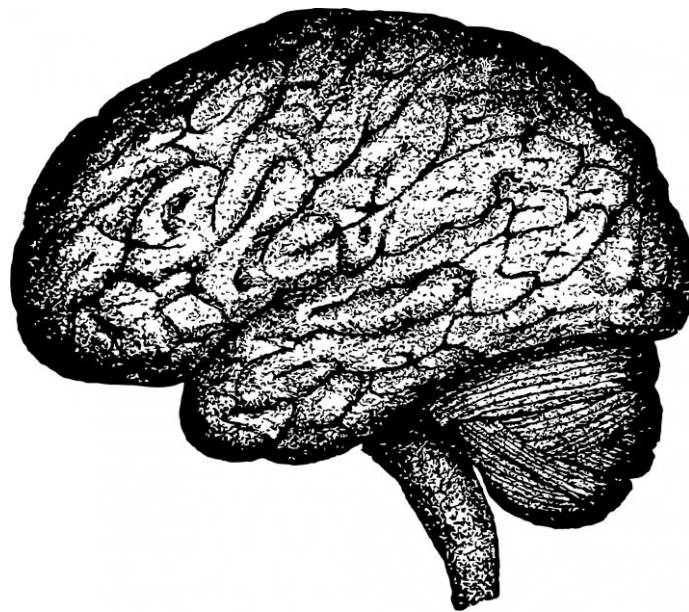


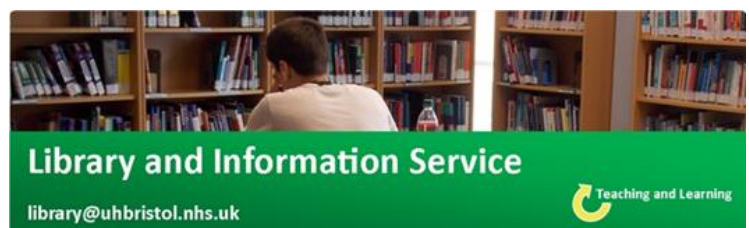
# Medically Unexplained Symptoms

## Evidence Update



**June 2017 (Quarterly)**

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 Teaching and Learning

# Training Sessions 2017

*All sessions are 1 hour*

<b>May</b>	<b>(13.00)</b>
Fri 26 <sup>th</sup>	Interpreting Statistics
Wed 31 <sup>st</sup>	Critical Appraisal
<b>June</b>	<b>(12.00)</b>
Thurs 1 <sup>st</sup>	Literature Searching
Thurs 8 <sup>th</sup>	Interpreting Statistics
Tues 13 <sup>th</sup>	Critical Appraisal
Thurs 29 <sup>th</sup>	Literature Searching
<b>July</b>	<b>(13.00)</b>
Mon 3 <sup>rd</sup>	Interpreting Statistics
Wed 12 <sup>th</sup>	Critical Appraisal
Fri 21 <sup>st</sup>	Literature Searching
Wed 26 <sup>th</sup>	Interpreting Statistics

## Your Outreach Librarian: Jo Hooper

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# Updates

**NICE** National Institute for  
Health and Care Excellence

**[Aerobic exercise training for adults with fibromyalgia](#)**

Source: [Cochrane Database of Systematic Reviews](#) - 21 June 2017

[Read Summary](#)

**[Physical activity and exercise for chronic pain in adults: an overview of Cochrane Reviews](#)**

Source: [Cochrane Database of Systematic Reviews](#) - 24 April 2017 - Publisher: Cochrane Database of Systematic Reviews

[Read Summary](#)

**[Psychological Interventions for Children with Functional Somatic Symptoms: A Systematic Review and Meta-Analysis](#)**

Source: [PubMed](#) - 14 April 2017 - Publisher: The Journal Of Pediatrics

[Read Summary](#)



**Cochrane  
Library**

**[Exercise therapy for chronic fatigue syndrome](#)**

Lillebeth Larun , Kjetil G. Brurberg , Jan Odgaard-Jensen and Jonathan R Price

Online Publication Date: April 2017

**UpToDate®**

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**[Somatization: Epidemiology, pathogenesis, clinical features, medical evaluation, and diagnosis](#)**

- [Terminology and DSM-5](#)
- [Summary](#)

**[Somatization: Treatment and prognosis](#)**

- [Other interventions](#)
- [Terminology and DSM-5](#)
- [Summary and recommendations](#)

**[Functional movement disorders](#)**

- [Classification of diagnostic certainty](#)
- [Summary and recommendations](#)

**Generalized anxiety disorder in adults: Epidemiology, pathogenesis, clinical manifestations, course, assessment, and diagnosis**

- [Hypochondriasis](#)
- [Summary and recommendations](#)

**Overview of idiopathic environmental intolerance (multiple chemical sensitivity)**

- [Laboratory and medical tests](#)
- [Cognitive behavioral therapy \(CBT\)](#)
- [Summary and recommendations](#)

**Conversion disorder in adults: Terminology, diagnosis, and differential diagnosis**

- [Movement disorders](#)
- [Summary](#)

**Conversion disorder in adults: Clinical features, assessment, and comorbidity**

- [Abnormal movement](#)
- [Summary](#)

**Conversion disorder in adults: Epidemiology, pathogenesis, and prognosis**

- [Premorbid clinical factors](#)
- [Summary](#)

**Conversion disorder in adults: Treatment**

- [Pharmacotherapy](#)
- [Repetitive transcranial magnetic stimulation \(TMS\)](#)
- [Summary and recommendations](#)



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- ❖ Dermatology
- ❖ Drug therapy
- ❖ Endocrinology and diabetes mellitus
- ❖ Family medicine
- ❖ Gastroenterology and hepatology
- ❖ General surgery
- ❖ Geriatrics
- ❖ Haematology
- ❖ Hospital Medicine
- ❖ Infectious diseases
- ❖ Nephrology and hypertension
- ❖ Neurology
- ❖ Obstetrics and gynaecology
- ❖ Oncology
- ❖ Paediatrics
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- ❖ Psychiatry
- ❖ Pulmonary, critical care and sleep medicine
- ❖ Rheumatology

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You can access UpToDate from any computer via [www.uptodate.com](http://www.uptodate.com). You will need your NHS Athens username/password (register through <http://openathens.nice.org.uk/>).

## Current Awareness Articles

Below is a selection of articles related to medically unexplained symptoms that were recently added to the healthcare databases.

If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch: [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

### **A wolf in sheep's clothing: An "alien leg" in corticobasal syndrome**

**Author(s):** Olszewska D.A.; McCarthy A.; Murray B.; Magennis B.; Lynch T.; Connolly S.

**Source:** Tremor and Other Hyperkinetic Movements; 2017; vol. 7

**Publication Type(s):** Article

**Abstract:**Background: Alien limb phenomenon occurs in 50-60% of patients with corticobasal syndrome (CBS) and usually presents with an "alien hand" phenomenon. The "alien foot" presentation is rarer and may be misdiagnosed, as foot involvement can lead to erroneous localization of the clinical problem to the knee, hip, or back. Subsequently misdiagnoses such as myelopathy, radiculopathy, functional disorder, stiff leg syndrome, neuromyotonia, and painful leg moving toes syndrome may occur. Case report: We describe two patients with alien foot symptoms that resulted in multiple opinions from different specialists, multiple diagnostic and therapeutic procedures, and delayed diagnosis. Eventually a diagnosis of CBS was made in both. Alien foot symptoms may be more common than initially thought and can result in a delayed diagnosis of CBS. Conclusion: The inclusion of this clinical finding in recently proposed diagnostic criteria highlights the need for increased clinical awareness. Copyright © 2017 Olszewska et al.

### **Vroege herkenning van dermatitis artefacta: Hoeveel bedrog en machteloosheid kan de dermatoloog aan? Early recognition of dermatitis artefacta: How much fraud and powerlessness can the dermatologist handle?**

**Author(s):** Nauta K.-J.

**Source:** Nederlands Tijdschrift voor Dermatologie en Venereologie; 2017; vol. 27 (no. 2); p. 68-72

**Publication Type(s):** Article

**Abstract:**Dermatitis artefacta is the dermatological variant of a disorder that is classified in psychiatry as a factitious disorder. Patients with a factitious disorder intentionally feign or self-induce medical symptoms with the aim of being recognized and treated as a patient. There is a substantial risk for severe iatrogenic complications. A good prognosis depends on early recognition of the disorder. In practice this is difficult because the patients present without any objective signs. Awareness of the signals of a pathological interaction between doctor and patient, such as feelings of frustration, distrust or abnormal positive feelings, can therefore be very useful. Also recognition of other alarm symptoms can be helpful. Doctors are advised to consider a factitious disorder in the differential diagnosis as early as possible and to discuss this openly with their patients. Furthermore consulting a psychiatrist is important. Goal of an intervention is primarily the ending of the pathological patient doctor interaction and the resulting iatrogenic complications. The prognosis can be positively influenced when the treating physician together with a psychiatrist confront the patient in a professional manner.

