Successful navigation within the autobiographical memory store is integral to daily cognition. Impairment in the flexibility of memory retrieval can thereby have a detrimental impact on mental health. This randomised controlled phase II exploratory trial (N = 60) evaluated the potential of a novel intervention drawn from basic science - an autobiographical Memory Flexibility (MemFlex) training programme - which sought to ameliorate memory difficulties and improve symptoms of Major Depressive Disorder. MemFlex was compared to Psychoeducation (an evidence-based low-intensity intervention) to determine the likely range of effects on a primary cognitive target of memory flexibility at post-intervention, and co-primary clinical targets of self-reported depressive symptoms and diagnostic status at three-month follow-up. These effect sizes could subsequently be used to estimate sample size for a fully-powered trial. Results demonstrated small-moderate, though as expected statistically non-significant, effect sizes in favour of MemFlex for memory flexibility (d = 0.34, p = .20), and loss of diagnosis (OR = 0.65, p = .48), along with the secondary outcome of depression-free days (d = 0.36, p = .18). A smaller effect size was observed for between-group difference in self-reported depressive symptoms (d = 0.24, p = .35). Effect sizes in favour of MemFlex in this early-stage trial suggest that fully-powered evaluation of MemFlex may be warranted as an avenue to improving low-intensity treatment of depression.

Done

Major depressive disorder (MDD) is a global public health concern. In particular, treatment-resistant depression (TRD) represents a key unmet need in the management of MDD. A systematic review of the epidemiological and economic literature on the burden associated with an increasing number of treatment steps due to TRD/non-response within an MDD episode was performed to quantify the burden of TRD.

Done

Major Depressive Disorder (MDD) is one of the most common psychiatric disorders, with a large global impact on both the individual and the society. In this narrative review, we summarize neurocognitive deficits during acute and (partially) remitted states of depression. Furthermore, we outline the potential negative effect of cognitive impairment (CI) on functional recovery, and discuss the role of several variables in the development of CI for MDD patients. Though there is cumulating evidence regarding persistent CI in unipolar depression, research on treatment options specific for this patient group is still scarce. Hence the central aim of our review is to present non-pharmacological interventions, which are thought to reduce CI in affected MDD patients. We discuss cognitive remediation therapy (CRT), physical exercise, yoga, mindfulness-based therapy, and modern neuromodulation approaches like neurostimulation and neurofeedback training. In conclusion, we propose future directions for research on CI in depression. Looking further ahead, we suggest creative interventional designs that include a direct comparison of different non-pharmacological treatment approaches on neurocognition and functional outcome of MDD. Furthermore, additive and synergistic effects of CRT with other treatment approaches should be examined and compared to create multimodal and even personalized intervention programs.

Done

Depression is a leading cause of disability worldwide. To reduce the societal burden and improve quality of life for individual patients, treatments for depression need to be optimized. There is a particular need for person-tailored interventions that reinforce self-management of patients. Systematic self-monitoring and personalized feedback through the Experience Sampling Method (ESM) could provide such a person-tailored, empowering intervention that enhances treatment outcomes. The primary aim of this study is to investigate the efficacy of self-monitoring and personalized feedback as an add-on tool in the treatment of depressive complaints in a natural setting.

Done

Cognitive therapy (CT) improves symptoms in adults with major depressive disorder (MDD) plus comorbid anxiety disorder, but the specific type of anxiety may influence outcomes. This study compared CT outcomes among adults with MDD plus social, other, or no comorbid anxiety disorders.

Done

When studying treatments for psychiatric or mental diseases in a placebo-controlled trial, we may consider use of the sequential parallel comparison design to reduce the number of patients needed through the reduction of the high placebo response rate. Under the assumption that the odds ratio of responses is constant between phases in the sequential parallel comparison design, we derive the conditional maximum likelihood estimator for the odds ratio. On the basis of the conditional likelihood, we further derive three asymptotic interval and an exact interval estimators for the odds ratio of responses. We employ Monte Carlo simulation to evaluate the performance of these interval estimators in a variety of situations. We find that the asymptotic interval and exact interval estimators developed here can all perform well. We use the double-blind, placebo-controlled study assessing the efficacy of a low dose of aripiprazole adjunctive to antidepressant therapy for treating patients with major depressive disorder to illustrate the use of these estimators.

Done

Past trials of buprenorphine (BUP) in the treatment of major depressive disorder (MDD) have displayed favorable results, although its clinical utility was limited by the risk of abuse or physical dependence. By combining BUP with samidorphan (SAM), the euphoric high is negated by an opposing mechanism, which theoretically reduces addictive-like properties while allowing the antidepressant properties to remain. As such, the objective of this article is to analyze the results of BUP/SAM premarketing clinical trials as adjunctive treatment for treatment-resistant MDD.

