

A SELECTION OF TEN READINGS ON TOPICS RELATED TO MENTAL HEALTH 2024

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Selection of readings made by A/Prof Goh Lee Gan

READING 1 – UNDERSTANDING ADOLESCENT DEPRESSION – A QUALITATIVE STUDY

Poon NY,¹ Loh CB.² Understanding adolescent depression in Singapore: a qualitative study. Singapore Med J. 2024 Jan 23. PMID: 38263551.

DOI: 10.4103/singaporemedj.SMJ-2022-064. PMID: 38263551. Free full text.

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ABSTRACT

INTRODUCTION: This qualitative study aimed to understand the lived experiences of adolescents with depression seeking help in our healthcare system, with the focus on initial symptoms, experience of care, and reflection after recovery.

METHODS: Semi-structured interviews were conducted with 14 adolescents, aged between 13 and 19 years, who were diagnosed and treated for diagnostic and statistical manual of mental disorders, 5th edition major depressive disorder, and clinically judged to have recovered at the time of recruitment. Data were analysed qualitatively using thematic analysis, with a focus on how the adolescents spoke about their experience of depression.

RESULTS: The findings suggested that our adolescent participants had initially tried managing depression within their own circle, and that thoughts of suicide and self-harm, as well as anhedonia-avolition symptoms, were the most challenging to deal with. Recovered participants were observed to express a high degree of empathy towards others going through depression.

CONCLUSION: This study is the first to have surveyed adolescents in our Asian city-state on multiple aspects of their experience of depression. It allows a wide-ranging description of this condition and has the potential to improve understanding and inform care delivery.

READING 2 – NON-PHARMACOLOGICAL INTERVENTIONS IN BPSDS OF DEMENTIA

Md Hussin NS,¹ Karuppanan M,¹ Gopalan Y,¹ Gnanasan S,¹ Tan KM.² Exploration of non-pharmacological interventions in the management of behavioural and psychological symptoms of dementia. Singapore Med J. 2023 Aug;64(8):497-502. PMID: 34600449.

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ABSTRACT

INTRODUCTION: Behavioural and psychological symptoms of dementia (BPSD) are considered integral parts of dementia. While pharmacotherapy is reserved for severe symptoms of BPSD, the associated adverse effects can be detrimental. Therefore, non-pharmacological intervention is recommended as the first line of treatment in the management of BPSD. This study aimed to explore the non-pharmacological approaches for the management of BPSD and the strategies and barriers to implementing them in secondary care facilities in Malaysia.

METHODS: A qualitative study design was employed. Data were collected through observations and semi-structured interviews of 12 caregivers and 11 people with dementia (PWD) at seven secondary care facilities. Observations were written in the field notes, and interviews were audio-recorded and transcribed. All data were subjected to thematic analysis.

RESULTS: Some personalised non-pharmacological interventions, such as physical exercise, music therapy, reminiscence therapy, and pet therapy, were conducted in several nursing care centres. Collaborative care from the care providers and family members was found to be an important facilitating factor. The lack of family support led to care providers carrying additional workload beyond their job scope. Other barriers to non-pharmacological interventions were cultural and language differences between the care providers and PWD, inadequate staff numbers and training, and time constraints.

CONCLUSION: Although non-pharmacological approaches have been used to some extent in Malaysia, continuous education and training of healthcare providers and the family members of PWD is needed to overcome the challenges to their successful implementation.

READING 3 – INSOMNIA MANAGEMENT

Shaha DP. Insomnia Management: A Review and Update. J Fam Pract. 2023 Jul;72(6 Suppl):S31-S36. PMID: 37549414.

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ABSTRACT

Insomnia is a distinct disorder that is common yet underrecognised and undertreated in primary care. Treating insomnia has been shown to improve outcomes, including reduced risk of developing cardiovascular and mental health disorders. Insomnia is influenced by the brain's regulation of sleep and wake, which are mutually exclusive events.

Insomnia should be treated as a distinct condition, even when occurring with a comorbid diagnosis such as depression or anxiety. Clinicians should implement a multimodal approach to insomnia management, including nonpharmacologic interventions and pharmacologic therapy (when indicated).

Pharmacologic agents that are approved by the US Food and Drug Administration for insomnia include benzodiazepine receptor agonists (zolpidem, eszopiclone, and zaleplon), low-dose doxepin (tricyclic antidepressant), ramelteon (melatonin receptor agonist), and dual orexin receptor agonists (DORAs, daridorexant, lemborexant, and suvorexant). Unlike other pharmacologic agents, DORAs inhibit wakefulness rather than induce sedation. Additionally, these medications have no evidence of rebound insomnia or withdrawal, and little to no abuse potential. Daridorexant is the newest DORA, has an ideal half-life of eight hours, and has demonstrated continued efficacy over a 12-month period.

