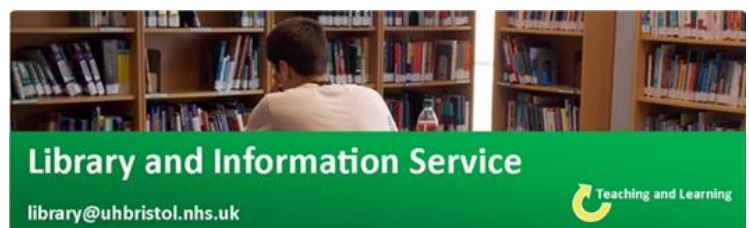


Medically Unexplained Symptoms Evidence Update



November 2017 (Quarterly)

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Library and Information Service

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 Teaching and Learning

Training Sessions 2017

All sessions are one hour

November (13.00)

| | |
|-----------|----------------------|
| 2nd Thu | Literature Searching |
| 10th Fri | Critical Appraisal |
| 13th Mon | Statistics |
| 21st Tues | Literature Searching |
| 29th Wed | Critical Appraisal |

December (12.00)

| | |
|----------|----------------------|
| 7th Thu | Statistics |
| 15th Fri | Literature Searching |

Your Outreach Librarian: Jo Hooper

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Outreach: Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in literature searching, critical appraisal and medical statistics. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk

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Updates

NICE National Institute for
Health and Care Excellence

[CR204. Core values for psychiatrists](#) [PDF]

Source: [Royal College of Psychiatrists - RCPsych](#) - 05 September 2017

[Mental health in emergency departments: a toolkit for improving care](#) [PDF]

Source: [Royal College of Emergency Medicine - RCEM](#) - 01 October 2017 - Publisher: Royal College of Emergency Medicine



No relevant up-to-date evidence

UpToDate[®]

OpenAthens login required. Register here: <https://openathens.nice.org.uk/>

[Idiopathic environmental intolerance \(multiple chemical sensitivity\)](#)

Literature review current through: Oct 2017. | This topic last updated: Jul 20, 2017.

[Conversion disorder in adults: Clinical features, assessment, and comorbidity](#)

Literature review current through: Oct 2017. | This topic last updated: Jul 26, 2016.

[Approach to the adult patient with fatigue](#)

Literature review current through: Oct 2017. | This topic last updated: Oct 04, 2017.

[Psychogenic nonepileptic seizures](#)

Literature review current through: Oct 2017. | This topic last updated: Sep 06, 2017.

[Treatment of chronic fatigue syndrome \(systemic exertion intolerance disease\)](#)

Literature review current through: Oct 2017. | This topic last updated: Nov 06, 2017.

[Medical care of the returning veteran](#)

Literature review current through: Oct 2017. | This topic last updated: Sep 06, 2017.



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Database 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

Medically Unexplained Symptoms

A research coding method to evaluate medical clinicians conduct of behavioral health care in patients with unexplained symptoms

Author(s): Grayson-Sneed K.A.; Smith R.C.

Source: Patient Education and Counseling; 2017

Publication Type(s): Article In Press

Abstract:Objective: Develop a reliable coding method of a Behavioral Health Treatment Model for patients with Medically Unexplained Symptoms (BHTM-MUS). Methods: Two undergraduates trained for 30. h coded videotaped interviews from 161 resident-simulated patient (SP) interactions. Trained on 45 videotapes, coders coded 33 (20%) of 161 study set tapes for the BHTM-MUS. Guetzkow's U, Cohen's Kappa, and percent of agreement were used to measure coders' reliability in unitizing and coding residents' skills for eliciting: education and informing (4 yes/no items), motivating (2), treatment statements (5), commitment and goals (2), negotiates plan (8), non-emotion patient-centered skills (4), and patient-centered emotional skills (8). Results: 60 items were dichotomized a priori from analysis of the BHTM-MUS and were reduced to 33 during training. Guetzkow's U ranged from .00 to .082. Kappa ranged from 0.76 to 0.97 for the 7 variables and 33 individual items. The overall kappa was 0.87, and percent of agreement was 95.7%. Percent of agreement by item ranged from 85 to 100%. Conclusions: A highly reliable coding method is recommended to evaluate medical clinicians' behavioral care skills in patients with unexplained symptoms. Practice implications: A way to rate behavioral care in patients with unexplained symptoms. Copyright © 2017 Elsevier B.V.

Database: EMBASE

Psychotherapy for Medically Unexplained Pain: A Randomized Clinical Trial Comparing Intensive Short-Term Dynamic Psychotherapy and Cognitive-Behavior Therapy.

Author(s): Chavooshi, Behzad; Saberi, Mehdi; Tavallaie, Seyed Abbas; Sahraei, Hedayat

Source: Psychosomatics; 2017; vol. 58 (no. 5); p. 506-518

Publication Type(s): Journal Article

Abstract:BACKGROUNDThe efficacy of intensive short-term dynamic psychotherapy (ISTDP) for medically unexplained pain remains open to debate because of a paucity of high-quality studies.OBJECTIVESThis study sought to evaluate ISTDP as a treatment for medically unexplained pain in outpatients by comparing it with the established evidence-based cognitive-behavioral therapy (CBT) in a randomized clinical trial.METHODSA total of 341 adults with medically unexplained pain were randomly assigned to 16 sessions of individual manualized CBT (N = 164) or ISTDP (N = 177). The groups were assessed at baseline, after 16 weeks of treatment, and at the 3-month follow-up. The primary outcome was perceived pain assessed using the numerical pain rating

scale. The secondary outcomes were psychological distress, depression, and cognitive variables. The cognitive variables included self-efficacy, catastrophizing, and coping strategies. **RESULTS**In the intention-to-treat analysis, the ISTDP and CBT groups both showed improvement in the primary outcome after treatment. Pain symptoms in both conditions were significantly reduced. Both ISTDP and CBT groups demonstrated reductions in psychological distress, depression and catastrophic thinking, and also increases in the use of relaxation as a coping strategy. The CBT group showed an improvement in self-efficacy that was not obtained in the ISTDP group. However, significant differences were not observed in the primary and secondary outcomes at the 3-month follow-up compared with posttreatment. Overall, both treatments were equally effective at the 3-month follow-up. **CONCLUSION**Our results suggest that ISTDP may provide an effective alternative therapy for medically unexplained somatic symptoms of pain.

The relationship between beliefs about emotions and quality of life in irritable bowel syndrome.

Author(s): Bowers, Hannah; Wroe, Abigail; Pincus, Tamar

Source: Psychology, Health & Medicine; Dec 2017; vol. 22 (no. 10); p. 1203-1209

Publication Type(s): Academic Journal

Abstract:Suppression of undesirable emotions, as well as beliefs about the unacceptability of experiencing and expressing emotions, have both been shown to be related to poorer health-related outcomes in several clinical groups. Potential models through which these variables relate have yet to be tested in those with irritable bowel syndrome (IBS) and are therefore examined in the current article. Online questionnaires were administered to people with IBS (n = 84) to test a mediation model in which beliefs about the unacceptability of emotions are associated with greater emotional suppression, which in turn relates to increased affective distress and consequently poorer quality of life. An alternate model to test the direction of effect along with two further models using support-seeking as mediators of the same predictor and outcome were also tested. Emotional suppression and affective distress (in that particular order) mediate the relationship between beliefs about emotions and quality of life IBS. The models using support-seeking as mediators of the relationship between beliefs about emotions and the two outcomes were not supported. These findings suggest a role for emotional processing in medically unexplained symptoms and imply the need to address such beliefs about emotions in psychological therapies.

Functional status in patients with medically unexplained physical symptoms: Coping styles and their relationship with depression and anxiety.

Author(s): Sempértégui, Gabriela A; Karreman, Annemiek; van Hout, Gerbrand Cm;

Source: Journal of health psychology; Nov 2017; vol. 22 (no. 13); p. 1743-1754

Publication Type(s): Journal Article

Abstract:This study examined how coping styles are related to functional status in patients with medically unexplained physical symptoms and to what extent depression and anxiety account for this relationship. In 90 Dutch adult patients presenting medically unexplained physical symptoms, coping styles, health-related functional status, anxiety, and depression were measured. Multiple regression analyses and mediation analysis showed that coping styles were directly and indirectly related to functional status. In this relationship, depression and anxiety played an important role. The findings highlight the relevance of addressing coping styles, depression, and anxiety when targeting the functional status of patients with medically unexplained physical symptoms in clinical practice.

Database: Medline

Effects of learning on somatosensory decision-making and experiences

Author(s): Ul Huque, Akib; Poliakoff, Ellen; Brown, Richard J.

Source: Journal of Experimental Psychology: General; Nov 2017; vol. 146 (no. 11); p. 1631-1648

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

Available at [Journal of experimental psychology. General](#) - from ProQuest PsycARTICLES - NHS

Abstract: Operant conditioning has been shown to influence perceptual decision making in the auditory and visual modalities but the effects of conditioning on touch perception are unknown. If conditioning can be used to reduce the tendency to misinterpret somatic noise as signal (tactile false alarms), there may be the potential to use similar procedures in the treatment of excessive physical symptom reporting in clinical settings. We explored this possibility in 4 experiments investigating whether the false alarm (FA) rate in a somatic signal detection task (SSDT) could be altered with operant conditioning, and whether the resultant learning would transfer to other sensory decisions. In Experiments 1a and 2a, nonclinical participants were rewarded for hits and punished for misses on the SSDT, with a view to increasing their FA rate. In Experiments 1b and 2b, participants were rewarded for correct rejections and punished for FAs, with a view to decreasing their FA rate. Control participants received no treatment in Experiments 1a and 1b and underwent sham training in Experiments 2a and 2b. As predicted, operant conditioning increased (Experiments 1a, 2a) and decreased (Experiments 1b, 2b) FAs on the SSDT. Training effects did not transfer to an unrelated somatosensory task and there was only weak evidence for transfer to an auditory task in Experiment 2a. Auditory and tactile FAs correlated positively in the baseline phase. The results indicate that the tactile FA rate is trainable, but that the conditioning effect does not transfer across sensory decisions with this brief training paradigm. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Unexplained symptoms of low back pain: A 15 year analysis

Author(s): Serrano Garcia A.; Suarez Huerta M.L.

Source: European Spine Journal; Oct 2017; vol. 26 (no. 10); p. 2713

Publication Type(s): Conference Abstract

Abstract: Introduction: In their article, Bermingham SL et al. (2010) estimated that the direct overcharge associated to patients with medically unexplained symptoms (MUS) reaches 10% of NHS expenses. Low back pain is one of the most frequent symptoms that appears as unexplained. Objectives: quantify hospital costs of MUS low back pains and compare the results with the general population. Materials and methods: Systematic review of the procedures performed on a sample of patients with MUS low back pain. Their classification post-psychometry and psychiatric interview. Quantification of the costs per patient over the last 15 years. Statistical analysis. Results: Between July 2015 and July 2016, 78 patients with low back pain were categorized as MUS. In our sample, a mean of 67.69 +/- 46.82 consultations were made, 10.26 +/- 12.72 days of hospital stay, 14.05 +/- 12.47 simple X-rays, 1.24 +/- 1.88 CT scans, 2.38 +/- 2.65 ecographies, and 2.54 +/- 2.23 NMRs. After the psychiatric evaluation, four groups of patients were identified: somatoform disorders (n = 20), simulators (n = 14), factitious disorders (n = 17), and another group in which the psychopathology was not determined to be the cause of the clinical presentation (n = 27). No significant inter-group differences were determined regarding the total costs of the procedures, nor in surgical costs, or the number of medical consultations. There were however differences regarding the costs of the tests (p = 0.042) and those of hospital stay (p = 0.002). The mean cost per person in 2014 in Castilla y Leon was 1,268 euros, from which 61.4% is for hospital and specialized services. Thus, the estimated cost generated by our study population is 910,906 euros in 15 years. The cost of the procedures performed on our sample over the last 15 years has been 1,701,257 euros. Thus, there is a generated overcharge of 86.77% by patients with MUS low back pains. Conclusions: Patients

suffering MUS low back pain represent a very important overcharge for the health system. There are no significant differences on total cost based on the characterization of MUS low back pain; however, there are differences in the composition of these costs.

Improving GP communication in consultations on medically unexplained symptoms: A qualitative interview study with patients in primary care

Author(s): Houwen J.; Lucassen P.L.B.J.; Stappers H.W.; Assendelft W.J.J.; Olde Hartman T.C.

Source: British Journal of General Practice; Oct 2017; vol. 67 (no. 663)

Publication Type(s): Article

Available at [British Journal of General Practice](#) - from EBSCO (MEDLINE Complete)

Abstract:Background Many GPs find the care of patients with medically unexplained symptoms (MUS) challenging. Patients themselves are often not satisfied with the care they receive. Aim To explore the problems patients with MUS experience in communication during consultations, with the aim of improving such consultations Design and setting A qualitative analysis of semi-structured interviews. Method GP consultations were videorecorded and the GPs were asked immediately afterwards whether MUS were presented. Patients in these MUS consultations were asked to reflect on the consultation in a semi-structured interview while watching a recording of their own consultation. Results Of the 393 videorecorded consultations, 43 contained MUS. Patients who did identify six categories of problems. First, they reported a mismatch between the GP's and their own agenda. Second, patients indicated that the GP evoked an uncomfortable feeling in them during the consultation. Third, they found that GPs did not provide a specific management plan for their symptoms. Fourth, patients indicated that the GP was not well prepared for the consultation. Fifth, they perceived prejudices in the GP during the consultation. Finally, one patient found that the GP did not acknowledge a limited understanding of the origin of the symptoms. Conclusion According to patients, GPs can improve their consultations on MUS by making genuine contact with their patients, by paying more attention to the patient's agenda, and by avoiding evoking uncomfortable feelings and displaying prejudices. They should prepare their consultations and focus on the issues that matter to patients, for example, symptom management. GPs should be honest to patients when they do not understand the origin of symptoms. Copyright © 2017 British Journal of General Practice.

Extension of the Presumptive Period for Compensation for Gulf War Veterans. Final rule.

Author(s): Department of Veterans Affairs

Source: Federal register; Oct 2017; vol. 82 (no. 204); p. 49121-49123

Publication Type(s): Journal Article

Abstract:The Department of Veterans Affairs (VA) is issuing this final rule to affirm its adjudication regulations regarding compensation for disabilities resulting from undiagnosed illnesses suffered by veterans who served in the Persian Gulf War. This amendment is necessary to extend the period during which disabilities associated with undiagnosed illnesses and medically unexplained chronic multi-symptom illnesses must become manifest in order for a Veteran to be eligible for compensation. The intended effect of this amendment is to provide consistency in VA adjudication policy, preserve certain rights afforded to Persian Gulf War (GW) veterans, and ensure fairness for current and future GW veterans.

Pain characteristics of older persons with medically unexplained symptoms, older persons with medically explained symptoms and older persons with depression.

Author(s): Hanssen, Denise J C; Lucassen, Peter L B J; Naarding, Paul; de Waal, Margot W M; Oude Voshaar, Richard C

Source: Aging & mental health; Oct 2017 ; p. 1-8

Publication Date: Oct 2017

Publication Type(s): Journal Article

PubMedID: 29019415

Abstract:OBJECTIVEThe main objective of the current study is to compare chronic pain characteristics of older patients with Medically Unexplained Symptoms (MUS), to those of patients with Medically Explained Symptoms (MES), and to those of patients with Major Depressive Disorder (MDD).METHODBy combining data from the OPUS and NESDO study, we compared pain characteristics of 102 older (>60 years) MUS-patients to 145 older MES-patients and 275 older MDD-patients in a case-control study design. Group differences were analyzed using ANCOVA, adjusted for demographic and physical characteristics. Linear regression was applied to examine the association between pain characteristics and somatization (BSI-53 somatization scale) and health anxiety (Whitely Index).RESULTSOlder MUS-patients have approximately two times more chance of having chronic pain when compared to older MES-patients (OR = 2.01; p = .013) but equal chances as opposed to MDD-patients. After adjustments, MUS-patients report higher pain intensity and disability scores and more pain locations when compared to MES-patients, but equal values as MDD-patients. Health anxiety and somatization levels were positively associated with the number of pain sites in MUS-patients, but not with pain severity or disability.CONCLUSIONOlder MUS-patients did not differ from MDD-patients with respect to any of the chronic pain characteristics, but had more intense and disabling pain, and more pain locations when compared to older MES-patients.