Done

While Behavioral Therapy (BT) should be recommended as the first step in the treatment of OCD as well as TS, medication can be added for augmentation and in certain situations (e.g. family preference, BT not available or feasible) the priority may even reverse. This narrative review is given on the complexity of drug treatment in patients comorbid for obsessive-compulsive disorder (OCD) and Tourette syndrome (TS) and other tic problems. OCD with TS is a co-occuring combination of two generally delimitable, but in detail also overlapping disorders which wax and wane with time but have different courses and necessities and options of treatment. Distinct subtypes like "tic-related OCD" are questionable. Obsessive-compulsive symptoms (OCS) and tics are frequently associated (OCS in TS up to 90%, tics in OCD up to 37%). Sensory-motor phenomena like urges and just-right feelings reflect some behavioral overlap. The main additional psychopathologies are attention-deficit hyperactivity disorder (ADHD), mood problems and anxiety. Also, hair pulling disorder and skin picking disorder are related to OCD with TS. Hence, the assessment and drug treatment of its many psychopathological problems needs high clinical experience, careful planning, and ongoing evaluation/adaptation. Drugs are able to reduce clinical symptoms but cannot cure the disorders, which should be treated in parallel in their own right; i.e. for OCD serotonin reuptake inhibitors (SSRI) and for TS (tics) certain antipsychotics can be successfully prescribed. In cases of OCD with tics, when OCS respond only partially, an augmentation with antipsychotics (recommended: aripiprazole and risperidone) may improve OCS as well as tics. Also, the benzamide sulpiride, an atypical antipsychotics, may be beneficial in treating the combination of OCS, tics and anxious-depressive problems. Probably, any additional psychopathologies of OCD might attenuate the effectiveness of SSRI on OCS; on the other hand, in cases of OCD with tics, SSRI may reduce not only OCS but also stress sensitivity and emotional problems and thus leading to better selfregulatory abilities, useful to improve tic suppression. In sum, some clinical guidance can be given, but there remain many uncertainties because of a scarce data base for psychopharmacotherapy in OCD with TS.   Recently, a high quality primer on Tourette Syndrome (TS) has been published, giving a timely and comprehensive overview related to all relevant aspects of the disorder [1]. This includes the suggestion that primarily Behavior Therapy (BT) should be recommended for the treatment of both OCS/OCD and TS. BT seems to be equally effective for pure as well as tic-related OCD [2-4]. But many patients remain symptomatic after BT intervention. In this situation, medication comes into play for augmentation. Further, drug treatment may be given the priority if BT is not available, not feasible or not preferred by the family. Concerning the practically important relationship between obsessive-compulsive symptoms (OCS) and TS the present review will broaden this issue while starting with the essentials on core aspects of TS before presenting obsessive-compulsive symptoms/disorder (OCS/OCD) as comorbidities with TS. Several levels of investigation are mentioned (e.g. psychopathology, pathophysiology, psychosocial burden) and their specific meanings for psychopharmacological treatment are discussed. Finally, certain drugs are explored for their use in treatment of OCS/OCD within the framework of TS.

Done

Considerable epidemiologic evidence and plausible biobehavioral mechanisms suggest that depression is an independent risk factor for diabetes. Moreover, reducing the elevated diabetes risk of depressed individuals is imperative given that both conditions are leading causes of death and disability. However, because no prior study has examined clinical diabetes outcomes among depressed patients at risk for diabetes, the question of whether depression treatment prevents or delays diabetes onset remains unanswered. Accordingly, we examined the effect of a 12-month collaborative care program for late-life depression on 9-year diabetes incidence among depressed, older adults initially free of diabetes. Participants were 119 primary care patients [M (SD) age: 67.2 (6.9) years, 41% African American] with a depressive disorder but without diabetes enrolled at the Indiana sites of the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) trial. Incident diabetes cases were defined as diabetes diagnoses, positive laboratory values, or diabetes medication prescription, and were identified using electronic medical record and Medicare/Medicaid data. Surprisingly, the rate of incident diabetes in the collaborative care group was 37% (22/59) versus 28% (17/60) in the usual care group. Even though the collaborative care group exhibited greater reductions in depressive symptom severity (p = .024), unadjusted (HR = 1.29, 95% CI: 0.69-2.43, p = .428) and adjusted (HR = 1.18, 95% CI: 0.61-2.29, p = .616) Cox proportional hazards models indicated that the risk of incident diabetes did not differ between the treatment groups. Our novel preliminary findings raise the possibility that depression treatment alone may be insufficient to reduce the excess diabetes risk of depressed, older adults.

Done

Internet-based guided self-help and face-to-face CBT have shown to be effective in the treatment of depression, but both approaches might not be an available treatment option for all patients. A treatment which blends internet-based guided self-help with video-based psychotherapy might reduce potential disadvantages of both approaches, while maintaining major advantages such as being location-independent. Additionally, it could provide a stronger focus on patient empowerment and lower resource use compared to traditional face-to-face treatment.

Done

Ketamine is known to rapidly reduce depressive symptoms and suicidal ideation (SI) in patients with major depressive disorder (MDD), but evidence is limited for its acceptability and effectiveness in "real-world" settings. This case series examines serial ketamine infusions in reducing SI and depression scores in adults with MDD admitted to a tertiary care hospital.

