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➤ **A study protocol to investigate the management of depression and challenging behaviors associated with dementia in aged care settings**

Clinical depression and behavioural and psychological symptoms of dementia (BPSD) occur in high numbers and often go untreated. Training programmes aimed at improving detection and management of these problems have been largely ineffective. This report presents a study protocol to evaluate training interventions for facility managers and registered nurses in aged care facilities. It focuses on organisational processes, culture, knowledge, skills and self-efficacy. It recommends a brief but focussed training package that establishes routine practices related to mental health to improve the management of depression and BPS in residential care.

McCabe, M., Mellor, D., Davison, T., Karantzas, G., Treuer, K. & O'Connor, D. A study protocol to investigate the management of depression and challenging behaviors associated dementia in aged care settings. BMC Geriatrics.

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/1471-2318-13-95.pdf>

➤ **Improving engagement in mental health treatment for home meal recipient with depression**

Staff providing support to older adults are in a unique position to detect depression and offer a referral for mental health treatment. This however requires the staff to learn new skills and overcome client barriers to accepting referrals. This paper describes a novel engagement intervention where homebound older adults in the United States who are eligible for home delivered meals are screened for depression by in-home aging service programmes. This Open Door invention addresses stigma, misconceptions about depression, fears about treatment and is designed to fit within the roles of aging service staff. The programme helped identify cases of major depressive disorder, minor depression and suicidal ideation. It helped improve the quality care for depression.

Sirey, J., Greenfield, A., DePasquale, A., Weiss, N., Marino, P., Alexopoulos, G. & Bruce, M. Improving engagement in mental health treatment for home meal recipient with depression. Clinical Interventions in Aging.

Full text article can be accessed here:

<http://www.dovepress.com/improving-engagement-in-mental-health-treatment-for-home-meal-recipient-peer-reviewed-article-CIA>

➤ **Facility based cross-sectional study of self stigma among people with mental illness: Towards patient empowerment approach**

Multiple cognitive and environmental factors lead self-stigma among people with mental illness and can impact their self esteem, hope, social integration and quality of life. This report studies self-stigma in Ethiopia. It found that patients with a history of traditional treatment and women had higher self stigma. The side effects of drugs and perceived signs of mental illness lead to increased self stigma. Education and self esteem decreased self stigma. Patient empowerment, psychological interventions and strategies to reduce drug side effects can help reduce self stigma among people.

Girma, E., Tesfaye, M., Froeschl, G., Moller-Leimkuhler, A., Dehning, S. & Muller, N. Facility based cross-sectional study of self stigma among people with mental illness: Towards patient empowerment approach. International Journal of Mental Health Systems. 7:21.

Full text article can be accessed here:
<http://www.ijmhs.com/content/7/1/21>

➤ **Challenges associated with managing suicide risk in long-term care facilities**

The Minimum Data Set (MDS) 3.0 is a new assessment and screening tool used to evaluate the health and well-being of all residents in Medicare and Medicaid-certified long-term care. It requires residents to take a nine-item version of the Patient Health Questionnaire compared to the earlier two-item version. This poses unique challenges to the long-term care facilities. The challenges identified include suicidal ideation and behaviour pose that exists in the LTC environment. It addresses issues that arise while trying to manage suicide risk among the residents. It also discusses a framework for assessing and managing it.

O'Riley, A., Nadorff, M., Conwell, Y. & Edelstein, B. Challenges associated with managing suicide risk in long-term care facilities. Annals of Long-Term Care: Clinical Care and Aging. 21(6):28-34.