Negative affect as mediator between emotion regulation and medically unexplained symptoms.

Author(s): Schwarz, Jeanine; Rief, Winfried; Radkovsky, Anna; Berking, Matthias; Kleinstäuber, Maria

Source: Journal of psychosomatic research; Oct 2017; vol. 101 ; p. 114-121

Publication Type(s): Journal Article

Abstract:BACKGROUNDResearch on emotion regulation (ER) in medically unexplained physical symptoms (MUS) is rare.PURPOSEThe goal of this study was to compare ER skills between MUS-patients without comorbid depression, MUS-patients with comorbid depression (MUS+MDD), patients with major depressive disorder (MDD), and healthy controls. Additionally, we examined the mediating effect of depression and anxiety on the relationship between ER and somatization.METHODThe Emotion-Regulation Skills Questionnaire (ERSQ) and other self-report measures were completed by 138 MUS-patients, 114 MUS+MDD-patients, 106 MDD-patients, and 100 healthy controls. Multiple mediation analyses were applied to investigate the role of depression and anxiety as potential mediators.RESULTSA MANCOVA and post-hoc test with age, sex and education as covariates indicated that ER skills of the MUS-group were lower than the controls (p<0.001-p=0.047), but higher than the MDD- and MUS+MDD-group (p<0.001-p=0.042). ER skills of the MDD-group and MUS+MDD-group did not differ (p=0.78-p=0.99), but were lower than controls (p<0.001-p=0.011). In the MUS-groups depression and anxiety had a mediating effect on the relationship between ER and somatization (b=-0.23, 95% bias-corrected CI: -0.30, -0.17). The direct effect of ER on somatization was no longer significant when controlling for the mediating variables (b=0.07, p=0.083).CONCLUSIONSOur study reveals that patients with MUS+MDD have higher deficits in ER skills than MUS patients without MDD. Additionally, deficits in ER in MUS-patients are influenced by depression and anxiety. This indicates that MUS-patients with comorbid mental disorders might benefit from an emotion regulation training.

The neuropsychophysiology of tingling

Author(s): Tihanyi, Benedek T.; Ferentzi, Eszter; Beissner, Florian; Köteles, Ferenc

Source: Consciousness and Cognition: An International Journal; Oct 2017 ; p. No

Publication Type(s): Journal Peer Reviewed Journal

Abstract: Tingling is a bodily sensation experienced under a variety of conditions from everyday experiences to experimental and therapeutic situations. It can be induced by both peripheral or afferent (external stimulation, peripheral pathology) and higher cognitive (expectation) processes. The paper summarizes the current scientific knowledge on the neurophysiological and psychological concomitants of the tingling sensation. Four possible models are identified and presented: the afferent, the attention-disclosed, the attention-evoked, and the efferent model. Of these, only the attention-disclosed model, i.e., attention discloses the sensation by opening the gate for suppressed sensory information, appears to be able to explain every aspect of the tingling phenomenon. Terminological issues and the possible role of the tingling phenomenon in medically unexplained symptoms, nocebo and placebo reactions, and body-oriented therapeutic interventions are also discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Association between patient review of systems score and somatization

Author(s): Okland T.S.; Gonzalez J.R.; Mann S.E.; Ferber A.T.

Source: JAMA Otolaryngology - Head and Neck Surgery; Sep 2017; vol. 143 (no. 9); p. 870-875

Publication Type(s): Article

Available at [JAMA Otolaryngology–Head & Neck Surgery](#) - from EBSCO (MEDLINE Complete)

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. **DESIGN, SETTING, AND PARTICIPANTS:** A retrospective review of medical records of 2120 consecutive consultations of English- or Spanish-speaking patients aged 18 to 89 years who presented to the otolaryngology clinic from January 1, 2014, to November 10, 2015, was conducted to compare how the ROS of patients with chief complaints associated with somatization (group B: globus sensation, dizziness, and tinnitus) differs from those with symptoms more often associated with objective findings (group A: nasal obstruction, hoarseness, and hearing loss); a total of 605 patients were included. Objective clinical findings after physical examination and related testing were reviewed and classified as either significant, marginal, or absent. Current or past psychiatric comorbidities were also examined. **MAIN OUTCOMES AND MEASURES:** Number of affirmative responses on a standardized, 69-point ROS was recorded as a ROS score (ROSS). Objective clinical findings, symptoms, and psychiatric comorbidities were recorded. **RESULTS:** Of the 605 patients included in the analysis, 346 (57.2%) were women, and the mean (SD) age was 51.6 (15.7) years. Among patients with medically unexplained symptoms (median, 11; range, 0-39), the ROSS was higher compared with those with objective clinical findings (median, 6; range, 0-31) (median difference, 4; 95% CI, 3 to 6). Group A (hoarseness, nasal obstruction, and hearing loss: median ROSS, 6, range, 0-41) exhibited lower ROSS than group B (dizziness, globus sensation, and tinnitus: median ROSS, 9; range, 0-39) (median difference, -2; 95% CI -3 to -1). Psychiatric comorbidity (median, 10; range, 0-41) was associated with higher ROSS than patients without psychiatric comorbidity (median, 5.5; range, 0 to 36) (median difference, 5; 95% CI, 3 to 6). **CONCLUSIONS AND RELEVANCE:** The manner in which patients respond to a standardized ROS differs in those with medically unexplained symptoms and in those with psychiatric disease. The ROS offers information beyond the actual systems review, and may be useful in the identification of somatization. Copyright © 2017 American Medical Association. All rights reserved.

Adult attachment insecurity is positively associated with medically unexplained chronic pain

Author(s): McWilliams L.A.

Source: European Journal of Pain (United Kingdom); Sep 2017; vol. 21 (no. 8); p. 1378-1383

Publication Type(s): Article

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. Results: The past-year prevalence of MUCP was 2.45% (95% CI = 2.07-2.83). The two insecure attachment styles (i.e. anxious and avoidant) were positively associated with MUCP. These associations remained statistically significant after adjusting for demographic variables and depressive and anxiety disorders. When the two insecure attachment styles were considered together, only avoidant attachment remained significantly associated with MUCP. Conclusion: Attachment insecurity ratings were positively associated with past-year MUCP and remained so after statistically adjusting for depressive and anxiety disorders. Further research aimed at understanding the mechanism(s) responsible for the association between attachment insecurity and MUCP is warranted. Significance: Consistent with earlier research regarding transient physical symptoms, medically unexplained chronic pain was associated with attachment insecurity. Understanding the mechanisms responsible for this association could guide treatment innovations. Copyright © 2017 European Pain Federation - EFIC

Coherent care pathways for medically unexplained symptoms

Author(s): Udo I.

Source: Journal of the Royal Society of Medicine; Sep 2017; vol. 110 (no. 9); p. 348

Publication Date: Sep 2017

Publication Type(s): Letter

'If it's a medical issue I would have covered it by now': learning about fibromyalgia through the hidden curriculum: a qualitative study.

Author(s): Silverwood, V; Chew-Graham, C A; Raybould, I; Thomas, B; Peters, S

Source: BMC medical education; Sep 2017; vol. 17 (no. 1); p. 160

Publication Type(s): Journal Article

Available at [BMC Medical Education](#) - from EBSCO (MEDLINE Complete)

Abstract:BACKGROUND Fibromyalgia syndrome (FMS) is a long-term condition that affects between 1 and 5% of the general population and lies within the spectrum of medically unexplained symptoms (MUS). FMS can be difficult to diagnose and is usually done so as a diagnosis of exclusion. There is continuing debate regarding its legitimacy excluding other causes of symptoms. It is known that the diagnosis and management of MUS, including FMS, receives little attention in medical curricula and attitudes towards patients with FMS amongst medical professionals and trainees can be negative.

The purpose of this study was to investigate how attitudes and perspectives of undergraduate medical students towards FMS are acquired during their training. **METHODS** Qualitative interviews with 21 medical students were conducted to explore their views on FMS, encounters with patients with FMS, and where learning about FMS occurs. Participants were recruited from two English medical schools and the study was approved by two University Ethics committees. Interviews were digitally recorded with consent and data analysed thematically, using principles of constant comparison. **RESULTS** The data were organised within three themes: i) FMS is a complex, poorly understood condition; ii) multiple sources for learning about FMS; and iii) consequences of negative attitudes for patients with FMS. **CONCLUSION** Undergraduate medical students have limited understanding of, and are sceptical over the existence of FMS. These attitudes are influenced by the 'hidden curriculum' and witnessing attitudes and actions of their clinical teachers. Students interpret a lack of formal curriculum teaching around FMS to mean that it is not serious and hence a low priority. Encountering a patient, friend or family member with FMS can increase knowledge and lead to altered perceptions of the condition. Teaching and learning about FMS needs to be consistent to improve knowledge and attitudes of clinicians. Undergraduate students should be exposed to patients with FMS so that they better understand patients with FMS.

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; Sep 2017; vol. 143 (no. 9); p. 870-875

Publication Type(s): Journal Article

Available at [JAMA otolaryngology-- head & neck surgery](#) - from EBSCO (MEDLINE Complete)

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. Design, Setting, and Participants A retrospective review of medical records of 2120 consecutive consultations of English- or Spanish-speaking patients aged 18 to 89 years who presented to the otolaryngology clinic from January 1, 2014, to November 10, 2015, was conducted to compare how the ROS of patients with chief complaints associated with somatization (group B: globus sensation, dizziness, and tinnitus) differs from those with symptoms more often associated with objective findings (group A: nasal obstruction, hoarseness, and hearing loss); a total of 605 patients were included. Objective clinical findings after physical examination and related testing were reviewed and classified as either significant, marginal, or absent. Current or past psychiatric comorbidities were also examined. Main Outcomes and Measures Number of affirmative responses on a standardized, 69-point ROS was recorded as a ROS score (ROSS). Objective clinical findings, symptoms, and psychiatric comorbidities were recorded. Results Of the 605 patients included in the analysis, 346 (57.2%) were women, and the mean (SD) age was 51.6 (15.7) years. Among patients with medically unexplained symptoms (median, 11; range, 0-39), the ROSS was higher compared with those with objective clinical findings (median, 6; range, 0-31) (median difference, 4; 95% CI, 3 to 6). Group A (hoarseness, nasal obstruction, and hearing loss: median ROSS, 6, range, 0-41) exhibited lower ROSS than group B (dizziness, globus sensation, and tinnitus: median ROSS, 9; range, 0-39) (median difference, -2; 95% CI -3 to -1). Psychiatric comorbidity (median, 10; range, 0-41) was associated with higher ROSS than patients without psychiatric comorbidity (median, 5.5; range, 0 to 36) (median difference, 5; 95% CI, 3 to 6). Conclusions and Relevance The manner in which patients respond to a standardized ROS differs in those with

medically unexplained symptoms and in those with psychiatric disease. The ROS offers information beyond the actual systems review, and may be useful in the identification of somatization.

Adult attachment insecurity is positively associated with medically unexplained chronic pain.

Author(s): McWilliams, L A

Source: European journal of pain (London, England); Sep 2017; vol. 21 (no. 8); p. 1378-1383

Publication Type(s): Journal Article

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. RESULT The past-year prevalence of MUCP was 2.45% (95% CI = 2.07-2.83). The two insecure attachment styles (i.e. anxious and avoidant) were positively associated with MUCP. These associations remained statistically significant after adjusting for demographic variables and depressive and anxiety disorders. When the two insecure attachment styles were considered together, only avoidant attachment remained significantly associated with MUCP. CONCLUSION Attachment insecurity ratings were positively associated with past-year MUCP and remained so after statistically adjusting for depressive and anxiety disorders. Further research aimed at understanding the mechanism(s) responsible for the association between attachment insecurity and MUCP is warranted. SIGNIFICANCE Consistent with earlier research regarding transient physical symptoms, medically unexplained chronic pain was associated with attachment insecurity. Understanding the mechanisms responsible for this association could guide treatment innovations.

Survivorship of severe medically unexplained symptoms in palliative care.

Author(s): Dwyer, Justin; Taylor, Keryn; Boughey, Mark

Source: BMJ supportive & palliative care; Sep 2017; vol. 7 (no. 3); p. 281-285

Publication Type(s): Journal Article

Abstract:OBJECTIVES Patients who articulate their psychological distress primarily through physical symptoms (referred to as medically unexplained symptoms (MUS)) pose a challenge to the skills of most clinicians, including palliative care physicians. The philosophical underpinnings of palliative care with a stated focus on symptom management and care of the person in their psychosociospiritual context lend itself to the care of these patients. The aim of this study was to investigate the characteristics to improve identification of this patient group within palliative care. METHODS Here, we report a case series of 6 patients with severe MUS who were referred to palliative care. We use illustrative case vignettes, examine clinical and demographic characteristics and review the perspectives of the multidisciplinary team to identify the common threads. RESULT This case series highlights the complexities and challenges that are inherent in providing assessment and care for patients with MUS that present to palliative care. Characteristics that were identified included the clustering of 'trigger' symptoms, backgrounds of multiple chronic illnesses and relationship dysfunction. Patient outcomes in this group were universally poor, including the death of 2 patients. CONCLUSIONS Knowledge of this patient group is vital given the likely increase in prevalence

of MUS as palliative care broadens its focus earlier in the trajectory of illness. The strengths of palliative care, including psychosociospiritual assessment, multidisciplinary input and communication skills holds the potential to accurately identify patients with MUS and allow the opportunity for specialist psychiatric input with the hope of improving outcomes for patients and their families.

Cognitive behavioral therapy for somatic symptom disorders in later life: A prospective comparative explorative pilot study in two clinical populations

Author(s): Verdurmen, Michelle J. H.; Videler, Arjan C.; Kamperman, Astrid M.; Khasho, David; van der Feltz-Cornelis, Christina M.

Source: Neuropsychiatric Disease and Treatment; Sep 2017; vol. 13

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

Available at [Neuropsychiatric Disease and Treatment](#) - from Europe PubMed Central - Open Access

Abstract:Background: Elderly patients with somatic symptom disorder (SSD) put a great burden on the health care delivery system. Cognitive behavioral therapy (CBT) is effective in adults with SSD. However, no studies have been conducted yet into CBT for SSD in later life. Objectives: We explored the feasibility of CBT for SSD in the elderly. Methods: This is a prospective pilot study comparing two outpatient specialty mental health settings for adults (<60 years; n = 13) and for elderly patients (≥60 years; n = 9) with SSD. Intervention was 18 structured, protocolized, and supervised CBT sessions. Outcomes were somatic symptoms, pain intensity, pain disability, quality of life, depressive symptoms, and generalized anxiety symptoms. Feasibility of the CBT intervention was explored with self-developed questions, both for the therapists and the patients. Results: Both therapists and elderly patients evaluated the treatment as positive. Somatic symptoms improved significantly in the adult group but not in the elderly group. There was a large, significant decrease in pain intensity and pain disability in elderly patients compared to the adults. Social functioning, vitality, and anxiety symptoms improved significantly in the adults. Presence of chronic medical conditions did not influence these results. Conclusion: This study shows that CBT is feasible as a treatment for SSD in older adults and has encouraging results. Replication in an RCT is warranted. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Limitations to Work-Related Functioning of People with Persistent 'Medically Unexplained' Physical Symptoms: A Modified Delphi Study Among Physicians.