### **Munchausen syndrome by proxy-illness fabricated by another in older people**

**Author(s):** Moreno-Arino M.; Bayer A.

**Source:** Age and Ageing; 2017; vol. 46 (no. 2); p. 166-167

**Publication Type(s):** Article

### **Medically unexplained symptoms: Concept and mechanisms**

**Author(s):** Razali S.M.

**Source:** International Medical Journal; 2017; vol. 24 (no. 1); p. 99-103

**Publication Type(s):** Article

**Abstract:**Background: Medically unexplained symptoms (MUS) play a major role in health care services, but the term is not satisfactorily clarified. Aims: To examine the mechanisms that have been linked to the development and maintenance of MUS and the concept that underlying somatization of physical symptoms. **[ABSTRACT EDITED]**

### **Symptom-specific amygdala hyperactivity modulates motor control network in conversion disorder**

**Author(s):** Hassa T.; Liepert J.; Sebastian A.; Tuscher O.; Weiller C.; Schmidt R.

**Source:** NeuroImage: Clinical; 2017; vol. 15 ; p. 143-150

**Publication Type(s):** Article

**Abstract:**Initial historical accounts as well as recent data suggest that emotion processing is dysfunctional in conversion disorder patients and that this alteration may be the pathomechanistic neurocognitive basis for symptoms in conversion disorder. However, to date evidence of direct interaction of altered negative emotion processing with motor control networks in conversion disorder is still lacking. To specifically study the neural correlates of emotion processing interacting with motor networks we used a task combining emotional and sensorimotor stimuli both separately as well as simultaneously during functional magnetic resonance imaging in a well characterized group of 13 conversion disorder patients with functional hemiparesis and 19 demographically matched healthy controls. **[ABSTRACT EDITED]**

### **Cost-effectiveness in psychodermatology: A case series**

**Author(s):** Goulding J.M.R.; Harper N.; Kennedy L.; Martin K.R.

**Source:** Acta Dermato-Venereologica; 2017; vol. 97 (no. 5); p. 663-664

**Publication Type(s):** Note

Available in full text at [Acta dermato-venereologica \[Acta Derm Venereol\]](#) NLMUID: 0370310 - from EBSCOhost

### **Adult attachment insecurity is positively associated with medically unexplained chronic pain**

**Author(s):** McWilliams L.A.

**Source:** European Journal of Pain (United Kingdom); 2017

**Publication Type(s):** Article In Press

**Abstract:**Background: Attachment insecurity (i.e. anxiety in relationships and/or discomfort in close relationships) is associated with self-reports of physical symptoms, medically unexplained symptoms and health conditions involving pain. Medically unexplained chronic pain (MUCP) may represent a

particularly severe form of symptom reporting that is also characteristic of individuals with insecure attachment. This study investigated relationships between adult attachment style ratings and past-year MUCP in a sample of the general U.S. population and the ability of attachment style ratings to account for variance in past-year MUCP beyond that accounted for by potential confounders. Method: Data from the National Comorbidity Survey Replication (N = 5645) were used. Attachment was assessed with an interview-administered version of a commonly used self-report measure of secure, anxious and avoidant attachment. MUCP was assessed with a brief interview. Depressive and anxiety disorders were included as covariates and were assessed with a fully structured interview based on DSM-IV criteria. **[ABSTRACT EDITED]**

### **Neurobiologic theories of functional neurologic disorders**

**Author(s):** Edwards M.J.

**Source:** Handbook of clinical neurology; 2017; vol. 139 ; p. 131-137

**Publication Type(s):** Review

**Abstract:**Although neurobiologic theories to explain functional neurologic symptoms have a long history, a relative lack of interest in the 20th century left them far behind neurobiologic understanding of other illness. Here we review the proposals for neurobiologic mechanisms of functional neurologic symptoms that have been made over time and consider how they might inform our diagnostic and treatment methods, and how they integrate with psychologic formulations of functional symptoms. Modern approaches map on to recent developments in theoretic models of brain function, and suggest a key role for processes affecting attention, beliefs/expectations, and a resultant impairment of sense of agency. Copyright © 2016 Elsevier B.V. All rights reserved.

### **Transcranial magnetic stimulation and sedation as treatment for functional neurologic disorders**

**Author(s):** Nicholson T.R.; Voon V.

**Source:** Handbook of clinical neurology; 2017; vol. 139 ; p. 619-629

**Publication Type(s):** Review

**Abstract:**Functional neurologic disorder (FND), also known as conversion disorder, is common and often associated with a poor prognosis. It has been relatively neglected by research and as such there is a conspicuous lack of evidence-based treatments. Physical and psychologic therapies are the main treatment modalities, over and above reassurance and sensitive explanation of the diagnosis. However there are two other historic treatments that have seen a recent resurgence of interest and use. The first is electric stimulation, which was initially pioneered with direct stimulation of nerves but now used indirectly (and therefore noninvasively) in the form of transcranial magnetic stimulation (TMS). The second is (therapeutic) sedation, previously known as "abreaction," where it was mostly used in the context of psychologic investigation and treatment, but now increasingly advocated during rehabilitation as a way to therapeutically demonstrate reversibility of symptoms. This chapter introduces the background of these treatment modalities, their evolution into their current applications before critically evaluating their current evidence base and exploring possible mechanisms of action. It also tentatively suggests when they should be considered in current practice and briefly considers their future potential. In summary there is encouraging preliminary evidence to suggest that both TMS and sedation may be effective treatments for FNDs. Copyright © 2016 Elsevier B.V. All rights reserved.

### **How should we manage adults with persistent unexplained physical symptoms?**

**Author(s):** Den Boeft M.; Claassen-Van Dessel N.; Van Der Wouden J.C.



**Source:** BMJ (Online); 2017; vol. 356

**Publication Type(s):** Article

Available in full text at [The BMJ](#) - from Highwire Press

**An 18-year-old woman with prolonged eyes closed unresponsiveness during multiple sleep latency testing**

**Author(s):** Hoque R.; Olvera V.; DelRosso L.M.

**Source:** Journal of Clinical Sleep Medicine; 2017; vol. 13 (no. 1); p. 139-143

**Publication Type(s):** Article

Available in full text at [Journal of Clinical Sleep Medicine : JCSM : Official Publication of the American Academy of Sleep Medicine](#) - from National Library of Medicine

**Negotiating explanations: Doctor-patient communication with patients with medically unexplained symptoms-A qualitative analysis**

**Author(s):** den Boeft M.; Huisman D.; van der Wouden J.C.; van der Horst H.E.; Morton L.;

**Source:** Family Practice; 2017; vol. 34 (no. 1); p. 107-113

**Publication Type(s):** Article

**Abstract:**Background. Patients with medically unexplained physical symptoms (MUPS) seek explanations for their symptoms, but often find general practitioners (GPs) unable to deliver these. Different methods of explaining MUPS have been proposed. Little is known about how communication evolves around these explanations. Objective. To examine the dialogue between GPs and patients related to explanations in a community-based clinic for MUPS. We categorized dialogue types and dialogue outcomes. **[ABSTRACT EDITED]**

**Varieties of voice-hearing: Psychics and the psychosis continuum**

**Author(s):** Powers A.R.; Corlett P.R.; Kelley M.S.

**Source:** Schizophrenia Bulletin; 2017; vol. 43 (no. 1); p. 84-98

**Publication Type(s):** Article

Available in full text at [Schizophrenia Bulletin](#) - from National Library of Medicine

**Abstract:**Hearing voices that are not present is a prominent symptom of serious mental illness. However, these experiences may be common in the non-help-seeking population, leading some to propose the existence of a continuum of psychosis from health to disease. Thus far, research on this continuum has focused on what is impaired in help-seeking groups. Here we focus on protective factors in non-help-seeking voice-hearers. **[ABSTRACT EDITED]**

**Somatization disorder: Are we moving towards an over-generalized and overinclusive diagnosis in DSM-V?**

**Author(s):** Prerana G.; Singh S.; Shweta C.; Ibrahim A.; Sharma M.; Jigar H.

**Source:** Acta Medica International; 2017; vol. 4 (no. 1); p. 110-119

**Publication Type(s):** Article

**Abstract:**Introduction: The confusion around the diagnosis of 'medically unexplained symptoms' has lead to a paradigm shift in criteria for diagnosis of somatization disorder. Aims: 1. To compare the socio-demographic variables in patients of somatization disorder 2. To compare the levels of

depressive and anxiety scores of patients of somatization disorder along with the severity of disorder. **[ABSTRACT EDITED]**

**Functional dizziness: From phobic postural vertigo and chronic subjective dizziness to persistent postural-perceptual dizziness**

**Author(s):** Dieterich M.; Staab J.P.

**Source:** Current Opinion in Neurology; 2017; vol. 30 (no. 1); p. 107-113

**Publication Type(s):** Review

**Abstract:** Purpose of review Functional dizziness is the new term for somatoform or psychogenic dizziness. The aim of this study is to review arguments for the new nomenclature, clinical features, possible pathomechanisms, and comorbidities of functional dizziness. **[ABSTRACT EDITED]**

**Prevalence, types and associations of medically unexplained symptoms and signs. A cross-sectional study of 1023 adults with intellectual disabilities.**

**Author(s):** Osugo, M.; Morrison, J.; Allan, L.; Kinnear, D.; Cooper, S.-A.

**Source:** Journal of Intellectual Disability Research; Jul 2017; vol. 61 (no. 7); p. 637-642

**Publication Type(s):** Academic Journal

**Abstract:** Background Medically unexplained symptoms and signs are common in the general population and can respond to appropriate managements. We aimed to quantify the types and prevalence of unexplained symptoms and signs experienced by adults with ID and to determine the associated factors. **[ABSTRACT EDITED]**

**Impaired awareness of motor intention in functional neurological disorder: implications for voluntary and functional movement.**

**Author(s):** Baek, K; Doñamayor, N; Morris, L S; Strelchuk, D; Mitchell, S; Mikheenko, Y; Yeoh, S Y; Phillips, W; Zandi, M; Jenaway, A; Walsh, C; Voon, V

**Source:** Psychological medicine; Jul 2017; vol. 47 (no. 9); p. 1624-1636

**Publication Type(s):** Journal Article

Available in full text at [Psychological Medicine](#) - from ProQuest

**Abstract:** BACKGROUND Functional neurological disorders (FNDs), also known as conversion disorder, are unexplained neurological symptoms unrelated to a neurological cause. The disorder is common, yet poorly understood. The symptoms are experienced as involuntary but have similarities to voluntary processes. Here we studied intention awareness in FND. **[ABSTRACT EDITED]**

**Identifying feigning in trauma-exposed African immigrants.**

**Author(s):** Weiss, Rebecca A; Rosenfeld, Barry

**Source:** Psychological assessment; Jul 2017; vol. 29 (no. 7); p. 881-889

**Publication Type(s):** Journal Article

Available in full text at [Psychological Assessment](#) - from ProQuest

**Abstract:** As the populations of Western countries become more diverse, the risk of inaccurately generalizing knowledge from majority ethnic groups to minority groups is increasing. However, few of the measures used in forensic assessment are based on normative samples that represent the considerable diversity present in forensic settings. This study examined 4 commonly used measures of feigning: the Dot Counting Test (DCT; Boone, Lu, & Herzberg, 2002); the Miller Forensic

Assessment of Symptoms (M-FAST; Miller, 2001); the Test of Memory Malinger (TOMM; Tombaugh, 1996); and a validity scale (atypical responding; ATR) on the Trauma Symptom Inventory-2 (Briere, 2011). The study compared performance on these measures of feigning among 3 groups of African immigrants: honest participants with and without posttraumatic stress disorder, and participants asked to feign distress-related symptoms. The data were used to assess the classification accuracy of each measure and the effect of demographic and cultural variables. Three of the 4 measures (M-FAST, TOMM, and ATR) significantly differentiated between participants asked to respond honestly and those asked to feign, although no measure produced higher than moderate classification accuracy. The M-FAST and DCT produced high false positive rates in the honest groups, ranging from 33% to 63%. Surprisingly, demographic and cultural variables were not significantly associated with test scores. The results emphasize the need for future related research. (PsycINFO Database Record

### **Vertical Midface Lifting with Periorbital Anchoring in the Management of Lower Eyelid Retraction: A 10-Year Clinical Retrospective Study.**

**Author(s):** Pascali, Michele; Botti, Chiara; Cervelli, Valerio; Botti, Giovanni

**Source:** Plastic and reconstructive surgery; Jul 2017; vol. 140 (no. 1); p. 33-45

**Publication Type(s):** Journal Article

**Abstract:**BACKGROUNDLower eyelid retraction can be the unfortunate result of aesthetic surgery, trauma, disease, or the aging processes. The purpose of this article is to assess whether midface lifting based on purely vertical repositioning constitutes an effective procedure for its correction.