Done

Depression is associated with significant functional disabilities. Application of new drugs which could enhance the effectiveness of antidepressants drug and reduce side effects of their long-term use seems necessary. Citicoline is used as an effective chemical agent for improving the symptoms of some neurodegenerative diseases. Therefore, in this survey, the application of citicoline as an adjuvant drug was evaluated in mice model of depression. A total of 180 adult NMRI male albino mice were used in this study. All groups were exposed to chronic unexpected mild stress (CUMS) followed by treatment with various doses of citalopram or/and citicoline or saline for 21 days. Sucrose preference (SP), open field (OF), and forced swimming test (FST) were applied to evaluate depression symptoms in the groups. The results indicated that only citicoline at the 5 mg/kg dose had shifted its status from being noneffective to become significantly effective in the co-administered group. The means of SP, OFT, and FST of the treatment groups were significantly different in favor of co-administered group compared with the other groups as well as the control group. Based on the results, it can be concluded that administration of citicoline, as an adjuvant drug, in combination with citalopram, enhanced the effectiveness of selective serotonin reuptake inhibitors (SSRI) drugs for depression treatment.

Done

Caring for people with dementia is highly challenging, and family carers are recognised as being at increased risk of physical and mental ill-health. Most current interventions have limited success in reducing stress among carers of people with dementia. Mindfulness-based stress reduction (MBSR) draws on a range of practices and may be a promising approach to helping carers of people with dementia.

Done

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, uses the term "remission" to describe the reduction of depressive symptoms. This paper argues that by categorizing someone who no longer has depressive symptoms as "in remission," that person may feel indefinitely tied to his or her diagnosis. Considering the unfortunate stigma associated with mental illness, permanent linkage to diagnosis through records and professional memory may cause individuals to internalize pathology. In fact, the language of the diagnosis can affect self-perception in sensitive souls for a lifetime. As an implication for practice, we propose that cognitive and narrative therapy approaches, mood-memoirs, and use of metaphor present alternative uses of language that can reduce power imbalances between clinicians and clients, providing a bridge to healing.

Done

To determine the association between cumulative burden of depressive symptoms and risk of nursing home (NH) placement over 2 decades.

Done

Depressed patients are preoccupied with unhappy thoughts which reduce their capacity to focus on attention, memory, and other cognitive performance.

Done

There is evidence that anxiety precedes the onset of depression and that rumination contributes to this risk pathway in adolescence. This study examined inflammatory biomarkers as mediators in a risk model of depressive symptoms secondary to anxiety symptoms among adolescents who ruminate. A sample of 140 adolescents (52% female, 54% African American, 40% Caucasian, 6% biracial, mean age at T1 = 16.5 years, SD = 1.2 years) provided blood samples on two visits (T1 and T2; mean time between T1 and T2 = 13.5 months, SD = 5.9 months). Self-report anxiety, depression, and rumination measures were given at T1 and the depression measure was given again at a third visit (T3, mean months since T1 = 26.0 months, SD = 9.0 months). Higher anxiety predicted more interleukin-6, but not more C-reactive protein, for adolescents with high levels of rumination. Moderated mediation analyses (N for analysis after removing cases with missing data and outliers = 86) indicated that interleukin-6, but not C-reactive protein, at T2 mediated the relationship between anxiety symptoms at T1 and depressive symptoms at T3, conditional on rumination. Anxiety and rumination interacted such that, as rumination increased, anxiety predicted greater inflammation and depressive symptoms. These results demonstrate that established cognitive vulnerabilities for the development of depressive symptoms secondary to anxiety symptoms in adolescence might indirectly operate though biological mechanisms such as inflammation. In addition to highlighting risk factors and potential treatment targets for depression, this study suggests a potential biological mechanism underlying the effects of psychotherapies that reduce rumination on negative affect (e.g., cognitive behavioral therapy).

Done

Electroconvulsive therapy (ECT) is one of the most effective treatments for depressive disorder. Sub-anesthetic dose of ketamine exerts a rapid and robust antidepressive effect. However, it is still unclear whether ketamine usage in ECT is efficacious as an antidepressant. We aimed to conduct a systematic review and meta-analysis on the effects of ketamine in ECT among patients with depressive disorder. MEDLINE, EMBASE, the CENTRAL and PsycINFO for randomized controlled trials were searched to assess the effects of ketamine used in ECT until 31 Mar 2018 (PROSPERO: CRD42018081024). Sixteen studies including 928 patients were enrolled. At the end of ECT, no significant standardized mean difference (SMD) was observed in favor of the ketamine group. Depressive scores were lower in the ketamine group after 1st ECT and 3rd to 6th ECTs. The depressive scores were lower after 2nd, 3rd, 4th and 6th ECTs when the ketamine was used as an add-on anesthetic, while the depressive scores were lower after 1st ECT when ketamine alone was used. Ketamine in ECT showed no better response and remission rate, while increased adverse events, especially related to cardiovascular and psychiatric systems, during the whole ECT course. In conclusion, although ketamine used in ECT cannot reduce the depressive symptoms at the end of treatment, it could accelerate the antidepressive effect in depressive patients receiving ECT, especially in those who used ketamine as an add-on anesthetic. However, ketamine cautiously needs to be administered in ECT due to the possibility of increased risk of side effects.

