#CundillAtCAMH

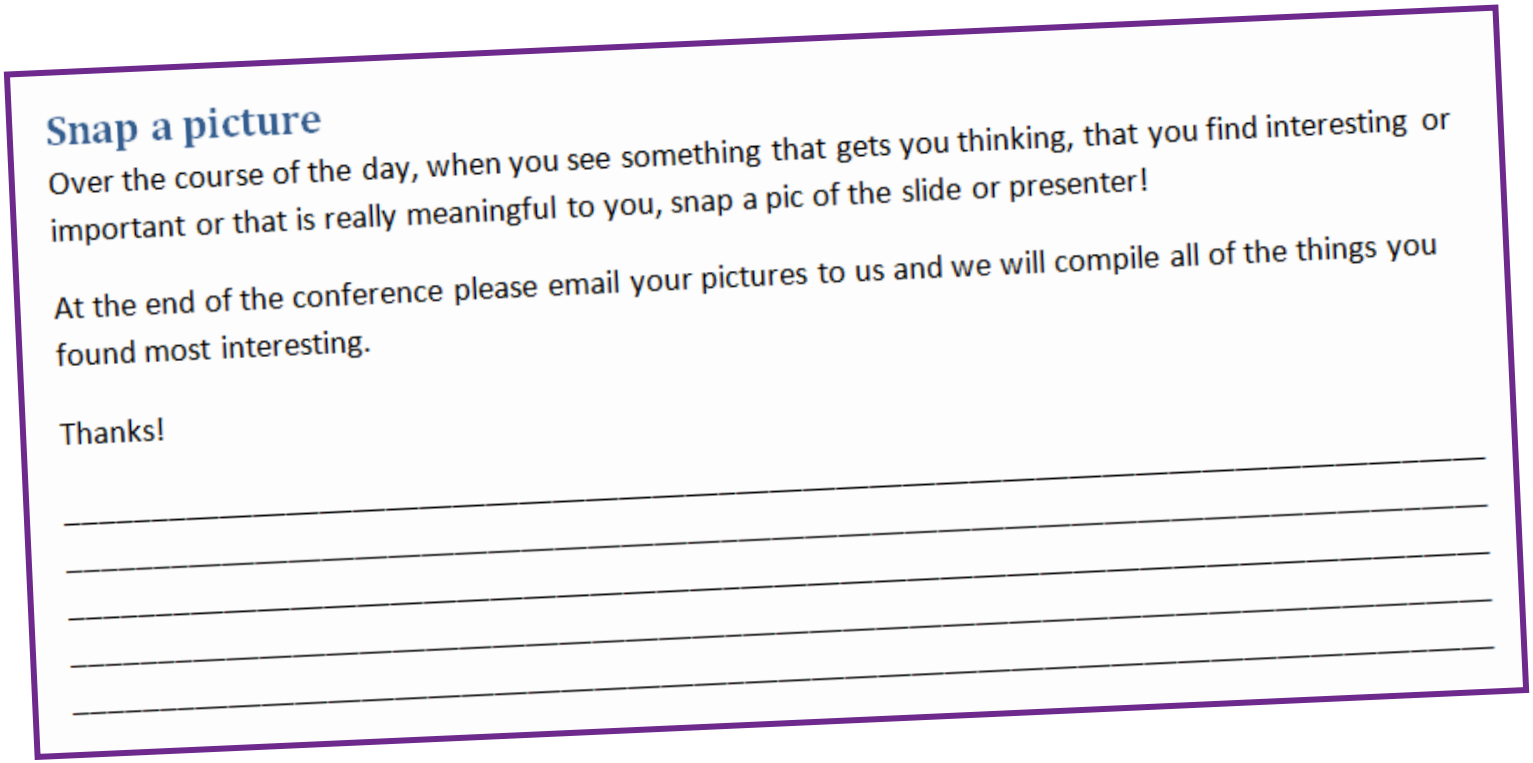
The Youth Perspective

The Cundill Conference

On November 17th, 2016, the Cundill Centre for Child and Youth Depression held its first conference at the Centre for Addiction and Mental Health in Toronto. Over 300 people attended, including policy makers, clinicians, researchers, **youth** and their family members.