Author(s): Weerdesteijn, K.; Schaafsma, F.; Beek, A.; Anema, J.

Source: Journal of Occupational Rehabilitation; Sep 2017; vol. 27 (no. 3); p. 434-444

Publication Type(s): Academic Journal

Available at [Journal of Occupational Rehabilitation](#) - from EBSCO (CINAHL with Full Text)

Abstract:Purpose The purpose of this study was to obtain consensus among physicians of several medical specialties on the level of limitations to work-related functioning of people with persistent 'medically unexplained' physical symptoms (PPS). Methods A modified Delphi study was conducted with 15 physicians of five different medical specialties. The study involved two email rounds and one meeting. In each round, the physicians prioritized the level of limitations in 78 work-related functioning items for four different PPS cases. These items were based on the Dutch Functional Ability List, national guidelines and scientific literature regarding the International Classification of Functioning. Results In all four cases, the physicians reached consensus on the level of limitations to work-related functioning in 49 items. The physicians reported the highest number and level of limitations for PPS of the back and lower extremities, but they reported hardly any limitations for PPS of the abdomen and genitals. For PPS of the head, they reported mainly limitations to personal

and social functioning; for PPS of the neck, back and upper or lower extremities, they reported mainly limitations to dynamic movements and static postures. The physicians could not reach consensus on limitations in the category of working hours. Conclusion Physicians reached consensus on the level of limitations in a substantial part of work-related functioning items for PPS. There was a difference in the number and severity of limitations between different cases of PPS. The assessment of functioning seems to be based more on the specific impairment than on the disease.

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

Author(s): Rasmussen, Erik B.

Source: *Sociology of Health & Illness*; Sep 2017; vol. 39 (no. 7); p. 1227-1241

Publication Type(s): Academic Journal

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.

Munchausen/ Fictitious Illness and disease/ Malingering

The Development of the Inventory of Problems-29: A Brief Self-Administered Measure for Discriminating Bona Fide From Feigned Psychiatric and Cognitive Complaints.

Author(s): Viglione, Donald J; Giromini, Luciano; Landis, Patricia

Source: *Journal of personality assessment*; 2017; vol. 99 (no. 5); p. 534-544

Publication Type(s): Journal Article

Abstract: This article describes the development of the Inventory of Problems-29 (IOP-29), a new, short, paper-and-pencil, self-administered measure of feigned mental and cognitive disorders. Four clinical comparison simulation studies were conducted. Study 1 (n = 451) selected the items and produced an index of potential feigning. Study 2 (n = 331) scaled this index to produce a probability score, and examined its psychometric properties. Study 3 tested the generalizability of Study 2's findings with 2 additional samples (ns = 128 and 90). Results supported the utility of the IOP-29 for discriminating bona fide from feigned psychiatric and cognitive complaints. Validity was demonstrated in feigning mild traumatic brain injury, psychosis, posttraumatic stress disorder, and depression. Within the independent samples of Studies 2 and 3, the brief IOP-29 performed similarly to the MMPI-2 and Personality Assessment Inventory, and perhaps better than the Test of Memory

Malingering. Classifications within these samples with base rates of .5 produced sensitivity, specificity, positive predictive power, and negative predictive power statistics of about .80. Further research is needed testing the IOP-29 in ecologically valid field studies.

Does the Convergent Validity of the PAI Antisocial Features Scale Depend on Offender Response Style?

Author(s): Gardner, Brett O; Boccaccini, Marcus T

Source: Journal of personality assessment; 2017; vol. 99 (no. 5); p. 481-493

Publication Type(s): Journal Article

Abstract: Researchers have recently questioned the utility of the response style indicators included on many self-report measures of personality and psychopathology. We examined whether the size of convergent validity coefficients for Personality Assessment Inventory (PAI) Antisocial Features (ANT) scores depends on PAI validity scale scores. Using PAI and Psychopathy Checklist-Revised (PCL-R) scores from 477 offenders evaluated for civil commitment as sexually violent predators, we found that PAI Positive Impression (PIM), Negative Impression (NIM), Malingering Index (MAL), Defensiveness Index (DEF), and Infrequency (INF) scores moderated the association between ANT and PCL-R scores. The association between ANT and PCL-R scores decreased as offenders overstated psychopathology (i.e., higher NIM or MAL scores) or exhibited increasing disengagement (i.e., higher INF scores). However, the association between ANT and PCL-R scores increased as offenders engaged in defensive reporting (i.e., higher PIM or DEF scores). The interaction effects were most common for ANT-E (Egocentricity), and to a lesser extent ANT-A (Antisocial Behaviors). PAI discriminant function validity indexes did not exhibit moderating effects on ANT and PCL-R scores. There was no evidence of validity scale suppression effects. These findings provide support for the potential role of some PAI response style measures for ANT scale interpretation in forensic settings.

Munchausen syndrome by proxy and pediatric nephrology

Author(s): Bertulli C.; Cochat P.

Source: Nephrologie et Therapeutique; Nov 2017; vol. 13 (no. 6); p. 482-484

Publication Type(s): Short Survey

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. Copyright © 2017 Societe francophone de nephrologie, dialyse et transplantation

Form vs Function, fighting the last war: a reflection on the exchange between Larrabee, Bianchini, Boone, and Rohling (2017) and Nichols (2017) over Nichols and Gass (2015). The Fake Bad Scale (FBS): malingering or ligation response syndrome - Which is it?

Author(s): Arbisi, Paul A

Source: The Clinical neuropsychologist; Nov 2017; vol. 31 (no. 8); p. 1406-1411

Publication Type(s): Journal Article

Abstract: A reflection on the exchange between Larrabee et al. (2017) and Nichols (2017) is provided by a clinical psychologist who co-authored an early critique questioning the validity of the FBS as a

measure of over reporting and who, based on subsequent studies demonstrating the effectiveness of the FBS in identifying non-credible report of somatic and cognitive complaints, changed his opinion regarding the utility of the FBS/FBS-r as a symptom validity measure. Given the accumulated evidence demonstrating the effectiveness of the FBS/FBS-r as a symptom validity measure, reasons for the continued debate over the validity and utility of the FBS/FBS-r are discussed.

Differentiating factitious from malingered symptomatology: The development of a psychometric approach

Author(s): Impelen, Alfons; Merckelbach, Harald; Jelicic, Marko; Niesten, Isabella J. M.

Source: Psychological Injury and Law; Nov 2017 ; p. No

Publication Type(s): Journal Peer Reviewed Journal

Abstract:Psychometric symptom validity assessment is becoming increasingly part and parcel of psychological and neuropsychological assessments. An unresolved and rarely addressed issue concerns the differentiation between factitious and malingered symptom presentations: present-day symptom validity tests can assess whether an examinee presents with noncredible symptomatology, but not why an examinee does so. We explored this issue by developing the Symptom and Disposition Interview (SDI); a symptom validity test that incorporates strategies intended to gauge internal incentives associated with factitious disorder. The merits of the SDI were explored and compared to a traditional symptom validity test (the Structured Inventory of Malingered Symptomatology) in two analogue studies, each with factitious and malingered conditions (n = 24–30 per condition) and a clinical control group (n = 34, n = 40). Overall, the results were positive: The SDI was as effective in detecting feigned symptom presentations as a traditional symptom validity test and superior in differentiating factitious from malingered symptom presentations. We conclude that the SDI is not ready for clinical use, but that psychometric approaches to the assessment of factitious symptomatology, such as the SDI, appear sufficiently promising to warrant future research. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Chemosensory malingering-diagnosis by history

Author(s): Ngo G.D.; Hirsch A.R.

Source: Annals of Neurology; Oct 2017; vol. 82

Publication Type(s): Conference Abstract

Abstract:Introduction: Historical aspects indicating chemosensory malingering have been ignored. A patient who is malingering, with a strangely detailed history of chemosensory functioning, is reported. Case history: A 47 years old right handed female housekeeper presented after chemical exposure to PerCept (Per-oxyacetic Acid, Hydrogen Peroxide, Acetic acid, Sulfuric Acid) at work. She felt the smell was overwhelming and sour and soon changed to the aroma of fish. She observed her taste was reduced at work, but normal at home. She described that dark chocolate all her life was bitter, now is not bitter and tasted like milk chocolate. Despite not having been exposed to PerCept for four months, she feels that she still was being exposed because a coworker used it and this coworker was contaminating her, just by being in her presence. Results: Abnormalities Neurological Examination. Motor exam: mild right pronator drift with bilateral abductor digiti minimi signs, right more than left and right Holmes phenomenon. Reflexes: 3+ brachioradialis and biceps bilaterally, 0-1+ quadriceps femoris bilaterally. 0 ankle jerks bilaterally. Positive Hoffman bilaterally. Neuropsychiatric Testing: MMPI-2: invalid, consistent with malingering. Validity Indicator Profile: Inconsistent, suggesting malingering. Chemosensory Testing: Olfaction: Brief Smell Identification: 7 (anosmia). Alcohol Sniff: 7 (anosmia). Pocket Smell: 3 (normosmia). Sniff Magnitude: Sniff Magnitude Ratio: 0.46 (normosmia). Phenylethyl Alcohol Smell Threshold: left > 22.0, right >22.0 (anosmia).

Retronasal Smell Index: 4 (abnormal). Gustatory Testing: Propylthiour-acil Disc Taste: 10 (normogeusia). Patient refused Taste Quadrant Testing, Fungiform Papillae Count, and Electrogustometry. Discussion: With true smell loss, chocolate either tastes like nothing or tastes bitter and there is no known disease state where dark to light chocolate taste conversion occurs. Those who present with chemosensory problems while in the process of litigation, warrant obtaining detailed chemo-sensory descriptions to aid in facilitating the diagnoses.

Role of viral infections in the development and exacerbation of asthma in children

Author(s): Jartti T.; Gern J.E.

Source: Journal of Allergy and Clinical Immunology; Oct 2017; vol. 140 (no. 4); p. 895-906

Publication Type(s): Review

Available at [The Journal of allergy and clinical immunology](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract: Viral infections are closely linked to wheezing illnesses in children of all ages. Respiratory syncytial virus (RSV) is the main causative agent of bronchiolitis, whereas rhinovirus (RV) is most commonly detected in wheezing children thereafter. Severe respiratory illness induced by either of these viruses is associated with subsequent development of asthma, and the risk is greatest for young children who wheeze with RV infections. Whether viral illnesses actually cause asthma is the subject of intense debate. RSV-induced wheezing illnesses during infancy influence respiratory health for years. There is definitive evidence that RSV-induced bronchiolitis can damage the airways to promote airway obstruction and recurrent wheezing. RV likely causes less structural damage and yet is a significant contributor to wheezing illnesses in young children and in the context of asthma. For both viruses, interactions between viral virulence factors, personal risk factors (eg, genetics), and environmental exposures (eg, airway microbiome) promote more severe wheezing illnesses and the risk for progression to asthma. In addition, allergy and asthma are major risk factors for more frequent and severe RV-related illnesses. Treatments that inhibit inflammation have efficacy for RV-induced wheezing, whereas the anti-RSV mAb palivizumab decreases the risk of severe RSV-induced illness and subsequent recurrent wheeze. Developing a greater understanding of personal and environmental factors that promote more severe viral illnesses might lead to new strategies for the prevention of viral wheezing illnesses and perhaps reduce the subsequent risk for asthma. Copyright © 2017

Classification Accuracy of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2)-Restructured Form Validity Scales in Detecting Malingered Pain-Related Disability

Author(s): Bianchini K.J.; Aguerrevere L.E.; Curtis K.L.; Roebuck-Spencer T.M.; Frey F.C.; Greve K.W.; Calamia M.

Source: Psychological Assessment; Oct 2017

Publication Type(s): Article In Press

Abstract: The symptom reports of individuals with chronic pain are multidimensional (e.g., emotional, cognitive, and somatic) and significantly contribute to increased morbidity and lost work productivity. When pain occurs in the context of a legally compensable event, reliable assessment of a patient's multifactorial symptom experience during psychological or neuropsychological evaluations is a necessity. The Validity Scales of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) have been shown useful in identifying symptom overreporting and feigning within chronic pain samples and a number of studies have emerged supporting the use of the MMPI-2-Restructured Form (MMPI-2-RF) in the detection of simulated or feigned impairment in a variety of populations. To date, only 1 other study exists examining the ability of the MMPI-2-RF to detect exaggerated complaints using a strict operationalization of malingering exclusive to chronic pain

samples. The purpose of this study was to examine the classification accuracy of MMPI-2-RF Validity Scales in a group of patients with chronic pain using a criterion-groups design. The final sample consisted of 501 clinical chronic pain patients assigned to groups based on the Bianchini, Greve, and Glynn (2005) criteria for Malingered Pain-Related Disability (MPRD). Results showed that all MMPI-2-RF Validity Scales differentiated malingerers from nonmalingerers with a high degree of accuracy. At cut-offs associated with $\geq 95\%$ Specificity, Sensitivities ranged from 15% (Fs) to 60% (Response Bias Scale; RBS). This study demonstrates that the MMPI-2-RF Validity Scales are capable of differentiating intentional symptom exaggeration from genuine complaints in a sample of incentivized chronic pain patients. (PsycINFO Database Record Copyright © 2017 APA, all rights reserved).

Evaluation of a visual acuity test using closed Landolt-Cs to determine malingering

Author(s): Kroger N.; Tost F.; Jurgens C.; Kohlmann T.

Source: Graefe's Archive for Clinical and Experimental Ophthalmology; Oct 2017 ; p. 1-7

Publication Type(s): Article In Press

Abstract: Purpose: To evaluate a visual acuity test (VAT) with unexpected optotypes to detect malingering. Methods: We tested two groups. Group 1 consisted of 20 individuals with normal best corrected visual acuity (BCVA). Group 2 included participants with ocular diseases and reduced BCVA. All subjects underwent a VAT proposed by Graf and Roesen to assess suspected malingering. This test used 36 charts with one Landolt-C per page. The first 20 optotypes were Landolt-Cs, while at positions 21, 26, 30, and 34 closed rings were presented. The testing distance was adapted to 50% of the test person's visual acuity. The test person was requested to name the gap direction of the Landolt-C within 3 s. The complete testing conversation was recorded digitally to determine response latency for each optotype from the audio tracks. Results: The average response time was 0.46 s in group 1 and 0.45 s in group 2 for the first 20 Landolt-Cs. In both groups the response time was significantly extended (p Copyright © 2017 Springer-Verlag GmbH Germany

"The land of the sick and the land of the healthy": Disability, bureaucracy, and stigma among people living with poverty and chronic illness in the United States

Author(s): Whittle H.J.; Palar K.; Ranadive N.A.; Weiser S.D.; Turan J.M.; Kushel M.