Selection of pharmacologic agent should be based on the patient's comorbid conditions, treatment goals and preferences, and other clinical characteristics.

READING 4 – PSYCHOLOGICAL WELL-BEING OF SOUTHEAST ASIAN FRONTLINE HEALTHCARE WORKERS DURING COVID-19: A MULTI-COUNTRY STUDY

Teo I,^{1,2,3} Ong MEH,^{1,4} Sung SC,^{1,6} Cheung YB,^{1,7,8} Ng S,² Bhaskar A,² Pan FT,² Nadarajan GD,^{4,5} Rao V,^{5,17} Tan HK,^{5,19} Haedar A,⁹ Gaerlan FJ,¹⁰ Ong SF,¹¹ Riyapan S,¹² Do SN,^{13,14,15} Luong CQ,^{14,15,16} Soh LM.¹⁸ The Psychological Well-Being of Southeast Asian Frontline Healthcare Workers during COVID-19: A Multi-Country Study. Int J Environ Res Public Health. 2022 May 24; 19(11):6380. PMID:35681966.

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OBJECTIVES: This study examined the prevalence of anxiety, depression, and job burnout among frontline healthcare workers (HCWs) across six Southeast Asian countries (Indonesia, Malaysia, Philippines, Singapore, Thailand, Vietnam) during the COVID-19 pandemic in 2021. We also investigated the associated risk and protective factors.

METHODS: Frontline HCWs (N=1,381) from the participating countries participated between 4 January and 14 June 2021. The participants completed self-reported surveys on anxiety (GAD-7), depression (PHQ-8), and job burnout (PWLS). Multivariate logistic regressions were performed with anxiety, depression, and job burnout as outcomes and sociodemographic and job characteristics and HCW perceptions as predictors.

RESULTS: The average proportion of HCWs reporting moderate anxiety, moderately severe depression, and job burnout across all countries were 10%, 4%, and 20%, respectively. Working longer hours than usual (Odds ratio [OR]=1.82; 3.51), perceived high job risk (1.98; 2.22), and inadequate personal protective equipment (1.89; 2.11) were associated with increased odds of anxiety and job burnout while working night shifts was associated with increased risk of depression (3.23). Perceived good teamwork was associated with lower odds of anxiety (0.46), depression (0.43), and job burnout (0.39).

CONCLUSION: Job burnout remains a foremost issue among HCWs. Potential opportunities to improve HCW wellness are discussed.

READING 5 – ROLE OF GROUNDED OPTIMISM AND RESILIENCE FOR PREDICTING BURNOUT AND WORK ENGAGEMENT

Nieto A,¹ Contador I,¹ Palenzuela DL,² Ramos F,² Ruisoto P,³ Fernández-Calvo B.⁴ The Distinctive Role of Grounded Optimism and Resilience for predicting Burnout and Work Engagement: A study in Professional Caregivers of Older Adults. Arch Gerontol Geriatr. 2022 May-Jun;100:104657. PMID: 35182990.

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ABSTRACT

BACKGROUND: Resilience and optimism have been proposed as psychological resources that might help to cope better with work demands, preventing negative consequences of stress, whereas external locus of control (ELC) is considered an intra-psychoic vulnerability factor associated with increased burnout. It is noteworthy that the specific role of these overlapping constructs on the prevention of burnout and promotion of work engagement, respectively, remains unclear.

OBJECTIVE: The main aim of this study was to compare the differential significance of resilience and optimism, joined with ELC, on the prediction of burnout and work engagement.

METHOD: A sample of 265 professional caregivers of dependent older adults was assessed using an extensive standardised protocol. Optimism and ELC were measured using the Palenzuela's Battery of Generalised Expectancies of Control, and the Connor-Davidson Scale was used to estimate resilience. Moreover, the Maslach Burnout Inventory and the Utrecht Work Engagement Scale were used to measure burnout and work engagement, respectively. Different hierarchical regression models were conducted with burnout and work engagement as dependent factors.

RESULTS: The results showed that more than half (51%) variance in resilience was accounted by grounded optimism scores. The ELC was the main explanatory factor of burnout, whereas optimism and resilience were the best predictors of work engagement. Finally, even after controlling the effect of resilience, the effect of optimism remained significant for predicting work engagement.

CONCLUSIONS: These findings support distinctive role resilience and optimism, two closely related psychological constructs, for promoting work engagement and reducing burnout in professional caregivers of older adults.

READING 6 – COMBINING ANTIDEPRESSANTS VS ANTIDEPRESSION MONOTHERAPY FOR TREATMENT OF PATIENTS WITH ACUTE DEPRESSION

Alexander D,¹ Baethge C,¹ Hensler J,^{1,2} Schwarzer G,³ Bschor T.⁴ Combining Antidepressants vs Antidepressant Monotherapy for Treatment of Patients With Acute Depression: A Systematic Review and Meta-analysis. *JAMA Psychiatry*. 2022 Apr 1;79(4):300-312. PMID: 35171215.