Photo Activity

Youth who attended were asked to participate in a photo activity:



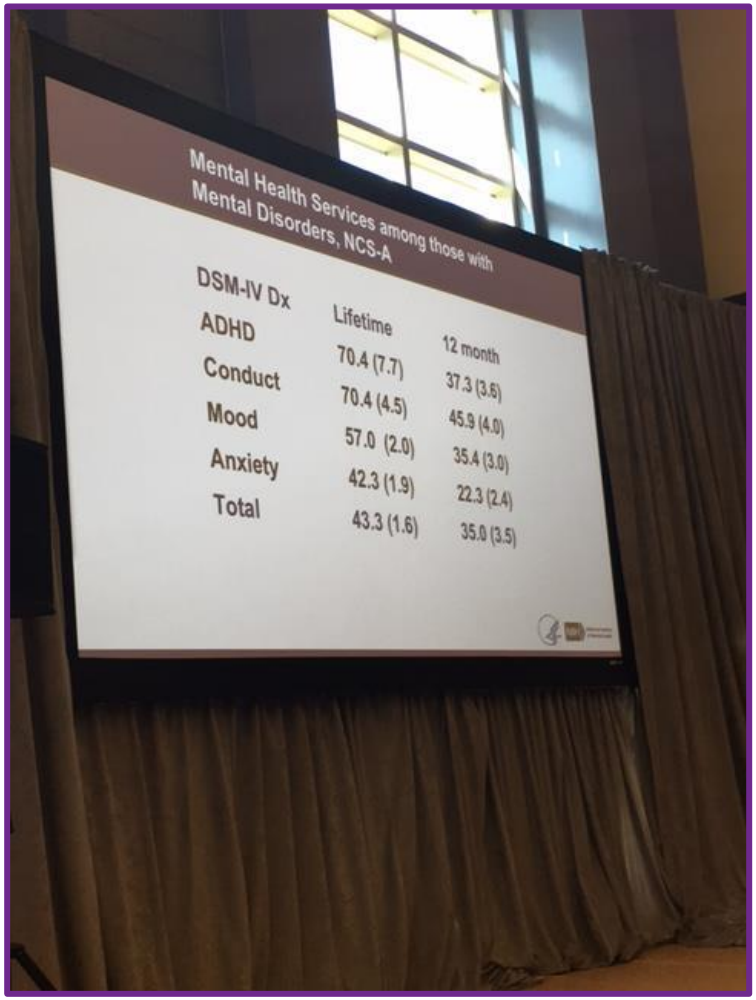
Snap a picture

Over the course of the day, when you see something that gets you thinking, that you find interesting or important or that is really meaningful to you, snap a pic of the slide or presenter!

At the end of the conference please email your pictures to us and we will compile all of the things you found most interesting.