Done

Endometriosis is a debilitating disease with high recurrence rates requiring long-term management. Progestins such as dienogest are used empirically when first symptoms occur and post-surgery to reduce recurrence. This retrospective, practice-based study assessed the efficacy and safety of dienogest in women with endometriosis treated for at least 60 months.

Done

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30199738|t|A randomised controlled trial of memory flexibility training (MemFlex) to enhance memory flexibility and reduce depressive symptomatology in individuals with major depressive disorder.

30199738|a|Successful navigation within the autobiographical memory store is integral to daily cognition. Impairment in the flexibility of memory retrieval can thereby have a detrimental impact on mental health. This randomised controlled phase II exploratory trial (N = 60) evaluated the potential of a novel intervention drawn from basic science - an autobiographical Memory Flexibility (MemFlex) training programme - which sought to ameliorate memory difficulties and improve symptoms of Major Depressive Disorder. MemFlex was compared to Psychoeducation (an evidence-based low-intensity intervention) to determine the likely range of effects on a primary cognitive target of memory flexibility at post-intervention, and co-primary clinical targets of self-reported depressive symptoms and diagnostic status at three-month follow-up. These effect sizes could subsequently be used to estimate sample size for a fully-powered trial. Results demonstrated small-moderate, though as expected statistically non-significant, effect sizes in favour of MemFlex for memory flexibility (d = 0.34, p = .20), and loss of diagnosis (OR = 0.65, p = .48), along with the secondary outcome of depression-free days (d = 0.36, p = .18). A smaller effect size was observed for between-group difference in self-reported depressive symptoms (d = 0.24, p = .35). Effect sizes in favour of MemFlex in this early-stage trial suggest that fully-powered evaluation of MemFlex may be warranted as an avenue to improving low-intensity treatment of depression. TRIAL REGISTRATION: ClinicalTrials.gov, Identifier NCT02371291.

30195173|t|The burden of treatment-resistant depression: A systematic review of the economic and quality of life literature.

30195173|a|BACKGROUND: Major depressive disorder (MDD) is a global public health concern. In particular, treatment-resistant depression (TRD) represents a key unmet need in the management of MDD. A systematic review of the epidemiological and economic literature on the burden associated with an increasing number of treatment steps due to TRD/non-response within an MDD episode was performed to quantify the burden of TRD. METHODS: Studies were identified in the PubMed/Medline databases through April 27th, 2017. Articles were limited to full-length peer-reviewed journal publications with no date restrictions. Economic and patient health-related quality of life (HRQoL) data on non-response by the number of treatment steps were quantified and, where appropriate, compared across studies; otherwise, comparative data within studies were reported. RESULTS: The 12 studies on economic burden found an association between increasing levels of TRD/non-response and elevations in direct and indirect costs. Likewise, the 19 studies studying HRQoL burden found that increasing levels of TRD/non-response correlated with reduced patient HRQoL and health status. LIMITATIONS: TRD is defined inconsistently, which results in notable heterogeneity between published studies and poses methodological challenges for between-study comparisons. It is unknown if the increased economic and patient HRQoL burden are due to factors associated with TRD/non-response in addition to those due to depression persistence or severity. CONCLUSIONS: A consistent trend was observed such that medical costs increased and patient HRQoL and health status decreased by increasing level of TRD/non-response within an MDD episode. These findings highlight the need for improved therapies for TRD to help reduce disease burden.

30184551|t|Cognitive Impairment Along the Course of Depression: Non-Pharmacological Treatment Options.

30184551|a|Major Depressive Disorder (MDD) is one of the most common psychiatric disorders, with a large global impact on both the individual and the society. In this narrative review, we summarize neurocognitive deficits during acute and (partially) remitted states of depression. Furthermore, we outline the potential negative effect of cognitive impairment (CI) on functional recovery, and discuss the role of several variables in the development of CI for MDD patients. Though there is cumulating evidence regarding persistent CI in unipolar depression, research on treatment options specific for this patient group is still scarce. Hence the central aim of our review is to present non-pharmacological interventions, which are thought to reduce CI in affected MDD patients. We discuss cognitive remediation therapy (CRT), physical exercise, yoga, mindfulness-based therapy, and modern neuromodulation approaches like neurostimulation and neurofeedback training. In conclusion, we propose future directions for research on CI in depression. Looking further ahead, we suggest creative interventional designs that include a direct comparison of different non-pharmacological treatment approaches on neurocognition and functional outcome of MDD. Furthermore, additive and synergistic effects of CRT with other treatment approaches should be examined and compared to create multimodal and even personalized intervention programs.

30176845|t|Self-monitoring and personalized feedback based on the experiencing sampling method as a tool to boost depression treatment: a protocol of a pragmatic randomized controlled trial (ZELF-i).