Full text article can be accessed here:
<http://www.annalsoflongtermcare.com/article/challenges-associated-managing-suicide-risk-long-term-care-facilities>

➤ **Do antidepressants lower the prevalence of lithium-associated hyponatremia in the elderly? A retrospective study**

Clinical important measures of lithium-induced nephrogenic diabetes insipidus have not been well-studied. Such information would be useful for the elderly who may become symptomatic and require hospitalisation with relatively small elevations in sodium levels. This study compared 55 geriatric psychiatry outpatients using lithium and antidepressants with those using lithium alone for prevalence rates of hyponatremia during a 15-year observation period. The study found that the elderly patients who took lithium as well as antidepressants were less likely to develop hyponatremia. Further studies are needed to analyse whether antidepressants may be useful in the prevention of lithium-associated hyponatremia.

Rej, S., Looper, K., & Segal, M. (2013, June). Do antidepressants lower the prevalence of lithium-associated hyponatremia in the elderly? A retrospective study. Canadian Geriatrics Journal. 16(2).

Full text article can be accessed here:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3671010/pdf/cgj-16-38.pdf>

➤ **Potentially inappropriate medication used by the elderly: Prevalence and risk factors in Brazilian care homes**

A serious public health concern among the elderly is the use of potentially inappropriate medication (PIM) as it is linked to increased morbidity and mortality. This study examines the prevalence of and factors associated with the use of PIMs by elderly Brazilians in care home settings. It found a high prevalence of PIM use among institutionalised elderly. The associated factors were polypharmacy, psychiatric disorders, cerebrovascular diseases and dependency. Antipsychotics and analgesics were the most commonly used medication.

Lima, T., Garbin, C., Garbin, A., Sumida, D. & Saliba, O. Potentially inappropriate medication used by the elderly: Prevalence and risk factors in Brazilian care homes. BMC Geriatrics. 13:52.

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/1471-2318-13-52.pdf>

➤ **Detection of suicide among the elderly in a long term care facility**

This study aims to establish the level of correlation between the suicide item contained within the Core Symptom Index (CSI) and the presence of suicidal thoughts as assessed by the Mini-International Neuropsychiatric Interview (MINI) and the Cornell Scale of Depression in Dementia (CSDD). The CSI was developed from the Symptom checklist-90 to assess the clinical symptoms in adults and the elderly. It has sub-scales related to anxiety, depression and

somatic symptoms. Seventy elderly long term care residents were included in this study. The findings revealed that the CSI has the ability to detect suicidal ideation, regardless of whether the patient has cognitive impairment and/or depression.

Wongpakaran, T. & Wongpakaran, N. Detection of suicide among the elderly in a long term care facility. Clinical Interventions in Aging.

Full text article can be accessed here:

<http://www.dovepress.com/detection-of-suicide-among-the-elderly-in-a-long-term-care-facility-peer-reviewed-article-CIA>

➤ **Psychiatric issues in palliative care: Assessing mental capacity**

The capacity to consent or refuse treatment has become a subject of interest in legal and clinical circles. In this regard, mental capacity issues are discussed through the use of three case vignettes that involve different aspects of mental health care in palliative care settings. The vignettes tackle capacity in a patient with newly developed mental illness consequent to physical illness, capacity in a patient with mental illness but without delirium and capacity in a patient with known impairment of the mind. These discussions lend credence to best practice positions where physicians act in the best interests of their patients at all times. The authors also note that capacity decisions have to be made on a case by case basis, within the remit of legal protection.

Udo, I., Mohammed, Z., & Gash, A. Psychiatric issues in palliative care: Assessing mental capacity. Palliative Care: Research and Treatment. 7:37-42.

Full text article can be accessed here:

<http://www.la-press.com/psychiatric-issues-in-palliative-care-assessing-mental-capacity-article-a3941>

➤ **Depression in residential aged care 2008-2012**

This report provides a detailed review of administrative data available for exploring the prevalence and characteristics of residential aged care patients with symptoms of depression. Fifty-two percent of aged care patients had symptoms of depression in 2012. Between 2008 and 2012, first-time residents admitted to care were more likely to require high care levels and have behaviours which impacted on care needs. In fact, the odds are that 139 percent higher for those with other symptoms. In addition, a little over two-thirds of patients in permanent care who had symptoms of null depression had a diagnosis or had one being sought.