**[ABSTRACT EDITED]**

### **High healthcare utilization near the onset of medically unexplained symptoms.**

**Author(s):** McAndrew, Lisa M; Phillips, L Alison; Helmer, Drew A; Maestro, Kieran; Engel, Charles C; Greenberg, Lauren M; Anastasides, Nicole; Quigley, Karen S

**Source:** Journal of psychosomatic research; Jul 2017; vol. 98 ; p. 98-105

**Publication Type(s):** Journal Article

**Abstract:**OBJECTIVEPatients with medically unexplained syndromes (MUS) often do not receive appropriate healthcare. A critical time for effective healthcare is the inception of MUS. The current study examined data from a prospective longitudinal study of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) soldiers to understand the relationship of increasing physical symptom burden to healthcare utilization. **[ABSTRACT EDITED]**so that recommended approaches to care are provided from the onset.

### **Are media reports able to cause somatic symptoms attributed to WiFi radiation? An experimental test of the negative expectation hypothesis.**

**Author(s):** Bräscher, Anne-Kathrin; Raymaekers, Koen; Van den Bergh, Omer; Witthöft, Michael

**Source:** Environmental research; Jul 2017; vol. 156 ; p. 265-271

**Publication Type(s):** Journal Article

**Abstract:**People suffering from idiopathic environmental intolerance attributed to electromagnetic fields (IEI-EMF) experience numerous non-specific symptoms that they attribute to EMF. The cause of this condition remains vague and evidence shows that psychological rather than bioelectromagnetic mechanisms are at work. We hypothesized a role of media reports in the etiology of IEI-EMF and investigated how somatosensory perception is affected. 65 healthy participants were instructed that EMF exposure can lead to enhanced somatosensory perception.

Participants were randomly assigned to watch either a television report on adverse health effects of EMF or a neutral report. During the following experiment, participants rated stimulus intensities of tactile (electric) stimuli while being exposed to a sham WiFi signal in 50% of the trials. Sham WiFi exposure led to increased intensity ratings of tactile stimuli in the WiFi film group, especially in participants with higher levels of somatosensory amplification. Participants of the WiFi group reported more anxiety concerning WiFi exposure than the Control group and tended to perceive themselves as being more sensitive to EMF after the experiment compared to before. Sensational media reports can facilitate enhanced perception of tactile stimuli in healthy participants. People tending to perceive bodily symptoms as intense, disturbing, and noxious seem most vulnerable. Receiving sensational media reports might sensitize people to develop a nocebo effect and thereby contribute to the development of IEI-EMF. By promoting catastrophizing thoughts and increasing symptom-focused attention, perception might more readily be enhanced and misattributed to EMF.

### **Specialized Outpatient Mental Health Care Setting: A Cross-sectional Study**

**Author(s):** van Eck van der Sluijs J.F.; de Vroege L.; van Manen A.S.; van der Feltz-Cornelis C.M.; Rijnders C.A.T.

**Source:** Psychosomatics; Jul 2017; vol. 58 (no. 4); p. 427-436

**Publication Type(s):** Article

**Abstract:**Background Somatic symptom disorders (SSD), a new classification in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition is associated with problematic diagnostic procedures and treatment that lead to complex care. In somatic health care, the INTERMED has been used to assess levels of complexity; however, in SSD this instrument has not yet been applied. Objective This study aims to explore complexity in patients with SSD using the INTERMED, hereby contributing to an increased comprehension of this new patient group. **[ABSTRACT EDITED]**

### **Associations of treatment effects between follow-up times and between outcome domains in interventions for somatoform disorders: Review of three Cochrane reviews**

**Author(s):** Chowdhury S.; Burton C.

**Source:** Journal of Psychosomatic Research; Jul 2017; vol. 98 ; p. 10-18

**Publication Type(s):** Article

**Abstract:**Background Interventions for somatoform disorders typically address a range of outcomes. We aimed to examine treatment effects across outcome domains and specifically assess the association, at study level, between short and long term treatment effects and between treatment effects in different outcome domains. **[ABSTRACT EDITED]**

### **Detecting feigned attention-deficit/hyperactivity disorder (adhd): Current methods and future directions**

**Author(s):** Sagar, Sanya; Miller, Carlin J.; Erdodi, Laszlo A.

**Source:** Psychological Injury and Law; Jun 2017

**Publication Type(s):** Journal Peer Reviewed Journal

**Abstract:**Feigned attention-deficit/hyperactivity disorder (ADHD) in adults is a significant issue in clinical settings, particularly regarding academic accommodations and access to controlled substances by university students. This article discusses the definitions, base rates, external incentives, psychometric detection strategies, and ethical implications of feigned ADHD. ADHD is characterized by a pattern of developmentally inappropriate inattentive, overactivity, and/or impulsivity, often persisting into adulthood. Estimates of the prevalence of non-credible ADHD in

university settings range from 25 to 50%. Feigned ADHD may be detected with symptom and performance validity measures. The existing empirical research has failed to produce a clear psychometric solution to this important differential diagnosis. Identifying feigned ADHD is a difficult task, possibly because of the highly transparent, face-valid diagnostic criteria, and an atypical malingering strategy that evades established detection methods. Performance validity tests remain the best available method for identifying non-credible presentation during psychological evaluations of ADHD. Future practice recommendations should consider educational policy, diagnostic criteria, and psychometric research, including the development of self-report measures that reliably differentiate between genuine and feigned ADHD. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

### **The certification of emotional support animals: Differences between clinical and forensic mental health practitioners**

**Author(s):** Boness, Cassandra L.; Younggren, Jeffrey N.; Frumkin, I. Bruce

**Source:** Professional Psychology: Research and Practice; Jun 2017; vol. 48 (no. 3); p. 216-223

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

Available in full text at [Professional Psychology: Research and Practice](#) - from ProQuest

**Abstract:**There is a growing trend of individuals requesting emotional support animal (ESA) "letters" from licensed mental health professionals. However, no current standards exist for making these evaluations. The current study sought to examine, within a specific sample, (1) roughly how many and what type of mental health professionals are making ESA evaluations and (2) to explore what instruments these practitioners used, or would use, for making such an evaluation. **[ABSTRACT EDITED]**

### **The mystery of unexplained traumatic sudden falls. A clinical case that adds a new feasible cause**

**Author(s):** Bruni, Antonella; Martino, Iolanda; Borzi, Giuseppe; Gambardella, Antonio; De Fazio, Pasquale; Labate, Angelo

**Source:** Neurological Sciences; Jun 2017; vol. 38 (no. 6); p. 1115-1117

**Publication Type(s):** Journal Peer Reviewed Journal Letter

**Abstract:**The letter presents a case report of a 45-year-old woman who was admitted to the university hospital because of a three years history of unsolved refractory epilepsy after being treated with several drugs at maximum dosages, such as carbamazepine, levetiracetam, and lamotrigine. At the Neurology Unit, she underwent extensive electroclinical and imaging investigation. Neurological examination, serum, and liquor (including hypocretin dosage) were normal. She underwent several awake and asleep electroencephalograms and 3T brain imaging that resulted all normal. Intriguingly, during an intensive video-EEG recording, three emblematic episodes, as reported in anamnesis, were recorded without any electrical correlation. Thus, a psychogenic nonepileptic seizure (PNES) was diagnosed and a video-EEG record with induction further confirmed the diagnosis. As summarized in Table, after diagnosis of PNES, psychiatric assessment clearly demonstrated a conversion disorder but does not include all the criteria for a specific personality disorder diagnosis. Indeed, a neuropsychological battery showed visuospatial and visuoconstructive impairment associated with selective attention deficit. The case suggests that to reach a correct diagnosis, a multidisciplinary approach (neurologist and psychiatrist) is necessary and an early psychiatric referral in case of a possible pseudo-refractory epilepsy with frequent unexplained sudden falls would be advisable to avoid diagnostic delay and unnecessary invasive investigations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

### **Two-year follow-up of a Chinese sample at clinical high risk for psychosis: Timeline of symptoms, help-seeking and conversion**

**Author(s):** Zhang, T. H.; Li, H. J.; Woodberry, K. A.; Xu, L. H.; Tang, Y. Y.; Guo, Q.; Cui, H. R.; Liu, X. H.;

**Source:** Epidemiology and Psychiatric Sciences; Jun 2017; vol. 26 (no. 3); p. 287-298

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**Abstract:**Background: Chinese psychiatrists have gradually started to focus on those who are deemed to be at 'clinical high-risk (CHR)' for psychosis; however, it is still unknown how often those individuals identified as CHR from a different country background than previously studied would transition to psychosis. The objectives of this study are to examine baseline characteristics and the timing of symptom onset, help-seeking, or transition to psychosis over a 2-year period in China.