30176845|a|BACKGROUND: Depression is a leading cause of disability worldwide. To reduce the societal burden and improve quality of life for individual patients, treatments for depression need to be optimized. There is a particular need for person-tailored interventions that reinforce self-management of patients. Systematic self-monitoring and personalized feedback through the Experience Sampling Method (ESM) could provide such a person-tailored, empowering intervention that enhances treatment outcomes. The primary aim of this study is to investigate the efficacy of self-monitoring and personalized feedback as an add-on tool in the treatment of depressive complaints in a natural setting. METHODS: The ZELF-i study is a pragmatic multi-site randomized controlled trial (RCT). We aim to recruit 150 individuals with depressive symptoms aged between 18 and 65 years, who have an intake for outpatient basic or specialized treatment at a mental health care organization in the North of the Netherlands. After the intake, participants will be randomly allocated to one of three study arms: two experimental groups engaging in 28 days of systematic self-monitoring (5 times per day) and receiving weekly personalized feedback on positive affect and activities ("Do"-module) or on negative affect and thinking patterns ("Think"-module), and a control group receiving no additional intervention. Self-report inventories of depressive symptoms, psychosocial functioning and feelings of empowerment will be administered before and after the intervention period, and at follow-up measurements at 1, 2, 3 and 6 months. The patient-experienced utility of the intervention will be investigated by a combination of quantitative and qualitative research methods. DISCUSSION: The present study is the first to examine the effects of add-on self-monitoring and personalized feedback on depressive complaints in clinical practice. It is also the first to evaluate two different ESM modules targeted at both of depression's core symptoms. Lastly, it is the first study that uses a combination of qualitative and quantitative methods to evaluate the patient-experienced utility of ESM with personalized feedback as an intervention for depression. Results of the present study may improve treatment for depression, if the intervention is found to be effective. TRIAL REGISTRATION: Dutch Trial Register, NTR5707 , registered prospectively 1 February 2016.

30176494|t|Do comorbid social and other anxiety disorders predict outcomes during and after cognitive therapy for depression?

30176494|a|BACKGROUND: Cognitive therapy (CT) improves symptoms in adults with major depressive disorder (MDD) plus comorbid anxiety disorder, but the specific type of anxiety may influence outcomes. This study compared CT outcomes among adults with MDD plus social, other, or no comorbid anxiety disorders. METHODS: Outpatients with recurrent MDD (N = 523, including 87 with social and 110 with other comorbid anxiety disorders) received acute-phase CT. Higher risk responders (n = 241 with partial or unstable response) were randomized to 8 months of continuation treatment (CT or clinical management plus fluoxetine or pill placebo), followed by 24 months of assessment. Lower risk responders (n = 49) were assessed for 32 months without additional research treatment. Depression, anxiety symptoms, and social avoidance were measured repeatedly. RESULTS: Other (non-social), but not social, anxiety disorders predicted elevated depression and anxiety symptoms throughout and after acute-phase CT. Social, but not other, anxiety disorder predicted greater reduction in depressive symptoms during acute-phase CT and elevated social avoidance during and after acute-phase CT. LIMITATIONS: Anxiety disorders were assessed only before acute-phase treatment. The anxiety symptom measure was brief. Generalization to other patient populations and treatments is unknown. CONCLUSIONS: Non-social comorbid anxiety disorders may reduce the efficacy of acute-phase CT for MDD by diminishing both short- and longer term outcomes relative to depressed patients without comorbid anxiety disorders. Comorbid social anxiety disorder may increase relative reductions in depressive symptoms during acute-phase CT for MDD, but patients with comorbid social anxiety disorder may require specialized focus on social avoidance during CT.

30156122|t|Asymptotic and exact interval estimators of the common odds ratio under the sequential parallel comparison design.

30156122|a|When studying treatments for psychiatric or mental diseases in a placebo-controlled trial, we may consider use of the sequential parallel comparison design to reduce the number of patients needed through the reduction of the high placebo response rate. Under the assumption that the odds ratio of responses is constant between phases in the sequential parallel comparison design, we derive the conditional maximum likelihood estimator for the odds ratio. On the basis of the conditional likelihood, we further derive three asymptotic interval and an exact interval estimators for the odds ratio of responses. We employ Monte Carlo simulation to evaluate the performance of these interval estimators in a variety of situations. We find that the asymptotic interval and exact interval estimators developed here can all perform well. We use the double-blind, placebo-controlled study assessing the efficacy of a low dose of aripiprazole adjunctive to antidepressant therapy for treating patients with major depressive disorder to illustrate the use of these estimators.

30156122 144 174 psychiatric or mental diseases Disease D001523

30156122 295 303 patients Species 9606

30156122 1036 1048 aripiprazole Chemical C094645

30156122 1099 1107 patients Species 9606

30156122 1119 1138 depressive disorder Disease D003866

30155392|t|Kappa opioid receptor antagonism: Are opioids the answer for treatment resistant depression?