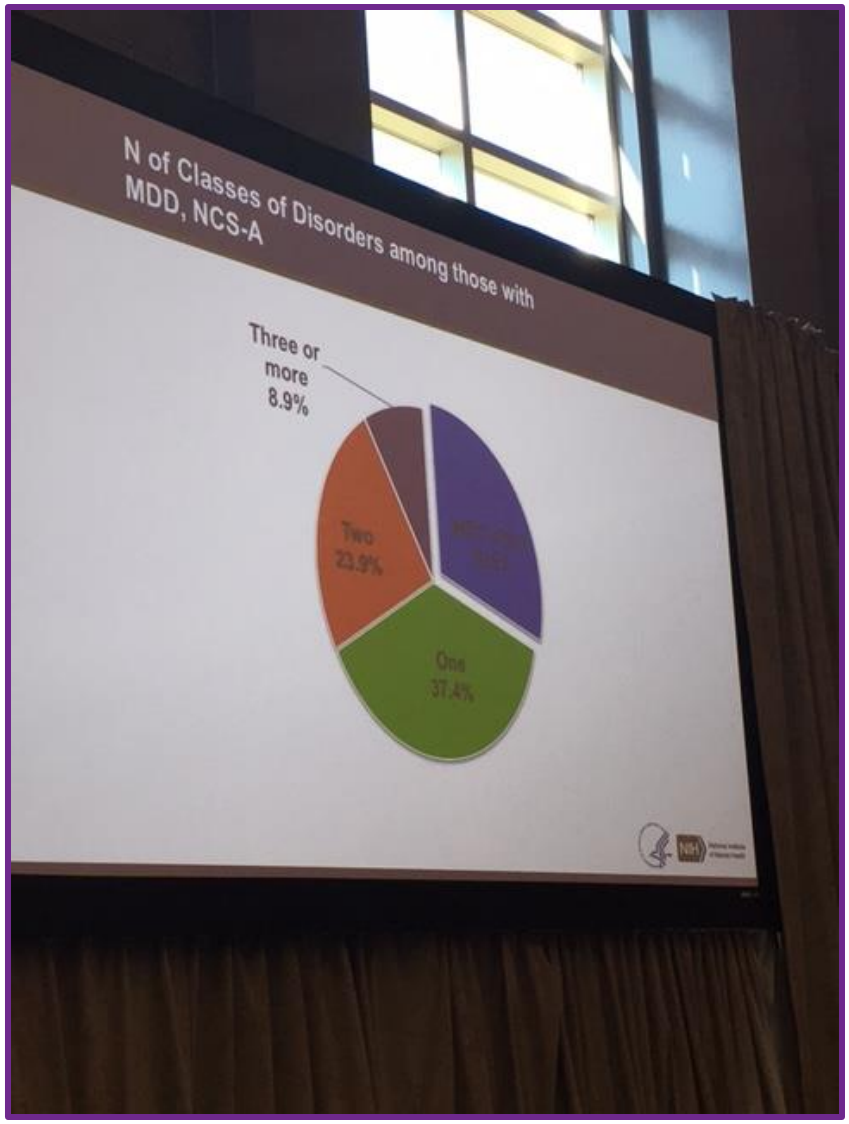
Thanks!