**[ABSTRACT EDITED]**

### **Further evidence that d-glycerate kinase (GK) deficiency is a benign disorder**

**Author(s):** Kalim, Attia; Fitzsimons, Patricia; Till, Claudia; Fernando, Malkanthi; Mayne, Philip; Sass, Jorn Oliver; Crushell, Ellen

**Source:** Brain & Development; Jun 2017; vol. 39 (no. 6); p. 536-538

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**Abstract:**D-Glyceric aciduria is caused by deficiency in D-glycerate kinase (GK) due to recessive mutations in the GLYCK gene. GK catalyzes the conversion of d-glycerate to 2-phosphoglycerate which is an intermediary reaction in the catabolism of serine and fructose. Deficiency of GK leads to accumulation of D-glycerate, which may be detected in urine organic acid analysis. Debate exists as to whether this is a benign or disease-causing disorder as the reported phenotypes vary significantly. We report two siblings from a consanguineous Pakistani family. The index case is a 5 year old boy with severe autism and global developmental delay. His urine organic acid analysis showed markedly increased excretion of glycerate, determined as D-form by enantioselective gas chromatography. There was no oxalic aciduria. His younger sister (3 years old) is asymptomatic and developmentally normal (already bilingual). Her urine showed similar amounts of D-glycerate. Both children are homozygous for the novel mutation c.767C > G in exon 5 of the GLYCK gene, predicted to affect the enzyme by replacing the evolutionarily conserved Proline with Arginine (P256R). Both parents are heterozygous carriers. These cases support the view that D-glycerate kinase deficiency is a benign disorder. Long term follow-up studies with a greater number of individuals may be required for further confirmation. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

### **Symptomatic menopausal transition and subsequent bipolar disorder among midlife women with major depression: A nationwide longitudinal study**

**Author(s):** Chen, Li-Chi; Yang, Albert C.; Su, Tung-Ping; Bai, Ya-Mei; Li, Cheng-Ta; Chang, Wen-Han; Chen, Tzeng-Ji; Tsai, Shih-Jen; Chen, Mu-Hong

**Source:** Archives of Women's Mental Health; Jun 2017; vol. 20 (no. 3); p. 463-468

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**Abstract:**Previous studies suggested that menopausal transition played an important role in the clinical course of major depression and bipolar disorder. However, the role of symptomatic menopausal transition in diagnostic conversion from major depression to bipolar disorder was still unknown. Using the Taiwan National Health Insurance Research Database, 50,273 midlife women aged between 40 and 60 years in 2002~2008 with major depression were enrolled in our study and divided into two subgroups based on the presence ( n = 21,120) or absence ( n = 29,153) of symptomatic menopausal transition. Subjects who had subsequent bipolar disorder during the

follow-up were identified. Midlife women with major depression and symptomatic menopausal transition had a higher incidence of the diagnostic conversion to bipolar disorder (7.3 vs. 6.6%,  $p = 0.003$ ) than those with major depression alone. Cox regression analysis after adjusting for demographic data and psychiatric comorbidities further showed that symptomatic menopausal transition was associated with an increased risk of developing bipolar disorder (HR 1.14, 95% CI 1.07~1.23) among midlife women with major depression. Sensitivity test after excluding the 1-year and 3-year observation exhibited the consistent findings (HR 1.18, 95% CI 1.09~1.28; HR 1.20, 95% CI 1.08~1.34). Midlife women with the dual diagnoses of major depression and symptomatic menopausal transition had an increased risk of the diagnostic conversion to bipolar disorder compared to those with major depression alone. Further studies may be required to investigate the underlying mechanisms among menopausal transition and the diagnostic conversion from major depression to bipolar disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

### **The use of RBANS among inpatient forensic monolingual Spanish speakers**

**Author(s):** Aguilar, Cynthia; Karyadi, Kenny A.; Kinney, Dominique I.; Nitch, Stephen R.

**Source:** Archives of Clinical Neuropsychology; Jun 2017; vol. 32 (no. 4); p. 437-449

**Publication Date:** Jun 2017

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**Abstract:**Objective: The Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) has been shown to be an effective screener for detecting neurocognitive impairments in English speaking forensic psychiatric inpatients, but no studies have examined whether the RBANS would have the same utility among monolingual Spanish speaking inpatients. This study sought to examine RBANS performance, as well as risk factors (i.e., educational, neurological, and medical) influencing RBANS performance, in that particular population. **[ABSTRACT EDITED]**

### **"Lumping" and "splitting" medically unexplained symptoms: is there a role for a transdiagnostic approach?**

**Author(s):** Chalder, Trudie; Willis, Claire

**Source:** Journal of Mental Health; Jun 2017; vol. 26 (no. 3); p. 187-191

**Publication Type(s):** Academic Journal

**Abstract:**The authors examine whether there is a role for a transdiagnostic approach for lumping and splitting medically unexplained symptoms (MUS). Topics covered include MUS being defined as persistent bodily symptoms with functional disability but no explanatory pathology and the development of transdiagnostic approaches and unified treatment protocols for mental disorders such as anxiety, depression, and eating disorders.

### **Impact of borderline-subclinical hypothyroidism on subsequent pregnancy outcome in women with unexplained recurrent pregnancy loss.**

**Author(s):** Uchida, Sayaka; Maruyama, Tetsuo; Kagami, Maki; Miki, Fumie; Hihara, Hanako; Katakura, Satomi; Yoshimasa, Yushi; Masuda, Hirotaka; Uchida, Hiroshi; Tanaka, Mamoru

**Source:** Journal of Obstetrics & Gynaecology Research; Jun 2017; vol. 43 (no. 6); p. 1014-1020

**Publication Type(s):** Academic Journal

**Abstract:**Aim Because subclinical hypothyroidism (thyroid-stimulating hormone [TSH]  $> 4.5$  IU/mL) is associated with adverse pregnancy outcome, including early pregnancy loss, TSH is recommended to be titrated to  $\leq 2.5$  mIU/L in levothyroxine-treated women before pregnancy. The purpose of this

study was to determine whether borderline-subclinical hypothyroidism (borderline-SCH;  $2.5 < \text{TSH} \leq 4.5$  IU/mL) affects the outcome of subsequent pregnancies in women with unexplained recurrent pregnancy loss (uRPL). **[ABSTRACT EDITED]**

**Lower FOXO3 mRNA expression in granulosa cells is involved in unexplained infertility.**

**Author(s):** Yamamoto, Hikaru; Yamashita, Yoshiki; Saito, Natsuho; Hayashi, Atsushi; Hayashi, Masami; Terai, Yoshito; Ohmichi, Masahide

**Source:** Journal of Obstetrics & Gynaecology Research; Jun 2017; vol. 43 (no. 6); p. 1021-1028

**Publication Type(s):** Academic Journal

**Abstract:**Aim The aim of this study was to investigate whether FOXO1 and FOXO3 mRNA expression in granulosa cells is the cause of unexplained infertility. **[ABSTRACT EDITED]**

**The meaning of encounters with health professionals in primary health care as reported by patients with medically unexplained symptoms.**

**Author(s):** Lidén, Eva; Yaghmaiy, Kimia Sahba

**Source:** Nordic Journal of Nursing Research; Jun 2017; vol. 37 (no. 2); p. 70-77

**Publication Type(s):** Academic Journal

Available in full text at [Nordic Journal of Nursing Research](#) - from ProQuest

**Abstract:**Medically unexplained symptoms (MUS) afflict up to 30% of patients who visit primary health care (PHC) services. The approach of health professionals is most important in encounters with these patients to accomplish a caring and effective treatment. The aim of the present study was to elucidate the meaning of patients' lived experiences of encounters with PHC professionals when suffering from MUS. The study was based on ten narrative interviews with informants aged 24-61 years. Phenomenological hermeneutics was used as the method of analysis. Three themes emerged: Striving for understanding, Expecting to be taken seriously and Fear of being abandoned. The result can be seen as a call for health professionals to invite patients into an interpreting process to create a joint understanding of the patient's body experiences and life situation. Thus the patient might also become reconciled with suffering and move on in life.

**WHY READ RESEARCH?**

**Author(s):** McLeod, John

**Source:** Therapy Today; Jun 2017; vol. 28 (no. 5); p. 34-37

**Publication Type(s):** Periodical

Available in full text at [Therapy Today](#) - from EBSCOhost

**Abstract:**The article discusses why counsellors must know how to read research, and how counsellors can benefit from reading research according to the author. Topics covered include the author's experience of dealing with people with medically unexplained symptoms (MUS), the highlights of the author's book on counselling and research practice titled "Using research in counselling and psychotherapy," and the important implications of the "multiple points of contact" perspective for counsellors.

**The vulnerability of self-reported disability measures to malingering: a simulated ADHD study.**

**Author(s):** Bryant, Andrew M; Lee, Esther; Howell, Ashley; Morgan, Brittni; Cook, Carolyn M; Patel, Kruti; Menatti, Andrew; Clark, Rebekah; Buelow, Melissa T; Suhr, Julie A



**Source:** The Clinical neuropsychologist; Jun 2017 ; p. 1-10

**Publication Type(s):** Journal Article

**PubMedID:** 28656801

**Abstract:**OBJECTIVE Making diagnostic and accommodation decisions for potential Attention-Deficit/Hyperactivity Disorder (ADHD) in adults is difficult, as the assessor often relies more on self-reported symptoms and functional disability than in childhood evaluations. Malingering of ADHD occurs frequently in the educational setting and for a variety of reasons, including the potential benefits of access to stimulant medications and academic accommodations. **[ABSTRACT EDITED]**

**Determination of the smoking gun of intent: significance testing of forced choice results in social security claimants.**

**Author(s):** Binder, Laurence M; Chafetz, Michael D

**Source:** The Clinical neuropsychologist; Jun 2017 ; p. 1-13

**Publication Date:** Jun 2017

**Publication Type(s):** Journal Article

**PubMedID:** 28617092

**Abstract:**OBJECTIVE Significantly below-chance findings on forced choice tests have been described as revealing "the smoking gun of intent" that proved malingering. The issues of probability levels, one-tailed vs. two-tailed tests, and the combining of PVT scores on significantly below-chance findings were addressed in a previous study, with a recommendation of a probability level of .20 to test the significance of below-chance results. The purpose of the present study was to determine the rate of below-chance findings in a Social Security Disability claimant sample using the previous recommendations. **[ABSTRACT EDITED]**

**Association Between Patient Review of Systems Score and Somatization.**

**Author(s):** Okland, Tyler Stephen; Gonzalez, Joseph Robert; Ferber, Alexander Thomas; Mann, Scott Edward

**Source:** JAMA otolaryngology-- head & neck surgery; Jun 2017

**Publication Type(s):** Journal Article

Available in full text at [JAMA otolaryngology-- head & neck surgery \[JAMA Otolaryngol Head Neck Surg\]](#) NLMUID: 101589542 - from EBSCOhost

**Abstract:**Importance Somatization is a condition in which psychological distress is manifested by medically unexplained symptoms, and it is prevalent in all medical specialties, including otolaryngology. Recognition of somatization can be difficult, and there are limited methods available. Objectives To determine whether patients with somatization respond differently to the review of systems (ROS) portion of the patient interview and whether the ROS can be used to identify patients with somatization. **[ABSTRACT EDITED]**

**Munchausen syndrome by proxy and pediatric nephrology.**

**Author(s):** Bertulli, Cristina; Cochat, Pierre

**Source:** Nephrologie & therapeutique; Jun 2017

**Publication Type(s):** Journal Article

**Abstract:**Munchausen syndrome by proxy is a persistent fabrication of illness done by a person to another. Renal and urologic forms of this syndrome are not as uncommon as can be thought; a

review of all the cases of Munchausen-by-proxy syndrome reveals that 25% of the children had renal or urologic issues. This syndrome can result in a serious diagnostic dilemma for the physicians; knowing this entity can allow early recognition of falsification and limit the physical and psychological damages caused in the victim. In this study, we reviewed the pediatric nephrology cases of Munchausen syndrome by proxy, grouping them through the principal signs of presentation.