30155392|a|Introduction: Past trials of buprenorphine (BUP) in the treatment of major depressive disorder (MDD) have displayed favorable results, although its clinical utility was limited by the risk of abuse or physical dependence. By combining BUP with samidorphan (SAM), the euphoric high is negated by an opposing mechanism, which theoretically reduces addictive-like properties while allowing the antidepressant properties to remain. As such, the objective of this article is to analyze the results of BUP/SAM premarketing clinical trials as adjunctive treatment for treatment-resistant MDD. Methods: A comprehensive PubMed/MEDLINE search was conducted through November 9, 2017, using the following search terms: depression, samidorphan, buprenorphine, ALKS-5461. Additional data were obtained from Clinicaltrials.gov and resources included in the present study. All English-language clinical trials evaluating the combination of BUP/SAM in the treatment of MDD were included. Results: A few premarketing studies have evaluated the efficacy and safety of BUP/SAM combination as adjunctive treatment in patients with treatment-resistant MDD. The FORWARD-1 through FORWARD-5 trials concluded (1) the most effective dosing ratio of BUP/SAM to reduce abuse potential was 1:1; (2) statistically significant changes in scores from baseline on the Montgomery-Asberg Depression Rating Scale were noted for the 2 mg/2 mg dose compared with placebo; and (3) the most commonly reported adverse effects were nausea, dizziness, and fatigue. Discussion: Buprenorphine/samidorphan has shown favorable results for efficacy and tolerability in premarketing studies evaluating its use as adjunctive therapy for treatment-resistant MDD. Its novel mechanism targeting the opioid pathway may serve as a promising antidepressant devoid of abuse potential.

30155392 0 21 Kappa opioid receptor Gene 4986

30155392 61 91 treatment resistant depression Disease D061218

30155392 122 135 buprenorphine Chemical D002047

30155392 137 140 BUP Chemical

30155392 162 187 major depressive disorder Disease D003866

30155392 189 192 MDD Disease D003866

30155392 328 331 BUP Chemical

30155392 337 348 samidorphan Chemical

30155392 350 353 SAM Chemical CHEBI:15414

30155392 589 592 BUP Chemical

30155392 593 596 SAM Chemical CHEBI:15414

30155392 674 677 MDD Disease D003866

30155392 800 810 depression Disease D003866

30155392 812 823 samidorphan Chemical

30155392 825 838 buprenorphine Chemical D002047

30155392 1017 1020 BUP Chemical

30155392 1021 1024 SAM Chemical CHEBI:15414

30155392 1045 1048 MDD Disease D003866

30155392 1142 1145 BUP Chemical

30155392 1146 1149 SAM Chemical CHEBI:15414

30155392 1189 1197 patients Species 9606

30155392 1223 1226 MDD Disease D003866

30155392 1316 1319 BUP Chemical

30155392 1320 1323 SAM Chemical CHEBI:15414

30155392 1583 1589 nausea Disease D009325

30155392 1591 1600 dizziness Disease D004244

30155392 1606 1613 fatigue Disease D005221

30155392 1627 1640 Buprenorphine Chemical D002047

30155392 1641 1652 samidorphan Chemical

30155392 1800 1803 MDD Disease D003866

30152283|t|Psychopharmacotherapy of obsessive-compulsive symptoms within the framework of Tourette syndrome.

30152283|a|While Behavioral Therapy (BT) should be recommended as the first step in the treatment of OCD as well as TS, medication can be added for augmentation and in certain situations (e.g. family preference, BT not available or feasible) the priority may even reverse. This narrative review is given on the complexity of drug treatment in patients comorbid for obsessive-compulsive disorder (OCD) and Tourette syndrome (TS) and other tic problems. OCD with TS is a co-occuring combination of two generally delimitable, but in detail also overlapping disorders which wax and wane with time but have different courses and necessities and options of treatment. Distinct subtypes like "tic-related OCD" are questionable. Obsessive-compulsive symptoms (OCS) and tics are frequently associated (OCS in TS up to 90%, tics in OCD up to 37%). Sensory-motor phenomena like urges and just-right feelings reflect some behavioral overlap. The main additional psychopathologies are attention-deficit hyperactivity disorder (ADHD), mood problems and anxiety. Also, hair pulling disorder and skin picking disorder are related to OCD with TS. Hence, the assessment and drug treatment of its many psychopathological problems needs high clinical experience, careful planning, and ongoing evaluation/adaptation. Drugs are able to reduce clinical symptoms but cannot cure the disorders, which should be treated in parallel in their own right; i.e. for OCD serotonin reuptake inhibitors (SSRI) and for TS (tics) certain antipsychotics can be successfully prescribed. In cases of OCD with tics, when OCS respond only partially, an augmentation with antipsychotics (recommended: aripiprazole and risperidone) may improve OCS as well as tics. Also, the benzamide sulpiride, an atypical antipsychotics, may be beneficial in treating the combination of OCS, tics and anxious-depressive problems. Probably, any additional psychopathologies of OCD might attenuate the effectiveness of SSRI on OCS; on the other hand, in cases of OCD with tics, SSRI may reduce not only OCS but also stress sensitivity and emotional problems and thus leading to better selfregulatory abilities, useful to improve tic suppression. In sum, some clinical guidance can be given, but there remain many uncertainties because of a scarce data base for psychopharmacotherapy in OCD with TS. Recently, a high quality primer on Tourette Syndrome (TS) has been published, giving a timely and comprehensive overview related to all relevant aspects of the disorder [1]. This includes the suggestion that primarily Behavior Therapy (BT) should be recommended for the treatment of both OCS/OCD and TS. BT seems to be equally effective for pure as well as tic-related OCD [2-4]. But many patients remain symptomatic after BT intervention. In this situation, medication comes into play for augmentation. Further, drug treatment may be given the priority if BT is not available, not feasible or not preferred by the family. Concerning the practically important relationship between obsessive-compulsive symptoms (OCS) and TS the present review will broaden this issue while starting with the essentials on core aspects of TS before presenting obsessive-compulsive symptoms/disorder (OCS/OCD) as comorbidities with TS. Several levels of investigation are mentioned (e.g. psychopathology, pathophysiology, psychosocial burden) and their specific meanings for psychopharmacological treatment are discussed. Finally, certain drugs are explored for their use in treatment of OCS/OCD within the framework of TS.