Depression in residential aged care 2008-2012. Australian Institute of Health and Welfare.

Full text article can be accessed here:

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544771>

➤ **Risk factors for depressed mood amongst a community dwelling older age population in England: Cross-sectional survey data from the PRO-AGE study**

While the Quality and Outcome Framework in the United Kingdom National Health Services has highlighted findings of depression amongst patients with diabetes or coronary heart diseases, depression in older people associated with health and functional measures remains under-recognised. This study examined data from the PRO-AGE study on 1085 community –dwelling non-disabled people aged 65 years or more, in suburban London, to ascertain depressed mood. It found that poor vision was a stronger factor than even diabetes and coronary heart disease contributing to depressed moods.

Biddulph, J., Iliffe, S., Kharicha, K., Harari, D., Swift, C., Gillmann, G. & Stuck, A. Risk factors for depressed mood amongst a community dwelling older age population in England: Cross-sectional survey data from the PRO-AGE study. BMC Geriatrics. 14(5).

Full text article can be accessed here:
<http://www.biomedcentral.com/1471-2318/14/5>

➤ **Prevalence and risk factors of depressive symptoms in a Canadian palliative home care population: A cross-sectional study**

Identifying the risk factors associated with depression can enable clinicians to more readily diagnose and treat depression. This study determines the prevalence of depressive symptoms and risk factors associated with them in a large sample of 5144 palliative home care patients in Ontario, Canada. The data is from interRAI Palliative Care assessments completed between 2006 and 2012. It found that the prevalence of depressive symptoms was 9.8 percent. The risk factors associated with depression were low life satisfaction; severe and moderate sleep disorders; health instability, caregiver distress; daily pain; cognitive impairment; being female; and gastrointestinal symptoms. Life satisfaction was one of the strongest factors and among the most challenging to address.

Fisher, K., Seow, H., Brazil, K., Freeman, S., Smith, T. & Guthrie, D. Prevalence and risk factors of depressive symptoms in a Canadian palliative home care population: A cross-sectional study. BMC Palliative Care. 13(10).

Full text article can be accessed here:
<http://www.biomedcentral.com/content/pdf/1472-684X-13-10.pdf>

➤ **Psychiatrists in short supply nationwide**

The United States is facing a nation-wide shortage of psychiatrists, even as demand for mental health services grows. In some areas, people have to wait up to two months to see a psychiatrist. Medical students' interest in it is so low that 14 percent of the 1,360 residencies were taken up by non-US residents. Part of the reason for this situation is that psychiatrists get less pay and respect than doctors in other specialties. One way to cope is to press other

health care professionals into service. Other strategies include the use of tele-psychiatry and giving liability protection to mental health professionals who volunteer their services; passing legislation that allow psychologists “mental health therapists who have doctorates, not medical degrees - to prescribe psychiatric medications after receiving additional training”; improving their remuneration packages; removing the stigma associated with the profession and improving their professional image; and having medical schools create streamlined programmes that combine psychiatry with other medical specialties. Nonetheless, even if all these strategies are in place, recruiting psychiatrists would continue to be challenging.

Smydo, J. Psychiatrists in short supply nationwide. Pittsburgh Post-Gazette.

Full text article can be accessed here:

<http://www.post-gazette.com/news/health/2014/03/16/Psychiatrists-in-short-supply-nationwide-Pittsburgh/stories/201403160076>

➤ **An interprofessional nurse-led mental health promotion intervention for older home care clients with depressive symptoms**

While common in older home care clients, depressive symptoms are poorly recognised and treated leading to adverse health outcomes and cost to health services. This study examines the feasibility and acceptability of a new six-month inter-professional nurse-led mental health promotion intervention in Canada. It explores the effects on reducing depressive symptoms in home care adults, aged 70 years and above, using personal support services. It found that the intervention was feasible and acceptable to depressive residents. It was also effective in reducing their depressive symptoms and improving their health-related quality of life in a six-month follow up and reducing anxiety in a one year follow-up. The use of hospitals, ambulance services and emergency room visits also reduced.