Here are the photos youth took…

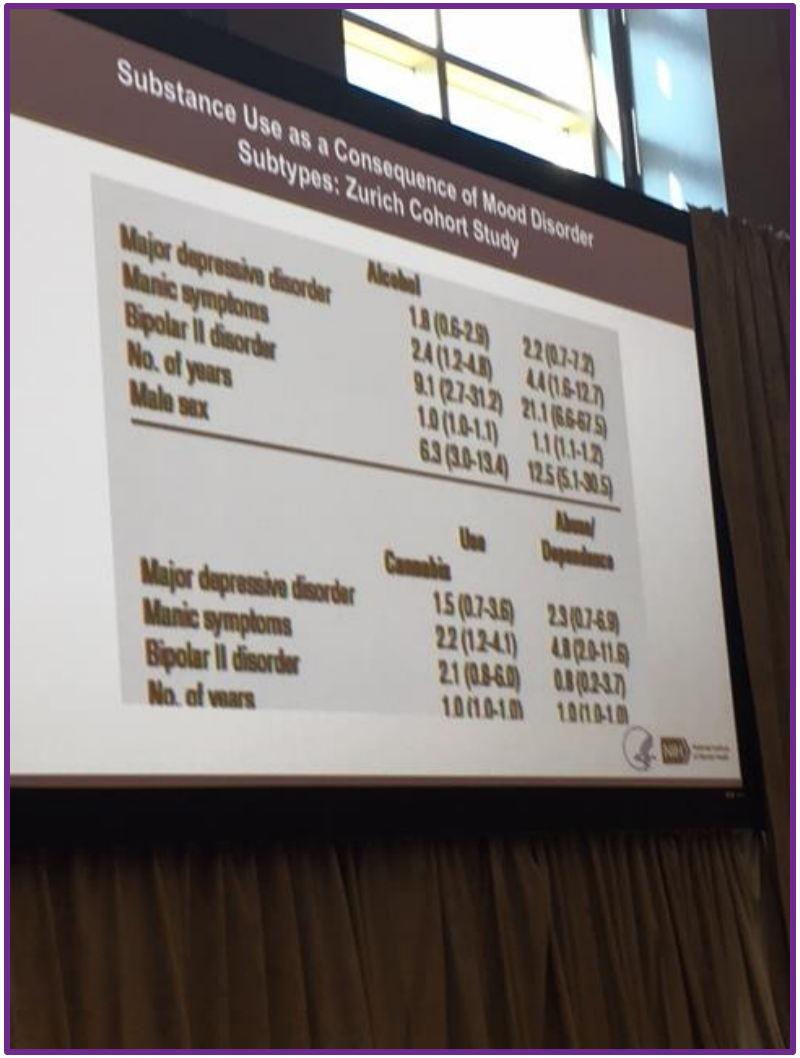


"I'm interested in mood, anxiety, and psychotic disorders and I wanted to understand how those are treated and more importantly, how to prevent them."

- Youth participant

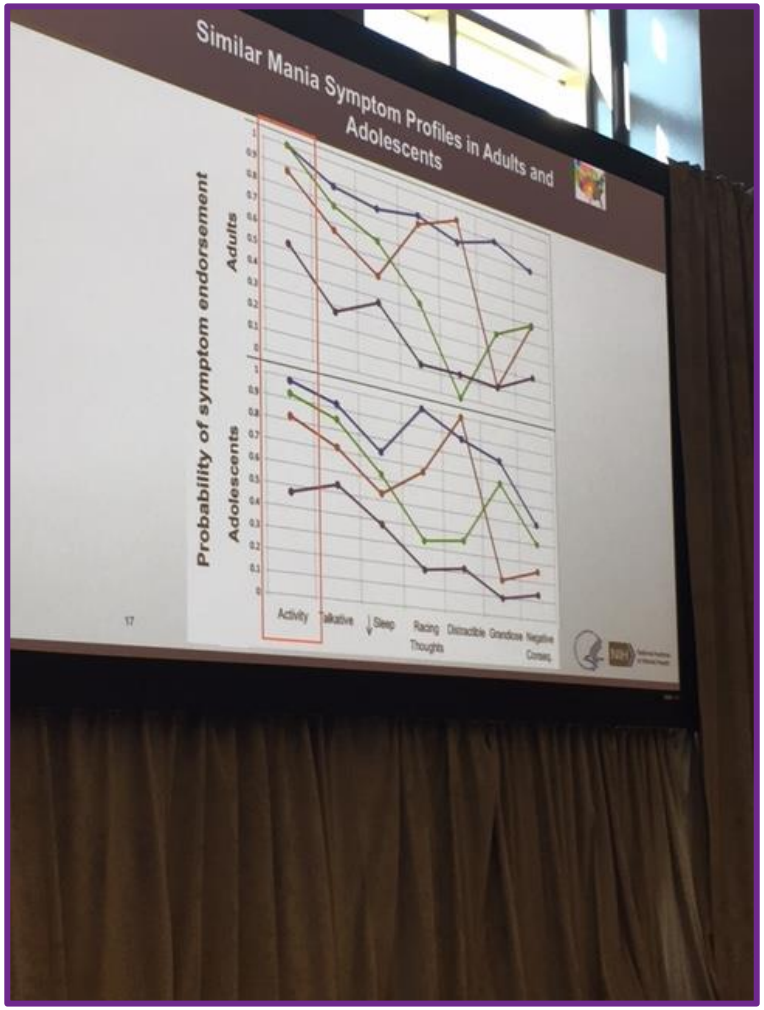

N of Classes of Disorders among those with MDD, NCS-A
Three or more 8.9%
Two 23.9%
One 37.4%

