

40 bhma abstracts, october '12

Forty abstracts covering a multitude of stress, health & wellbeing related subjects including CBT compared to ACT, how mind wandering can boost creativity, being in nature helping depression, TV viewing reducing life expectancy, therapist characteristics contributing to burnout, pets as attachment figures, and much more.

(Arch, Eifert et al. 2012; Baird, Smallwood et al. 2012; Berman, Kross et al. 2012; Bihari and Mullan 2012; Byers, Vittinghoff et al. 2012; Chang, Lin et al. 2012; Corrigan and Rao 2012; Cuijpers, Driessen et al. 2012; Dael, Mortillaro et al. 2012; Fisak, Holderfield et al. 2012; Frijters, Johnston et al. 2012; Gruber, Kogan et al. 2012; Guan, Fox et al. 2012; Harrow, Jobe et al. 2012; Hertenstein, Rose et al. 2012; Kallestad, Hansen et al. 2012; Krogsboll, Jorgensen et al. 2012; Livingstone and Srivastava 2012; Mauss, Savino et al. 2012; McCarney, Schulz et al. 2012; McCartney 2012; Mogilner, Chance et al. 2012; Molden, Hui et al. 2012; Murdoch, Slow et al. 2012; Ng 2012; Niven, Totterdell et al. 2012; Oldham, Kellett et al. 2012; Rudd, Vohs et al. 2012; Salonia, Castagna et al. 2012; Segal-Caspi, Roccas et al. 2012; Selterman, Apetroaia et al. 2012; Shahly, Berglund et al. 2012; Sigman 2012; Sommer, de Witte et al. 2012; Spiers, Brugha et al. 2012; Stefanou and McCabe 2012; Veerman, Healy et al. 2012; Zainal, Booth et al. 2012; Zeeck, Orlinsky et al. 2012; Zilcha-Mano, Mikulincer et al. 2012)

Arch, J. J., G. H. Eifert, et al. (2012). **"Randomized clinical trial of cognitive behavioral therapy (CBT) versus acceptance and commitment therapy (ACT) for mixed anxiety disorders."** *J Consult Clin Psychol* 80(5): 750-765. <http://www.ncbi.nlm.nih.gov/pubmed/22563639>

OBJECTIVE: Randomized comparisons of acceptance-based treatments with traditional cognitive behavioral therapy (CBT) for anxiety disorders are lacking. To address this gap, we compared acceptance and commitment therapy (ACT) to CBT for heterogeneous anxiety disorders. METHOD: One hundred twenty-eight individuals (52% female, mean age = 38, 33% minority) with 1 or more DSM-IV anxiety disorders began treatment following randomization to CBT or ACT; both treatments included behavioral exposure. Assessments at pre-treatment, post-treatment, and 6- and 12-month follow-up measured anxiety-specific (principal disorder Clinical Severity Ratings [CSRs], Anxiety Sensitivity Index, Penn State Worry Questionnaire, Fear Questionnaire avoidance) and non-anxiety-specific (Quality of Life Index [QOLI], Acceptance and Action Questionnaire-16 [AAQ]) outcomes. Treatment adherence, therapist competency ratings, treatment credibility, and co-occurring mood and anxiety disorders were investigated. RESULTS: CBT and ACT improved similarly across all outcomes from pre- to post-treatment. During follow-up, ACT showed steeper linear CSR improvements than CBT ($p < .05$, $d = 1.26$), and at 12-month follow-up, ACT showed lower CSRs than CBT among completers ($p < .05$, $d = 1.10$). At 12-month follow-up, ACT reported higher AAQ than CBT ($p = .08$, $d = 0.42$; completers: $p < .05$, $d = 0.56$), whereas CBT reported higher QOLI than ACT ($p < .05$, $d = 0.42$). Attrition and comorbidity improvements were similar; ACT used more non-study psychotherapy at 6-month follow-up. Therapist adherence and competency were good; treatment credibility was higher in CBT. CONCLUSIONS: Overall improvement was similar between ACT and CBT, indicating that ACT is a highly viable treatment for anxiety disorders.

Baird, B., J. Smallwood, et al. (2012). **"Inspired by distraction: Mind wandering facilitates creative incubation."** *Psychological Science* 23(10): 1117-1122. <http://pss.sagepub.com/content/23/10/1117.abstract>

Although anecdotes that creative thoughts often arise when one is engaged in an unrelated train of thought date back thousands of years, empirical research has not yet investigated this potentially critical source of inspiration. We used an incubation paradigm to assess whether performance on validated creativity problems (the Unusual Uses Task, or UUT) can be facilitated by engaging in either a demanding task or an undemanding task that maximizes mind wandering. Compared with engaging in a demanding task, rest, or no break, engaging in an undemanding task during an incubation period led to substantial improvements in performance on previously encountered problems. Critically, the context that improved performance after the incubation period was associated with higher levels of mind wandering but not with a greater number of explicitly directed thoughts about the UUT. These data suggest that engaging in simple external tasks that allow the mind to wander may facilitate creative problem solving.

Berman, M. G., E. Kross, et al. (2012). **"Interacting with nature improves cognition and affect for individuals with depression."** *J Affect Disord* 140(3): 300-305. <http://www.ncbi.nlm.nih.gov/pubmed/22464936>

BACKGROUND: This study aimed to explore whether walking in nature may be beneficial for individuals with major depressive disorder (MDD). Healthy adults demonstrate significant cognitive gains after nature walks, but it was unclear whether those same benefits would be achieved in a depressed sample as walking alone in nature might induce rumination, thereby worsening memory and mood. METHODS: Twenty individuals diagnosed with MDD participated in this study. At baseline, mood and short term memory span were assessed using the PANAS and the backwards digit span (BDS) task, respectively. Participants were then asked to think about an unresolved negative autobiographical event to prime rumination, prior to taking a 50-min walk in either a natural or urban setting. After the walk, mood and short-term memory span were reassessed. The following week, participants returned to the lab and repeated the entire procedure, but walked in the location not visited in the first session (i.e., a counterbalanced within-subjects design). RESULTS: Participants exhibited significant increases in memory span after the nature walk relative to the urban walk, $p < .001$, $\eta^2(p) = .53$ (a large effect-size). Participants also showed increases in mood, but the mood effects did not correlate with the memory effects, suggesting separable mechanisms and replicating previous work. LIMITATIONS: Sample size and participants' motivation. CONCLUSIONS: These findings extend earlier work demonstrating the cognitive and affective benefits of interacting with nature to individuals with MDD. Therefore, interacting with nature may be useful clinically as a supplement to existing treatments for MDD.

Bihari, J. N. and E. Mullan (2012). **"Relating mindfully: A qualitative exploration of changes in relationships through mindfulness-based cognitive therapy."** *Mindfulness (N.Y.)*: 1-14. <http://dx.doi.org/10.1007/s12671-012-0146-x>

Mindfulness-based cognitive therapy (MBCT) was developed to reduce the risk of relapse for people suffering with chronic depression. The change processes identified to date focus on the individual level, e.g. "de-centering" or identifying less with thoughts. However, substantial research indicates that interpersonal processes play a major role in chronic depression and suggest that mindfulness practice is associated with more fulfilling interpersonal relationships. This study analyzed participants' experiences of MBCT and their relationships with others in-depth, through the use of qualitative methodology, specifically theoretical sampling of participants' interview data using grounded theory. The core construct that emerged from participants' accounts was "relating mindfully". Findings show the interconnectedness of individual and interpersonal changes through MBCT, and are summarized in diagrammatic form. Participants described "relating mindfully" to their own experiences with consequential profound changes in their relationships with others. Specifically, participants were more aware of their tendency to react automatically to internal and external triggers (distressing interpersonal situations). This awareness allowed them space to mindfully respond to others rather than react in habitual (and often painful) ways. Relationships were enriched through

profound and varied changes: Some participants were more able to "be with" others in distress rather than jumping to "fix" or avoid them. At other times, they were more able to enjoy and appreciate being with others due to their increased tendency to live in the present moment. Participants described improvements in communication, such as increased empathy and ability to see others' perspectives, arguments being more constructive as opposed to just frustrated, habitual rowing. These findings suggest the need for an expanded conceptualization of mindfulness, which acknowledges and encompasses these important relational change processes in addition to the individual psychological changes.