Markle-Reid, M., McAiney, C., Forbes, D., Thabane, L., Gibson, M., Browne, G., Hoch, J., Peirce, T. & Busing, B. BMC Geriatrics.

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/1471-2318-14-62.pdf>

➤ **Reducing antipsychotic drugs in care homes**

At least 60 percent of those living in care and nursing homes in the United Kingdom suffer from dementia. The widespread use of antipsychotic drugs in dementia patients is widespread and has resulted in an additional 1,800 deaths each year. This article suggests that an audit-based service provided by community pharmacists working with nursing and care staff in residential homes, can lead to a 20 percent reduction in dosage and drug discontinuation in 17 percent of residents with dementia. Furthermore, by working with pharmacists, nurses can develop greater confidence in questioning if the use of such drugs is

appropriate. It also discusses the audit process for community pharmacists who provide this audit-based service and its results.

Prentice, A., & Wright, D. Reducing antipsychotic drugs in care homes. Nursing Times. 110(22): 12-15.

Full text article can be accessed here:

<http://www.nursingtimes.net/Journals/2014/05/30/y/d/b/040614-Reducing-antipsychotic-drugs-in-care-homes.pdf>

➤ **Diabetes, depression, and OASIS-C: A guide for home healthcare clinicians**

Depression is significantly higher among elderly adults receiving home healthcare, especially among those with Type 2 diabetes. Depression leads to greater mental illness, functional impairment and chronic pain. This article discusses the mandate by the Centers for Medicare & Medicaid Services, Outcome and Assessment Information Set – C (OASIS-C) for the use of the Patient Health Questionnaire (PHQ-2) to screen for depression in home care patients, with special emphasis on the patient with diabetes. It highlights the challenges in managing Type 2 diabetes and depression and the method for assessing depression.

Acee, A. (2014, June). Diabetes, depression, and OASIS-C: A guide for home healthcare clinicians. Home Healthcare Nurse.

Full text article can be accessed here:

http://journals.lww.com/homehealthcarenurseonline/Fulltext/2014/06000/Diabetes,_Depression,_and_OASIS_C__A_Guide_for.7.aspx

➤ **Antipsychotics for dementia: CMS says use less**

The Centers for Medicare & Medicaid Services (CMS) and other healthcare organisations in the United States are aiming to decrease the use of antipsychotics among dementia patients by 30 percent in the next two years. Antipsychotic drugs are overprescribed for dementia patients. Between the end of 2011 and the end of 2013, the national prevalence of antipsychotic use in long-stay nursing home residents was reduced by 15 percent, decreasing from 23.8 percent to 20.2 percent nationwide. The National Partnership to Improve Dementia Care is working with nursing homes to reduce this rate even further. The use of antipsychotics can be substituted by nonpharmacologic treatments.

Frieden, J. Antipsychotics for dementia: CMS says use less. MedPage Today.

Full text article can be accessed here:

<http://www.medpagetoday.com/Geriatrics/Dementia/47781>

➤ **Depression ‘common’ in early Parkinson’s**

A study conducted by researchers from University Hospital Donostia (Spain), University of Pennsylvania and the Department of Veterans Affairs at Philadelphia (US), compared people with newly diagnosed Parkinson’s disease and healthy controls over two years to see if symptoms developed and changed. It found that people with Parkinson’s had significantly more symptoms of depression, anxiety, fatigue and apathy compared to the control group. The symptoms of apathy and psychosis increased over time in people with Parkinson’s.

Bazian. Depression ‘common’ in early Parkinson’s. NHS Choices.