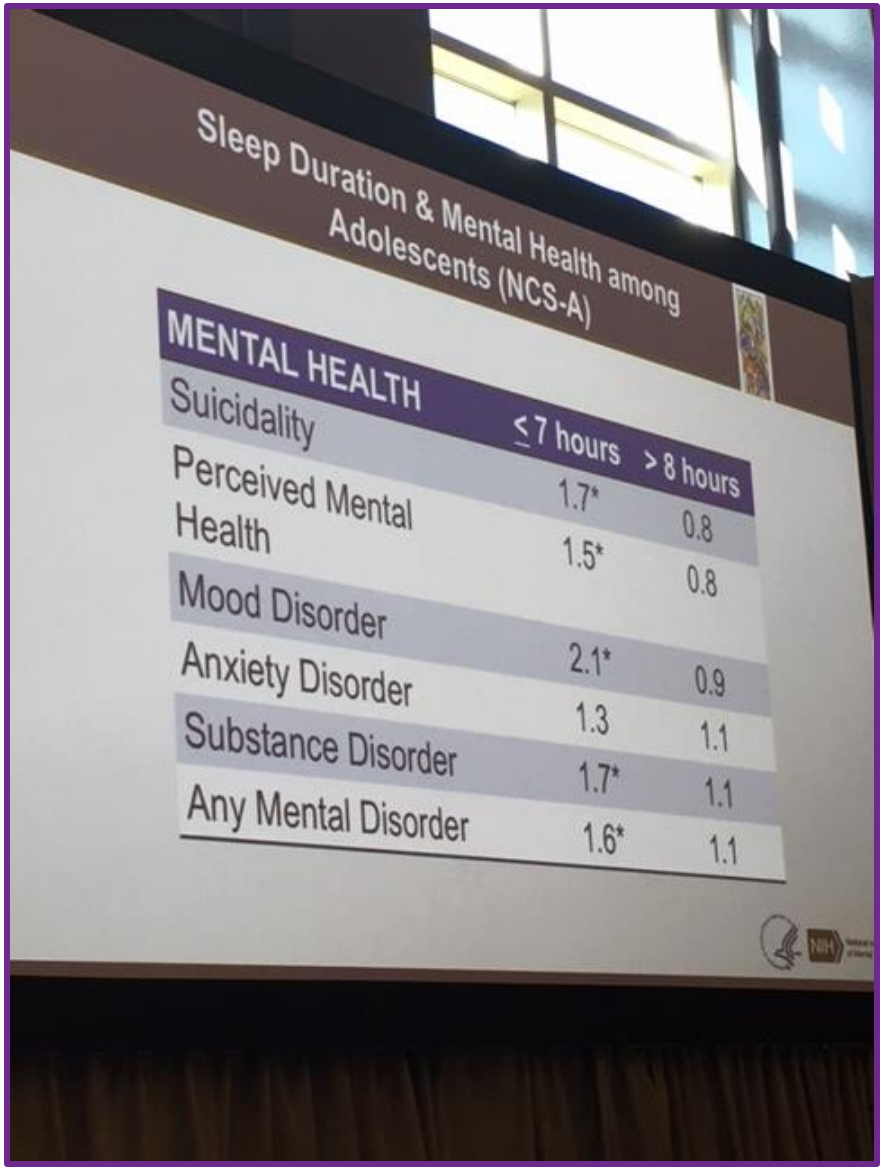

Temporal Order of MDD and Other Classes of Comorbid Disorders NCS-A
MDD onset earlier
The same time
MDD onset later
0%
20%
40%
60%
80%
100%
ADHD
Anxiety
Behavior
Substance
Any