Byers, A., E. Vittinghoff, et al. (2012). **"Twenty-year depressive trajectories among older women."** *Archives of General Psychiatry* 69(10): 1073-1079. <http://dx.doi.org/10.1001/archgenpsychiatry.2012.43>

Context Despite the frequent occurrence of depressive symptoms among older adults, especially women, little is known about the long-term course of late-life depressive symptoms. **Objective** To characterize the natural course of depressive symptoms among older women (from the young old to the oldest old) followed up for almost 20 years. **Design** Using latent-class growth-curve analysis, we analyzed women enrolled in an ongoing prospective cohort study (1988 through 2009). **Setting** Clinic sites in Baltimore, Maryland; Minneapolis, Minnesota; the Monongahela Valley near Pittsburgh, Pennsylvania; and Portland, Oregon. **Participants** We studied 7240 community-dwelling women 65 years or older. **Main Outcome Measure** The Geriatric Depression Scale short form (score range, 0-15) was used to routinely assess depressive symptoms during the follow-up period. **Results** Among older women, we identified 4 latent classes during 20 years, with the predicted probabilities of group membership totaling 27.8% with minimal depressive symptoms, 54.0% with persistently low depressive symptoms, 14.8% with increasing depressive symptoms, and 3.4% with persistently high depressive symptoms. In an adjusted model for latent class membership, odds ratios (ORs) for belonging in the increasing depressive symptoms and persistently high depressive symptoms classes, respectively, compared with a group having minimal depressive symptoms were substantially and significantly ($P < .05$) elevated for the following variables: baseline smoking (ORs, 4.69 and 7.97), physical inactivity (ORs, 2.11 and 2.78), small social network (ORs, 3.24 and 6.75), physical impairment (ORs, 8.11 and 16.43), myocardial infarction (ORs, 2.09 and 2.41), diabetes mellitus (ORs, 2.98 and 3.03), and obesity (ORs, 1.86 and 2.90). **Conclusions** During 20 years, almost 20% of older women experienced persistently high depressive symptoms or increasing depressive symptoms. In addition, these women had more comorbidities, physical impairment, and negative lifestyle factors at baseline. These associations support the need for intervention and prevention strategies to reduce depressive symptoms into the oldest-old years.

Chang, Y.-P., Y.-C. Lin, et al. (2012). **"Pay it forward: Gratitude in social networks."** *Journal of Happiness Studies* 13(5): 761-781. <http://dx.doi.org/10.1007/s10902-011-9289-z>

Based on the framework of the broaden-and-build theory (Fredrickson in *Philos Trans R Soc B Biol Sci* 359(1449):1367, 2004a, b), we proposed that the emotion of gratitude generates upstream reciprocity (UR, which is helping an unrelated third party after being helped) by broadening the beneficiary's perspective toward others and thus making the beneficiary represent the benefactor and newly encountered strangers in the same social category. Furthermore, by inducing one UR after another, gratitude may lead to a chain/network of UR and strengthen the structure of organization. We named the effect the integration function of gratitude and demonstrated it by applying the social network analysis technique to eighteen small groups. Implications of the integration function are discussed in terms of self-identity, social exchange theory, and quality of life.

Corrigan, P. W. and D. Rao (2012). **"On the self-stigma of mental illness: Stages, disclosure, and strategies for change."** *Can J Psychiatry* 57(8): 464-469. <http://www.ncbi.nlm.nih.gov/pubmed/22854028>

People with mental illness have long experienced prejudice and discrimination. Researchers have been able to study this phenomenon as stigma and have begun to examine ways of reducing this stigma. Public stigma is the most prominent form observed and studied, as it represents the prejudice and discrimination directed at a group by the larger population. Self-stigma occurs when people internalize these public attitudes and suffer numerous negative consequences as a result. In our article, we more fully define the concept of self-stigma and describe the negative consequences of self-stigma for people with mental illness. We also examine the advantages and disadvantages of disclosure in reducing the impact of stigma. In addition, we argue that a key to challenging self-stigma is to promote personal empowerment. Lastly, we discuss individual- and societal-level methods for reducing self-stigma, programs led by peers as well as those led by social service providers.

Cuijpers, P., E. Driessen, et al. (2012). **"The efficacy of non-directive supportive therapy for adult depression: A meta-analysis."** *Clin Psychol Rev* 32(4): 280-291. <http://www.ncbi.nlm.nih.gov/pubmed/22466509>

The effects of non-directive supportive therapy (NDST) for adult depression have been examined in a considerable number of studies, but no meta-analysis of these studies has been conducted. We selected 31 studies on NDST from a comprehensive database of trials, examining psychotherapies for adult depression, and conducted meta-analyses in which NDST was compared with control groups, other psychotherapies and pharmacotherapy. We found that NDST is effective in the treatment of depression in adults ($g=0.58$; 95% CI: 0.45-0.72). NDST was less effective than other psychological treatments (differential effect size $g=-0.20$; 95% CI: -0.32 to -0.08, $p<0.01$), but these differences were no longer present after controlling for researcher allegiance. We estimated that extra-therapeutic factors (those processes operating in waiting-list and care-as-usual controls) were responsible for 33.3% of the overall improvement, non-specific factors (the effects of NDST compared with control groups) for 49.6%, and specific factors (the effects of NDST compared with other therapies) for 17.1%. NDST has a considerable effect on symptoms of depression. Most of the effect of therapy for adult depression is realized by non-specific factors, and our results suggest that the contribution of specific effects is limited at best.

Dael, N., M. Mortillaro, et al. (2012). **"Emotion expression in body action and posture."** *Emotion* 12(5): 1085-1101. <http://www.ncbi.nlm.nih.gov/pubmed/22059517>

Emotion communication research strongly focuses on the face and voice as expressive modalities, leaving the rest of the body relatively understudied. Contrary to the early assumption that body movement only indicates emotional intensity, recent studies have shown that body movement and posture also conveys emotion specific information. However, a deeper understanding of the underlying mechanisms is hampered by a lack of production studies informed by a theoretical framework. In this research we adopted the Body Action and Posture (BAP) coding system to examine the types and patterns of body movement that are employed by 10 professional actors to portray a set of 12 emotions. We investigated to what extent these expression patterns support explicit or implicit predictions from basic emotion theory, bidimensional theory, and componential appraisal theory. The overall results showed partial support for the different theoretical approaches. They revealed that several patterns of body movement systematically occur in portrayals of specific emotions, allowing emotion differentiation. Although a few emotions were prototypically expressed by one particular pattern, most emotions were variably expressed by multiple patterns, many of which can be explained as reflecting functional components of emotion such as modes of appraisal and action readiness. It is concluded that further work in this largely underdeveloped area should be guided by an appropriate theoretical framework to allow a more systematic design of experiments and clear hypothesis testing.