Full text article can be accessed here

<http://www.nhs.uk/news/2014/08august/pages/depression-common-in-early-parkinsons.aspx>

➤ **Aromatherapy: Does it help to relieve pain, depression, anxiety, and stress in community-dwelling older persons?**

This study examines the effectiveness of an aromatherapy programme for older persons with chronic pain. Eighty-two community-dwelling elderly people in Hong Kong participated in a four-week aromatherapy programme or were assigned to a control group that did not receive any interventions. Their levels of pain, depression, anxiety and stress were collected at the baseline and at the post-intervention assessment after the programme. It found that there was a slight reduction in the pain score and a significant reduction in negative emotions of the intervention group. It concludes that aromatherapy can be an effective tool to reduce pain, depression, anxiety and stress levels among community-dwelling older adults.

Tang, S.K. & Mimi Tse, M.Y. Aromatherapy: Does it help to relieve pain, depression, anxiety, and stress in community-dwelling older persons. Hindawi Publishing Corporation.

Full text article can be accessed here

<http://www.hindawi.com/journals/bmri/2014/430195/>

➤ **Different effects of rumination on depression: Key role of hope**

This study examines the moderator effect of hope on the relationship between rumination on depression in Chinese university students. It found that when students reported low levels of hope, those with high rumination reported higher scores in depression than those with low rumination. In the high hope group the effect of rumination on depression was not significant. College students encounter many negative life events, including academic, interpersonal communication, vocational development, and social adaptation problems. An individual with high rumination constantly ponders an issue with negative cognition leading to negative consequence, complaints and lowering of self-evaluation, thus further strengthening depression. Hope helps to play a moderating role between rumination and depression.

Sun, H., Tan, Q., Fan, G. & Tsui, Q. Different effects of rumination on depression: Key role of hope. *International Journal of Mental Health Systems*, 8.

Full text article can be accessed here:

<http://www.ijmhs.com/content/pdf/1752-4458-8-53.pdf>

➤ **Potential predictors of delay in initial treatment contact after the first onset of depression in Japan: A clinical sample study**

It has been proven that treating depression earlier result in improved clinical outcome. This study identifies the characteristics that predict the delay in starting the initial treatment after the first onset of lifetime depression in Japan. It compares socio-demographic and clinical characteristics between those with longer and shorter duration of untreated illness to determine the characteristics. The study found that Japanese patients with depression were likely to seek treatment within a year of onset. Marital status and melancholia were identified as potential predictors of the delay in seeking initial treatment.

Oguchi, Y., et. al. *Potential predictors of delay in initial treatment contact after the first onset of depression in Japan: a clinical sample study. International Journal of Mental Health Systems*, 8.

Full text article can be accessed here:

<http://www.ijmhs.com/content/pdf/1752-4458-8-50.pdf>

➤ **Anti-inflammatory drugs ‘could fight depression’**

Scientists at seven United Kingdom universities are setting up a research consortium to explore a newly discovered link between immune disorders and mental illness. This raises the hope that anti-inflammatory drugs can be adapted to treat patients with depression or senile dementia. The universities comprising Cambridge, Cardiff, Glasgow, Oxford, Southampton and Sussex, and King’s College London, have received £5 million funding from the Wellcome Trust and have the backing of pharmaceutical companies.

McKie, R. *Anti-inflammatory drugs ‘could fight depression’*. *The Guardian*.

Full text article can be accessed here:

<http://www.theguardian.com/science/2014/dec/20/anti-inflammatory-drugs-could-fight-depression-immune-disorders>

➤ **Treating the elder life crisis**

This article advocates that “physicians must examine the possible root causes behind the behaviours and feelings older adults express, and determine how these concerns exert a negative impact on patients’ quality of life.” Elder life

crisis can occur when older adults experience feelings of loneliness, helplessness and boredom. Physicians should be on the lookout for these signs and be prepared to help. The symptoms of this crisis include a sense of powerlessness, withdrawal from pleasurable activities and loss of independence that can result from illness or changes in physical capabilities.

Thomas, B. & Tucker, J. Treating the elder life crisis. Today's Geriatric Medicine.

