omega-3 polyunsaturated fatty acids, s-adenosylmethionine, vitamin C, vitamin D, zinc, iron and B-vitamins. Although several of these nutrients present as promising treatments for paediatric depression, there is a lack of high-quality studies examining the antidepressant effects of all the aforementioned ingredients. Before nutritional treatments are accepted as validated treatments for paediatric depression, further high-quality studies are required.

Lutz, W., K. De Jong, et al. (2015). ***"Patient-focused and feedback research in psychotherapy: Where are we and where do we want to go?"*** Psychother Res 25(6): 625-632. http://www.ncbi.nlm.nih.gov/pubmed/26376225

In the last 15 years feedback interventions have had a significant impact on the field of psychotherapy research and have demonstrated their potential to enhance treatment outcomes, especially for patients with an increased risk of treatment failure. This article serves as an introduction to the special issue on "Patient-focused and feedback research in psychotherapy: Where are we and where do we want to go?" Current investigations on feedback research are concerned with potential moderators and mediators of these effects, as well as the design and the implementation of feedback into routine care. This introduction summarizes the current state of feedback research and provides an overview of the three main research topics in this issue: (1) How to implement feedback systems into routine practice and how do therapist and patient attitudes influence its effects?, (2) How to design feedback reports and decision support tools?, and (3) What are the reasons for patients to become at risk of treatment failure and how should therapists intervene with these patients? We believe that the studies included in this special issue reflect the current state of feedback research and provide promising pathways for future endeavors that will enhance our understanding of feedback effects.

Maccallum, F., I. R. Galatzer-Levy, et al. (2015). ***"Trajectories of depression following spousal and child bereavement: A comparison of the heterogeneity in outcomes."*** J Psychiatr Res 69: 72-79. http://www.ncbi.nlm.nih.gov/pubmed/26343597

Our understanding of how individuals react to the loss of a close loved one comes largely from studies of spousal bereavement. The extent to which findings are relevant to other bereavements is uncertain. A major methodological limitation of current studies has been a reliance on retrospective reporting of functioning and use of samples of individuals who have self-selected for participant in grief research. To address these limitations, in the current study we applied Latent Growth Mixture

Modelling (LGMM) in a prospective population-based sample to identify trajectories of depression following spousal and child bereavement in later life. The sample consisted of 2512 individual bereaved adults who were assessed once before and three times after their loss. Four discrete trajectories were identified: Resilience (little or no depression; 68.2%), Chronic Grief (an onset of depression following loss; 13.2%), Depressed-Improved (high pre-loss depression that decreased following loss; 11.2%), and Pre-existing Chronic Depression (high depression at all assessments; 7.4%). These trajectories were present for both child and spousal loss. There was some evidence that child loss in later life was associated more strongly with the Chronic Grief trajectory and less strongly with the Resilience trajectory. However these differences disappeared when covariates were included in the model. Limitations of the analyses are discussed. These findings increase our understanding of the variety of outcomes following bereavement and underscore the importance of using prospective designs to map heterogeneity of response outcomes.

Mårtensson, B., A. Pettersson, et al. (2015). ***"Bright white light therapy in depression: A critical review of the evidence."*** Journal of Affective Disorders 182: 1-7. http://www.sciencedirect.com/science/article/pii/S0165032715002281

AbstractBackground Light therapy is an accepted treatment option, at least for seasonal affective disorder (SAD). Our aim was to critically evaluate treatment effects of bright white light (BWL) on the depressive symptoms in both SAD and non-seasonal depression. Methods The systematic review was performed according to the PRISMA guidelines. PubMed, Embase, and PsycINFO were searched (December 1974 through June 2014) for randomized controlled trials published in peer-reviewed journals. Study quality was assessed with a checklist developed by the Swedish Council on Technology Assessment in Health Care. Only studies with high or medium quality were used in the meta-analyses. Results Eight studies of SAD and two studies of non-seasonal depression met inclusion and quality criteria. Effects on SAD were estimated in two meta-analyses. In the first, week by week, BWL reached statistical significance only at two and three weeks of treatment (Standardized Mean Difference, SMD: −0.50 (−CI 0.94, −0.05); −0.31 (−0.59, −0.03) respectively). The second meta-analysis, of endpoint data only, showed a SMD of −0.54 (CI: −0.95, −0.13), which indicates an advantage for BWL. No meta-analysis was performed for non-seasonal depression due to heterogeneity between studies. Limitations This analysis is restricted to short-term effects of BWL measured as mean changes in scores derived from SIGH-SAD, SIGH-SAD self-report, or HDRS rating scales. Conclusions Most studies of BWL have considerable methodological problems, and the results of published meta-analyses are highly dependent on the study selection. Even though quality criteria are introduced in the selection procedures of studies, when the results are carefully scrutinized, the evidence is not unequivocal.