30152283 25 54 obsessive-compulsive symptoms Disease D009771

30152283 79 96 Tourette syndrome Disease D005879

30152283 188 191 OCD Disease D009771

30152283 203 205 TS Disease D005879

30152283 430 438 patients Species 9606

30152283 452 481 obsessive-compulsive disorder Disease D009771

30152283 483 486 OCD Disease D009771

30152283 492 509 Tourette syndrome Disease D005879

30152283 511 513 TS Disease D005879

30152283 525 537 tic problems Disease D020323

30152283 539 542 OCD Disease D009771

30152283 548 550 TS Disease D005879

30152283 773 788 tic-related OCD Disease D009771

30152283 808 837 Obsessive-compulsive symptoms Disease D009771

30152283 839 842 OCS Disease D009771

30152283 880 883 OCS Disease D009771

30152283 887 889 TS Disease D005879

30152283 909 912 OCD Disease D009771

30152283 1059 1099 attention-deficit hyperactivity disorder Disease D001289

30152283 1101 1105 ADHD Disease D001289

30152283 1126 1133 anxiety Disease D001008

30152283 1141 1162 hair pulling disorder Disease D030342

30152283 1167 1188 skin picking disorder Disease D012871

30152283 1204 1207 OCD Disease D009771

30152283 1213 1215 TS Disease D005879

30152283 1522 1525 OCD Disease D009771

30152283 1526 1535 serotonin Chemical D012701

30152283 1571 1573 TS Disease D005879

30152283 1648 1651 OCD Disease D009771

30152283 1668 1671 OCS Disease D009771

30152283 1746 1758 aripiprazole Chemical C094645

30152283 1763 1774 risperidone Chemical D018967

30152283 1788 1791 OCS Disease D009771

30152283 1819 1838 benzamide sulpiride Chemical

30152283 1917 1920 OCS Disease D009771

30152283 1931 1958 anxious-depressive problems Disease D003866

30152283 2006 2009 OCD Disease D009771

30152283 2055 2058 OCS Disease D009771

30152283 2091 2094 OCD Disease D009771

30152283 2131 2134 OCS Disease D009771

30152283 2151 2185 sensitivity and emotional problems Disease D006948

30152283 2414 2417 OCD Disease D009771

30152283 2423 2425 TS Disease D005879

30152283 2466 2483 Tourette Syndrome Disease D005879

30152283 2485 2487 TS Disease D005879

30152283 2719 2722 OCS Disease D009771

30152283 2723 2726 OCD Disease D009771

30152283 2731 2733 TS Disease D005879

30152283 2788 2803 tic-related OCD Disease D009771

30152283 2820 2828 patients Species 9606

30152283 3112 3141 obsessive-compulsive symptoms Disease D009771

30152283 3143 3146 OCS Disease D009771

30152283 3152 3154 TS Disease D005879

30152283 3252 3254 TS Disease D005879

30152283 3273 3311 obsessive-compulsive symptoms/disorder Disease D009771

30152283 3313 3316 OCS Disease D009771

30152283 3317 3320 OCD Disease D009771

30152283 3344 3346 TS Disease D005879

30152283 3600 3603 OCS Disease D009771

30152283 3604 3607 OCD Disease D009771

30152283 3632 3634 TS Disease D005879

30138433|t|Effect of collaborative depression treatment on risk for diabetes: A 9-year follow-up of the IMPACT randomized controlled trial.

30138433|a|Considerable epidemiologic evidence and plausible biobehavioral mechanisms suggest that depression is an independent risk factor for diabetes. Moreover, reducing the elevated diabetes risk of depressed individuals is imperative given that both conditions are leading causes of death and disability. However, because no prior study has examined clinical diabetes outcomes among depressed patients at risk for diabetes, the question of whether depression treatment prevents or delays diabetes onset remains unanswered. Accordingly, we examined the effect of a 12-month collaborative care program for late-life depression on 9-year diabetes incidence among depressed, older adults initially free of diabetes. Participants were 119 primary care patients [M (SD) age: 67.2 (6.9) years, 41% African American] with a depressive disorder but without diabetes enrolled at the Indiana sites of the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) trial. Incident diabetes cases were defined as diabetes diagnoses, positive laboratory values, or diabetes medication prescription, and were identified using electronic medical record and Medicare/Medicaid data. Surprisingly, the rate of incident diabetes in the collaborative care group was 37% (22/59) versus 28% (17/60) in the usual care group. Even though the collaborative care group exhibited greater reductions in depressive symptom severity (p = .024), unadjusted (HR = 1.29, 95% CI: 0.69-2.43, p = .428) and adjusted (HR = 1.18, 95% CI: 0.61-2.29, p = .616) Cox proportional hazards models indicated that the risk of incident diabetes did not differ between the treatment groups. Our novel preliminary findings raise the possibility that depression treatment alone may be insufficient to reduce the excess diabetes risk of depressed, older adults.