Source: Social Science and Medicine; Oct 2017; vol. 190 ; p. 181-189

Publication Type(s): Article

Abstract: Disability benefits have become an increasingly prominent source of cash assistance for impoverished American citizens over the past two decades. This development coincided with cuts and market-oriented reforms to state and federal welfare programs, characteristic of the wider political-economic trends collectively referred to as neoliberalism. Recent research has argued that contemporary discourses on 'disability fraudsters' and 'malingerers' associated with this shift represent the latest manifestation of age-old stigmatization of the 'undeserving poor'. Few studies, however, have investigated how the system of disability benefits, as well as these stigmatizing discourses, shapes the lived experience of disabling physical illness in today's United States. Here we present qualitative data from 64 semi-structured interviews with low-income individuals living with HIV and/or type 2 diabetes mellitus to explore the experience of long-term, work-limiting disability in the San Francisco Bay Area. Interviews were conducted between April and December 2014. Participants explained how they had encountered what they perceived to be excessive, obstructive, and penalizing bureaucracy from social institutions, leading to destitution and poor mental health. They also described being stigmatized as disabled for living with chronic ill health, and simultaneously stigmatized as shirking and malingering for claiming disability benefits as a result. Notably, this latter form of stigma appeared to be exacerbated by the bureaucracy of the

administrating institutions. Participants also described intersections of health-related stigma with stigmas of poverty, gender, sexual orientation, and race. The data reveal a complex picture of poverty and intersectional stigma in this population, potentiated by a convoluted and inflexible bureaucracy governing the system of disability benefits. We discuss how these findings reflect the historical context of neoliberal cuts and reforms to social institutions, and add to ongoing debate around the future of public social provision for impoverished and chronically ill citizens under neoliberalism. Copyright © 2017 Elsevier Ltd

The perpetrators of medical child abuse (Munchausen Syndrome by Proxy) - A systematic review of 796 cases

Author(s): Yates G.; Bass C.

Source: Child Abuse and Neglect; Oct 2017; vol. 72 ; p. 45-53

Publication Type(s): Review

Abstract: Introduction Little is known about the perpetrators of medical child abuse (MCA) which is often described as "Munchausen's syndrome by proxy" or "factitious disorder imposed on another". The demographic and clinical characteristics of these abusers have yet to be described in a sufficiently large sample. We aimed to address this issue through a systematic review of case reports and series in the professional literature. Method A systematic search for case reports and series published since 1965 was undertaken using MEDLINE, Web of Science and EMBASE. 4100 database records were screened. A supplementary search was then conducted using GoogleScholar and reference lists of eligible studies. Our search yielded a total sample of 796 perpetrators: 309 from case reports and 487 from case series. Information extracted included demographic and clinical characteristics, in addition to methods of abuse and case outcomes. Results Nearly all abusers were female (97.6%) and the victim's mother (95.6%). Most were married (75.8%). Mean caretaker age at the child's presentation was 27.6 years. Perpetrators were frequently reported to be in healthcare-related professions (45.6%), to have had obstetric complications (23.5%), or to have histories of childhood maltreatment (30%). The most common psychiatric diagnoses recorded were factitious disorder imposed on self (30.9%), personality disorder (18.6%), and depression (14.2%). Conclusions From the largest analysis of MCA perpetrators to date, we provide several clinical recommendations. In particular, we urge clinicians to consider mothers with a personal history of childhood maltreatment, obstetric complications, and/or factitious disorder at heightened risk for MCA. Longitudinal studies are required to establish the true prognostic value of these factors as our method may have been vulnerable to publication bias. Copyright © 2017

Performance Validity, Neurocognitive Disorder, and Post-concussion Symptom Reporting in Service Members with a History of Mild Traumatic Brain Injury.

Author(s): Lippa, Sara M; Lange, Rael T; French, Louis M; Iverson, Grant L

Source: Archives of clinical neuropsychology : the official journal of the National Academy of Neuropsychologists; Oct 2017 ; p. 1-13

Publication Type(s): Journal Article

Abstract: Objective To examine the influence of different performance validity test (PVT) cutoffs on neuropsychological performance, post-concussion symptoms, and rates of neurocognitive disorder and postconcussional syndrome following mild traumatic brain injury (MTBI) in active duty service members. Method Participants were 164 service members (Age: M = 28.1 years [SD = 7.3]) evaluated on average 4.1 months (SD = 5.0) following injury. Participants were divided into three mutually exclusive groups using original and alternative cutoff scores on the Test of Memory Malingering (TOMM) and the Effort Index (EI) from the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS): (a) PVT-Pass, n = 85; (b) Alternative PVT-Fail, n = 53; and (c)

Original PVT-Fail, n = 26. Participants also completed the Neurobehavioral Symptom Inventory. Results The PVT-Pass group performed better on cognitive testing and reported fewer symptoms than the two PVT-Fail groups. The Original PVT-Fail group performed more poorly on cognitive testing and reported more symptoms than the Alternative PVT-Fail group. Both PVT-Fail groups were more likely to meet DSM-5 Category A criteria for mild and major neurocognitive disorder and symptom reporting criteria for postconcussional syndrome than the PVT-Pass group. When alternative PVT cutoffs were used instead of original PVT cutoffs, the number of participants with valid data meeting cognitive testing criteria for neurocognitive disorder or postconcussional syndrome decreased dramatically. Conclusion PVT performance is significantly and meaningfully related to overall neuropsychological outcome. By using only original cutoffs, clinicians and researchers may miss people with invalid performances.

A cross-cultural analysis of the Test of Memory Malinger among Latin American Spanish-speaking adults.

Author(s): Nijdam-Jones, Alicia; Rivera, Diego; Rosenfeld, Barry; Arango-Lasprilla, Juan Carlos

Source: Law and human behavior; Oct 2017; vol. 41 (no. 5); p. 422-428

Publication Type(s): Journal Article

Available at [Law and Human Behavior](#) - from ProQuest PsycARTICLES - NHS

Abstract: Cognitive efforts tests, such as the Test of Memory Malinger (TOMM; Tombaugh, 1997), are widely used internationally, yet there is a dearth of research that has assessed the utility of these measures in different cultures, countries, and languages. This study evaluated the specificity of the TOMM Trial 2 among a sample of 3,590 Spanish-speaking adults residing in 8 Latin American countries (Argentina, Bolivia, Chile, Colombia, Mexico, Paraguay, Peru, and Puerto Rico). Trial 2 TOMM scores were negatively associated with participants' age and positively associated with level of education. Country development, as measured by the United Nations Human Development Index, was also positively associated with TOMM scores. With the widespread use of cognitive efforts tests, this study offers useful insights into the utility of the TOMM in the assessment of Spanish speakers and highlights potential cultural biases that may impact test performance. Furthermore, this study raises concerns about the cross-cultural applicability of the TOMM, particularly when using cut scores established and evaluated primarily on North American, English-speaking samples. Forensic psychologists should be cautious when interpreting TOMM performance with Spanish-speaking adults from Latin American countries because it appears that there are cross-cultural differences that influence test performance. (PsycINFO Database Record

Erratum for "Why We Should Worry About Malinger in the VA System: Comment on Jackson et al. (2011)".

Author(s):

Source: Journal of traumatic stress; Oct 2017; vol. 30 (no. 5); p. 550

Publication Type(s): Published Erratum Journal Article

Characteristics of Inmates Who Misuse Prescription Medication.

Author(s): Tamburello, Anthony C; Kathpal, Archana; Reeves, Rusty

Source: Journal of correctional health care : the official journal of the National Commission on Correctional Health Care; Oct 2017; vol. 23 (no. 4); p. 449-458

Publication Type(s): Journal Article

Abstract: Substance use disorders are common among incarcerated individuals, and prescribed medications have been reported as abused, diverted, or otherwise misused in correctional settings. We conducted a retrospective chart review of electronic medical records and reports on institutional charges for misuse of authorized medication by inmates in the New Jersey Department of Corrections between 2003 and 2013. The most frequently cited medications for misuse were gabapentin, diphenhydramine, clonidine, and ibuprofen. When compared with the entire current inmate population, subjects were more likely to have any history of a substance use disorder, to be in treatment for a mental illness, to have any diagnosis of antisocial personality disorder, to have any history of malingering, and to be prescribed a greater number of medicines. Prescribers in correctional settings should be aware that medications not traditionally prescribed by a psychiatrist may also be misused, and caution should be taken to manage this risk.

Detecting Feigned Cognitive Impairment With Schretlen's Malingering Scale Vocabulary and Abstraction Test

Author(s): van Impelen, Alfons; Jelicic, Marko; Otgaar, Henry; Merckelbach, Harald

Source: European Journal of Psychological Assessment; Oct 2017 ; p. No

Publication Type(s): Journal Peer Reviewed Journal

Abstract: Schretlen's Malingering Scale Vocabulary and Abstraction test (MSVA) differs from the majority of performance validity tests in that it focuses on the detection of feigned impairments in semantic knowledge and perceptual reasoning rather than feigned memory problems. We administered the MSVA to children ($n = 41$), forensic inpatients with intellectual disability ($n = 25$), forensic inpatients with psychiatric symptoms ($n = 57$), and three groups of undergraduate students ($n = 30$, $n = 79$, and $n = 90$, respectively), asking approximately half of each of these samples to feign impairment and the other half to respond genuinely. With cutpoints chosen so as to keep false-positive rates below 10%, detection rates of experimentally feigned cognitive impairment were high in children (90%) and inpatients with intellectual disability (100%), but low in adults without intellectual disability (46%). The rates of significantly below-chance performance were low (4%), except in children (47%) and intellectually disabled inpatients (50%). The reliability of the MSVA was excellent (Cronbach's $\alpha = .93-.97$) and the MSVA proved robust against coaching (i.e., informed attempts to evade detection while feigning). We conclude that the MSVA is not ready yet for clinical use, but that it shows sufficient promise to warrant further validation efforts. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

La pathomimie cutanee chez l'enfant d'un point de vue medicolegal: a propos d'un cas Dermatitis artefacta in children from a forensic perspective: A case report

Author(s): Zabet D.; Reinsberger H.

Source: Revue de Medecine Legale; Sep 2017; vol. 8 (no. 3); p. 127-131

Publication Type(s): Article

Abstract: This paper focuses on the case of a child consulted in forensic medicine consecutive to a judicial alert indicating repeated atypical skin lesions. All medical examinations contribute to dismissing the hypothesis of an organic pathology. They introduce, however, the suspicion of a traumatic origin, and in particular, of a case of pathomimia. This form of factitious disorder is characterized by the conscious production of lesions aiming to imitate a skin condition, without the author of the lesions looking for a side-benefit. In the context of factitious disorders in children, the main challenge is to detect whether the damage is caused by a third party, a disorder known as Munchausen syndrome by proxy, or if the damage is self-inflicted. It is in this sense that we have been asked by the courts to determine if, in this particular case, it was a matter of a natural illness, of self-inflicted damage, or damage provoked by a third party. Copyright © 2017 Elsevier Masson SAS

Psychogenic (nonorganic) disorders in neuro-ophthalmology

Author(s): Lavin P.J.

Source: Neuro-Ophthalmology; Sep 2017; vol. 41

Publication Type(s): Conference Abstract

Available at [Neuro-Ophthalmology](#) - from Europe PubMed Central - Open Access

Abstract: This lecture will discuss the approach to psychogenic visual loss and ocular motility disorders in neuroophthalmology highlighting pitfalls and management in these patients. When disorders of function occur without an organic basis they are referred to as psychogenic, meaning originating in the mind, or nonorganic. They may be conscious (factitious or malingering) or unconscious. Unconscious disorders may be due to conversion reactions (deep-seated emotional conflicts that are converted into physical symptoms), or simply to a misunderstanding in an anxious or nervous patient who is overwhelmed by the clinical encounter and unconsciously cooperates poorly when performing tests, such as visual fields. Malingering on the other hand is not a psychiatric disorder but a deliberate attempt to deceive, usually for pecuniary gain or to avoid some form of service or work. When diagnosing psychogenic illness it is important not merely to rule out organic disease but to prove function; otherwise, one may overlook subtle presentations of disorders such as early keratoconus, subtle posterior subcapsular cataracts, early retinal degeneration, AZOORS complex, mild macular disease such as solar retinopathy, central serous retinopathy, macular hole, juxta-foveal telangiectasia, retinal detachment, developmental amblyopia, toxic nutritional optic neuropathy, acute macular neuroretinopathy, and the like.

Effort and neuropsychological performance in HIV-infected individuals on stable combination antiretroviral therapy

Author(s): Paul R.; Baker L.M.; Rhee G.; Cooley S.A.; Ances B.M.; Vaida F.

Source: Journal of NeuroVirology; Sep 2017 ; p. 1-9

Publication Type(s): Article In Press

Abstract: The expression of cognitive symptoms associated with HIV varies over time and across individuals. This pattern may reflect transient contextual factors, including the degree of effort exerted by individuals undergoing cognitive testing. The present study examined whether effort corresponds to the expression of persistent HIV-related cognitive impairment among individuals receiving combination antiretroviral therapy (cART). HIV+ individuals (n = 111) averaged 48.2 (14.9) years of age and 13.0 (2.7) years of education and HIV- individuals (n = 92) averaged 34.9 (17.2) years of age and 13.5 (1.9) years of education. Participants completed a neuropsychological battery and a clinically validated measure of effort (Test of Memory Malingering, trial 1). Results revealed that the vast majority of HIV+ (85%) and HIV- (89%) individuals performed above published guidelines for adequate effort. Furthermore, the expression of cognitive impairment in HIV was not related to effort performance. The results were unchanged when examining HIV+ individuals with and without viral suppression. Finally, disability and disability-seeking status, and a proxy measure of apathy did not correspond to effort levels in HIV+ individuals. These findings suggest that variability in the expression of cognitive impairment in the cART era is unlikely to represent overt effort failures or other confounds unrelated to the disease. Persistent cognitive impairment in HIV likely represents historical and/or ongoing disease mechanisms despite otherwise successful treatment. Copyright © 2017 Journal of NeuroVirology, Inc.

The Effectiveness of the MMPI-2-RF in Detecting Feigned Mental Disorders and Cognitive Deficits: a Meta-Analysis

Author(s): Sharf A.J.; Rogers R.; Williams M.M.; Henry S.A.

Source: Journal of Psychopathology and Behavioral Assessment; Sep 2017; vol. 39 (no. 3); p. 441-455

Publication Type(s): Article

Abstract: A cornerstone of forensic assessments involves the assessment of response styles, including feigning and malingering. As a forensic relevant instrument (FRI), the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) contains embedded overreporting scales that cover the three major domains: feigned mental disorders (i.e., F-r and Fp-r), feigned cognitive impairment (RBS and FBS-r), and feigned medical complaints (Fs). This meta-analytic review of 30 studies examined the effectiveness of various detection strategies and cut scores for the MMPI-2-RF. As an important clinical concern, several feigning scales (F-r, FBS-r, and RBS) exhibited marked elevations ($M_s > 80 T$) for genuine responders diagnosed with major depressive or somatoform disorders. However, the Fp-r-a true rare-symptoms detection strategy-proved highly effective for discriminating feigned from genuine psychopathology ($d_s > .90$). For feigned cognitive impairment, the FBS-r produced very large effect sizes with feigned TBI ($M d = 1.41$); however, its cut scores were more indicative of general feigning than feigned cognitive impairment. Finally, Fs yielded a large effect size ($d = 1.23$) for feigned medical complaints, but its cut scores were more likely to identify examinees feigning mental disorders (M sensitivity = .74) than medical complaints (M sensitivity = .43). These findings are discussed within the context of clinical forensic evaluations. Copyright © 2017, Springer Science+Business Media New York.

Detecting memory performance validity with DETECTS: A computerized performance validity test.

Author(s): Paulo, Rui; Albuquerque, Pedro B

Source: Applied neuropsychology. Adult; Sep 2017 ; p. 1-10

Publication Type(s): Journal Article

Abstract: Evaluating performance validity is essential in neuropsychological and forensic assessments. Nonetheless, most psychological assessment tests are unable to detect performance validity and other methods must be used for this purpose. A new Performance Validity Test (DETECTS - Memory Performance Validity Test) was developed with several characteristics that enhance test utility. Moreover, precise response time measurement was added to DETECTS. Two groups of participants (normative and simulator group) completed DETECTS and three memory tests from the Wechsler Memory Scale III. Simulators achieved considerably lower scores (hits) and higher response times in DETECTS compared with the normative group. All participants in the normative group were classified correctly and no simulator was classified as having legitimate memory deficits. Thus, DETECTS seems to be a valuable computerized Performance Validity Test with reduced application time and effective cut-off scores as well as high sensitivity, specificity, and positive and negative predictive power values. Lastly, response time may be a very useful measure for detecting memory malingering.