Miklowitz, D. J. (2015). ***"The long and winding road to bipolar disorder."*** American Journal of Psychiatry 172(7): 599-600. http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.15040432

Good editorial on this subject ... follow link for more details.

Newby, J. M., A. McKinnon, et al. (2015). ***"Systematic review and meta-analysis of transdiagnostic psychological treatments for anxiety and depressive disorders in adulthood."*** Clinical Psychology Review 40: 91-110. http://www.sciencedirect.com/science/article/pii/S0272735815000914

(Available in free full text) A broad array of transdiagnostic psychological treatments for depressive and anxiety disorders have been evaluated, but existing reviews of this literature are restricted to face-to-face cognitive behavioural therapy (CBT) protocols. The current meta-analysis focused on studies evaluating clinician-guided internet/computerised or face-to-face manualised transdiagnostic treatments, to examine their effects on anxiety, depression and quality of life (QOL). Results from 50 studies showed that transdiagnostic treatments are efficacious, with large overall mean uncontrolled effects (pre- to post-treatment) for anxiety and depression (gs = .85 and .91 respectively), and medium for QOL (g = .69). Uncontrolled effect sizes were stable at follow-up. Results from 24 RCTs that met inclusion criteria showed that transdiagnostic treatments outperformed control conditions on all outcome measures (controlled ESs: gs = .65, .80, and .46 for anxiety, depression and QOL respectively), with the smallest differences found compared to treatment-as-usual (TAU) control conditions. RCT quality was generally poor, and heterogeneity was high. Examination of the high heterogeneity revealed that CBT protocols were more effective than mindfulness/acceptance protocols for anxiety (uncontrolled ESs: gs = .88 and .61 respectively), but not depression. Treatment delivery format influenced outcomes for anxiety (uncontrolled ESs: group: g = .70, individual: g = .97, computer/internet: g = .96) and depression (uncontrolled ESs: group: g = .89, individual: g = .86, computer/internet: g = .96). Preliminary evidence from 4 comparisons with disorder-specific treatments suggests that transdiagnostic treatments are as effective for reducing anxiety, and may be superior for reducing depression. These findings show that transdiagnostic psychological treatments are efficacious, but higher quality research studies are needed to explore the sources of heterogeneity amongst treatment effects.

Pallaskorpi, S., K. Suominen, et al. (2015). ***"Five-year outcome of bipolar i and ii disorders: Findings of the jorvi bipolar study."*** Bipolar Disorders 17(4): 363-374. http://dx.doi.org/10.1111/bdi.12291

Objectives The long-term outcome of bipolar disorder (BD) has been extensively investigated. However, previous studies may be biased towards hospitalized patients with bipolar I disorder (BD-I), and generalizability to the current treatment era remains uncertain. In this naturalistic study, we followed a secondary-care cohort of patients with BD. Methods In the Jorvi Bipolar Study, 191 patients with BD-I and bipolar II disorder (BD-II) were followed using a life-chart method. Interviews were conducted at six months, 18 months, and five years. Time to full remission, time to first recurrence, total time ill, their predictors, and BD-I versus BD-II differences were investigated among the 151 patients remaining in follow-up. Results Nearly all subjects recovered from the index episode, but almost all (90%) had a recurrence, and most had multiple recurrences. The patients spent about one-third of their time in illness episodes and 15% of their time with subthreshold symptoms; half of the time they were euthymic. After controlling for confounders, no difference in time spent in depressive states between patients with BD-I and BD-II persisted. Among patients with a depressive index phase, cluster C personality disorders [hazard ratio (HR) = 0.452, p = 0.040] and higher 17-item Hamilton Depression Scale score (HR = 0.951, p = 0.022) predicted longer time to remission, whereas lifetime psychotic symptoms (HR = 2.162, p = 0.016) predicted shorter time to first recurrence. Conclusions Among patients with BD, chronicity as uninterrupted persistence of illness was rare, but multiple recurrences were the norm. Patients with BD spent only half of their time euthymic. Patients with BD-I and BD-II may differ little in proneness to depressive states. Severity of depression, cluster C personality disorders, and psychotic symptoms predicted outcome.