**Examination of the Modified Somatic Perception Questionnaire (MSPQ) in a large sample of credible and noncredible patients referred for neuropsychological testing.**

**Author(s):** Balasanyan, Mariam; Boone, Kyle B; Ermshar, Annette; Miora, Deborah; Cottingham, Maria; Victor, Tara L; Ziegler, Elizabeth; Zeller, Michelle A; Wright, Matthew

**Source:** The Clinical neuropsychologist; Jun 2017 ; p. 1-18

**Publication Type(s):** Journal Article

**Abstract:**OBJECTIVEThe current study evaluated MSPQ sensitivity to noncredible PVT performance in the context of external incentive, and examined MSPQ false positive rates in noncompensation-seeking neuropsychology patients; and investigated effects of ethnicity/culture, gender, and somatoform diagnosis on MSPQ scores, and relationships with PVT and MMPI-2-RF data. **[ABSTRACT EDITED]**

**Dissimulation strategies on standard neuropsychological tests: A qualitative investigation.**

**Author(s):** Jones, Stephanie M

**Source:** Brain injury; Jun 2017 ; p. 1-11

**Publication Type(s):** Journal Article

**Abstract:**OBJECTIVEMost previous studies in the area of malingering neuropsychological deficits have focused on the development and validation of measures to detect falsification of symptoms or suboptimal performance. The present study employs qualitative methods to investigate strategies employed by individuals attempting to feign cognitive impairment. This study aims to achieve a richer and more detailed understanding of the phenomenon of feigning. **[ABSTRACT EDITED]**

**The effect of an educational intervention in family physicians on self-rated quality of life in patients with medically unexplained symptoms.**

**Author(s):** Ivetić, Vojislav; Pašić, Klemen; Selič, Polona

**Source:** Zdravstveno varstvo; Jun 2017; vol. 56 (no. 2); p. 91-98

**Publication Type(s):** Journal Article

Available in full text at [Zdravstveno Varstvo](#) - from ProQuest

**Abstract:**INTRODUCTIONMedically unexplained symptoms (MUS) are very common in family medicine, despite being a poorly-defined clinical entity. This study aimed to evaluate the effect of an educational intervention (EI) on self-rated quality of life, treatment satisfaction, and the family physician-patient relationship in patients with MUS. **[ABSTRACT EDITED]**

**Orienting reaction may help recognition of patients with psychogenic nonepileptic seizures.**

**Author(s):** Yalçın, Murat; Tellioğlu, Evrim; Gündüz, Ayşegül; Özmen, Mine; Yeni, Naz; Özkara, Çiğdem; Kiziltan, Meral E

**Source:** Neurophysiologie clinique = Clinical neurophysiology; Jun 2017; vol. 47 (no. 3); p. 231-237

**Publication Type(s):** Journal Article

**Abstract:**OBJECTIVE Psychogenic nonepileptic seizures (PNES) are abrupt, paroxysmal changes in behavior or consciousness that may phenomenologically resemble epileptic seizures. Given the known association between anxiety and PNES, we hypothesized that in these subjects there may be evidence that the nervous system is hypersensitive to external stimuli. We aimed to test our hypothesis by means of the auditory startle reaction (ASR). By investigating ASR, we also had the opportunity to test presence of orienting reaction, which is generally defined as the second phase of response after the auditory stimulus, with longer latency. **[ABSTRACT EDITED]**

**Personality traits in psychogenic nonepileptic seizures (PNES) and psychogenic movement disorder (PMD): Neuroticism and perfectionism.**

**Author(s):** Ekanayake, Vindhya; Kranick, Sarah; LaFaver, Kathrin; Naz, Arshi; Frank Webb, Anne; LaFrance, W Curt; Hallett, Mark; Voon, Valerie

**Source:** Journal of psychosomatic research; Jun 2017; vol. 97 ; p. 23-29

**Publication Type(s):** Journal Article

**Abstract:**OBJECTIVE Psychogenic movement disorder (PMD) and psychogenic nonepileptic seizures (PNES) are two subtypes of conversion disorder (CD). In this case-control study, we asked whether these subtypes varied as a function of personality and history of childhood abuse. **[ABSTRACT EDITED]**

**Cingulo-insular structural alterations associated with psychogenic symptoms, childhood abuse and PTSD in functional neurological disorders.**

**Author(s):** Perez, David L; Matin, Nassim; Barsky, Arthur; Costumero-Ramos, Victor; Makaretz, Sara J; Young, Sigrid S; Sepulcre, Jorge; LaFrance, W Curt; Keshavan, Matcheri S; Dickerson, Bradford C

**Source:** Journal of neurology, neurosurgery, and psychiatry; Jun 2017; vol. 88 (no. 6); p. 491-497

**Publication Type(s):** Journal Article

Available in full text at [Journal of neurology, neurosurgery, and psychiatry](#) - from Highwire Press

**Abstract:**OBJECTIVE Adverse early-life events are predisposing factors for functional neurological disorder (FND) and post-traumatic stress disorder (PTSD). Cingulo-insular regions are implicated in the biology of both conditions and are sites of stress-mediated neuroplasticity. We hypothesised that functional neurological symptoms and the magnitude of childhood abuse would be associated with overlapping anterior cingulate cortex (ACC) and insular volumetric reductions, and that FND and PTSD symptoms would map onto distinct cingulo-insular areas. **[ABSTRACT EDITED]**

**Randomised feasibility study of physiotherapy for patients with functional motor symptoms.**

**Author(s):** Nielsen, G; Buszewicz, M; Stevenson, F; Hunter, R; Holt, K; Dudzic, M; Ricciardi, L; Marsden, J; Joyce, E; Edwards, M J

**Source:** Journal of neurology, neurosurgery, and psychiatry; Jun 2017; vol. 88 (no. 6); p. 484-490

**Publication Type(s):** Randomized Controlled Trial Journal Article

Available in full text at [Journal of neurology, neurosurgery, and psychiatry](#) - from Highwire Press

**Abstract:**OBJECTIVE To determine the feasibility of conducting a randomised controlled trial of a specialist physiotherapy intervention for functional motor symptoms (FMS). **[ABSTRACT EDITED]**

**Conversion Disorder, Functional Neurological Symptom Disorder, and Chronic Pain: Comorbidity, Assessment, and Treatment.**

**Author(s):** Tsui, Patricia; Deptula, Andrew; Yuan, Derek Y

**Source:** Current pain and headache reports; Jun 2017; vol. 21 (no. 6); p. 29

**Publication Type(s):** Journal Article Review

**Abstract:** PURPOSE OF REVIEW This paper examines the overlap of conversion disorder with chronic pain conditions, describes ways to assess for conversion disorder, and provides an overview of evidence-based treatments for conversion disorder and chronic pain, with a focus on conversion symptoms. RECENT FINDINGS Conversion disorder is a significant problem that warrants further study, given that there are not many well-established guidelines. Accurate and timely assessment should help move treatment in a more fruitful direction and avoid unnecessary medical interventions. Advances in neuroimaging may also help further our understanding of conversion disorder. [ABSTRACT EDITED]

### **More research needed on malingering by animal proxy**

**Author(s):** Oxley J.; Kogan L.; Feldman M.

**Source:** Journal of the American Veterinary Medical Association; Jun 2017; vol. 250 (no. 12); p. 1362

**Publication Type(s):** Letter

### **Validation of neuropsychological consequences in victims of intimate partner violence in a Spanish population using specific effort tests**

**Author(s):** Marin Torices M.I.; Hidalgo-Ruzzante N.; Daugherty J.C.; Perez Garcia M.; Jimenez-Gonzalez P.

**Source:** Journal of Forensic Psychiatry and Psychology; Jun 2017 ; p. 1-13

**Publication Type(s):** Article In Press

**Abstract:** Neuropsychological consequences in female survivors of intimate partner violence are being used in courts as evidence of acquired injury and for criminal exculpation. To support the validity of neuropsychological test performance and the veracity of victim testimony, effort tests can be used by expert witnesses. Nevertheless, no study has evaluated whether the two principle types of effort tests, Symptom validity tests or Performance validity tests, are most adequate for this population. The study's objective was to compare the false positive rates of a Performance validity test (Test of Memory Malingering: TOMM) and a Symptom validity test (Structured Inventory of Malingered Symptomatology: SIMS). The sample included 68 female intimate partner violence victims and 40 control females. SIMS showed a significantly higher rate of false positives in victims on four of five subtests, reaching a 59.3% in the total score. There were 0% false positives in both groups on the TOMM. Findings indicate that the SIMS may incorrectly score female IPV victims, undermining the victim's testimony in judicial cases. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group

### **Neurological examination of motor functional neurological disorders: An evidence-based review towards the development of consensus guidelines from the committee on research of the ANPA**

**Author(s):** Aybek S.; Perez D.; LaFrance W.C.; Stephen C.; Shura R.; Glass S.; Ducharme S.; Voon V.

**Source:** Movement Disorders; Jun 2017; vol. 32 ; p. 728

**Publication Type(s):** Conference Abstract

**Abstract:** Objective: To develop evidence-based consensus recommendations for the neurological examination of motor Functional Neurological Disorders (FND)/Conversion Disorder, weakness and abnormal movements, on behalf of the Committee on Research of the American Neuropsychiatric Association (ANPA). Background: FND is a neuropsychiatric condition at the intersection of neurology and psychiatry. The current diagnostic criteria emphasize the identification of positive

examination findings in support of the diagnosis. However, the specificity and sensitivity of particular neurological examination findings are variable, and the neurological evaluation of FND is not well standardized. **Methods:** An eight-member multi-specialty committee will evaluate available evidence from a structured literature review using PubMed, MEDLINE, Embase, PsycINFO, and the Cochrane Database. Methodology suggested by the Cochrane Handbook for Systematic Reviews of Interventions, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement and Grading of Recommendations Assessment, Development and Evaluation (GRADE) will be used. All recommendations will be evaluated, rated, and agreed upon during a consensus conference using formal consensus methodology. The recommendation will then undergo approval by a panel of international experts in the fields of movement disorders and neuropsychiatry. **Results:** Based on previously published results in a systematic review<sup>1</sup> and a pilot validity study<sup>2</sup>, preliminary evidence suggests that give-way weakness, drift without pronation, co-contraction, and Hoover's sign are reliable signs for functional limb weakness. Although physical examination findings have been less well studied in functional movement disorders, the literature suggests that tremor amplification with increased patient attention towards the affected limb, distractibility, entrainment and the co-activation sign may be reliable signs for functional tremor and other functional movement disorders. **Conclusions:** These work-in-progress recommendations represent an important first step towards greater standardization in the examination-based assessment of motor FND and will inform clinical research and practice internationally.