Liability for Diagnosing Malingering.

Author(s): Weiss, Kenneth J; Van Dell, Landon

Source: The journal of the American Academy of Psychiatry and the Law; Sep 2017; vol. 45 (no. 3); p. 339-347

Publication Type(s): Journal Article

Available at [The journal of the American Academy of Psychiatry and the Law](#) - from HighWire - Free Full Text

Abstract: Malingering is a medical diagnosis, but not a psychiatric disorder. The label imputes that an evaluatee has intentionally engaged in false behavior or statements. By diagnosing malingering, psychiatrists pass judgment on truthfulness. Evaluatees taking exception to the label may claim that

the professional has committed defamation of character (libel or slander) when the diagnosis is wrong and costs the claimant money or benefits. Clinicians may counter by claiming immunity or that the diagnosis was made in good faith. This problem has come into focus in military and veterans' contexts, where diagnoses become thresholds for benefits. Through historical and literary examples, case law, and military/veterans' claims of disability and entitlement, the authors examine the potency of the malingering label and the potential liability for professionals and institutions of making this diagnosis.

Claiming someone else's pain: A grounded theory analysis of online community participants experiences of munchausen by internet

Author(s): Lawlor, Aideen; Kirakowski, Jurek

Source: Computers in Human Behavior; Sep 2017; vol. 74 ; p. 101-111

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

Abstract:Munchausen by Internet (Mbi) became increasingly visible in 2016 after several high-profile cases were reported in the media. It has not however received significant research interest. What is known about Mbi is dependent on a series of case studies by Feldman (2000). The present study seeks to add a new perspective on Mbi by analyzing the experiences of respondents with an intimate knowledge of the condition. Posts from 12 online communities by 556 respondents discussing Mbi were collected, amounting to approximately 91,300 words. These were analyzed using grounded theory. The findings show that Mbi perpetrators appear to advantage themselves by occupying 'ideal victim' personae. Despite this supposed sinister premeditation and the resultant emotional distress caused, an unexpected proportion of respondents were sympathetic towards the Mbi perpetrators. However, the presence or possible presence of Mbi eroded trust amongst participants and led to more reserved participation to prevent being duped or labelled as Mbi perpetrators themselves. Both these strategies undermine the therapeutic benefits of online communities by restricting opportunities to confer normality and cultivate interpersonal support. There are no definitive clues available to identify the behavior and no deterrents to discourage it. New innovative methods are needed to tackle Mbi and several tentative suggestions are made including a text classifier, reverse photo search filter and a more onerous membership screening processes. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

A single error is one too many: Examining alternative cutoffs on Trial 2 of the TOMM.

Author(s): Erdodi, Laszlo A.; Rai, Jaspreet K.

Source: Brain Injury; Sep 2017; vol. 31 (no. 10); p. 1362-1368

Publication Type(s): Academic Journal

Abstract:Objective: This study investigated the potential of alternative, more liberal cutoffs on Trial 2 of the Test of Memory Malingering (TOMM) to improve classification accuracy relative to the standard cutoffs (≤ 44). Method: The sample consisted of 152 patients (49.3% male) with psychiatric conditions (PSY) and traumatic brain injury (TBI) referred for neuropsychological assessment in a medico-legal setting (MAge= 44.4, MEducation= 11.9 years). Classification accuracy for various TOMM Trial 2 cutoffs was computed against three criterion measures. Results: Patients with TBI failed TOMM Trial 2 cutoffs at higher rates than patients with PSY. Trial 2 ≤ 49 achieved acceptable combinations of sensitivity (0.38–0.67) and specificity (0.89–0.96) in all but one comparison group. Trial 2 ≤ 48 improved specificity (0.94–0.98) with minimal loss in sensitivity. The standard cutoff (≤ 44) disproportionally traded sensitivity (0.15–0.50) for specificity (0.96–1.00). Conclusions: One error on TOMM Trial 2 constitutes sufficient evidence to question the credibility of a response set. However, the confidence in classifying a score as invalid continues to increase with each additional error. Even at the most liberal conceivable cutoff (≤ 49), the TOMM detected only about half of the patients who

failed other criterion measures. Therefore, it should never be used in isolation to determine performance validity.

Functional Disorders

Using acceptance and commitment therapy to improve outcomes in functional movement disorders: A case study

Author(s): Graham, Christopher D.; Stuart, Simon R.; O'Hara, Daniel J.; Kemp, Steven

Source: Clinical Case Studies; Oct 2017; vol. 16 (no. 5); p. 401-416

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

Abstract: Although there are many theories of functional movement disorders (FMD), the causes and prognosis remain unclear, and there are no treatments with high-quality empirical support. Acceptance and commitment therapy (ACT) is an acceptance-based behavior therapy which, via altering a process called psychological flexibility, aims to support behaviors that are consistent with a person's overarching values—even in difficult, uncertain, or immutable contexts. It may, therefore, have pragmatic benefits in the context of FMD. We outline the theoretical basis for ACT and detail a case study of a brief (six session) intervention for increasing personally meaningful activity with FMD. The participant was in her early 20s and had been diagnosed with functional propriospinal myoclonus. ACT techniques including relational framing, defusion, and mindfulness exercises were used to increase psychological flexibility, with the goal of enabling effective functioning within the difficult context created by FMD. Following treatment, the participant showed a reliable change/clinical recovery in psychological flexibility (Acceptance and Action Questionnaire II [AAQ-II]), FMD symptom interference (Work and Social Adjustment Scale [WSAS]; primary outcome), and mood (Clinical Outcomes in Routine Evaluation 10-item scale [CORE-10]; secondary outcome). This case study demonstrates an approach that focuses first on improving functioning with FMD, as opposed to eliminating or controlling symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Postinfection Irritable Bowel Syndrome: The Links Between Gastroenteritis, Inflammation, the Microbiome, and Functional Disease.

Author(s): Downs, Ian A; Aroniadis, Olga C; Kelly, Libusha; Brandt, Lawrence J

Source: Journal of clinical gastroenterology; ; vol. 51 (no. 10); p. 869-877

Publication Type(s): Journal Article

Abstract: Postinfection irritable bowel syndrome (PI-IBS) is a diarrheal disease that develops after infectious gastroenteritis (IGE). Profound alterations in the microbiota accompany IGE yet only 10% of IGE patients progress to PI-IBS. This review explores research linking IGE severity, psychological comorbidity, PI-IBS, and the microbiome in various patient populations. Selective pressures caused by inflammation and increased gastrointestinal motility during gastroenteritis can alter intestinal bacterial phyla including Bacteroidetes, Firmicutes, and Proteobacteria. More specifically, classes such as Bacteroides and Clostridia are differentially abundant in many PI-IBS patients. Altered microbiota may perpetuate a cycle of enteric and systemic inflammation, potentially activating neural afferent signaling in the enteric nervous system and causing pain and diarrhea in PI-IBS patients. Altered production of microbial metabolites, for example short chain fatty acids, may have enteric and systemic effects on the host. Longitudinal sampling to characterize changes in the microbiota's genetic, metabolic, and transcriptional activities over time from IGE to PI-IBS may enable improved diagnosis and classification of PI-IBS cases into subtypes, allowing for targeted antibiotic, probiotic, and prebiotic treatments. PI-IBS is a heterogenous and largely organic disease marked by specific

alterations in functions of the microbiota and is an important model for studying microbial influences on intestinal, neurological, and psychological host functions.

Cyclical Vomiting Syndrome: Psychiatrist's View Point.

Author(s): Raghavan, D Vijaya; Doshi, V Vimal; Nambi, Shanthi

Source: Indian journal of psychological medicine; 2017; vol. 39 (no. 4); p. 512-515

Publication Type(s): Journal Article

Available at [Indian journal of psychological medicine](#) - from Europe PubMed Central - Open Access

Abstract: Cyclical vomiting syndrome (CVS) is an idiopathic functional disorder characterized by recurrent episodes of nausea and vomiting separated by symptom-free intervals. Even though initially described in children, it is seen in all age groups. Exact etiology is not known. Various physical, infectious, and psychosocial stressors have been implicated for CVS. High incidence of psychiatric comorbidities such as panic attacks, anxiety disorder, and depression is seen in CVS. Most children outgrow CVS with time though some may transition to migraine or continue to have CVS as adults. Frequent misdiagnosis, delay in diagnosis, or inadequate treatment often lead to years of recurrent vomiting. This case report highlights the importance of the management of CVS by a multidisciplinary team including a psychiatrist in addressing the various physical and psychological factors effectively and that would result in faster and prolonged recovery.

New reference genome sequences of hot pepper reveal the massive evolution of plant disease-resistance genes by retroduplication

Author(s): Kim S.; Park J.; Seo E.; Kim M.-S.; Shin H.-S.; Kim S.-B.; Han K.; Lee H.-A.; Lee H.-Y.; Lee Y

Source: Genome Biology; Nov 2017; vol. 18 (no. 1)

Publication Type(s): Article

Available at [Genome Biology](#) - from EBSCO (MEDLINE Complete)

Abstract: Background: Transposable elements are major evolutionary forces which can cause new genome structure and species diversification. The role of transposable elements in the expansion of nucleotide-binding and leucine-rich-repeat proteins (NLRs), the major disease-resistance gene families, has been unexplored in plants. Results: We report two high-quality de novo genomes (*Capsicum baccatum* and *C. chinense*) and an improved reference genome (*C. annuum*) for peppers. Dynamic genome rearrangements involving translocations among chromosomes 3, 5, and 9 were detected in comparison between *C. baccatum* and the two other peppers. The amplification of athila LTR-retrotransposons, members of the gypsy superfamily, led to genome expansion in *C. baccatum*. In-depth genome-wide comparison of genes and repeats unveiled that the copy numbers of NLRs were greatly increased by LTR-retrotransposon-mediated retroduplication. Moreover, retroduplicated NLRs are abundant across the angiosperms and, in most cases, are lineage-specific. Conclusions: Our study reveals that retroduplication has played key roles for the massive emergence of NLR genes including functional disease-resistance genes in pepper plants. Copyright © 2017 The Author(s).

Convergence spasm in psychogenic movement disorders: Update and literature review

Author(s): Fekete R.

Source: Annals of Neurology; Oct 2017; vol. 82

Publication Type(s): Conference Abstract

Abstract: Background: Convergence spasm (CS) consists of episodes of convergence of the eyes, miosis, and accommodation occurring inappropriately. It was prospectively evaluated by Fekete et

al. (2011) in movement disorders patients, finding marked CS in 9/13 (69%) of psychogenic movement disorder cases. Introduction: The aim is to evaluate further case reports and series of CS. Methods: PubMed was searched with keywords convergence spasm for articles published 1/1/2012 or later. English language case reports and case series of CS in patients age 18 or older with were iNCLuded. In addition, two case series of psychogenic ophthalmologic and facial movement disorders evaluated in tertiary movement disorders clinic were iNCLuded. Results: 9 articles were iNCLuded. 3 case reports of psy-chogenic or functional CS were retrieved. There was a case series of 3 patients where CS symptoms approximated attacks of benign vertigo. Additional retrospective case series by Kaski et al. lists 8 patients with CS classified as psycho-genic from 817 neuro-otology clinic patients. There was 1 case report in multiple sclerosis and 1 case report of CS in ocular neuromyotonia. Retrospective chart review by Fasano et al. of 87 patients with psychogenic facial movement dis-orders did not identify any patients with CS. Retrospective chart and video review by Baizabal-Carvalho of patients with psychogenic ocular movement disorders also did not identify patients with CS. Summary: In this search, 13 patients with CS without active neurological disease and 2 with organic neurological disease were reported. CS continues to be reported primarily as a functional disorder. Absence of CS on retrospective movement disorders clinic reviews may indicate that CS needs to be elicited by specific examination maneuver. Disclosure: Do you (or your spouse/partner) have any relevant financial relationships (currently or within the past 12 months) with any commercial interests? No specific conflict regarding material presented. Dr. Fekete served on the Advisory Board of Teva Neuroscience, Inc., US WorldMeds, Neurocrine Biosciences, Inc, Lundbeck, LLC. Dr. Fekete served as a consultant for Teva Neuroscience, Lundbeck, LLC., Acadia Pharmaceutical, Inc., and Impax Laboratories, Inc.

Prevalence of fibromyalgia in infertile women

Author(s): Jassim N.A.; Shakir R.A.; Hummadi J.A.; Badr A.H.

Source: International Journal of Rheumatic Diseases; Oct 2017; vol. 20 ; p. 63

Publication Type(s): Conference Abstract

Abstract:Background: Fibromyalgia is a functional disorder of growing importance characterized by chronic widespread musculoskeletal pain for which no alternative cause can be identified, it frequently affects women of child bearing age. Infertility is failure to achieve pregnancy in a 12 month period for sexually active individuals under 35 years of age and failure to conceive in a 6 months period for those over 35 years which can cause major psychosocial impact on the affected person's life whether male or female. Aims of the study: To estimate the prevalence of fibromyalgia among a sample of infertile women; and to study its correlation with the age, length of marriage, duration and type of infertility. Patients and Methods: A cross sectional study was conducted in Kamal Al-Samarraee Infertility Center & Infertility Clinic in Baghdad Teaching Hospital on 202 infertile women, fibromyalgia was diagnosed according to 2012 Canadian Guidelines. Results: Fibromyalgia was reported in 48 women (23.8%). There was significant association between fibromyalgia and age ($P = 0.023$), longer duration of marriage ($P = 0.001$) and longer duration of infertility ($P = 0.04$), but no significant association with type of infertility whether primary or secondary ($P = 0.32$). Conclusion: The prevalence of fibromyalgia among infertile women was higher than reported in general population and its occurrence was significantly associated with age, longer duration of marriage and infertility.

An investigation into rumen fungal and protozoal diversity in three rumen fractions, during high-fiber or grain-induced sub-acute ruminal acidosis conditions, with or without active dry yeast supplementation

Author(s): Ishaq S.L.; AlZahal O.; Walker N.; McBride B.

Source: *Frontiers in Microbiology*; Oct 2017; vol. 8

Publication Type(s): Article

Available at [Frontiers in Microbiology](#) - from Europe PubMed Central - Open Access

Abstract: Sub-acute ruminal acidosis (SARA) is a gastrointestinal functional disorder in livestock characterized by low rumen pH, which reduces rumen function, microbial diversity, host performance, and host immune function. Dietary management is used to prevent SARA, often with yeast supplementation as a pH buffer. Almost nothing is known about the effect of SARA or yeast supplementation on ruminal protozoal and fungal diversity, despite their roles in fiber degradation. Dairy cows were switched from a high-fiber to high-grain diet abruptly to induce SARA, with and without active dry yeast (ADY, *Saccharomyces cerevisiae*) supplementation, and sampled from the rumen fluid, solids, and epimural fractions to determine microbial diversity using the protozoal 18S rRNA and the fungal ITS1 genes via Illumina MiSeq sequencing. Diet-induced SARA dramatically increased the number and abundance of rare fungal taxa, even in fluid fractions where total reads were very low, and reduced protozoal diversity. SARA selected for more lactic-acid utilizing taxa, and fewer fiber-degrading taxa. ADY treatment increased fungal richness (OTUs) but not diversity (Inverse Simpson, Shannon), but increased protozoal richness and diversity in some fractions. ADY treatment itself significantly (P Copyright © 2017 Ishaq, AlZahal, Walker and McBride.