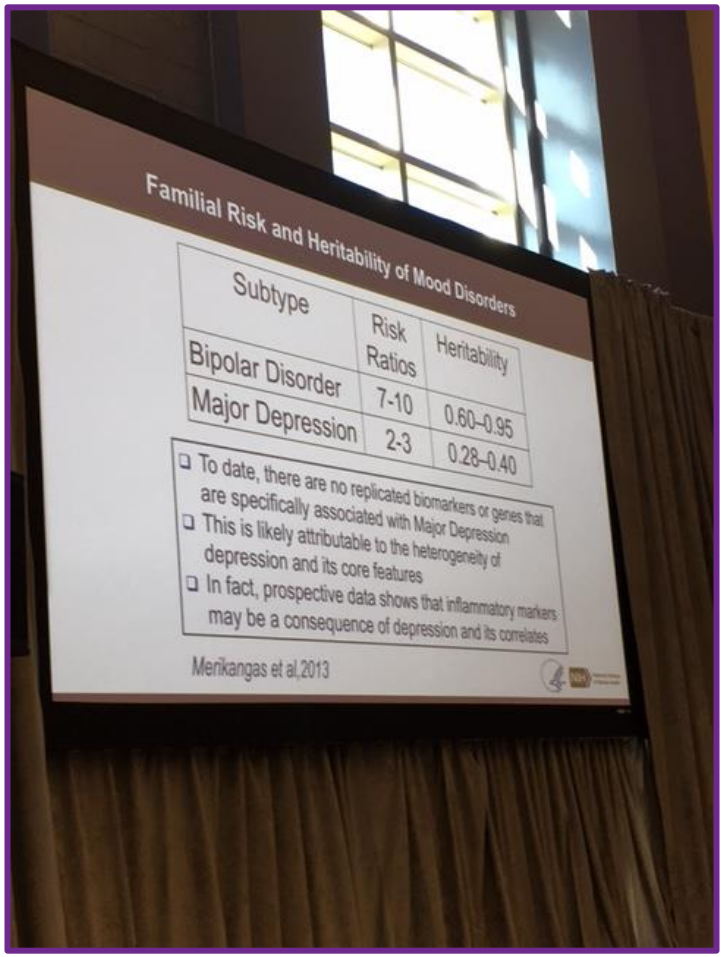

Substance Use as a Consequence of Mood Disorder Subtypes: Zurich Cohort Study
Alcohol
Major depressive disorder
Manic symptoms
Bipolar II disorder
No. of years
Male sex
1.8 (0.6-2.9)
2.4 (1.2-4.8)
9.1 (2.7-31.2)
1.0 (1.0-1.1)
6.3 (3.0-13.4)
2.2 (0.7-7.2)
4.4 (1.6-12.7)
21.1 (6.6-67.5)
1.1 (1.1-1.2)
12.5 (5.1-30.5)
Use
Abuse/ Dependence
Cannabis
Major depressive disorder
Manic symptoms
Bipolar II disorder
No. of years
1.5 (0.7-3.5)
2.2 (1.2-4.1)
2.1 (0.8-6.0)
1.0 (1.0-1.0)
2.3 (0.7-6.9)
4.8 (2.0-11.5)
0.8 (0.2-3.7)
1.0 (1.0-1.0)

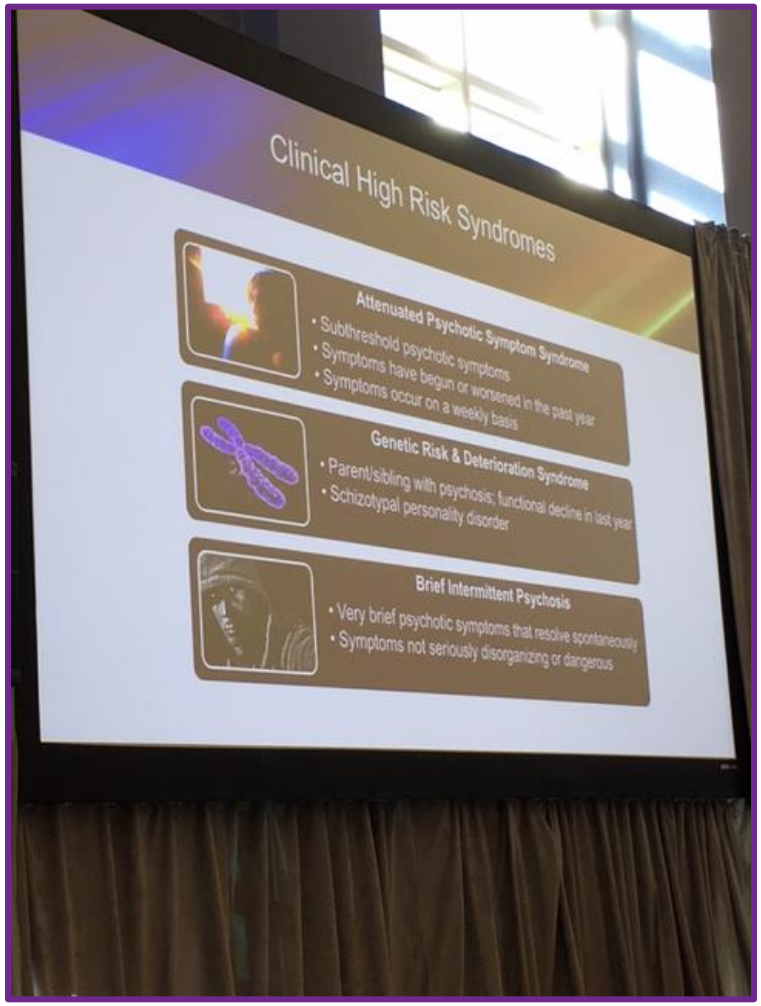
I didn't know about any of the symptoms for people at risk for psychosis before, and I found the info provided really improved my understanding.