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ABSTRACT

IMPORTANCE: Combining antidepressants is frequently done in the treatment of acute depression, but studies have yielded conflicting results.

OBJECTIVE: To conduct a systematic review and meta-analysis assessing efficacy and tolerability of combination therapy. Combinations using presynaptic α_2 -autoreceptor antagonists or bupropion were investigated separately.

DATA SOURCES: MEDLINE, Embase, PsycINFO, and the Cochrane Central Register of Controlled Trials were systematically searched from each database inception through January 2020.

STUDY SELECTION: Randomised clinical trials (RCTs) comparing combinations of antidepressants with antidepressant monotherapy in adult patients with acute depression were included.

DATA EXTRACTION AND SYNTHESIS: Following guidelines from Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) and recommendations from the Cochrane Handbook, two reviewers independently performed a literature search, study selection, data extraction, and evaluation of risk of bias. Data were pooled in random-effects analyses.

MAIN OUTCOMES AND MEASURES: Primary outcome was efficacy measured as standardised mean difference (SMD); secondary outcomes were response, remission, change from baseline in rating scale scores, number of dropouts, and number of dropouts due to adverse events.

RESULTS: Thirty-nine RCTs including 6,751 patients were eligible. Combination treatment was statistically significantly associated with superior treatment outcomes relative to monotherapy (SMD=0.31; 95% CI, 0.19-0.44). Combining a reuptake inhibitor with an antagonist of presynaptic α_2 -autoreceptors was superior to other combinations (SMD=0.37; 95% CI, 0.19-0.55). Bupropion combinations were not superior to monotherapy (SMD=0.10; 95% CI, -0.07 to 0.27).

Numbers of dropouts and dropouts due to adverse events did not differ between treatments. Studies were heterogeneous, and there was indication of publication bias (Egger test result was positive; $P=0.007$, $df=36$), but results remained robust across prespecified secondary outcomes and sensitivity and subgroup analyses, including analyses restricted to studies with low risk of bias.

CONCLUSIONS AND RELEVANCE: In this meta-analysis of RCTs comparing combinations of antidepressants with antidepressant monotherapy, combining antidepressants was associated with superior treatment outcomes but not with more patients dropping out of treatment. Combinations using an antagonist of presynaptic $\alpha 2$ -autoreceptors may be preferable and may be applied as a first-line treatment in severe cases of depression and for patients considered non-responders.

READING 7 – THE MODERATING EFFECT OF EMPLOYMENT STATUS ON THE RELATIONSHIP BETWEEN LIFETIME MAJOR DEPRESSIVE DISORDER AND POSITIVE MENTAL HEALTH

Sambasivam R,¹ Vaingankar JA, Abdin E, Devi F, Chua BY, Shafie S, Chang S, Shahwan S, Chong SA, Subramaniam M. The moderating effect of employment status on the relationship between lifetime major depressive disorder and positive mental health. *Ann Acad Med Singap.* 2022 Feb;51(2):74-86. PMID: 35224603.

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ABSTRACT

INTRODUCTION: This paper aims to examine the (1) level of positive mental health (PMH); (2) identify the socio-demographic correlates of the PMH domains in the general population; and (3) establish if employment status moderates the relationship between major depressive disorder (MDD) and PMH among those with a lifetime prevalence of MDD.

METHODS: The Singapore Mental Health Study conducted between 2016 and 2018 included Singapore residents aged ≥ 18 years. The World Health Organisation Composite International Diagnostic Interview version 3.0 was utilised to establish lifetime prevalence of MDD. Moderation analysis was conducted using SPSS PROCESS macro (Hayes, 2017) to assess if employment status moderated the relationship between MDD and PMH.

RESULTS: Significantly lower PMH total and domain scores were reported by respondents ($n=2,270$) who endorsed lifetime MDD compared to those who did not. Moderation analysis demonstrated that the effect of MDD on PMH total and domain scores varied considerably across employment status. Based on the interaction plots, the effect of MDD on both PMH total and domain scores was minimal among those employed than unemployed.

CONCLUSION: Healthcare professionals should support the employment needs of those who report lifetime MDD to provide care for an individual's mental well-being in a holistic manner. Acquiring or remaining in employment would be a priority depending on the PMH of the individual. Reducing barriers to employment for those with health issues or creating employment opportunities for this group are concerns that need to be addressed at a societal level.