Fisak, B. J., K. G. Holderfield, et al. (2012). **"What do parents worry about? Examination of the construct of parent worry and the relation to parent and child anxiety."** *Behavioural and Cognitive Psychotherapy* 40(05): 542-557. <http://dx.doi.org/10.1017/S1352465812000410>

Background: Previous research has indicated that parent cognition, including anxious beliefs and expectations, are associated with both parent and child anxiety symptoms and may be transferred from parent to child. However, the content and frequency of parent worry in relation to their children has yet to be examined as a potential form of anxious parent cognition, and little is known about normative parent worry. Aims: The purpose of the current study is to extend the research on parent cognition and child anxiety by focusing on parent worry (i.e. parent worry in relation to their children) as a potential predictor of child anxiety. Method: A comprehensive self-report measure of parent worry was developed and administered to a community-based sample of parents. Results: An exploratory factor analysis yielded a single factor solution. Parent worry was found to be a more robust predictor of child anxiety than parent anxiety symptoms, and parent worry mediated the association between parent anxiety symptoms and child anxiety. Most common worries reported by parents fell within the domains of life success and physical well-being. Conclusion: Overall, this study adds to the literature on parent cognitive biases and has the potential to inform parent-based interventions for the treatment of child anxiety. Further, this study provides initial data on normative parent worry.

Frijters, P., D. Johnston, et al. (2012). **"The optimality of tax transfers: What does life satisfaction data tell us?"** *Journal of Happiness Studies* 13(5): 821-832. <http://dx.doi.org/10.1007/s10902-011-9293-3>

This paper addresses an important policy question: who gets the largest utility gain from income and does the tax system adequately reflect this? We address this question by using Australian panel data and taking life satisfaction as a proxy for utility, allowing us to identify the marginal utility of additional income for different groups of individuals. We find that optimal transfers consist of transfers from the old to the middle aged, and from the married to the unmarried. This optimal utilitarian welfare policy is then contrasted with information on who actually receives transfers and who pays for them in Australia, where we find that taxes are too high for some groups, like the young, and that they are too low for other groups, like the elderly. We believe that the methodology developed in this paper could be fruitfully applied to the issue of optimal taxation in other countries.

Gruber, J., A. Kogan, et al. (2012). **"Happiness is best kept stable: Positive emotion variability is associated with poorer psychological health."** *Emotion*. <http://www.ncbi.nlm.nih.gov/pubmed/23163709>

Positive emotion has been shown to be associated with adaptive outcomes in a number of domains, including psychological health. However, research has largely focused on overall levels of positive emotion with less attention paid to how variable versus stable it is across time. We thus examined the psychological health correlates of positive emotion variability versus stability across 2 distinct studies, populations, and scientifically validated approaches for quantifying variability in emotion across time. Study 1 used a daily experience approach in a U.S. community sample (N = 244) to examine positive emotion variability across 2 weeks (macrolevel). Study 2 adopted a daily reconstruction method in a French adult sample (N = 2,391) to examine variability within 1 day (microlevel). Greater macro- and microlevel variability in positive emotion was associated with worse psychological health, including lower well-being and life satisfaction and greater depression and anxiety (Study 1), and lower daily satisfaction, life satisfaction, and happiness (Study 2). Taken together, these findings support the notion that positive emotion variability plays an important and incremental role in psychological health above and beyond overall levels of happiness, and that too much variability might be maladaptive.

Guan, K., K. R. Fox, et al. (2012). **"Nonsuicidal self-injury as a time-invariant predictor of adolescent suicide ideation and attempts in a diverse community sample."** *J Consult Clin Psychol* 80(5): 842-849. <http://www.ncbi.nlm.nih.gov/pubmed/22845782>

OBJECTIVE: Longitudinal data on adolescent self-injury are rare. Little is known regarding the associations between various forms of self-injurious thoughts and behaviors over time, particularly within community samples that are most relevant for prevention efforts. This study examined nonsuicidal self-injury (NSSI) as a time-invariant, prospective predictor of adolescent suicide ideation, threats or gestures, and attempts over a 2.5-year interval. METHOD: A diverse (55% female; 51% non-White) adolescent community sample (n = 399) reported depressive symptoms, frequency of NSSI, suicide ideation, threats or gestures, and attempts in 9th grade (i.e., baseline) and at 4 subsequent time points. Generalized estimating equations and logistic regressions were conducted to reveal the associations between baseline NSSI and the likelihood of each suicidal self-injury outcome postbaseline while controlling for depressive symptoms and related indices of suicidal self-injury as competing predictors. RESULTS: Baseline NSSI was significantly, prospectively associated with elevated levels of suicide ideation and suicide attempts, but not threats or gestures. Neither gender nor ethnicity moderated results. CONCLUSIONS: Above and beyond established risk factors such as depressive symptoms and previous suicidality, adolescent NSSI may be an especially important factor to assess when determining risk for later suicidality.

Harrow, M., T. H. Jobe, et al. (2012). **"Do all schizophrenia patients need antipsychotic treatment continuously throughout their lifetime? A 20-year longitudinal study."** *Psychological Medicine* 42(10): 2145-2155. <http://dx.doi.org/10.1017/S0033291712000220>

Background The prevailing standard of care in the field involves background assumptions about the importance of prolonged use of antipsychotic medications for all schizophrenia (SZ) patients. However, do all SZ patients need antipsychotics indefinitely? Are there factors that help to identify which SZ patients can enter into prolonged periods of recovery without antipsychotics? This 20-year longitudinal research studied these issues. Method A total of 139 early young psychotic patients from the Chicago Follow-up Study, including 70 patients with SZ syndromes and 69 with mood disorders, were assessed, prospectively, at the acute phase and then followed up six times over the next 20 years. Patients were assessed with standardized instruments for major symptoms, psychosocial functioning, personality, attitudinal variables, neurocognition and treatment. Results At each follow-up, 30-40% of SZ patients were no longer on antipsychotics. Starting at the 4.5-year follow-ups and continuing thereafter, SZ patients not on antipsychotics for prolonged periods were significantly less likely to be psychotic and experienced more periods of recovery; they also had more favorable risk and protective factors. SZ patients off antipsychotics for prolonged periods did not relapse more frequently. Conclusions The data indicate that not all SZ patients need treatment with antipsychotics continuously throughout their lives. SZ patients not on antipsychotics for prolonged periods are a self-selected group with better internal resources associated with greater resiliency. They have better prognostic factors, better pre-morbid developmental achievements, less vulnerability to anxiety, better neurocognitive skills, less vulnerability to psychosis and experience more periods of recovery.

Hertenstein, E., N. Rose, et al. (2012). **"Mindfulness-based cognitive therapy in obsessive-compulsive disorder - a qualitative study on patients' experiences."** *BMC Psychiatry* 12(1): 185. <http://www.biomedcentral.com/1471-244X/12/185>

(Free full text available): **BACKGROUND:** Cognitive behavioral therapy (CBT) with exposure and response prevention (ERP) is the first-line treatment for patients with obsessive-compulsive disorder (OCD). However, not all of them achieve remission on a longterm basis. Mindfulness-based cognitive therapy (MBCT) represents a new 8-week group therapy program whose effectiveness has been demonstrated in various mental disorders, but has not yet been applied to patients with OCD. The present pilot study aimed to qualitatively assess the subjective experiences of patients with OCD who participated in MBCT. **METHOD:** Semi-structured interviews were conducted with 12 patients suffering from OCD directly after 8 sessions of a weekly MBCT group program. Data were analyzed using a qualitative content analysis. **RESULTS:** Participants valued the treatment as helpful in dealing with their OCD and OCD-related problems. Two thirds of the patients reported a decline in OCD symptoms. Benefits included an increased ability to let unpleasant emotions surface and to live more consciously in the present. However, participants also discussed several problems. **CONCLUSION:** The data provide preliminary evidence that patients with OCD find aspects of the current MBCT protocol acceptable and beneficial. The authors suggest to further explore MBCT as a complementary treatment strategy for OCD.