30138433 24 34 depression Disease D003866

30138433 57 65 diabetes Disease D003920

30138433 217 227 depression Disease D003866

30138433 262 270 diabetes Disease D003920

30138433 304 312 diabetes Disease D003920

30138433 321 330 depressed Disease D003866

30138433 406 411 death Disease D003643

30138433 482 490 diabetes Disease D003920

30138433 506 515 depressed Disease D003866

30138433 516 524 patients Species 9606

30138433 537 545 diabetes Disease D003920

30138433 571 581 depression Disease D003866

30138433 611 619 diabetes Disease D003920

30138433 737 747 depression Disease D003866

30138433 758 766 diabetes Disease D003920

30138433 783 792 depressed Disease D003866

30138433 825 833 diabetes Disease D003920

30138433 835 847 Participants Species 9606

30138433 870 878 patients Species 9606

30138433 939 958 depressive disorder Disease D003866

30138433 971 979 diabetes Disease D003920

30138433 1101 1109 diabetes Disease D003920

30138433 1132 1140 diabetes Disease D003920

30138433 1183 1191 diabetes Disease D003920

30138433 1332 1340 diabetes Disease D003920

30138433 1720 1728 diabetes Disease D003920

30138433 1832 1842 depression Disease D003866

30138433 1900 1908 diabetes Disease D003920

30138433 1917 1926 depressed Disease D003866

30135780|t|Patient's experience with blended video- and internet based cognitive behavioural therapy service in routine care.

30135780|a|Introduction: Internet-based guided self-help and face-to-face CBT have shown to be effective in the treatment of depression, but both approaches might not be an available treatment option for all patients. A treatment which blends internet-based guided self-help with video-based psychotherapy might reduce potential disadvantages of both approaches, while maintaining major advantages such as being location-independent. Additionally, it could provide a stronger focus on patient empowerment and lower resource use compared to traditional face-to-face treatment. Aim: The aim of this study is to evaluate patient's experiences with blended internet- and video-based CBT (blended iCBT) treatment and to derive suggestions for the improvement of such services. Methods: Semi-structured interviews were conducted with 15 participants of the blended iCBT treatment as part of the European MasterMind trial. Participants included adults suffering from Major Depressive Disorder. The interview guide assessed patient's experiences regarding the four treatment components program, 1. face-to-face diagnostic interviews, 2. video-based synchronous therapy sessions (VTS), 3. online self-help treatment modules (OTM) as well as 4. behaviour diaries and symptom monitoring. Interviews were analyzed using the framework method and outcomes regarding connections within and between participants and categories were generated by counting the statements within relevant themes. Results: Overall, patients indicated to have been satisfied with all components of the treatment, highlighting the option to independently work from home in their own pace. While the OTMs allowed for a deeper reflection of the content, the VTS with the therapist were mentioned to provide the personal character of the service. The working alliance with the therapist was experienced as fostering the individual fit of the treatment. Patients reported a high self-perceived treatment effectiveness. Negative effects included that some patients felt overwhelmed by the service, e.g. by working with the content of the OTM as they forced them to address their problems. Within the combination of OTM and VTS, both components were rated as equally important and patients felt that the combination depicted a treatment at least equal to regular face-to-face treatment regarding the perceived effectiveness. Other identified themes included patient's individual factors, reactions in their social environment and suggestions for improvement of the service. Discussion: Predominantly, patients reported positive experiences with the blended iCBT service and rate the treatment as adequate and effective to treat their condition. The importance of the VTS is highlighted. Following this approach might be an option to make affordable and effective evidence-based CBT available independent from regional barriers.

30135780 0 7 Patient Species 9606

30135780 229 239 depression Disease D003866

30135780 312 320 patients Species 9606

30135780 589 596 patient Species 9606

30135780 722 729 patient Species 9606

30135780 935 947 participants Species 9606

30135780 1020 1032 Participants Species 9606

30135780 1064 1089 Major Depressive Disorder Disease D003866

30135780 1120 1127 patient Species 9606

30135780 1233 1273 video-based synchronous therapy sessions Disease D009378

30135780 1275 1278 VTS Disease D009378

30135780 1487 1499 participants Species 9606

30135780 1599 1607 patients Species 9606

30135780 1821 1824 VTS Disease D009378

30135780 2015 2023 Patients Species 9606

30135780 2116 2124 patients Species 9606

30135780 2283 2286 VTS Disease D009378

30135780 2340 2348 patients Species 9606

30135780 2517 2524 patient Species 9606

30135780 2660 2668 patients Species 9606

30135780 2826 2829 VTS Disease D009378

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