### **Treatment of functional neurological disorders: Towards expert consensus led guidelines for the American neuropsychiatric association committee for research**

**Author(s):** Ghaffar O.; Modirrousta M.; LaFrance C.; Williams N.; Shura R.; Ducharme S.; Voon V.

**Source:** Movement Disorders; Jun 2017; vol. 32 ; p. 874

**Publication Type(s):** Conference Abstract

**Abstract:**Objective: To develop evidence-based, expert consensus recommendations for the treatment of functional neurological disorders (FND) on behalf of the ANPA Committee for Research. Background: FND are common in neurology services and can be difficult to treat. There is a pressing need for evidence-based recommendations to guide clinicians, to inform clinical research, and to develop effective and efficient health care services for this population. **Methods:** A systematic search of PubMed was conducted using the terms "functional neurological disorder" and "conversion disorder" combined with treatment or management and clinical trial . Abstracts were screened by two investigators and relevant articles reviewed for sample size, symptom(s), intervention, endpoints, and key findings. This search was supplemented with relevant references from treatment chapters recently published in the Handbook of Clinical Neurology<sup>1</sup>. **Results:** The search identified 33 articles of which 13 were considered relevant. The supplementary search yielded an additional 41 articles. The articles comprised uncontrolled case studies or series; a minority were randomized-controlled trials (RCTs). Sample sizes ranged from 1 to 125. Most studies evaluated non-epileptic seizures and/or functional motor symptoms. Overall, interventions included scripted delivery of the diagnosis, guided self-help, structured psychotherapies, pharmacotherapy, hypnosis, physiotherapy, inpatient treatment, and transcranial magnetic stimulation. Outcome measures consisted predominantly of event frequency, physical and psychological rating scales, and clinical global impression. Objective, performance-based outcome measures, quality of life, and healthcare utilization were less commonly included. Most studies reported some improvement in outcome. RCTs of reasonable sample size supported the efficacy of manualized psychotherapy and physiotherapy. **Conclusions:** Challenges in developing recommendations for the treatment of FND include variability in nosology, a paucity of well-conducted RCTs and clinically-relevant outcome measures, and heterogeneity in study populations. Despite these caveats, evidence is accruing for the potential benefit of physical and psychological interventions. The work presented here comprises the initial phase in the development of comprehensive guidelines for FND treatment.

### **Who thinks functional neurological symptoms are feigned, and what can we do about it?**

**Author(s):** Kanaan R.A.A.; Ding J.M.

**Source:** Journal of Neurology, Neurosurgery and Psychiatry; Jun 2017; vol. 88 (no. 6); p. 533-534

**Publication Type(s):** Short Survey

Available in full text at [Journal of neurology, neurosurgery, and psychiatry](#) - from Highwire Press

### **Why are MUS conflated with heartsink?**

**Author(s):** Pryke R.

**Source:** British Journal of General Practice; Jun 2017; vol. 67 (no. 659); p. 252

**Publication Date:** Jun 2017

**Publication Type(s):** Letter

Available in full text at [British journal of general practice: the journal of the Royal College of General Practitioners \[Br J Gen Pract\]](#) NLMUID: 9005323, The - from EBSCOhost

### **Psychopathology in cancer patients through highlights and inconclusive issues: Outcomes of an Italian cross-sectional survey**

**Author(s):** Fei L.; Boni L.; Di Costanzo F.; Salomoni A.

**Source:** Minerva Psichiatrica; Jun 2017; vol. 58 (no. 2); p. 75-84

**Publication Date:** Jun 2017

**Publication Type(s):** Article

**Abstract:**BACKGROUND: Cancer patients are well-known to go through psychopathological issues during the course of illness. Nevertheless, prevalence rates of psychopathology and its correlations with clinical features are not yet defined but surveys are commonly impaired by biases. The aim of our study was to investigate the prevalence of psychopathology and its correlations with clinical and therapeutic aspects. **[ABSTRACT EDITED]**

### **Un nouveau regard sur la semiologie motrice en psychiatrie : de la physiologie du mouvement moteur volontaire aux resultats d'imagerie fonctionnelle dans les troubles de conversionA new perspective on the motor psychiatric symptoms: From the physiology of voluntary motor movement to functional neuroimaging results in conversion disorders**

**Author(s):** Mouchabac S.; Micoulaud-Franchi J.-A.; Salvador A.

**Source:** Annales Medico-Psychologiques; Jun 2017; vol. 175 (no. 5); p. 480-485

**Publication Type(s):** Article

**Abstract:**Are the conversion disorders beyond medical disorders? Lived as a reality by the patient, the absence of "objectives" signs at the clinical examination have for a long time considered these conversion disorders as "pathologies without substrates". However, if the clinic of these disorders is well known, its precise understanding remains subject to debate and the exact mechanisms that produce it are poorly understood. Does the fact that explanatory lesions in the brain are not found, exclude the possibility of functional abnormalities in this organ? It is often called these disorders "disease of the imagination or the will", but in fact, we know little about the brain functioning of voluntary motor movement and mental representation in conversion disorders. So with this in mind, what could be the contribution of "modern" techniques of investigations such as functional imaging? Would the identification of functional abnormalities in the brain allow opening new theoretical perspectives for these patients? Functional imaging has explored more complex mechanisms

considered some years ago as inaccessible (e.g. emotions, affective states, volition, mental imagery, unconscious processes), and we propose in this paper to show how, using these techniques, a pathology considered as a diagnosis of exclusion and a disorder without substrate can be approached differently through "new" neurophysiological explanation. Copyright © 2017 Elsevier Masson SAS

### **Examining differences in cognitive and affective theory of mind between persons with high and low extent of somatic symptoms: An experimental study**

**Author(s):** Preis, Mira A.; Golm, Dennis; Kröner-Herwig, Birgit; Barke, Antonia

**Source:** BMC Psychiatry; May 2017; vol. 17

**Publication Date:** May 2017

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

Available in full text at [BMC Psychiatry](#) - from BioMed Central

**Abstract:**Background: Medically unexplained somatic symptoms are common, associated with disability and strongly related to depression and anxiety disorders. One interesting, but to date rarely tested, hypothesis is that deficits in both theory of mind (ToM) and emotional awareness may undergird the phenomenon of somatization. This study sought to investigate whether or not differences in ToM functioning and self-reported emotional awareness are associated with somatic symptoms in a sample from the general population. **[ABSTRACT EDITED]**

### **Early response in cognitive-behavior therapy for syndromes of medically unexplained symptoms**

**Author(s):** Kleinstäuber, Maria; Lambert, Michael J.; Hiller, Wolfgang

**Source:** BMC Psychiatry; May 2017; vol. 17

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

Available in full text at [BMC Psychiatry](#) - from BioMed Central

**Abstract:**Background: Early dramatic treatment response suggests a subset of patients who respond to treatment before most of it has been offered. These early responders tend to be over represented among those who are well at termination and at follow-up. Early response patterns in psychotherapy have been investigated only for a few of mental disorders so far. The main aim of the current study was to examine early response after five therapy-preparing sessions of a cognitive behavior therapy (CBT) for syndromes of medically unexplained symptoms (MUS). **[ABSTRACT EDITED]**

### **Prevalence and impact of childhood adversities and post-traumatic stress disorder in women with fibromyalgia and chronic widespread pain**

**Author(s):** Coppens, E.; Van Wambeke, P.; Morlion, B.; Weltens, N.; Giau Ly, H.; Tack, J.; Luyten, P.; Van Oudenhove, L.

**Source:** European Journal of Pain; May 2017

**Publication Type(s):** Journal Peer Reviewed Journal

**Abstract:**Objective This study investigates the prevalence of different types of childhood adversities (CA) and posttraumatic stress disorder (PTSD) in female patients with Fibromyalgia or Chronic Widespread Pain (FM/CWP) compared to patients with Functional Dyspepsia (FD) and achalasia. In FM/CWP, we also investigated the association between CA and PTSD on the one hand and pain severity on the other. Methods Patient samples consisted of 154 female FM/CWP, 83 female FD and 53 female achalasia patients consecutively recruited from a tertiary care hospital. Well-validated



self-report questionnaires were used to investigate CA and PTSD. Results Forty-nine per cent of FM/CWP patients reported at least 1 type of CA, compared to 39.7% of FD patients and 23.4% of achalasia patients ( $p < 0.01$ ). The prevalence of CA did not differ significantly between FM/CWP and FD, but both groups had a higher prevalence of CA compared to both achalasia and healthy controls ( $p < 0.01$ ). FM/CWP patients were six times more likely to report PTSD than both FD ( $p < 0.001$ ) and achalasia ( $p < 0.001$ ) patients. Conclusion In FM/CWP, PTSD comorbidity, but not CA, was associated with self-reported pain severity and PTSD severity mediated the relationship between CA and pain severity. In summary, the prevalence of CA is higher in FM/CWP compared to achalasia, but similar to FD. However, PTSD is more prevalent in FM/CWP compared to FD and associated with higher pain intensity in FM/CWP. Significance As expected and has been shown in other functional disorders, we found elevated levels of childhood adversity in FM/CWP patients. Results of this study however suggest that the impact of childhood adversity (i.e. whether such events have led to the development of PTSD symptoms), rather than the mere presence of such adversity, is of crucial importance in FM/CWP patients. Screening for PTSD symptoms should be an essential part of the assessment process in patients suffering from FM/CWP, and both prevention and intervention efforts should take into account PTSD symptoms and their impact on pain severity and general functioning. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

**Financial incentive does not affect P300 (in response to certain episodic and semantic probe stimuli) in the complex trial protocol (CTP) version of the concealed information test (CIT) in detection of malingering**