Kallestad, H., B. Hansen, et al. (2012). **"Impact of sleep disturbance on patients in treatment for mental disorders."** *BMC Psychiatry* 12(1): 179. <http://www.biomedcentral.com/1471-244X/12/179>

(Free full text available): **BACKGROUND:** In clinical practice, sleep disturbance is often regarded as an epiphenomenon of the primary mental disorder. The aim of this study was to test if sleep disturbance, independently of primary mental disorders, is associated with current clinical state and benefit from treatment in a sample representative of public mental health care clinics. **METHOD:** 2246 patients receiving treatment for mental disorders in eight public mental health care centers in Norway were evaluated in a cross-sectional study using patient and clinician reported measures. Patients reported quality of life, symptom severity, and benefit from treatment. Clinicians reported disorder severity, level of functioning, symptom severity and benefit from treatment. The hypothesis was tested using multiple hierarchical regression analyses. **RESULTS:** Sleep disturbance was, adjusted for age, gender, time in treatment, type of care, and the presence of any primary mental disorder, associated with lower quality of life, higher symptom severity, higher disorder severity, lower levels of functioning, and less benefit from treatment. **CONCLUSION:** Sleep disturbance ought to be considered a stand-alone therapeutic entity rather than an epiphenomenon of existing diagnoses for patients receiving treatment in mental health care.

Krogsboll, L. T., K. J. Jorgensen, et al. (2012). **"General health checks in adults for reducing morbidity and mortality from disease."** *Cochrane Database Syst Rev* 10: CD009009. <http://www.ncbi.nlm.nih.gov/pubmed/23076952>

BACKGROUND: General health checks are common elements of health care in some countries. These aim to detect disease and risk factors for disease with the purpose of reducing morbidity and mortality. Most of the commonly used screening tests offered in general health checks have been incompletely studied. Also, screening leads to increased use of diagnostic and therapeutic interventions, which can be harmful as well as beneficial. It is, therefore, important to assess whether general health checks do more good than harm. **OBJECTIVES:** We aimed to quantify the benefits and harms of general health checks with an emphasis on patient-relevant outcomes such as morbidity and mortality rather than on surrogate outcomes such as blood pressure and serum cholesterol levels. **SEARCH METHODS:** We searched The Cochrane Library, the Cochrane Central Register of Controlled Trials (CENTRAL), the Cochrane Effective Practice and Organisation of Care (EPOC) Trials Register, MEDLINE, EMBASE, Healthstar, CINAHL, ClinicalTrials.gov and WHO International Clinical Trials Registry Platform (ICTRP) to July 2012. Two authors screened titles and abstracts, assessed papers for eligibility and read reference lists. One author used citation tracking (Web of Knowledge) and asked trialists about additional studies. **SELECTION CRITERIA:** We included randomised trials comparing health checks with no health checks in adults unselected for disease or risk factors. We did not include geriatric trials. We defined health checks as screening general populations for more than one disease or risk factor in more than one organ system. **DATA COLLECTION AND ANALYSIS:** Two authors independently extracted data and assessed the risk of bias in the trials. We contacted authors for additional outcomes or trial details when necessary. For mortality outcomes we analysed the results with random-effects model meta-analysis, and for other outcomes we did a qualitative synthesis as meta-analysis was not feasible. **MAIN RESULTS:** We included 16 trials, 14 of which had available outcome data (182,880 participants). Nine trials provided data on total mortality (155,899 participants, 11,940 deaths), median follow-up time nine years, giving a risk ratio of 0.99 (95% confidence interval (CI) 0.95 to 1.03). Eight trials provided data on cardiovascular mortality (152,435 participants, 4567 deaths), risk ratio 1.03 (95% CI 0.91 to 1.17) and eight trials on cancer mortality (139,290 participants, 3663 deaths), risk ratio 1.01 (95% CI 0.92 to 1.12). Subgroup and sensitivity analyses did not alter these findings. We did not find an effect on clinical events or other measures of morbidity but one trial found an increased occurrence of hypertension and hypercholesterolaemia with screening and one trial found an increased occurrence of self-reported chronic disease. One trial found a 20% increase in the total number of new diagnoses per participant over six years compared to the control group. No trials compared the total number of prescriptions, but two out of four trials found an increased number of people using antihypertensive drugs. Two out of four trials found small beneficial effects on self-reported health, but this could be due to reporting bias as the trials were not blinded. We did not find an effect on admission to hospital, disability, worry, additional visits to the physician, or absence from work, but most of these outcomes were poorly studied. We did not find useful results on the number of referrals to specialists, the number of follow-up tests after positive screening results, or the amount of surgery. **AUTHORS' CONCLUSIONS:** General health checks did not reduce morbidity or mortality, neither overall nor for cardiovascular or cancer causes, although the number of new diagnoses was increased. Important harmful outcomes, such as the number of follow-up diagnostic procedures or short term psychological effects, were often not studied or reported and many trials had methodological problems. With the large number of participants and deaths included, the long follow-up periods used, and considering that cardiovascular and cancer mortality were not reduced, general health checks are unlikely to be beneficial.

Livingstone, K. M. and S. Srivastava (2012). **"Up-regulating positive emotions in everyday life: Strategies, individual differences, and associations with positive emotion and well-being."** *Journal of Research in Personality* 46(5): 504-516. <http://www.sciencedirect.com/science/article/pii/S0092656612000864>

This research aimed to identify strategies people use to up-regulate positive emotions, and examine associations with personality, emotion regulation, and trait and state positive experience. In Study 1, participants reported use of 75 regulation strategies and trait emotional experience. Principal component analysis revealed three strategy domains: engagement (socializing, savoring), betterment (goal pursuit, personal growth), and indulgence (substance use, fantasy). In Study 2, participants reported state-level regulation and emotional experience. Engagement correlated with greater state and trait positive emotion, and overall greater well-being. Betterment correlated with less state, but greater trait, positive emotion. Indulgence correlated with greater state, but less trait positive emotion and overall lower well-being. This research suggests trade-offs between short-term and long-term emotional consequences of different strategies.

Mauss, I. B., N. S. Savino, et al. (2012). **"The pursuit of happiness can be lonely."** *Emotion* 12(5): 908-912. <http://www.ncbi.nlm.nih.gov/pubmed/21910542>

Few things seem more natural and functional than wanting to be happy. We suggest that, counter to this intuition, valuing happiness may have some surprising negative consequences. Specifically, because striving for personal gains can damage connections with others and because happiness is usually defined in terms of personal positive feelings (a personal gain) in western contexts, striving for happiness might damage people's connections with others and make them lonely. In 2 studies, we provide support for this hypothesis. Study 1 suggests that the more people value happiness, the lonelier they feel on a daily basis (assessed over 2 weeks with diaries). Study 2 provides an experimental manipulation of valuing happiness and demonstrates that inducing people to value happiness leads to relatively greater loneliness, as measured by self-reports and a hormonal index (progesterone). In each study, key potential confounds, such as positive and negative affect, were ruled out. These findings suggest that wanting to be happy can make people lonely.