Irritable bowel syndrome and its impact on patient-reported outcomes in axial spondyloarthritis: Is it an overlooked comorbidity?

Author(s): Olofsson T.; Mogard E.; Lindqvist E.; Marsal J.; Geijer M.; Kristensen L.E.; Wallman J.K.

Source: *Arthritis and Rheumatology*; Oct 2017; vol. 69

Publication Type(s): Conference Abstract

Abstract: Background/Purpose: While inflammatory bowel disease (IBD) is a well-known comorbidity in axial spondyloarthritis (SpA), little is known about functional bowel problems, such as irritable bowel syndrome (IBS), in these patients. In the general population, the IBS prevalence has been estimated to be around 11%. [1] In the present study, we examined the frequency of IBS-symptoms and their relation to patient-reported outcomes in an ongoing survey of axial SpA patients. Methods: Consecutive axial SpA patients were examined and classified as non-radiographic axial SpA (nr-axSpA; ASAS criteria; n=37) or ankylosing spondylitis (AS; modified New York criteria; n=68). Patients with known IBD were excluded. The ROME III questionnaire was used to assess IBS criteria fulfillment, [2] and faecal (F) calprotectin was measured by a commercially available ELISA kit. Results: Overall, 30% of patients fulfilled the IBS criteria (n=31; 32%/28% of nr-axSpA/AS patients, no significant between-group difference; Figure 1). In 11 of these subjects (35%), F-calprotectin was, however, also elevated (>=50 mg/kg; F-calprotectin was available in 86 of the 105 patients; Figure 2), making it hard to rule out inflammation rather than functional disease as cause of the symptoms. Applying a stricter definition of IBS, i.e. a combination of fulfilled IBS criteria and a non-pathologic F-calprotectin level (1.5 times higher than that reported in the general population.

The emerging roles of the ubiquitination/deubiquitination system in tumor radioresistance regarding DNA damage responses, cell cycle regulation, hypoxic responses, and antioxidant properties: Insight into the development of novel radiosensitizing strategies

Author(s): Goto Y.; Koyasu S.; Kobayashi M.; Harada H.

Source: *Mutation Research - Fundamental and Molecular Mechanisms of Mutagenesis*; Oct 2017 ; p. 76-81

Publication Type(s): Review

Abstract: Radiation therapy is one of the first-line treatments for many cancers, with no less than half of cancer patients receiving it in the US. Despite the development of innovative and high-precision radiation therapy strategies, many patients still experience local tumor recurrence after the treatment, at least in part, due to the existence of radioresistant cells in malignant tumor tissues. Among the various biological processes known to induce radioresistance, a post-translational protein modification, ubiquitination, has received marked attention in recent years. Ubiquitination, in which highly conserved ubiquitin polypeptides are covalently attached to their target proteins, has long been recognized as a system to tag unnecessary proteins for 26S proteasome-dependent proteolysis. However, accumulating lines of evidence recently revealed that it acts as a signal molecule in diverse biological processes as well, and its functional disorder was found to cause not only tumor development and various diseases but also tumor radioresistance. The present review summarizes the latest knowledge about how the cancer-related disorder of the ubiquitination systems induces the radioresistance of cancer cells by influencing intrinsic pathways, each of which potentially affects the radioresistance/radiosensitivity of cells, such as DNA damage responses, cell cycle regulation, hypoxic responses, and antioxidant properties. In addition, this review aims to provide insights into how we can exploit the disorders in order to develop novel radiosensitizing strategies. Copyright © 2017 Elsevier B.V.

Evaluation of the Cardiac Morphologic Alterations Secondary to Autoimmune Thyroid Disorder Using Cardiac Magnetic Resonance Imaging.

Author(s): Zandieh, Shahin; Schuck, Linus; Mirzaei, Siroos; Haller, Joerg; Hergan, Klaus;

Source: Journal of thoracic imaging; Oct 2017

Publication Type(s): Journal Article

Abstract: PURPOSE Thyroid functional disease is associated with clinically significant cardiovascular changes. The aim of this study was to assess changes in the cardiac magnetic resonance imaging of patients with autoimmune thyroid disorders (AITs). MATERIALS AND METHODS Forty patients with AIT (12 men, 28 women; age range, 20 to 82 y; mean age, 59 y) were identified and included in our study. In addition, 20 controls (12 men, 8 women; age range, 21 to 76 y; mean age, 50 y) without AIT or cardiac disorders were included. RESULTS In patients with AIT, the mean value calculated for the end diastolic volume was 161.2 mL, the mean end systolic volume value was 95.3 mL, and the mean left ventricular ejection fraction value was 45.2%. In comparing AIT patients with the control group, we found a significant difference in the end systolic volume, ejection fraction, stroke index, cardiac output, cardiac index, and left ventricular diameter ($P < 0.05$). CONCLUSIONS We conclude that our data show that there is a correlation between thyroid function and cardiac function, as evaluated with cardiac magnetic resonance imaging. This can be useful in the diagnosis of cardiovascular changes associated with AIT. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal. <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

Stable coronary syndromes: pathophysiology, diagnostic advances and therapeutic need.

Author(s): Ford, Thomas J; Corcoran, David; Berry, Colin

Source: Heart (British Cardiac Society); Oct 2017

Publication Type(s): Journal Article Review

Available at [Heart](#) - from BMJ Journals - NHS

Abstract: The diagnostic management of patients with angina pectoris typically centres on the detection of obstructive epicardial CAD, which aligns with evidence-based treatment options that

include medical therapy and myocardial revascularisation. This clinical paradigm fails to account for the considerable proportion (approximately one-third) of patients with angina in whom obstructive CAD is excluded. This common scenario presents a diagnostic conundrum whereby angina occurs but there is no obstructive CAD (ischaemia and no obstructive coronary artery disease-INOCA). We review new insights into the pathophysiology of angina whereby myocardial ischaemia results from a deficient supply of oxygenated blood to the myocardium, due to various combinations of focal or diffuse epicardial disease (macrovascular), microvascular dysfunction or both. Macrovascular disease may be due to the presence of obstructive CAD secondary to atherosclerosis, or may be dynamic due to a functional disorder (eg, coronary artery spasm, myocardial bridging). Pathophysiology of coronary microvascular disease may involve anatomical abnormalities resulting in increased coronary resistance, or functional abnormalities resulting in abnormal vasomotor tone. We consider novel clinical diagnostic techniques enabling new insights into the causes of angina and appraise the need for improved therapeutic options for patients with INOCA. We conclude that the taxonomy of stable CAD could improve to better reflect the heterogeneous pathophysiology of the coronary circulation. We propose the term 'stable coronary syndromes' (SCS), which aligns with the well-established terminology for 'acute coronary syndromes'. SCS subtends a clinically relevant classification that more fully encompasses the different diseases of the epicardial and microvascular coronary circulation.

A composite network of conserved and tissue specific gene interactions reveals possible genetic interactions in glioma

Author(s): Voigt A.; Almaas E.; Nowick K.

Source: PLoS Computational Biology; Sep 2017; vol. 13 (no. 9)

Publication Type(s): Article

Available at [PLoS Computational Biology](#) - from EBSCO (MEDLINE Complete)

Abstract: Differential co-expression network analyses have recently become an important step in the investigation of cellular differentiation and dysfunctional gene-regulation in cell and tissue disease-states. The resulting networks have been analyzed to identify and understand pathways associated with disorders, or to infer molecular interactions. However, existing methods for differential co-expression network analysis are unable to distinguish between various forms of differential co-expression. To close this gap, here we define the three different kinds (conserved, specific, and differentiated) of differential co-expression and present a systematic framework, CSD, for differential co-expression network analysis that incorporates these interactions on an equal footing. In addition, our method includes a subsampling strategy to estimate the variance of co-expressions. Our framework is applicable to a wide variety of cases, such as the study of differential co-expression networks between healthy and disease states, before and after treatments, or between species. Applying the CSD approach to a published gene-expression data set of cerebral cortex and basal ganglia samples from healthy individuals, we find that the resulting CSD network is enriched in genes associated with cognitive function, signaling pathways involving compounds with well-known roles in the central nervous system, as well as certain neurological diseases. From the CSD analysis, we identify a set of prominent hubs of differential co-expression, whose neighborhood contains a substantial number of genes associated with glioblastoma. The resulting gene-sets identified by our CSD analysis also contain many genes that so far have not been recognized as having a role in glioblastoma, but are good candidates for further studies. CSD may thus aid in hypothesis-generation for functional disease-associations. Copyright © 2017 Voigt et al.

A case of hepatorenal syndrome and abdominal compartment syndrome with high renal congestion

Author(s): Kamimura H.; Watanabe T.; Sugano T.; Nakajima N.; Yokoyama J.; Kamimura K.;

Source: American Journal of Case Reports; Sep 2017; vol. 18 ; p. 1000-1004

Publication Type(s): Article

Available at [American Journal of Case Reports, The](#) - from Europe PubMed Central - Open Access

Abstract:Objective: Rare co-existence of disease or pathology Background: Hepatorenal syndrome (HRS) is a reversible renal impairment that occurs in patients with acute liver failure and advanced liver cirrhosis. HRS is due to a renal vasoconstriction that results from extreme vasodilatation. It is therefore a functional disorder, not associated with structural kidney damage. On the other hand, end-stage liver diseases are often complicated by massive ascites. Massive ascites may cause abdominal compartment syndrome (ACS), which includes impairment of renal blood flow, but there are no reports indicating that kidney lesions caused by ACS may pathologically contribute to end-stage liver diseases. Case Report: A 40-year-old man with acute liver failure was admitted to our hospital. He was diagnosed with type 1 HRS and showed ACS at the same time. He died 30 days after admission. There were signs of congestion in the kidneys upon dissection and advanced erythroid fullness in the renal tubules. Conclusions: We report an autopsy case with HRS and ACS diagnosed with a clinical and histopathological consideration of liver and kidney. Further clinical studies are needed to improve management of renal failure in patients with acute liver failure and advanced liver cirrhosis. Copyright © Am J Case Rep.

The NERD pH (-) IMP (+) patients might be a subtype of NERD that is ignored by us before

Author(s): Guo Z.-H.; Zhang C.; Chen J.

Source: Journal of Digestive Diseases; Sep 2017; vol. 18 ; p. 112-113

Publication Type(s): Conference Abstract

Abstract:Background & Aims Gastroesophageal reflux disease (GERD) is one of the most common esophageal diseases. Up to 70% of GERD patients are nonerosive reflux disease (NERD), which is known to be less responsive to acid suppressants when compared with erosive esophagitis. How can we categorize NERD next? We categorized patients with refractory reflux symptoms into six groups according to endoscopy, ambulatory pH-impedance monitoring and the symptom association probability index. The aim of this study was to find the characteristics of each group, especially for the AET negative with impedance positive group. Methods We retrospectively reviewed 24-h ambulatory impedance-pH monitoring, high-resolution manometry and upper gastrointestinal endoscopy data in 235 patients with refractory reflux symptom of f medication from August 2015 through January 2017. We categorized patients with refractory reflux symptoms into six groups: (1) Erosive esophagitis group was defined by reviewing EGD. (2) NERD pH (+) group was defined as an abnormal AET without mucosa injure. (3) NERD pH (-) IMP (+) group was defined as patients without erosive esophagitis, normal AET, and abnormal impedance. (4) Hypersensitive esophagus group was defined as without erosive esophagitis, normal AET, normal impedance and positive SAP. (5) Functional heartburn group was defined as patients without erosive esophagitis, normal AET, normal impedance and SAP, and diagnosed according to Rome IV cri teria. (6) Finally, the remaining patients were categorized as functional other than heartburn. Results Among the 235 patients, 28.94% (68 of 235) had erosive esophagitis and 71.06% (167 of 235) had normal esophageal find-ings on endoscopy. Among the 167 patients without erosive esophagitis, 43 (20.43%) patients had an abnormal AET and were classified as NERD pH (+). Of the remaining 124 patients who had a normal EGD and pH test, 78 patients (33.20%) had an abnormal impedance test and were classified as NERD pH (-) IMP (+). For the 46 patients with normal EGD, pH and impendence test, 19 patients (8.09%) were defined as hypertensive esophagus for posi tive SAP, 17 patients (7.23%) were defined as functional heartburn and 10 patients (4.26%) as other functional disorder. Sex and BMI were similar between the 6 categories. NERD pH (+) patients had the oldest mean age whereas HE patients were

the youngest patients ($P=0.003$). When comparing HRM results among the 6 categories of patients, UES pressure, IRP, CFV, and DL were similar between the 6 categories. NERD pH (-) IMP (+) patients had the highest LES pressure (9.4 ± 7.0 , $P=0.023$) and DCI (624.5 ± 596.0 , $P=0.031$) among the 6 groups. Moreover, the proportion of IEM was lowest in NERD pH (-) IMP (+), which didn't shown significantly among 6 categories ($P=0.44$) but significantly among Erosive esophagitis and NERD pH (+) groups ($P=0.016$). When comparing pH-MII monitoring results among erosive esophagitis, NERD pH (+) and NERD pH (-) IMP (+) patients, the erosive esophagitis group had the most acid reflux number (33.7 ± 78.3 , $P=0.009$). The NERD (pH+) group had the longest AET time (49.1 ± 162.6 , $P=0.000$) and the highest Deemester scores (51.2 ± 52.0 , $P=0.011$), whereas the least total reflux number, acid reflux, weakly acid reflux, non-acid reflux and gas reflux number. The NERD pH (-) IMP (+) group had the most total reflux number (152.6 ± 113.8 , $P=0.005$), the weakly acid reflux (87.9 ± 59.1 , $P=0.000$), non-acid reflux (55.0 ± 93.8 , $P=0.000$) and gas reflux number (92.8 ± 117.5 , $P=0.001$). Conclusions In conclusion, our study showed that roughly one-third of the patients with refractory reflux symptom of f medication had normal EGD and AET and abnormal impedance data. The NERD pH(-) IMP(+) patients might be a subtype of NERD that is ignored by us before, which has its own characteristic. These patients may have better esophagus motility fiction and more total reflux episode, especially more weakly acid, non-acid and gas reflux episodes.

New therapeutic perspectives in irritable bowel syndrome: Targeting low-grade inflammation, immuno-neuroendocrine axis, motility, secretion and beyond

Author(s): Sinagra E.; Rossi F.; Raimondo D.; Tomasello G.; Cappello F.; Morreale G.C.;

Source: World Journal of Gastroenterology; Sep 2017; vol. 23 (no. 36); p. 6593-6627

Publication Type(s): Review

Available at [World Journal of Gastroenterology : WJG](#) - from Europe PubMed Central - Open Access

Abstract: Irritable bowel syndrome (IBS) is a chronic, recurring, and remitting functional disorder of the gastrointestinal tract characterized by abdominal pain, distention, and changes in bowel habits. Although there are several drugs for IBS, effective and approved treatments for one or more of the symptoms for various IBS subtypes are needed. Improved understanding of pathophysiological mechanisms such as the role of impaired bile acid metabolism, neurohormonal regulation, immune dysfunction, the epithelial barrier and the secretory properties of the gut has led to advancements in the treatment of IBS. With regards to therapies for restoring intestinal permeability, multiple studies with prebiotics and probiotics are ongoing, even if to date their efficacy has been limited. In parallel, much progress has been made in targeting low-grade inflammation, especially through the introduction of drugs such as mesalazine and rifaximin, even if a better knowledge of the mechanisms underlying the low-grade inflammation in IBS may allow the design of clinical trials that test the efficacy and safety of such drugs. This literature review aims to summarize the findings related to new and investigational therapeutic agents for IBS, most recently developed in preclinical as well as Phase 1 and Phase 2 clinical studies. Copyright © The Author(s) 2017.