**Author(s):** Rosenfeld, J. Peter; Labkovsky, Elena; Davydova, Elena; Ward, Anne; Rosenfeld, Lauren

**Source:** Psychophysiology; May 2017; vol. 54 (no. 5); p. 764-772

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

**Abstract:**Previous research indicated that the skin conductance response of the autonomic nervous system in the Concealed Information Test (CIT) is typically increased in subjects who are financially and otherwise incentivized to defeat the CIT (the paradoxical "motivational impairment" effect). This is not the case for RT-based CITs, nor P300 tests based on the three-stimulus protocol for detection of cognitive malingering (although these are not the same as CITs). The present report is the first attempt to study the effect of financial motivation on the P300-based Complex Trial Protocol using both episodic and semantic memory probe and irrelevant stimuli. The Test of Memory Malingering (TOMM) was used to validate behavioral differences between the two groups we created by offering one (paid) group but not another (unpaid) group a financial reward for beating our tests. Group behavioral differences on the TOMM did confirm group manipulations. Probe-minus-irrelevant P300 differences did not differ between groups, although as previously, semantic memory-evoked P300s were larger than episodic memory-evoked P300s. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

**Evaluation of the Response Bias Scale and Improbable Failure Scale in assessing feigned cognitive impairment**

**Author(s):** Grossi, Laura M.; Green, Debbie; Einzig, Shanah; Belfi, Brian

**Source:** Psychological Assessment; May 2017; vol. 29 (no. 5); p. 531-541

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

Available in full text at [Psychological Assessment](#) - from ProQuest

**Abstract:**The present study evaluated the Response Bias scale (RBS), a symptom validity test embedded within the Minnesota Multiphasic Personality Inventory (MMPI)-2 Restructured Form (MMPI-2-RF) that assesses for feigned neurocognitive complaints, in a sample of pretrial incompetent to stand trial (IST) criminal defendants. Additionally, we examined the Improbable



Failure (IF) scale, a performance validity test embedded within the Structured Interview of Reported Symptoms, Second Edition (SIRS-2), which similarly assesses for feigned cognitive impairment (FCI). Results indicated that both the RBS (area under the curve [AUC] = .76) and IF scale (AUC = .72) achieved moderate classification accuracy using the Test of Memory Malingering (TOMM) as the criterion. Further, the RBS and IF scale appeared to be most useful for screening out those defendants who presented as genuine (specificity = 99% and 88%, respectively), and less effective at classifying those defendants suspected of feigning according to the TOMM (sensitivity = 29% and 46%, respectively). In order to identify a significant proportion of IST defendants who may be feigning impairment, considerably lower cutoff scores than those recommended in each measure's manual were evaluated. An RBS T score of 63 (sensitivity = 86%; specificity = 37%), and IF scale raw score of 2 (sensitivity = 80%; specificity = 43%), was required to achieve  $\geq 80\%$  sensitivity; these alternate cutoff scores may therefore be useful when screening inpatient forensic psychiatric IST defendants. Further, the 2 scales effectively predicted TOMM classification in combination, although only the RBS significantly contributed to the model. Implications for the assessment of FCI in forensic psychiatric settings are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

### **Self-inflicted eye injury.**

**Author(s):** Gogandy, Mohammed A.; Aljarad, Abdulqader; Jastaneiah, Sabah S.; Alfawaz, Abdullah M.

**Source:** Annals of Saudi Medicine; May 2017; vol. 37 (no. 3); p. 245-250

**Publication Type(s):** Academic Journal

**PubMedID:** 28578365

Available in full text at [Annals of Saudi medicine \[Ann Saudi Med\]](#) NLMUID: 8507355 - from EBSCOhost

**Abstract:** Individuals with a factitious ocular disorder feign or exaggerate having an eye injury or intentionally produce an eye injury so as to assume the role of a sick person. We report two cases of self-inflicted ocular injury using needle-like foreign bodies and razor that represent possible diagnoses of Munchausen syndrome. Both patients presented with different clinical pictures that misguided the clinical diagnosis and delayed proper management. Although self-inflicted ocular injuries are rare, ophthalmologists should be aware of the possibility of their existence, particularly when caring for patients with psychiatric conditions. Similar Cases Published: 13.

### **Life events and functional somatic symptoms: A population study in older adolescents.**

**Author(s):** Bonvanie, Irma J.; Janssens, Karin A. M.; Rosmalen, Judith G. M.; Oldehinkel, Albertine J.

**Source:** British Journal of Psychology; May 2017; vol. 108 (no. 2); p. 318-333

**Publication Type(s):** Academic Journal

**Abstract:** The purpose of this study was to investigate the effect of negative life events on functional somatic symptoms (FSSs) in adolescents, based on data from 957 participants of the population cohort TRacking Adolescents' Individual Lives Survey. Life events experienced between age 16 and age 19 were assessed with the Kendler's Life Stress interview. FSSs at age 19 and age 16 were measured with the Youth and Adult Self-Report. The hypotheses were tested by the use of a latent change model. Life events predicted FSSs, even when adjusted for pre-event levels of FSSs, symptoms of anxiety and depression, and socio-economic status ( $B = 0.006$ , 95% CI [0.003, 0.008],  $\beta = .32$ ). Whereas illness-related life events did not predict FSSs independently ( $B = -0.003$ , 95% CI [-0.005, 0.09],  $\beta = .05$ ), non-illness-related life events did ( $B = 0.007$ , 95% CI [0.004, 0.010],  $\beta = .31$ ). A past-year diagnosis of anxiety and/or depression had a significant influence on the association between life events and FSSs ( $B = 0.37$ , 95% CI [0.30, 0.46],  $\beta = .71$ ), while female sex, exposure to

childhood adversities, and family malfunctioning had not. In conclusion, our findings show that FSSs are associated with negative life events in older adolescents. We did not find evidence for stronger effects of illness-related events.

**Database:** CINAHL

**The therapeutic discharge: An approach to dealing with deceptive patients.**

**Author(s):** Taylor, John B.; Beach, Scott R.; Kontos, Nicholas

**Source:** General Hospital Psychiatry; May 2017; vol. 46 ; p. 74-78

**Publication Type(s):** Academic Journal

**Abstract:**Objective Patients with factitious disorder or malingering behaviors pose particular problems in acute care settings. We sought to describe a manner to effectively discharge these patients and keep further harm, iatrogenic or otherwise, from being inflicted. Method Once an indication has been identified, the therapeutic discharge can be carried out in a stepwise fashion, resulting in a safe discharge. We outlined how to prepare for, and execute, the therapeutic discharge, along with preemptive consideration of complications that may arise. Results Consequences for the patient, physicians, and larger healthcare system are considered. Conclusion The therapeutic discharge is a safe and effective procedure for patients with deception syndromes in acute care settings. Carrying it out is a necessary element of psychiatric residency and psychosomatic medicine fellowship training.

**Physician Satisfaction in Treating Medically Unexplained Symptoms.**

**Author(s):** Brauer, Simon G.; Yoon, John D.; Curlin, Farr A.

**Source:** Southern Medical Journal; May 2017; vol. 110 (no. 5); p. 386-391

**Publication Type(s):** Academic Journal

**Abstract:**Objectives: To determine whether treating conditions having medically unexplained symptoms is associated with lower physician satisfaction and higher ascribed patient responsibility, and to determine whether higher ascribed patient responsibility is associated with lower physician satisfaction in treating a given condition. [ABSTRACT EDITED]

**Hypertensive Crisis Secondary to Factitious Disorder.**

**Author(s):** Parsaik, Ajay K; Pearson, Cheryl

**Source:** The primary care companion for CNS disorders; May 2017; vol. 19 (no. 3)

**Publication Date:** May 2017

**Publication Type(s):** Letter

**Balancing medical accuracy and diagnostic consequences: diagnosing medically unexplained symptoms in primary care.**

**Author(s):** Rasmussen, Erik B

**Source:** Sociology of health & illness; May 2017

**Publication Type(s):** Journal Article

**Abstract:**Focusing on the case of medically unexplained symptoms (MUS), this article explores diagnostic classification in the absence of biomedical evidence or other strong medical warrants for diagnosis. The data are from three focus group interviews with Norwegian general practitioners (GPs) conducted in 2015, that centred on the issue of what diagnoses to use (or not) for MUS. The

qualitative analysis reconstructs the logic underlying GPs' diagnostic accounts, which centred on the meaning of diagnostic categories and on anticipating how 'generalised others' would respond to those meanings (called 'diagnosing by anticipation'). The analysis suggests that GPs confer diagnoses by balancing unwarranted medical accuracy and anticipated harmful diagnostic consequences; the goal of diagnosis was finding categories in the International Classification of Primary Care that would yield acceptable results, without making a liar of the GP in the process. Drawing on the distinction between diagnosis as colligation and classification, the findings and their relevance for medical sociology are discussed. Counter to frequent descriptions as 'illness that cannot be diagnosed', the analysis shows how GPs can diagnose MUS in the bureaucratic sense of diagnosis as classification - a sense that has been missing from sociological view.

### **Obsessive-compulsive skin disorders: a novel classification based on degree of insight**

**Author(s):** Zhu T.H.; Nakamura M.; Bhutani T.; Koo J.; Farahnik B.; Abrouk M.; Reichenberg J.

**Source:** Journal of Dermatological Treatment; May 2017; vol. 28 (no. 4); p. 342-346

**Publication Type(s):** Article

**Abstract:** Individuals with obsessive-compulsive features frequently visit dermatologists for complaints of the skin, hair or nails, and often progress towards a chronic relapsing course due to the challenge associated with accurate diagnosis and management of their psychiatric symptoms. The current DSM-5 formally recognizes body dysmorphic disorder, trichotillomania, neurotic excoriation and body focused repetitive behavior disorder as psychodermatological disorders belonging to the category of Obsessive-Compulsive and Related Disorders. However there is evidence that other relevant skin diseases such as delusions of parasitosis, dermatitis artefacta, contamination dermatitis, AIDS phobia, trichotemnomania and even lichen simplex chronicus possess prominent obsessive-compulsive characteristics that do not necessarily fit the full diagnostic criteria of the DSM-5. Therefore, to increase dermatologists' awareness of this unique group of skin disorders with OCD features, we propose a novel classification system called Obsessive-Compulsive Insight Continuum. Under this new classification system, obsessive-compulsive skin manifestations are categorized along a continuum based on degree of insight, from minimal insight with delusional obsessions to good insight with minimal obsessions. Understanding the level of insight is thus an important first step for clinicians who routinely interact with these patients. Copyright © 2016 Informa UK Limited, trading as Taylor & Francis Group.