McCarney, R. W., J. Schulz, et al. (2012). **"Effectiveness of mindfulness-based therapies in reducing symptoms of depression: A meta-analysis."** *European Journal of Psychotherapy & Counselling* 14(3): 279-299.
<http://www.tandfonline.com/doi/abs/10.1080/13642537.2012.713186>

Mindfulness-based therapies are a recent development within the cognitive-behavioural tradition and an important element of the third wave cognitive behavioural therapy models. A number of these therapies could be considered to have mindfulness as a major component of the therapy. There has been a considerable growth of interest in these therapies with an accompanying increase in their evidence base. While a number of reviews have been conducted, these therapies were not comprehensively appraised. The most prominent of these therapies, mindfulness-based cognitive therapy, was developed to reduce relapse in recurrent depression. We conducted a meta-analysis which looked at therapies considered to have mindfulness as a major component. We investigated whether this group of therapies was effective in reducing current depressive symptomatology as measured by the Beck depression inventory (BDI). A total of 11 studies were included in the analysis. We found a significant mean reduction score in current depressive symptomatology, as measured by the BDI, of 8.73 points (95% confidence interval = 6.61, 10.86). We found evidence for the effectiveness of these major-component therapies in reducing levels of active depression. The robustness of these findings is discussed alongside the implications for research and practice within the context of the current literature.

McCartney, M. (2012). **"Calorie restriction and longevity: Fast and loose?"** *BMJ* 345: e6872.
<http://www.bmj.com/content/345/bmj.e6872>

Can we achieve longer life by starving ourselves? A recent television programme claimed so. Margaret McCartney looked at the evidence and found a dearth of long term studies in humans. "This is the beginning of something . . . it could be genuinely revolutionary." Horizon's "Eat, Fast and Live Longer" was an hour long documentary presented by the doctor and producer Michael Mosley. He had wanted to find out how to "live longer, stay younger, and lose weight in the bargain." The programme began with the world's oldest marathon runner finishing in London—and gave the implication that he had reached the age of 101 in full health, with no signs of heart disease and taking no drugs, because of his diet, which was mainly fresh fruit. We can't alter our genes, said Mosley, but we can choose what we eat. He said that in the United States "truly remarkable" research was linking diet and longevity ... Fasting was recommended as a way to avoid the typical preventive medical polypharmacy associated with ageing; but we do not have any randomised controlled trials to show this. He went to see Kirsta Varady, a researcher in Illinois, whose research focuses on how to reduce weight in obese people and the effects on cardiovascular risk factors. "I am starting to be won over," said Mosley. "It has an impact which is beyond simply eating less." So we also had mice eating fast food diets and "going downhill," with memory loss, and statements such as "sporadic bouts of hunger make new neurones grow," and extrapolations to humans. We were fed a Darwinian explanation: fasting is as good for the brain as exercise is for muscles; "hunger really does make you sharper." Although we were reminded that this had so far been shown only in mice, viewers were told that they should ensure that they have medical permission to fast because fasting could be harmful in some, such as underweight people and pregnant women. So, how well did the programme fulfil its aims? We lack human evidence, especially head to head evidence, of what works with diet. We do know, however, that not smoking, drinking moderately, being of healthy weight, and having good social interaction increase longevity. Intermittent fasting seems worthy of further study, though the measurable benefits so far concern weight loss rather than the more distant goal of living longer than the healthiest people currently do. Research can take time to be translated into real life practice. But promising the Earth without evidence risks alienating the public from research, lessening their understanding of how research should work and how it should be reported. This was a worthy subject, but the hyperbole exceeded the data.

Mogilner, C., Z. Chance, et al. (2012). **"Giving time gives you time."** *Psychological Science* 23(10): 1233-1238.
<http://pss.sagepub.com/content/23/10/1233.abstract>

Results of four experiments reveal a counterintuitive solution to the common problem of feeling that one does not have enough time: Give some of it away. Although the objective amount of time people have cannot be increased (there are only 24 hours in a day), this research demonstrates that people's subjective sense of time affluence can be increased. We compared spending time on other people with wasting time, spending time on oneself, and even gaining a windfall of "free" time, and we found that spending time on others increases one's feeling of time affluence. The impact of giving time on feelings of time affluence is driven by a boosted sense of self-efficacy. Consequently, giving time makes people more willing to commit to future engagements despite their busy schedules.

Molden, D. C., C. M. Hui, et al. (2012). **"Motivational versus metabolic effects of carbohydrates on self-control."** *Psychological Science* 23(10): 1137-1144. <http://pss.sagepub.com/content/23/10/1137.abstract>

Self-control is critical for achievement and well-being. However, people's capacity for self-control is limited and becomes depleted through use. One prominent explanation for this depletion posits that self-control consumes energy through carbohydrate metabolization, which further suggests that ingesting carbohydrates improves self-control. Some evidence has supported this energy model, but because of its broad implications for efforts to improve self-control, we reevaluated the role of carbohydrates in self-control processes. In four experiments, we found that (a) exerting self-control did not increase carbohydrate metabolization, as assessed with highly precise measurements of blood glucose levels under carefully standardized conditions; (b) rinsing one's mouth with, but not ingesting, carbohydrate solutions immediately bolstered self-control; and (c) carbohydrate rinsing did not increase blood glucose. These findings challenge metabolic explanations for the role of carbohydrates in self-control depletion; we therefore propose an alternative motivational model for these and other previously observed effects of carbohydrates on self-control.

Murdoch, D. R., S. Slow, et al. (2012). **"Effect of vitamin D3 supplementation on upper respiratory tract infections in healthy adults: The VIDARIS randomized controlled trial."** *JAMA* 308(13): 1333-1339.
<http://dx.doi.org/10.1001/jama.2012.12505>

Context Observational studies have reported an inverse association between serum 25-hydroxyvitamin D (25-OHD) levels and incidence of upper respiratory tract infections (URTIs). However, results of clinical trials of vitamin D supplementation

have been inconclusive. **Objective** To determine the effect of vitamin D supplementation on incidence and severity of URTIs in healthy adults. **Design, Setting, and Participants** Randomized, double-blind, placebo-controlled trial conducted among 322 healthy adults between February 2010 and November 2011 in Christchurch, New Zealand. **Intervention** Participants were randomly assigned to receive an initial dose of 200 000 IU oral vitamin D3, then 200 000 IU 1 month later, then 100 000 IU monthly (n = 161), or placebo administered in an identical dosing regimen (n = 161), for a total of 18 months. **Main Outcome Measures** The primary end point was number of URTI episodes. Secondary end points were duration of URTI episodes, severity of URTI episodes, and number of days of missed work due to URTI episodes. **Results** The mean baseline 25-OHD level of participants was 29 (SD, 9) ng/mL. Vitamin D supplementation resulted in an increase in serum 25-OHD levels that was maintained at greater than 48 ng/mL throughout the study. There were 593 URTI episodes in the vitamin D group and 611 in the placebo group, with no statistically significant differences in the number of URTIs per participant (mean, 3.7 per person in the vitamin D group and 3.8 per person in the placebo group; risk ratio, 0.97; 95% CI, 0.85-1.11), number of days of missed work as a result of URTIs (mean, 0.76 days in each group; risk ratio, 1.03; 95% CI, 0.81-1.30), duration of symptoms per episode (mean, 12 days in each group; risk ratio, 0.96; 95% CI, 0.73-1.25), or severity of URTI episodes. These findings remained unchanged when the analysis was repeated by season and by baseline 25-OHD levels. **Conclusion** In this trial, monthly administration of 100 000 IU of vitamin D did not reduce the incidence or severity of URTIs in healthy adults.