Full text article can be accessed here:

<http://www.todaysgeriatricmedicine.com/archive/0315p22.shtml>

➤ **Stakeholder views on a recovery-oriented psychiatric rehabilitation art therapy program in a rural Australian mental health service: A qualitative description**

Recovery-oriented psychiatric rehabilitation supports people experiencing mental illness to pursue a meaningful life and is the guiding principle of mental health services in Australia as well as internationally. This paper looks at whether art participation can support recovery in inpatient populations. It explores the experiences of consumers detained in a rural Australian secure extended care unit of an art therapy project and examines the views of nurse managers and an art therapist on recovery-oriented rehabilitation programmes with regard to the art therapy project. It finds that the art therapy has benefited the participants and provided a forum for sharing, self-expression and building relationships that grew their confidence; this could not be found in regular rehabilitation programmes.

Vecchi, N., Kenny, A. & Kidd, S. Stakeholder views on a recovery-oriented psychiatric rehabilitation art therapy program in a rural Australian mental health service: A qualitative description. International Journal of Mental Health Systems.

Full text article can be accessed here:

<http://www.ijmhs.com/content/9/1/11>

➤ **Crowd-source tool relieves depression and anxiety**

Massachusetts Institute of Technology (MIT) and Northwestern University scientists developed a peer-to-peer tool that allows people suffering from anxiety and depression to interact with others via an online support community. While the concept is not new, this tool enables individuals to practice a therapeutic technique called cognitive reappraisal. The software was found to be effective in improving the mood of subjects with more severe symptoms.

Nauert, R. Crowd-source tool relieves depression and anxiety. PsychCentral.

Full text article can be accessed here:

<http://psychcentral.com/news/2015/03/31/crowd-source-tool-relieves-depression-and-anxiety/82984.html>

➤ **Reducing depression in nursing homes requires more than just antidepressants**

People living in residential aged care facilities have more complex care needs due to physical and cognitive difficulties and their loss of independence may increase their risk of depression and suicidal ideation. Mental illness can often go undetected among residents due to lack of training to detect the symptoms or lack of routine screening. This article highlights that there are other non-medication approaches that can be as effective as medication in dealing with depression. Cognitive behavioural therapy, a talk therapy that addresses how one thinks and acts, is proven to be equally effective. Other interventions such as exercise, music and singing, animals and pet therapy, reminiscence-based activities (such as reviewing one's life, talking with others about the past), and behavioural activation (such as doing pleasant activities) can also be effective.

Bhar, S. Reducing depression in nursing homes requires more than just antidepressants. The Conversation.

Full text article can be accessed here:

<http://theconversation.com/reducing-depression-in-nursing-homes-requires-more-than-just-antidepressants-38970>

➤ **Residents' perceptions of their own sadness – A qualitative study in Norwegian nursing homes**

This study explores perceptions of older people residing in nursing homes without dementia, of their own sadness. It looks at what made the informants sad and what prevented sadness. Residents perceived their sadness to be caused by decay and loss of agency that included loss of health and functional ability, reliance on long-term care, dysfunctional technical aids and poor care; loneliness that was caused by loss of family and friends, and lack of conversation with staff members and fellow patients; and loss of identity. They tried to avoid being sad by accepting and re-orienting to their current life situation, maintaining narratives about their identity and belonging, and religiosity.

Iden, K., Ruths, S. & Hjørleifsson, S. Residents' perceptions on their own sadness – A qualitative study in Norwegian nursing homes. BMC Geriatrics.

Full text article can be accessed here:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4356108/>

➤ **Brain scans may help predict success of therapy for psychiatric disorders**

Researchers from Massachusetts Institute of Technology (MIT) analysed brain scans of patients receiving cognitive behavioural therapy for the treatment of social anxiety disorder. They found that brain scans that look at biomarkers of brain connectivity may help predict which patients with psychiatric disorders are likely to benefit from therapy. They used three types of brain scan analysis: the first used resting-state fMRI to look at connections to the amygdala; the second looked at connectivity across the whole brain; and a behavioural assessment tool called the Liebowitz Social Anxiety Scale (LSAS) before and after the patients CBT treatment. They found that these three together led to a five-fold improvement in prediction compared to the LSAS alone.