### **Usefulness of structured inventory of malingering symptoms in low back pain**

**Author(s):** Serrano A.; Franch C.M.; Suarez-Huerta M.L.; Bronte E.; Marcos P.; Lopez-Gago M.J.

**Source:** Global Spine Journal; May 2017; vol. 7 (no. 2)

**Publication Type(s):** Conference Abstract

**Abstract:** Introduction: Low back pain is a very common condition with an important subjective component where often appear simulation behavior, either to obtain a secondary gain (malingering) or a primary gain (factitious disorder). Objectives: To evaluate the usefulness of Structured Inventory of Malingering Symptoms (SIMS) in a group of patients referred to the Pain Unit with medically unexplained low back pain (MUL). Material and Methods: Prospective study. All back pain referred to the Pain Unit of the Hospital de Leon for a year. After multidisciplinary evaluation the SIMS was administered to all patients who were diagnosed of MUL. After unstructured psychiatric interview (gold standard) was performed and statistical analysis was performed to determine the predictive values of the scale. Results: 274 patients with low back pain were referred. 95 (34.67%) were diagnosed of MUL after multidisciplinary assessment. 40 were positive for simulation symptoms in SIMS. 30 of these positives were confirmed after the psychiatric interview. 55 were negative in SIMS but in three cases were diagnosed of simulation in the interview. The positive predictive value of the

interview was 75% and negative predictive value of 94.54%. Among the ten patients with false-positive result for simulation in nine cases another mental disorder was diagnosed as clinical origin. Conclusion: The negativity of the SIMS allows with high security to discard simulation in patients with low back pain. Positivity has good predictive value or makes suspect the presence of another mental disorder as clinical origin.

### **Dissociation and conversion symptoms in dermatology**

**Author(s):** Gupta M.A.; Vujcic B.; Gupta A.K.

**Source:** Clinics in Dermatology; May 2017; vol. 35 (no. 3); p. 267-272

**Publication Type(s):** Article

**Abstract:** Dissociation and conversion (defined as the somatic component of dissociation) can play an important mediating role in the exacerbation of the stress-reactive dermatoses (eg, psoriasis, idiopathic urticaria, atopic dermatitis), dermatoses that are exacerbated by excessive scratching (eg, lichen simplex chronicus, prurigo nodularis) and koebnerization, and the self-induced dermatoses (dermatitis artefacta, acne excoriee, skin picking disorder, trichotillomania, onychotillomania/onychophagia). Dissociative symptoms often coexist with obsessive-compulsive symptoms in the more severe cases of the self-induced dermatoses. Dissociation can play an important role in cutaneous sensory disorder (eg, scalp dysesthesia syndrome, stomatodynia/glossodynia, vulvodynia/scrotodynia, medically unexplained anesthesia). Dissociation typically occurs in the context of extreme psychosocial stress and a history of severe abuse/neglect during early life. Dissociative patients may experience a sense of detachment from their body and present in a state of extreme self-neglect, including denial of serious skin disorders. Amnesia is one of the core symptoms of dissociation; therefore, patients, who self-induce their skin lesions during a dissociative episode often deny self-inducing their lesions; it is important to recognize that this is distinct from malingering, and the lesions are not intentionally induced. Dissociation and conversion symptoms are typically present in the complex dermatology patient and should be assessed using a comprehensive biopsychosocial approach. Copyright © 2017 Elsevier Inc.

### **Chronic pain and medically unexplained symptoms in the medico-legal arena**

**Author(s):** Davis A.

**Source:** Australian and New Zealand Journal of Psychiatry; May 2017; vol. 51 (no. 1); p. 119

**Publication Type(s):** Conference Abstract

**Abstract:** Making sense of chronic pain and medically unexplained symptoms is an issue that constantly confronts practitioners in all fields of medicine. In the medico-legal arena, such conditions pose a major challenge to all parties engaged in trying to understand the basis of persistent and often treatment-resistant symptoms and seek reasonable outcomes for all concerned. This presentation will offer a psychosocial perspective on the nature of chronic pain and medically unexplained symptoms and explore the complex factors that underpin the experience of these symptoms in patients, particularly in the medico-legal setting.

### **Are psychogenic non-epileptic seizures just another symptom of conversion disorder?**

**Author(s):** Kanaan R.A.A.; Goldstein L.H.; Duncan R.; Jankovic J.; Cavanna A.E.

**Source:** Journal of Neurology, Neurosurgery and Psychiatry; May 2017; vol. 88 (no. 5); p. 425-429

**Publication Type(s):** Article

Available in full text at [Journal of neurology, neurosurgery, and psychiatry](#) - from Highwire Press

**Abstract:**Background: Psychogenic non-epileptic seizures (PNES) are classified with other functional neurological symptoms as 'Conversion Disorder', but there are reasons to wonder whether this symptomatology constitutes a distinct entity. Methods: We reviewed the literature comparing PNES with other functional neurological symptoms. Results: We find eight studies that directly examined this question. Though all but one found significant differences - notably in presenting age, trauma history, and dissociation - they were divided on whether these differences represented an important distinction. Conclusion: We argue that the aetiological and mechanistic distinctions they support, particularly when bolstered by additional data, give reason to sustain a separation between these conditions. Copyright © 2017 Article author(s) (or their employer(s) unless otherwise stated in the text of the article). All rights reserved.

### **Post stroke psychosis following lesions in basal ganglion**

**Author(s):** Srivastava S.; Agarwal M.P.; Gautam A.

**Source:** Journal of Clinical and Diagnostic Research; May 2017; vol. 11 (no. 5)

**Publication Type(s):** Article

**Abstract:**Stroke is the second most common cause of death and fourth leading cause of disability worldwide. Post stroke behavioural manifestations are often not recognized, undiagnosed and hence remain untreated. They may even suffer from misdiagnosis of functional disorders before coming at conclusion of organic pathology. Early diagnosis and prompt treatment helps in lowering the overall morbidity related to stroke and improves quality of life of these patients with rare manifestations. Here, we report two cases of elderly female patients presenting with delusions and hallucinations subsequent to stroke, with lesions in basal ganglia detected on neuro-imaging. Copyright © 2017, Journal of Clinical and Diagnostic Research. All rights reserved.

### **Medically unexplained symptoms**

**Author(s):** French F.

**Source:** British Journal of General Practice; May 2017; vol. 67 (no. 658); p. 204

**Publication Type(s):** Letter

Available in full text at [British journal of general practice: the journal of the Royal College of General Practitioners \[Br J Gen Pract\]](#) NLMUID: 9005323, The - from EBSCOhost

### **Medically unexplained symptoms: Continuing challenges for primary care**

**Author(s):** Mair L.

**Source:** British Journal of General Practice; May 2017; vol. 67 (no. 658); p. 204

**Publication Type(s):** Letter

Available in full text at [British journal of general practice: the journal of the Royal College of General Practitioners \[Br J Gen Pract\]](#) NLMUID: 9005323, The - from EBSCOhost

### **MUS: Actually we can and should explain such symptoms**

**Author(s):** Danczak A.

**Source:** British Journal of General Practice; May 2017; vol. 67 (no. 658); p. 204

**Publication Type(s):** Letter

Available in full text at [British Journal of General Practice, The](#) - from National Library of Medicine

Available in full text at [British journal of general practice: the journal of the Royal College of General Practitioners \[Br J Gen Pract\]](#) NLMUID: 9005323, The - from EBSCOhost

### **Evaluation of a pilot innovative cognitive-behavioral therapy-based psychoeducation group treatment for functional non-epileptic attacks**

**Author(s):** Cope S.R.; King T.; Agrawal N.; Smith J.G.

**Source:** Epilepsy and Behavior; May 2017; vol. 70 ; p. 238-244

**Publication Type(s):** Article

**Abstract:** A high proportion of patients presenting at epilepsy clinics experience functional non-epileptic attacks (FNEA), and while psychological treatment is generally thought to be the required intervention, evidence regarding psychological treatment of FNEA is limited. A small number of psychoeducation treatments have been evaluated, with promising results. As part of routine care within a neuropsychiatry service, a 3-session cognitive-behavior therapy- (CBT-) informed psychoeducation group was developed. Patients with comorbid epilepsy were included. The group's effectiveness was evaluated in terms of attack frequency, mood, illness perception, dissociative experiences, and patient feedback. Pre- and post-treatment data were obtained for 19 patients. The proportion of patients experiencing attacks significantly decreased, with almost 40% of treatment completers reporting being attack-free at the end of treatment. Significant improvements were also found on level of psychological distress, illness beliefs, and understanding of the condition. No significant changes in mood or general functioning were observed. High satisfaction was reported by almost all patients. Treatment outcome was not significantly affected by the level of dissociative experiences. The results suggest that CBT-based psychoeducation group treatment can be a beneficial part of treatment for those with FNEA, even for those experiencing high levels of dissociation. Further controlled studies with larger sample sizes are required. Copyright © 2017 Elsevier Inc.

### **Psychocutaneous disease: Clinical perspectives**

**Author(s):** Kuhn H.; Kroumpouzos G.; Mennella C.; Magid M.; Stamu-O'Brien C.

**Source:** Journal of the American Academy of Dermatology; May 2017; vol. 76 (no. 5); p. 779-791

**Publication Type(s):** Review

**Abstract:** Psychocutaneous disease, defined in this review as primary psychiatric disease with skin manifestations, is commonly encountered in dermatology. Dermatologists can play an important role in the management of psychocutaneous disease because patients visit dermatology for treatment of their skin problems but often refuse psychiatric intervention. This review describes common psychocutaneous syndromes, including delusional, factitious, obsessive-compulsive and related, and eating disorders, as well as psychogenic pruritus, cutaneous sensory (pain) syndromes, posttraumatic stress disorder, and sleep-wake disorders. The updated classification of these disorders in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition is included. Strategies for management are reviewed. Copyright © 2016 American Academy of Dermatology, Inc.

## Exercise

# Confounding Bias in Research Methodology

*A confounder is a factor that is:*

- *Linked to the outcome of interest, independent of the exposure*
- *Linked to the exposure but not the consequence of the exposure*

**What is the confounding factor in the following relationships:**

- People who carry matches are more likely to develop lung cancer
- People who eat ice-cream are more likely to drown
- Training in anaesthesia is more likely to make doctors commit suicide

*To find out more about bias in research methodology, sign up for one of our **Critical Appraisal training sessions**. For more details, email [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk).*



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