Immune-mediated cerebellar ataxias: From bench to bedside

Author(s): Mitoma H.; Manto M.; Hampe C.S.

Source: Cerebellum and Ataxias; Sep 2017; vol. 4 (no. 1)

Publication Type(s): Article

Available at [Cerebellum & Ataxias](#) - from BioMed Central

Abstract: The cerebellum is a vulnerable target of autoimmunity in the CNS. The category of immune-mediated cerebellar ataxias (IMCAs) was recently established, and includes in particular paraneoplastic cerebellar degenerations (PCDs), gluten ataxia (GA) and anti-GAD65 antibody (Ab)

associated-CA, all characterized by the presence of autoantibodies. The significance of onconeural autoantibodies remains uncertain in some cases. The pathogenic role of anti-GAD65Ab has been established both in vitro and in vivo, but a consensus has not been reached yet. Recent studies of anti-GAD65 Ab-associated CA have clarified that (1) autoantibodies are generally polyclonal and elicit pathogenic effects related to epitope specificity, and (2) the clinical course can be divided into two phases: a phase of functional disorder followed by cell death. These features provide the rationale for prompt diagnosis and therapeutic strategies. The concept "Time is brain" has been completely underestimated in the field of immune ataxias. We now put forward the concept "Time is cerebellum" to underline the importance of very early therapeutic strategies in order to prevent or stop the loss of neurons and synapses. The diagnosis of IMCAs should depend not only on Ab testing, but rather on a rapid and comprehensive assessment of the clinical/immune profile. Treatment should be applied during the period of preserved cerebellar reserve, and should encompass early removal of the conditions (such as remote primary tumors) or diseases that trigger the autoimmunity, followed by the combinations of various immunotherapies. Copyright © 2017 The Author(s).

Auditory tube dysfunction occurring after jaw surgery

Author(s): Aoki H.

Source: Otolaryngology - Head and Neck Surgery (United States); Sep 2017; vol. 157 (no. 1)

Publication Type(s): Conference Abstract

Abstract: We enrolled 268 patients (60 male and 208 female; mean age, 24.3 years) who were diagnosed with jaw anamorphosis symptom and underwent orthognathic surgery of the lower jaw and who were tested for auditory tube function before and after surgery at our hospitals between January 2005 and December 2015. We measured auditory tube function pre- and postoperatively and auditory tube dysfunction postoperatively. There was a high rate of auditory tube dysfunction after lower jaw orthognathic surgery. The case that was conscious of a symptom by auditory tube functional disorder after art was 49 examples (18.3%) and recognized auditory tube dysfunction in auditory tube examination was 162 cases (60.4%). The auditory tube dysfunction of postoperative related to as a result of preoperative Tubo-tympano-aerodynamic-graphy (TTAG), but there was not the correlation as a result of sonotubometry. TTAG was a significant examination for predicting aggravation of auditory tube function. It became clear that auditory tube dysfunction recovered naturally after 3.48 days follow-up.

Outcomes of septorhinoplasty: a new approach comparing functional and aesthetic results.

Author(s): Radulesco, T; Penicaud, M; Santini, L; Thomassin, J-M; Dessi, P; Michel, J

Source: International journal of oral and maxillofacial surgery; Sep 2017

Publication Date: Sep 2017

Publication Type(s): Journal Article

Abstract: The aim of this study was to compare objective and subjective functional results of septorhinoplasty with subjective aesthetic results. A prospective study was performed including global and subgroup analyses (primary versus secondary septorhinoplasty). Three instruments were used to evaluate pre- and postoperative results: rhinomanometry for the objective functional analysis, the Nasal Symptom Obstruction Evaluation (NOSE) scale for the subjective functional analysis, and the Rhinoplasty Outcome Evaluation (ROE) scale for the subjective aesthetic analysis. A septorhinoplasty was performed in all cases. Thirty-five patients were included (22 female), of whom 74% underwent primary septorhinoplasty. The correlation between rhinomanometry, NOSE and ROE scores was analysed. Mean resistance of the two nasal cavities was 4.9 (standard deviation (SD) 8.35) sPa/ml before surgery and 0.8 (SD 0.7) sPa/ml after surgery. NOSE and ROE scores were,

respectively, 72.5/100 (SD 21.7) and 7.5/24 (SD 11.3) before surgery and 22/100 (SD 20.6) and 18/24 (SD 17.3) after surgery. Patients complaining of postoperative nasal obstruction had a worse aesthetic evaluation. Correction of the functional disease appears to be as important as aesthetic correction. This study comparing functional and aesthetic results after septorhinoplasty could provide a basis for future studies.

Conversion Disorder

Stiff person case misdiagnosed as conversion disorder: A case report

Author(s): Razmeh S.; Habibi A.H.; Sina F.; Alizadeh E.; Eslami M.

Source: Caspian Journal of Internal Medicine; 2017; vol. 8 (no. 4); p. 329-331

Publication Type(s): Article

Available at [Caspian Journal of Internal Medicine](#) - from Europe PubMed Central - Open Access

Abstract:Background: Stiff person syndrome (SPS) is a rare neurological disease resulting in stiffness and spasm of muscles. It initially affects the axial muscles and then spread to limb muscles. Emotional stress exacerbated the symptoms and signs of the disease. The pathophysiology of the disease is caused by the decreased level of the glutamic acid decarboxylase (GAD) activity due to an autoantibody against GAD that decreases the level of gamma-aminobutyric acid (GABA). In this paper, we present a case of atypical presentation of SPS with lower limb stiffness misdiagnosed as conversion disorder. Case presentation: We report a patient with atypical presentation of SPS with lower limb stiffness and gait disorder misdiagnosed as conversion disorder for a year. Her antithyroid peroxidase antibody (anti-TPO Ab) level was 75 IU (normal value: 0-34 IU). Intravenous immunoglobulin (IVIg) was administered (2gr/kg, 5 days) for the patient that showed significant improvement in the follow-up visit. Conclusion: It is essential that in any patient with bizarre gait disorder and suspicious to conversion disorder due to the reversibility of symptoms, SPS and other movement disorder should be considered.

Evidence of associations between brain-derived neurotrophic factor (BDNF) serum levels and gene polymorphisms with tinnitus.

Author(s): Coskunoglu, Aysun; Orenay-Boyacioglu, Seda; Deveci, Artuner; Bayam, Mustafa; Onur, Ece; Onan, Arzu; Cam, Fethi S

Source: Noise & health; 2017; vol. 19 (no. 88); p. 140-148

Publication Type(s): Journal Article

Available at [Noise & health](#) - from EBSCO (MEDLINE Complete)

Abstract:BACKGROUND Brain-derived neurotrophic factor (BDNF) gene polymorphisms are associated with abnormalities in regulation of BDNF secretion. Studies also linked BDNF polymorphisms with changes in brainstem auditory-evoked response test results. Furthermore, BDNF levels are reduced in tinnitus, psychiatric disorders, depression, dysthymic disorder that may be associated with stress, conversion disorder, and suicide attempts due to crises of life. For this purpose, we investigated whether there is any role of BDNF changes in the pathophysiology of tinnitus. MATERIALS AND METHODS In this study, we examined the possible effects of BDNF variants in individuals diagnosed with tinnitus for more than 3 months. Fifty-two tinnitus subjects between the ages of 18 and 55, and 42 years healthy control subjects in the same age group, who were free of any otorhinolaryngology and systemic disease, were selected for examination. The intensity of tinnitus and depression was measured using the tinnitus handicap inventory, and the differential diagnosis of psychiatric diagnoses made using the Structured Clinical Interview for Fourth Edition of Mental Disorders. BDNF gene polymorphism was analyzed in the genomic deoxyribonucleic acid

(DNA) samples extracted from the venous blood, and the serum levels of BDNF were measured. One-way analysis of variance and Chi-squared tests were applied. RESULTSSerum BDNF level was found lower in the tinnitus patients than controls, and it appeared that there is no correlation between BDNF gene polymorphism and tinnitus. CONCLUSIONSThis study suggests neurotrophic factors such as BDNF may have a role in tinnitus etiology. Future studies with larger sample size may be required to further confirm our results.

Attention and sensation in functional motor disorder

Author(s): McIntosh R.D.; McWhirter L.; Ludwig L.; Carson A.; Stone J.

Source: Neuropsychologia; Nov 2017; vol. 106 ; p. 207-215

Publication Type(s): Article

Abstract:Functional motor disorder (FMD), also called psychogenic motor disorder or conversion disorder, describes impairments of motor function where there is no evidence of organic disease. The diagnosis is usually confirmed by positive clinical signs, such as Hoover's sign, in which normal power returns when attention is diverted away from the affected limb. This suggests that selective attention is an important determinant of these functional symptoms. The present study is the first specifically to explore the shifting of spatial attention in relation to the side of FMD. We tested 14 patients with unilateral functional upper limb weakness on three tasks requiring detection of visual targets close to the affected or unaffected hand, or touches to the hand itself. Targets were preceded by central cues promoting voluntary shifts of attention, or peripheral cues promoting automatic shifts. We observed a reduced response to visual and/or tactile targets on the affected side in around half of the patients, by comparison with age-matched controls, indicating that some degree of detection cost often accompanies FMD. Additionally, although the patient group showed normal cueing effects on the visual tasks, they had a unilateral absence of cueing effect on the affected side in the tactile task. Consideration of the data in the context of recent theory suggests that the abnormality may be not in the shifting of attention itself, but rather in the consequences of attending to the affected side. Specifically, the expected cueing effects may be absent on the affected side, because attention to a functionally weak limb increases the perception of the symptom, including any reduced sensory response. This preliminary research suggests promising new lines of investigation into the role of attention, and particularly somatic attention, in FMD. Copyright © 2017 Elsevier Ltd

Patients with motor conversion disorder use early developmental motor patterns

Author(s): Biran I.; Shahar-Levy Y.

Source: Journal of Bodywork and Movement Therapies; Nov 2017

Publication Type(s): Article In Press

Abstract:Objective: To assess psychological factors of individuals suffering from conversion disorder/Functional Neurological Disorder (CD/FND) as observed through their motor behavior. Methods: We analyzed the psychomotor behavior of 6 patients (all male, average age - 52.8 years) with CD/FND in a specialized clinic using a binary motor - psychological developmental paradigm (Emotorics - Emotive Body Movement Mind Paradigm [Emotorics-EBMMP]). Results: All patients showed dominance of an early developmental prototype (P0) characterized by flexed postures resembling the infant held by his caregivers and relative paucity of a more developed prototype (P1) characterized by erect position typical for a face to face interaction. Conclusions: The P0 preponderance suggests impingement on the core self and regression to/or fixation in an early developmental stage. Copyright © 2017 Elsevier Ltd.

Frequency of use of the International Classification of Diseases ICD-10 diagnostic categories for mental and behavioural disorders across world regions.

Author(s): Faiad, Y; Khoury, B; Daouk, S; Maj, M; Keeley, J; Gureje, O; Reed, G

Source: Epidemiology and psychiatric sciences; Nov 2017 ; p. 1-9

Publication Type(s): Journal Article

Abstract:AIMSThe study aimed to examine variations in the use of International Classification of Diseases, Tenth Edition (ICD-10) diagnostic categories for mental and behavioural disorders across countries, regions and income levels using data from the online World Psychiatric Association (WPA)-World Health Organization (WHO) Global Survey that examined the attitudes of psychiatrists towards the classification of mental disorders.METHODSA survey was sent to 46 psychiatric societies which are members of WPA. A total of 4887 psychiatrists participated in the survey, which asked about their use of classification, their preferred system and the categories that were used most frequently.RESULTSThe majority (70.1%) of participating psychiatrists (out of 4887 psychiatrists) reported using the ICD-10 the most and using at least one diagnostic category once a week. Nine out of 44 diagnostic categories were considerably variable in terms of frequency of use across countries. These were: emotionally unstable personality disorder, borderline type; dissociative (conversion) disorder; somatoform disorders; obsessive-compulsive disorder (OCD); mental and behavioural disorders due to the use of alcohol; adjustment disorder; mental and behavioural disorders due to the use of cannabinoids; dementia in Alzheimer's disease; and acute and transient psychotic disorder. The frequency of use for these nine categories was examined across WHO regions and income levels. The most striking differences across WHO regions were found for five out of these nine categories. For dissociative (conversion) disorder, use was highest for the WHO Eastern Mediterranean Region (EMRO) and non-existent for the WHO African Region. For mental and behavioural disorders due to the use of alcohol, use was lowest for EMRO. For mental and behavioural disorders due to the use of cannabinoids, use was lowest for the WHO European Region and the WHO Western Pacific Region. For OCD and somatoform disorders, use was lowest for EMRO and the WHO Southeast Asian Region. Differences in the frequency of use across income levels were statistically significant for all categories except for mental and behavioural disorders due to the use of alcohol. The most striking variations were found for acute and transient psychotic disorder, which was reported to be more commonly used among psychiatrists from countries with lower income levels.CONCLUSIONSThe differences in frequency of use reported in the current study show that cross-cultural variations in psychiatric practice exist. However, whether these differences are due to the variations in prevalence, treatment-seeking behaviour and other factors, such as psychiatrist and patient characteristics as a result of culture, cannot be determined based on the findings of the study. Further research is needed to examine whether these variations are culturally determined and how that would affect the cross-cultural applicability of ICD-10 diagnostic categories.

Beneficial effect of faradic stimulation treatment on the rehabilitation of hysterical paraplegia.

Author(s): Karaahmet, Ozgur Zeliha; Gurcay, Eda; Sancioglu, Hande; Unlu, Ece; Cakci, Aytul

Source: Journal of Back & Musculoskeletal Rehabilitation; Nov 2017; vol. 30 (no. 5); p. 1117-1119

Publication Type(s): Academic Journal

Abstract:Hysterical paralysis, a type of conversion disorder, presents with the loss of motor or sensory function. Although this disorder is nonorganic, it resembles the symptoms of a structural disease of the nervous system. It is generally associated with a traumatic or social event. The patients often require excessive testing and comprehensive assessment in exposing this psychogenic ailment. We reported the most dramatic type of conversion disorder, hysterical paralysis, in which full recovery was obtained with early recognition and rehabilitation approach including faradic stimulation.

Nondermatomal somatosensory deficits (ndsds) and pain: State-of-the-art review

Author(s): Mailis, Angela; Nicholson, Keith

Source: Psychological Injury and Law; Nov 2017 ; p. No

Publication Type(s): Journal Peer Reviewed Journal

Abstract: Nondermatomal somatosensory deficits (NDSDs) are large sensory deficits not conforming to dermatomal/root territories, and no structural pathology accounts for them. They can be very mild or very dense, highly variable, or extremely fixed over time and may be very disabling. It is now accepted by mainstream pain science that they are the product of a central neurophysiological phenomenon. We demonstrated in this paper through literature review and through multiple clinical cases that NDSDs (a) have a psychobiological substrate at the level of the central nervous system, (b) are very frequently associated with chronic pain and/or psychotraumatic experiences, (c) occur very frequently in the context of conversion disorder, but (d) can also occur in the absence of conversion disorders, (e) can be superimposed on structural neurological deficits, and (f) respond positively, or at least in part, to sodium amobarbital (commonly referred to as the "truth serum"). (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

The Visible and Less Visible in the Suffering of a Conversion Disorder in Children and Adolescents. A Qualitative Study of Illness Explanatory Models Presented to Caregivers of Children and Adolescents with Conversion Disorder

Author(s): Garcia Mantilla J.S.; Vasquez Rojas R.A.