READING 8 – CLINICAL DEPRESSION AMONG PATIENTS AFTER ACUTE CORONARY SYNDROME

Leong LK,¹ Zuhdi ASM,¹ Hafidz MIA.¹ Clinical depression among patients after acute coronary syndrome: a prospective single-tertiary centre analysis. Singapore Med J. 2021 Dec;62(12):653-658. PMID: 32460450.

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ABSTRACT

INTRODUCTION: Clinical depression is a known consequence of acute coronary syndrome (ACS) and is associated with an adverse outcome among these patients, although this is often under-recognised. Through this study, we investigated the incidence of depression in post-ACS patients and its associated factors.

METHODS: We conducted a prospective cohort study in 95 patients with ACS admitted to University Malaya Medical Centre, Malaysia. Clinical depression was assessed during the index admission and at 30 days after discharge, using the Patient Health Questionnaire-9 (PHQ-9). Data was analysed using IBM SPSS Statistics, and binary logistic regression was used to determine the independent factors associated with depression, after adjusting for significant demographic variables and clinical characteristics. The strength of this association was presented as odds ratio and 95% confidence interval, and the significance level was set at 0.05.

RESULTS: The mean age of the study population was about 60 years, and 72.6% of the patients were male. Symptoms of depression were present in 88.4% of the patients at baseline. Depression at 30 days was more likely in female patients, patients with diabetes mellitus, and patients on dialysis ($p=0.024$, $p<0.001$, $p=0.008$, respectively). Patients with baseline moderate to severe depression were more likely to have moderate to severe depression at 30 days ($p<0.001$). Baseline depression was the strongest predictor of depression at 30 days. An increment of one unit in PHQ-9 baseline score increased the risk of developing severe depression at 30 days by 31%.

CONCLUSION: Depression was prevalent in our post-ACS patients. The associated factors were the female sex, diabetes mellitus, and dialysis treatment.

READING 9. OUTPATIENT MANAGEMENT OF ALCOHOL WITHDRAWAL SYNDROME

Tiglao SM,¹ Meisenheimer ES,¹ Oh RC.² Alcohol Withdrawal Syndrome: Outpatient Management. Am Fam Physician. 2021 Sep 1;104(3):253-262. PMID: 34523874.

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ABSTRACT

Approximately half of patients with alcohol use disorder who abruptly stop or reduce their alcohol use will develop signs or symptoms of alcohol withdrawal syndrome.

The syndrome is due to overactivity of the central and autonomic nervous systems, leading to tremors, insomnia, nausea and vomiting, hallucinations, anxiety, and agitation. If untreated or inadequately treated, withdrawal can progress to generalised tonic-clonic seizures, delirium tremens, and death.

The three-question Alcohol Use Disorders Identification Test-Consumption and the Single Alcohol Screening Question instrument have the best accuracy for assessing unhealthy alcohol use in adults 18 years and older.

Two commonly used tools to assess withdrawal symptoms are the Clinical Institute Withdrawal Assessment for Alcohol Scale, Revised, and the Short Alcohol Withdrawal Scale. Patients with mild to moderate withdrawal symptoms without additional risk factors for developing severe or complicated withdrawal should be treated as outpatients when possible. Ambulatory withdrawal treatment should include supportive care and pharmacotherapy as appropriate.

Mild symptoms can be treated with carbamazepine or gabapentin. Benzodiazepines are first-line therapy for moderate to severe symptoms, with carbamazepine and gabapentin as potential adjunctive or alternative therapies. Physicians should monitor outpatients with alcohol withdrawal syndrome daily for up to five days after their last drink to verify symptom improvement and to evaluate the need for additional treatment.

Primary care physicians should offer to initiate long-term treatment for alcohol use disorder, including pharmacotherapy, in addition to withdrawal management.

READING 10. SMOKING CESSATION

Zwar NA.¹ Smoking cessation. *Aust J Gen Pract.* 2020 Aug;49(8):474-481. PMID: 32738868

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ABSTRACT

BACKGROUND: Although Australia is a world leader in tobacco control, smoking remains the behavioural risk factor making the largest contribution to death and disease. Smoking rates remain high in Aboriginal and Torres Strait Islander people and in people with mental health problems. Priority groups for cessation include women who are pregnant and people with cardiovascular disease.

OBJECTIVE: This article, based on the recently published second edition of *Supporting smoking cessation: A guide for health professionals*, provides an update on current evidence-based practice to support quitting. A brief, time-efficient intervention approach (Ask, Advise, Help) is proposed. New approaches to the use of pharmacotherapy are covered, as is the controversial role of nicotine-containing e-cigarettes and advice for groups with high smoking prevalence and those with special needs.

DISCUSSION: A combination of behavioural support along with pharmacotherapy to treat nicotine dependence maximises the chances of successful long-term cessation. Combination nicotine replacement therapy (patch and short-acting oral form) or varenicline are the most effective forms of pharmacotherapy.