Ng, W. (2012). **"Neuroticism and well-being? Let's work on the positive rather than negative aspects."** *The Journal of Positive Psychology* 7(5): 416-426. <http://dx.doi.org/10.1080/17439760.2012.709270>

The present studies show that certain cognitive strategies (e.g. savoring, practicing gratitude) enable individuals high in neuroticism to maintain or recover their positive emotions. In Study 1, participants (regardless of neuroticism differences) felt positive about a pleasant event if they savored it; however, dampening the event caused individuals high but not low in neuroticism to feel less positive. Study 2 showed that being grateful for things in their lives helped participants maintain their affect balance after a positive mood induction, or regain their affect balance after a negative mood induction. This research is thus the first step toward illuminating how people (including individuals high in neuroticism) could improve their momentary affect via the alternative route of maintaining or increasing positive emotions, rather than the traditional solution of reducing negative emotions.

Niven, K., P. Totterdell, et al. (2012). **"Achieving the same for less: Improving mood depletes blood glucose for people with poor (but not good) emotion control."** *Cogn Emot.* <http://www.ncbi.nlm.nih.gov/pubmed/22712512>

Previous studies have found that acts of self-control like emotion regulation deplete blood glucose levels. The present experiment investigated the hypothesis that the extent to which people's blood glucose levels decline during emotion regulation attempts is influenced by whether they believe themselves to be good or poor at emotion control. We found that although good and poor emotion regulators were equally able to achieve positive and negative moods, the blood glucose of poor emotion regulators was reduced after performing an affect-improving task, whereas the blood glucose of good emotion regulators remained unchanged. As evidence suggests that glucose is a limited energy resource upon which self-control relies, the implication is that good emotion regulators are able to achieve the same positive mood with less cost to their self-regulatory resource. Thus, depletion may not be an inevitable consequence of engaging in emotion regulation.

Oldham, M., S. Kellett, et al. (2012). **"Interventions to increase attendance at psychotherapy: A meta-analysis of randomized controlled trials."** *J Consult Clin Psychol* 80(5): 928-939. <http://www.ncbi.nlm.nih.gov/pubmed/22889335>

OBJECTIVE: Rates of nonattendance for psychotherapy hinder the effective delivery of evidence-based treatments. Although many strategies have been developed to increase attendance, the effectiveness of these strategies has not been quantified. Our aim in the present study was to undertake a meta-analysis of rigorously controlled studies to quantify the effects of interventions to promote psychotherapy attendance. **METHOD:** The inclusion criteria were that studies (a) concerned attendance at individual or group psychotherapy by adults, (b) used a randomized controlled trial design to test an attendance strategy, and (c) used an objective measure of attendance. Computerized literature searches and hand searching resulted in a total of 31 randomized controlled trials that involved 33 independent tests of strategies for reducing treatment refusal and premature termination (N = 4,422). Effect sizes from individual studies were meta-analyzed, and moderator analyses were conducted. **RESULTS:** Interventions had a small-to-medium effect on attendance across studies (d+ = .38). Interventions to reduce treatment refusal and premature termination were similarly effective (d+ = .37 and .39, respectively). Choice of appointment time or therapist, motivational interventions, preparation for psychotherapy, informational interventions, attendance reminders, and case management were the most effective strategies. Diagnosis also moderated effect sizes; samples with a single diagnosis benefited more from attendance interventions compared to samples with a variety of diagnoses. **CONCLUSIONS:** Interventions to increase attendance at adult psychotherapy are moderately effective. However, relatively few studies met the strict study inclusion criteria. Further methodologically sound and theoretically informed interventions geared at increasing attendance are required.

Rudd, M., K. D. Vohs, et al. (2012). **"Awe expands people's perception of time, alters decision making, and enhances well-being."** *Psychol Sci* 23(10): 1130-1136. <http://www.ncbi.nlm.nih.gov/pubmed/22886132>

When do people feel as if they are rich in time? Not often, research and daily experience suggest. However, three experiments showed that participants who felt awe, relative to other emotions, felt they had more time available (Experiments 1 and 3) and were less impatient (Experiment 2). Participants who experienced awe also were more willing to volunteer their time to help other people (Experiment 2), more strongly preferred experiences over material products (Experiment 3), and experienced greater life satisfaction (Experiment 3). Mediation analyses revealed that these changes in decision making and well-being were due to awe's ability to alter the subjective experience of time. Experiences of awe bring people into the present moment, and being in the present moment underlies awe's capacity to adjust time perception, influence decisions, and make life feel more satisfying than it would otherwise.

Salonia, A., G. Castagna, et al. (2012). **"Is erectile dysfunction a reliable proxy of general male health status? The case for the international index of erectile function—erectile function domain."** *The Journal of Sexual Medicine* 9(10): 2708-2715. <http://dx.doi.org/10.1111/j.1743-6109.2012.02869.x>

Introduction. Erectile dysfunction (ED) has emerged progressively as a sentinel marker of cardiovascular disease (CVD). The correlation between ED and the burden arising from multiple comorbid conditions has been incompletely analyzed. **Aim.** Assess whether erectile function, defined with the International Index of Erectile Function—Erectile Function (IIEF-EF) domain score, is associated with health-significant comorbidities scored with the Charlson comorbidity index (CCI). **Methods.** Clinical and hemodynamic variables of the last 140 consecutive patients who underwent penile color Doppler ultrasonography for new-onset ED were considered. Patients were assessed with a thorough medical and sexual history. Health-significant comorbidities were scored with the CCI. **Main Outcome Measure.** Descriptive statistics and either linear or logistic regression models tested the association among IIEF-EF, hemodynamic parameters, and CCI, which was included in the model both as

continuous and categorized variable (0 vs. ≥ 1). Results. Complete data were available for 138 patients (98.6%) (mean age 46.6 years [standard deviation 13.0]; range 21–75 years). CCI was 0, 1, and ≥ 2 in 94 (68.1%), 23 (16.7%), and 21 (15.25%) patients, respectively. Of all, 35 patients (79.5%) did not have a CVD comorbidity. Mean IIEF-EF was 13.7 (9.3). ED severity was no ED, mild, mild to moderate, moderate, and severe in 12 (9.1%), 28 (20.2%), 12 (9.1%), 23 (16.2%), and 63 (45.5%) patients, respectively. At multivariable linear regression analysis, CCI significantly worsened with increased age ($\beta = 0.33$; $P = 0.001$) and decreased IIEF-EF values ($\beta = -0.25$; $P = 0.01$). At logistic regression analysis, age (odds ratio [OR]: 1.05; $P = 0.004$) and IIEF-EF (OR: 0.95; $P = 0.04$) emerged as significant predictors of categorized CCI. Conclusions. Severity of ED, as objectively interpreted with IIEF-EF, accounts for a higher CCI, which may be considered a reliable proxy of a lower general male health status regardless of the etiology of ED.

Segal-Caspi, L., S. Roccas, et al. (2012). **"Don't judge a book by its cover, revisited: Perceived and reported traits and values of attractive women."** *Psychological Science* 23(10): 1112-1116.
<http://pss.sagepub.com/content/23/10/1112.abstract>

Research has documented a robust stereotype regarding personality attributes related to physical attractiveness (the "what is beautiful is good" stereotype). But do physically attractive women indeed possess particularly attractive inner attributes? Studying traits and values, we investigated two complementary questions: how perceived attractiveness relates to perceived personality, and how it relates to actual personality. First, 118 women reported their traits and values and were videotaped reading the weather forecast. Then, 118 judges rated the traits, values, and attractiveness of the women. As hypothesized, attractiveness correlated with attribution of desirable traits, but not with attribution of values. By contrast, attractiveness correlated with actual values, but not actual traits: Attractiveness correlated with tradition and conformity values (which were contrasted with self-direction values) and with self-enhancement values (which were contrasted with universalism values). Thus, despite the widely accepted "what is beautiful is good" stereotype, our findings suggest that the beautiful strive for conformity rather than independence and for self-promotion rather than tolerance.