Pina-Camacho, L., S. K. Jensen, et al. (2015). ***"Maternal depression symptoms, unhealthy diet and child emotional–behavioural dysregulation."*** Psychological Medicine 45(09): 1851-1860. http://dx.doi.org/10.1017/S0033291714002955

Background Maternal depression and unhealthy diet are well-known risk factors for adverse child emotional–behavioural outcomes, but their developmental relationships during the prenatal and postnatal periods are largely uncharted. This study sought to examine the inter-relationships between maternal depression symptoms and unhealthy diet (assessed during pregnancy and postnatal periods) in relation to child emotional–behavioural dysregulation (assessed at the ages of 2, 4 and 7 years). Method In a large prospective birth cohort of 7814 mother–child pairs, path analysis was used to examine the

independent and inter-related associations of maternal depression symptoms and unhealthy diet with child dysregulation. Results Higher prenatal maternal depression symptoms were prospectively associated with higher unhealthy diet, both during pregnancy and the postnatal period, which, in turn, was associated with higher child dysregulation up to the age of 7 years. In addition, during pregnancy, higher maternal depression symptoms and unhealthy diet were each independently associated with higher child dysregulation up to the age of 7 years. These results were robust to other prenatal, perinatal and postnatal confounders (such as parity and birth complications, poverty, maternal education, etc.). Conclusions Maternal depression symptoms and unhealthy diet show important developmental associations, but are also independent risk factors for abnormal child development.

Sarris, J., A. C. Logan, et al. (2015). ***"International society for nutritional psychiatry research consensus position statement: Nutritional medicine in modern psychiatry."*** World Psychiatry 14(3): 370-371. http://dx.doi.org/10.1002/wps.20223

(Free full text available) In recent years, there has been an unprecedented growth in both the quantity and methodological quality of research directed at exploring the relationship between nutrition and mental health. Indeed, the strength of data has now afforded nutritional medicine a place in the mainstream psychiatric discourse [1]. Robust associations have been established between nutritional quality and mental health, with the bulk of this evidence indicating a protective effect of healthy diets on depressed mood [2], and the newest research supporting a detrimental impact of unhealthy diets on the mental health of young people [3, 4] and adults [5, 7]. There are also convincing data supporting the application of certain nutrient-based supplements (nutraceuticals) as monotherapy or combined therapy [8], or as augmentation therapy [9]. Although the growth in scientific research related to nutrition in psychiatry may be recent, it is now at a stage where it can no longer be ignored. In light of this, we aim to provide a platform to move towards a new integrated paradigm in psychiatry whereby nutritional considerations (both educational and prescriptive) can be considered "mainstream" [1]. To this end, we present a consensus position statement from the International Society for Nutritional Psychiatry Research (ISNPR).

Zhai, L., Y. Zhang, et al. (2015). ***"Sedentary behaviour and the risk of depression: A meta-analysis."*** British Journal of Sports Medicine 49(11): 705-709. http://bjsm.bmj.com/content/49/11/705.abstract

Background Sedentary behaviour is associated with risk of depression. We review and quantitatively summarise the evidence from observational studies in a meta-analysis.Methods We searched the PubMed, Web of Knowledge, Chinese National Knowledge Infrastructure and Wanfang databases for observational studies related to the association of sedentary behaviour and depression risk up to 15 January 2014. Summary relative risks (RRs) were estimated by the use of a random effects model. Results Thirteen cross-sectional studies with 110 152 participants and 11 longitudinal studies with 83 014 participants were included in this meta-analysis. The summary RR of depression for the highest versus non-occasional/occasional sedentary behaviour was 1.25 (95% CI 1.16 to 1.35, I2=50.7%) for all included studies. The pooled RRs of depression for sedentary behaviour were 1.31 (95% CI 1.16 to 1.48) in cross-sectional studies and 1.14 (95% CI 1.06 to 1.21) in longitudinal studies. In subgroup analysis by different types of sedentary behaviour, the pooled RRs of depression were 1.13 (95% CI 1.06 to 1.21) for long-time TV viewing and 1.22 (95% CI 1.10 to 1.34) for prolonged computer or internet use. Conclusions This meta-analysis of observational studies indicates that sedentary behaviour is associated with increased risk of depression.