Source: Revista Colombiana de Psiquiatria; Oct 2017

Publication Type(s): Article In Press

Abstract: Background: Conversion disorder is a challenge for clinicians due to the conceptual gaps as regards its pathogenesis, the way in which it converges with other psychiatric disorders, and the lack of approaches to the experiences of both patients and family members with the disease. Objective: To describe Explanatory Models (EM) offered to caregivers of paediatric patients with conversion disorder who attended the Hospital de la Misericordia. Methods: A qualitative study was conducted with a convenience sample of 10 patients who attended the Hospital de La Misericordia, Bogotá? between May 2014 and April 2015. The tool used was an in-depth interview applied to parents and/or caregivers. Results: Caregivers have different beliefs about the origin of the symptoms, especially considering sickness, magical-mystical factors, and psychosocial factors. The symptoms are explained in each case in various ways and there is no direct relationship between these beliefs, the pattern of symptoms, and help-seeking behaviours. Symptomatic presentation is polymorphous and mainly interferes in the patient's school activities. The medical care is perceived as relevant, and psychiatric care as insufficient. Among the therapeutic routes, consultations with various agents are described, including medical care, alternative medicine, and magical-religious approaches. Conclusions: EMs in conversion disorder are varied, but often include magical-religious elements and psychosocial factors. The underlying beliefs are not directly related to help-seeking behaviours or other variables. Copyright © 2017 Asociacion Colombiana de Psiquiatria.

Cortical thickness alterations linked to somatoform and psychological dissociation in functional neurological disorders.

Author(s): Perez, David L; Matin, Nassim; Williams, Benjamin; Tanev, Kaloyan; Makris, Nikos; LaFrance, W Curt; Dickerson, Bradford C

Source: Human brain mapping; Oct 2017

Publication Type(s): Journal Article

Abstract:BACKGROUND Links between dissociation and functional neurological disorder (FND)/conversion disorder are well-established, yet the pathophysiology of dissociation remains poorly understood. This MRI study investigated structural alterations associated with somatoform and psychological dissociation in FND. We hypothesized that multimodal, paralimbic cingulo-insular regions would relate to the severity of somatoform dissociation in patients with FND. METHODS FreeSurfer cortical thickness and subcortical volumetric analyses were performed in 26 patients with motor FND and 27 matched healthy controls. Patients with high dissociation as measured by the Somatoform Dissociation Questionnaire-20 (SDQ) or Dissociative Experiences Scale (DES) were compared to controls in stratified analyses. Within-group analyses were also performed with SDQ and DES scores in patients with FND. All cortical thickness analyses were whole-brain corrected at the cluster-wise level. RESULTS Patients with FND and high somatoform dissociation (SDQ > 35) showed reduced left caudal anterior cingulate cortex (ACC) cortical thickness compared to controls. In within-group analyses, SDQ scores inversely correlated with left caudal ACC cortical thickness in patients with FND. Depersonalization/derealization scores positively correlated with right lateral occipital cortical thickness. Both within-group findings remained statistically significant controlling for trait anxiety/depression, borderline personality disorder and post-traumatic stress disorder, adverse life events, and motor FND subtypes in post-hoc analyses. CONCLUSION Using complementary between-group and within-group analyses, an inverse association between somatoform dissociation and left caudal ACC cortical thickness was observed in patients with FND. A positive relationship was also appreciated between depersonalization/derealization severity and cortical thickness in visual association areas. These findings advance our neuropathobiological understanding of dissociation in FND. Hum Brain Mapp, 2017. © 2017 Wiley Periodicals, Inc.

An atypical presentation of functional visual loss: A case report.

Author(s): Chung, Junkyu; Jin, Kyung Hyun; Kang, Jaheon; Kim, Tae Gi

Source: Medicine; Oct 2017; vol. 96 (no. 41); p. e8292

Publication Type(s): Case Reports Journal Article

Available at [Medicine](#) - from Europe PubMed Central - Open Access

Abstract:RATIONALE Functional visual loss (FVL) can manifest as various symptoms. Decreased distant visual acuity is the most common symptom and visual field defect is the second most common symptom. Hemianopsia is rarely reported. In an atypical situation of FVL, it is important to prove that no organic pathology exists, through detailed history taking and appropriate examinations. PATIENT CONCERN This review presents the case of a 48-year-old male patient presented with decreased bilateral visual acuity and visual field defect after a traffic accident 3 weeks ago. Visual field test showed atypical features of FVL in which visual field change from binasal hemianopsia to left homonymous hemianopsia. DIAGNOSIS The best corrected visual acuities (BCVA) were 20/63 in both eyes and binasal hemianopsia was observed on a Humphrey visual field test. Brain computed tomography (CT) scan and magnetic resonance imaging (MRI) showed no abnormalities in the brain and optic chiasm. Two weeks after presentation, however, the patient's visual field defect changed from binasal hemianopsia to left homonymous hemianopsia. We diagnosed it as FVL due to conversion disorder. INTERVENTION AND OUTCOMES We decided to cooperate with a psychiatrist for cognitive behavioral therapy and the patient is under observation. LESSONS Binasal hemianopsia and homonymous hemianopsia are rare; however, it may occur simultaneously in 1 patient with FVL. The possibility of FVL should be considered when there is atypical visual field defect and no organic abnormalities are observed. Repeated Humphrey field test and VEP may be helpful in diagnosis of FVL.

Clinical briefing: functional neurological symptom disorder.**Author(s):** Ratcliffe, Sarah**Source:** British Journal of Neuroscience Nursing; Oct 2017; vol. 13 (no. 5); p. 211-217**Publication Type(s):** Academic Journal

Abstract:Functional neurological symptom disorder (FNSD), also known as somatoform or conversion disorder, is a relatively common neurological condition. The symptoms vary, and can include both motor and sensory neurological signs. Although misunderstandings still exist, recent progress has been made as to the causes of FNSD within the area of functional imaging, helping to unravel the underlying aetiology and neurobiology of FNSD. A range of management and treatment options, including physical, pharmacological and psychological therapies, are available to people who have been diagnosed. There is a dearth of information within the nursing literature to educate and support nursing practice and decision making about people with FNSD. Consequently, approaches to the nursing care and management are often ad hoc and rely on research from other health disciplines. Nonetheless, there is now an emerging body of evidence to support specific management pathways to treat and manage FNSD. Neuroscience nurses are in a key position to embrace such pathways and influence the care offered to people with FNSD within the inpatient neurology setting.

Postoperative transient blindness after general anesthesia and surgery: Case report of conversion disorder**Author(s):** Gungor S.; Aiyer R.**Source:** Pain Management; Sep 2017; vol. 7 (no. 5); p. 377-381**Publication Type(s):** Article

Abstract:Postoperative acute visual loss due to organic pathology has been described after spinal surgery in the prone position. This report describes a case of transient postoperative blindness in a patient after general anesthesia and surgery in the prone position. Postoperative workup did not reveal any organic pathology. Unbeknown to the treating physicians, the patient had a comorbid untreated psychiatric history. Upon psychiatric consultation, the patient was diagnosed with conversion disorder as a cause of postoperative blindness. There was full recovery of vision after psychiatric intervention within a week. Copyright © 2017 Future Medicine Ltd.

Attention and sensation in functional motor disorder.**Author(s):** McIntosh, Robert D; McWhirter, Laura; Ludwig, Lea; Carson, Alan; Stone, Jon**Source:** Neuropsychologia; Sep 2017; vol. 106 ; p. 207-215**Publication Type(s):** Journal Article

Abstract:Functional motor disorder (FMD), also called psychogenic motor disorder or conversion disorder, describes impairments of motor function where there is no evidence of organic disease. The diagnosis is usually confirmed by positive clinical signs, such as Hoover's sign, in which normal power returns when attention is diverted away from the affected limb. This suggests that selective attention is an important determinant of these functional symptoms. The present study is the first specifically to explore the shifting of spatial attention in relation to the side of FMD. We tested 14 patients with unilateral functional upper limb weakness on three tasks requiring detection of visual targets close to the affected or unaffected hand, or touches to the hand itself. Targets were preceded by central cues promoting voluntary shifts of attention, or peripheral cues promoting automatic shifts. We observed a reduced response to visual and/or tactile targets on the affected side in around half of the patients, by comparison with age-matched controls, indicating that some degree of detection cost often accompanies FMD. Additionally, although the patient group showed

normal cueing effects on the visual tasks, they had a unilateral absence of cueing effect on the affected side in the tactile task. Consideration of the data in the context of recent theory suggests that the abnormality may be not in the shifting of attention itself, but rather in the consequences of attending to the affected side. Specifically, the expected cueing effects may be absent on the affected side, because attention to a functionally weak limb increases the perception of the symptom, including any reduced sensory response. This preliminary research suggests promising new lines of investigation into the role of attention, and particularly somatic attention, in FMD.

Dissociation in Psychiatric Disorders: A Meta-Analysis of Studies Using the Dissociative Experiences Scale.

Author(s): Lyssenko, Lisa; Schmahl, Christian; Bockhacker, Laura; Vonderlin, Ruben; Bohus, Martin; Kleindienst, Nikolaus

Source: The American journal of psychiatry; Sep 2017 ; p. appiajp201717010025

Publication Type(s): Journal Article

Abstract:OBJECTIVEDissociation is a complex, ubiquitous construct in psychopathology. Symptoms of dissociation are present in a variety of mental disorders and have been connected to higher burden of illness and poorer treatment response, and not only in disorders with high levels of dissociation. This meta-analysis offers a systematic and evidence-based study of the prevalence and distribution of dissociation, as assessed by the Dissociative Experiences Scale, within different categories of mental disorders, and it updates an earlier meta-analysis.METHODMore than 1,900 original publications were screened, and 216 were included in the meta-analysis, comprising 15,219 individuals in 19 diagnostic categories.RESULTSThe largest mean dissociation scores were found in dissociative disorders (mean scores >35), followed by posttraumatic stress disorder, borderline personality disorder, and conversion disorder (mean scores >25). Somatic symptom disorder, substance-related and addictive disorders, feeding and eating disorders, schizophrenia, anxiety disorder, OCD, and most affective disorders also showed mean dissociation scores >15. Bipolar disorders yielded the lowest dissociation scores (mean score, 14.8).CONCLUSIONSThe findings underline the importance of careful psychopathological assessment of dissociative symptoms in the entire range of mental disorders.

Vulnerability to psychogenic non-epileptic seizures is linked to low neuropeptide Y levels.

Author(s): Winterdahl, Michael; Miani, Alessandro; Vercoe, Moana J H; Ciovica, Antonia; Uber-Zak, Lori; Rask, Charlotte Ulrikka; Zak, Paul J

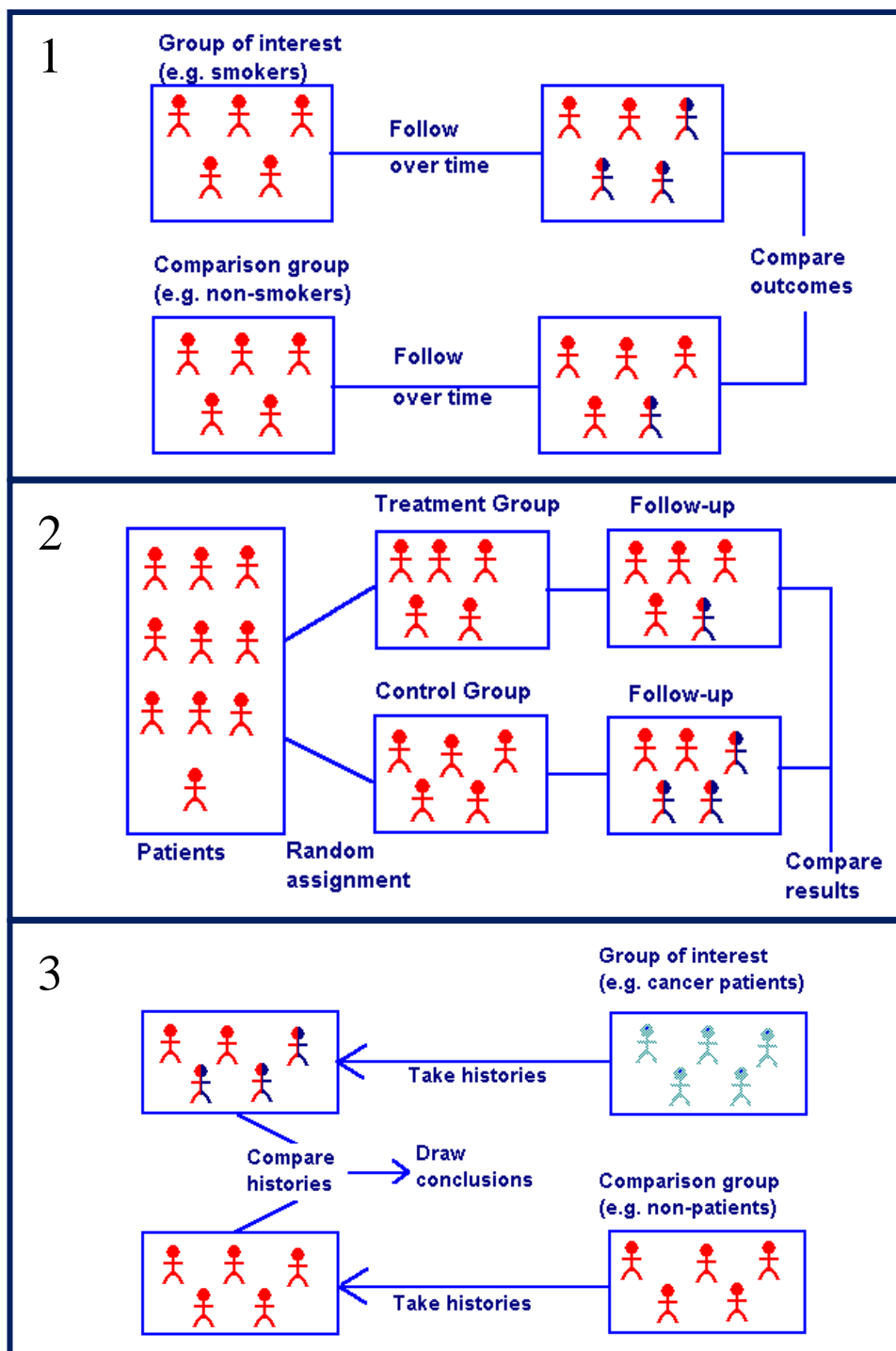
Source: Stress (Amsterdam, Netherlands); Sep 2017 ; p. 1-9

Publication Type(s): Journal Article

Abstract:Psychogenic non-epileptic seizures (PNES) is a conversion disorder that reflects underlying psychological distress. Female patients with PNES often present with a history of prolonged stressors, especially sexual abuse. In the current study, we studied the relationship between neuropeptide Y (NPY) and PNES symptoms in women with a history of sexual abuse. NPY has been associated with resilience to stress and we hypothesized that low levels would increase the extent and severity of PNES symptoms in this patient population. Serum levels of NPY, and related hormones were measured in fifteen female PNES patients and sixty female controls. PNES patients reported more severe abuse histories, feeling of abandonment, and decreased perception of quality of life than controls. Importantly, they also had lower NPY levels. Our analysis indicates that low levels of NPY in PNES may confer greater vulnerability to exhibit seizure-like symptoms and lower quality of life.

Exercise: Research Designs

Match the diagrams to the corresponding research designs



A: Randomised Controlled Trial
B: Cohort Study
C: Case-control Study

Answers: 1B; 2A; 3C

Find out more about research designs in one of our training sessions.
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Library Opening Times

Staffed hours: 8am-5pm, Monday to Friday

Swipe-card access: 7am-11pm, seven days a week

Level 5, Education and Research Centre

University Hospitals Bristol

Contact your Outreach Librarian:

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