Selterman, D., A. Apetroaia, et al. (2012). **"Script-like attachment representations in dreams containing current romantic partners."** *Attachment & Human Development* 14(5): 501-515. <http://dx.doi.org/10.1080/14616734.2012.706395>

Recent research has demonstrated parallels between romantic attachment styles and general dream content. The current study examined partner-specific attachment representations alongside dreams that contained significant others. The general prediction was that dreams would follow the "secure base script" and a general correspondence would emerge between secure attachment cognitions in waking life and in dreams. Sixty-one undergraduate student participants in committed dating relationships of six months duration or longer completed the Secure Base Script Narrative Assessment at Time 1, and then completed a dream diary for 14 consecutive days. Blind coders scored dreams that contained significant others using the same criteria for secure base content in laboratory narratives. Results revealed a significant association between relationship-specific attachment security and the degree to which dreams about romantic partners followed the secure base script. The findings illuminate our understanding of mental representations with regards to specific attachment figures. Implications for attachment theory and clinical applications are discussed.

Shahly, V., P. A. Berglund, et al. (2012). **"The associations of insomnia with costly workplace accidents and errors: Results from the america insomnia survey."** *Archives of General Psychiatry* 69(10): 1054-1063.
<http://dx.doi.org/10.1001/archgenpsychiatry.2011.2188>

Context Insomnia is a common and seriously impairing condition that often goes unrecognized. Objectives To examine associations of broadly defined insomnia (ie, meeting inclusion criteria for a diagnosis from International Statistical Classification of Diseases, 10th Revision, DSM-IV, or Research Diagnostic Criteria/International Classification of Sleep Disorders, Second Edition) with costly workplace accidents and errors after excluding other chronic conditions among workers in the America Insomnia Survey (AIS). Design/Setting A national cross-sectional telephone survey (65.0% cooperation rate) of commercially insured health plan members selected from the more than 34 million in the HealthCore Integrated Research Database. Participants Four thousand nine hundred ninety-one employed AIS respondents. Main Outcome Measures Costly workplace accidents or errors in the 12 months before the AIS interview were assessed with one question about workplace accidents "that either caused damage or work disruption with a value of \$500 or more" and another about other mistakes "that cost your company \$500 or more." Results Current insomnia with duration of at least 12 months was assessed with the Brief Insomnia Questionnaire, a validated (area under the receiver operating characteristic curve, 0.86 compared with diagnoses based on blinded clinical reappraisal interviews), fully structured diagnostic interview. Eighteen other chronic conditions were assessed with medical/pharmacy claims records and validated self-report scales. Insomnia had a significant odds ratio with workplace accidents and/or errors controlled for other chronic conditions (1.4). The odds ratio did not vary significantly with respondent age, sex, educational level, or comorbidity. The average costs of insomnia-related accidents and errors (\$32 062) were significantly higher than those of other accidents and errors (\$21 914). Simulations estimated that insomnia was associated with 7.2% of all costly workplace accidents and errors and 23.7% of all the costs of these incidents. These proportions are higher than for any other chronic condition, with annualized US population projections of 274 000 costly insomnia-related workplace accidents and errors having a combined value of US \$31.1 billion. Conclusion Effectiveness trials are needed to determine whether expanded screening, outreach, and treatment of workers with insomnia would yield a positive return on investment for employers.

Sigman, A. (2012). **"Time for a view on screen time."** *Arch Dis Child* 97(11): 935-942.
<http://adc.bmj.com/content/97/11/935.extract>

In Britain today, children by the age of 10 years have regular access to an average of five different screens at home. In addition to the main family television, for example, many very young children have their own bedroom TV along with portable handheld computer game consoles (eg, Nintendo, Playstation, Xbox), smartphone with games, internet and video, a family computer and a laptop and/or a tablet computer (eg, iPad). Children routinely engage in two or more forms of screen viewing at the same time, such as TV and laptop. Viewing is starting earlier in life. Nearly one in three American infants has a TV in their bedroom, and almost half of all infants watch TV or DVDs for nearly 2 h/day. Across the industrialised world, watching screen media is the main pastime of children. Over the course of childhood, children spend more time watching TV than they spend in school. When including computer games, internet and DVDs, by the age of seven years, a child born today will have spent one full year of 24 h days watching screen media. By the age of 18 years, the average European child will have spent 3 years of 24 h days watching screen media; at this rate, by the age of 80 years, they will have spent 17.6 years glued to media screens. Yet, irrespective of the content or educational value of what is being viewed, the sheer amount of average daily screen time (ST) during discretionary hours after school is increasingly being considered an independent risk factor for disease, and is recognised as such by other governments and medical bodies but not, however, in Britain or in most of the EU.

Sommer, I. E., L. de Witte, et al. (2012). **"Nonsteroidal anti-inflammatory drugs in schizophrenia: Ready for practice or a good start? A meta-analysis."** *J Clin Psychiatry* 73(4): 414-419. <http://www.ncbi.nlm.nih.gov/pubmed/22225599>

OBJECTIVE: Mounting evidence suggests that inflammation is involved in the pathogenesis of schizophrenia. This evidence implies that anti-inflammatory agents are potentially useful therapeutic strategies in schizophrenia. This article quantitatively summarizes the efficacy of nonsteroidal anti-inflammatory drugs (NSAIDs) to augment antipsychotic treatment to reduce schizophrenia symptom severity. **DATA SOURCES:** An electronic search was performed using MEDLINE, Embase, the National Institutes of Health Web site clinicaltrials.gov, Cochrane Schizophrenia Group entries in PsiTri, and the Cochrane Database of Systematic Reviews. The following basic search terms were used: schizophrenia, nonsteroidal anti-inflammatory drug, and NSAID together with the name of each specific NSAID (ibuprofen, diclofenac, naproxen sodium, and acetylsalicylic acid). We applied no year or language restrictions. **STUDY SELECTION:** Studies were selected if they met the following inclusion criteria: (1) randomized, double-blind, placebo-controlled trials regarding augmentation of antipsychotic medication with an NSAID, (2) patients included had a diagnosis of a schizophrenia spectrum disorder according to the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders, and (3) studies reported sufficient information to compute common effect size statistics, or corresponding authors could supply these data upon request. **DATA EXTRACTION:** The primary outcome measure was the mean change in total score on the Positive and Negative Syndrome Scale (PANSS). Secondary outcome measures included positive and negative symptom subscores of the PANSS. **RESULTS:** We could include 5 double-blind, randomized, placebo-controlled trials, reporting on 264 patients. Four studies applied celecoxib, and 1 used acetylsalicylic acid. We found a mean effect size of 0.43, which was significant at $P = .02$ in favor of NSAIDs on total symptom severity. For positive symptom severity, the mean standardized difference was 0.34 ($P = .02$). For severity of negative symptoms the mean standardized difference was 0.26 ($P = .03$). **CONCLUSIONS:** These results suggest that NSAID augmentation could be a potentially useful strategy to reduce symptom severity in schizophrenia. As these are the first studies on a relatively new strategy and the included sample size is modest, these results should be interpreted with caution. However, augmentation with acetylsalicylic acid may have the additional benefit of reducing cardiac and cancer mortality in schizophrenia. We therefore believe that application of NSAIDs in schizophrenia deserves further investigation as augmentation of antipsychotic treatment and reducing comorbid somatic diseases.