Paddock, C. Brain scans may help predict success of therapy for psychiatric disorders. MNT.

Full text article can be accessed here:
<http://www.medicalnewstoday.com/articles/298072.php>

➤ **Training frontline workforce on psychosis management: A prospective study of training effects**

Care of persons experiencing severe mental illness is complex and requires good coordination, communication and interpersonal relationships of primary and specialised mental health care systems. This report examines the training effects of a two-year local onsite training programme of professional care providers from different levels over a period of 15 years in Norway. The programme aims to increase skills, joint understanding and collaboration while working with severe mental illness cases. It found that the programme was successful in increasing competence in understanding of psychosis and relationship building and training staff from different service levels contributed to more collaboration.

Sorlie, T., et. al. Training frontline workforce on psychosis management: A prospective study of training effects. International Journal of Mental Health Systems.

Full text article can be accessed here
<http://ijmhs.biomedcentral.com/articles/10.1186/s13033-015-0029-3>

➤ **Tailoring interventions to implement recommendations for the treatment of elderly patients with depression: A qualitative study**

This report provides six recommendations to improve treatment of elderly patients with depression and describes tailored intervention to address the determinants for the implementation of the recommendations. The intervention were sorted into six categories based on group interviews and brainstorming sessions of health professionals (GPs and nurses), implementation researchers, quality improvement officers, professional and voluntary

organisations and relatives of elderly patients with depression. The interventions include: resources for municipalities to develop a collaborative care plan, resources for health professionals, resources for patients and their relatives, outreach visits, educational and web-based tools. While some interventions addressed one determinant, others addressed several determinants.

Aakhus, E., Granlund, I., Oxman, A. & Flottorp, S. Tailoring interventions to implement recommendations for the treatment of elderly patients with depression: A qualitative study. International Journal of Mental Health Systems.

Full text article can be accessed here:

<http://ijmhs.biomedcentral.com/articles/10.1186/s13033-015-0027-5>

➤ **A retrospective, longitudinal study of factors associated with new antipsychotic medication use among recently admitted long-term care residents**

While use of antipsychotic (AP) medication is high among institutionalised populations, little is known about the use of new AP drugs following admission to long-term care settings. This study examines the frequency and correlates of new AP drug use among newly admitted LTC residents in Ontario, Canada. It found that new AP drug users formed seven percent of the cohort. It found that clinical factors such as severe cognitive impairment, dementia and motor agitation were significantly associated with new AP drug use among both sexes. Social factors such as behavioural problems, conflicts with staff and reduced social engagement were also strongly correlated to the use of new AP drugs.

Foebel, A., et. al. A retrospective, longitudinal study of factors associated with new antipsychotic medication use among recently admitted long-term care residents. BMC Geriatrics.

Full text article can be accessed here:

<http://www.biomedcentral.com/1471-2318/15/128>

➤ **Stepped care for depression and anxiety in visually impaired older adults: Multicentre randomised controlled trial**

This study compares stepped care with usual care to see the effectiveness in preventing the onset of major depressive, dysthymic and anxiety disorders in older people with visual impairment (due to age related eye disease) and subthreshold depression and/or anxiety. Stepped care programme was delivered by supervised occupational therapists, social workers and psychologist from low vision rehabilitation organisations in the Netherlands and Belgium. It comprised watchful waiting, guided self-help based on cognitive behavioural therapy, problem solving treatment, and referral to a general

practitioner. It found stepped care as a promising way to deal with depression and anxiety in visually impaired older adults.

Aa, H., et. al. Stepped care for depression and anxiety in visually impaired older adults: Multicentre randomised controlled trial. The BMJ.

Full text article can be accessed here
<http://www.bmj.com/content/351/bmj.h6127>