Spiers, N., T. S. Brugha, et al. (2012). **"Age and birth cohort differences in depression in repeated cross-sectional surveys in England: The national psychiatric morbidity surveys, 1993 to 2007."** *Psychological Medicine* 42(10): 2047-2055. <http://dx.doi.org/10.1017/S003329171200013X>

Background The National Psychiatric Morbidity Survey (NPMS) programme was partly designed to monitor trends in mental disorders, including depression, with comparable data spanning 1993 to 2007. Findings already published from this programme suggest that concerns about increasing prevalence of common mental disorders (CMDs) may be unfounded. This article focuses on depression and tests the hypothesis that successive birth cohorts experience the same prevalence of depression as they age. **Method** We carried out a pseudo-cohort analysis of a sequence of three cross-sectional surveys of the English household population using identical diagnostic instruments. The main outcome was ICD-10 depressive episode or disorder. Secondary outcomes were the depression subscales of the Clinical Interview Schedule - Revised (CIS-R). **Results** There were 8670, 6977 and 6815 participants in 1993, 2000 and 2007 respectively. In men, the prevalence of depression increased between cohorts born in 1943-1949 and 1950-1956 [odds ratio (OR) 2.5, 95% confidence interval (CI) 1.4-4.2], then remained relatively stable across subsequent cohorts. In women, there was limited evidence of change in prevalence of depression. Women born in 1957-1963, surveyed aged 44-50 years in 2007, had exceptionally high prevalence. It is not clear whether this represents a trend or a quirk of sampling. **Conclusions** There is no evidence of an increase in the prevalence of depression in male cohorts born since 1950. In women, there is limited evidence of increased prevalence. Demand for mental health services may stabilize or even fall for men.

Stefanou, C. and M. P. McCabe (2012). **"Adult attachment and sexual functioning: A review of past research."** *The Journal of Sexual Medicine* 9(10): 2499-2507. <http://dx.doi.org/10.1111/j.1743-6109.2012.02843.x>

Introduction. The association between adult attachment and sexual functioning is an important area of research. However, there has been no previous attempt to systematically review the available literature between these dimensions, and how their interrelationships may vary within different populations. **Aim.** To provide an in-depth critical investigation of the literature on the association between adult attachment and sexual functioning (satisfaction, dysfunction, and behaviors). **Methods.** A systematic literature review of research reported in PsychINFO, Scopus, PubMed, and Psychology and Behavioral Sciences Collection from January 1, 1990 to November 8, 2011. **Results.** The results demonstrated that higher levels of anxious and avoidant attachment were related to less satisfying sexual relationships, higher levels of sexual dysfunction, and different sexual intercourse frequencies and motivations for sex. **Conclusions.** There is a need for further research to target the sexual functioning of males and to incorporate representative samples (ethnicity, sexual orientation, and relationship status) into the analyses. Moreover, measurement of sexual behavior needs to encompass a range of sexual functioning variables.

Veerman, J. L., G. N. Healy, et al. (2012). **"Television viewing time and reduced life expectancy: A life table analysis."** *British Journal of Sports Medicine* 46(13): 927-930. <http://bjsm.bmj.com/content/46/13/927.abstract>

(Free full text available): **Background** Prolonged television (TV) viewing time is unfavourably associated with mortality outcomes, particularly for cardiovascular disease, but the impact on life expectancy has not been quantified. The authors estimate the extent to which TV viewing time reduces life expectancy in Australia, 2008. **Methods** The authors constructed a life table model that incorporates a previously reported mortality risk associated with TV time. Data were from the Australian Bureau of Statistics and the Australian Diabetes, Obesity and Lifestyle Study, a national population-based observational survey that started in 1999-2000. The authors modelled impacts of changes in population average TV viewing time on life expectancy at birth. **Results** The amount of TV viewed in Australia in 2008 reduced life expectancy at birth by 1.8 years (95% uncertainty interval (UI): 8.4 days to 3.7 years) for men and 1.5 years (95% UI: 6.8 days to 3.1 years) for women. Compared with persons who watch no TV, those who spend a lifetime average of 6 h/day watching TV can expect to live 4.8 years (95% UI: 11 days to 10.4 years) less. On average, every single hour of TV viewed after the age of 25 reduces the viewer's life expectancy by 21.8 (95% UI: 0.3-44.7) min. This study is limited by the low precision with which the relationship between TV viewing time and mortality is currently known. **Conclusions** TV viewing time may be associated with a loss of life that is comparable to other major chronic disease risk factors such as physical inactivity and obesity.

Zainal, N. Z., S. Booth, et al. (2012). **"The efficacy of mindfulness-based stress reduction on mental health of breast cancer patients: A meta-analysis."** *Psychooncology*. <http://www.ncbi.nlm.nih.gov/pubmed/22961994>

OBJECTIVE: This study aims to investigate the evidence of the efficacy of mindfulness-based stress reduction (MBSR) in improving stress, depression and anxiety in breast cancer patients. **METHODS:** An extensive systematic electronic review (PubMed, Embase, CINAHL, PsyArticles, PsycINFO, Scopus, Ovid, Web of Science and The Cochrane Library) and a hand search were carried out from 15 October 2011 to 30 November 2011 to retrieve relevant articles using 'mindfulness' or 'mindfulness-

based stress reduction' and 'breast cancer' as keywords. Information about the baseline characteristics of the participants, interventions and findings on perceived stress, depression and anxiety was extracted from each study. RESULTS: Nine published studies (two randomised controlled trials, one quasi-experimental case-control study and six one-group, pre-intervention and post-intervention studies) up to November 2011 that fulfilled the inclusion criteria were analysed. The pooled effect size (95% CI) for MBSR on stress was 0.710 (0.511-0.909), on depression was 0.575 (0.429-0.722) and on anxiety was 0.733 (0.450-1.017). CONCLUSION: On the basis of these findings, MBSR shows a moderate to large positive effect size on the mental health of breast cancer patients and warrants further systematic investigation because it has a potential to make a significant improvement on mental health for women in this group.

Zeeck, A., D. E. Orlinsky, et al. (2012). **"Stressful involvement in psychotherapeutic work: Therapist, client and process correlates."** *Psychotherapy Research* 22(5): 543-555. <http://dx.doi.org/10.1080/10503307.2012.683345>

We examined potential predictors of therapists' "Stressful Involvement" (SI) among variables reflecting the psychotherapy process, therapist characteristics, patients' symptom severity or context variables (treatment setting). Ninety-eight sequences from individual psychodynamic treatments conducted by 26 therapists were studied. Data were analyzed using mixed regression models. Between-therapist and within-therapist variance accounted for most of the difference in SI. SI was strongly associated with negative feelings of the therapist about patient and therapy in the time between sessions. Therapists with more "unassertive" and "vindictive" interpersonal styles were also more prone to experiencing SI. The strong association of SI with therapist rather than patient characteristics and process ratings indicates the importance of further study of the therapist as a person and participant in psychotherapy.

Zilcha-Mano, S., M. Mikulincer, et al. (2012). **"Pets as safe havens and secure bases: The moderating role of pet attachment orientations."** *Journal of Research in Personality* 46(5): 571-580. <http://www.sciencedirect.com/science/article/pii/S0092656612001079>

We examined the extent to which a pet functions as an attachment figure. In Study 1, 165 pet owners performed a goal exploration task, assessing the number of life goals generated and confidence in goal attainment. In Study 2, 120 pet owners performed a distress-eliciting task while assessing blood pressure. In both studies, participants were divided into three conditions: pet physical presence, pet cognitive presence, and no pet presence. As compared to no pet presence, physical or cognitive pet presence increased the number of life goals generated and self-confidence in goal attainment and reduced blood pressure during the distress-eliciting task. The findings confirm the ability of a pet to provide a safe-haven and a secure-base and the moderating role of attachment insecurities.