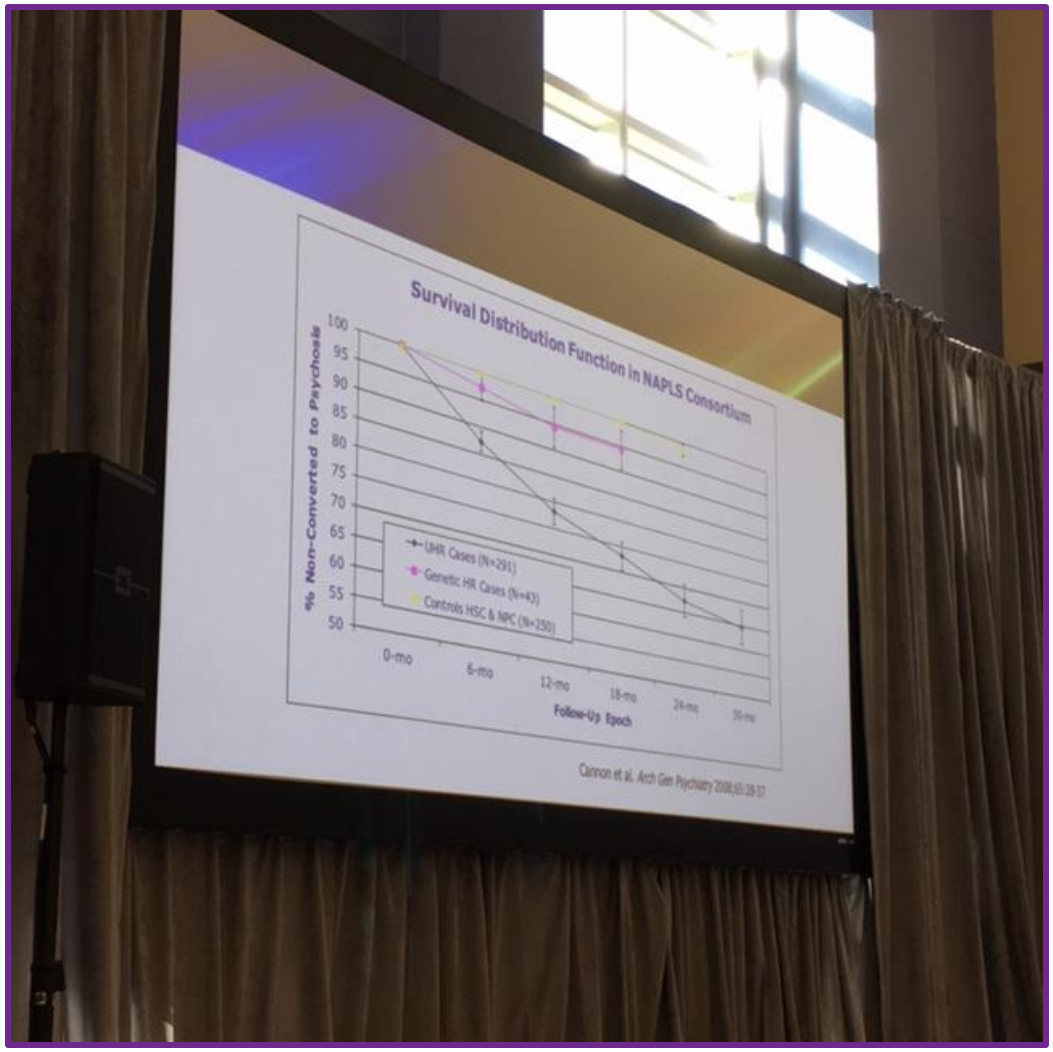
- Youth participant

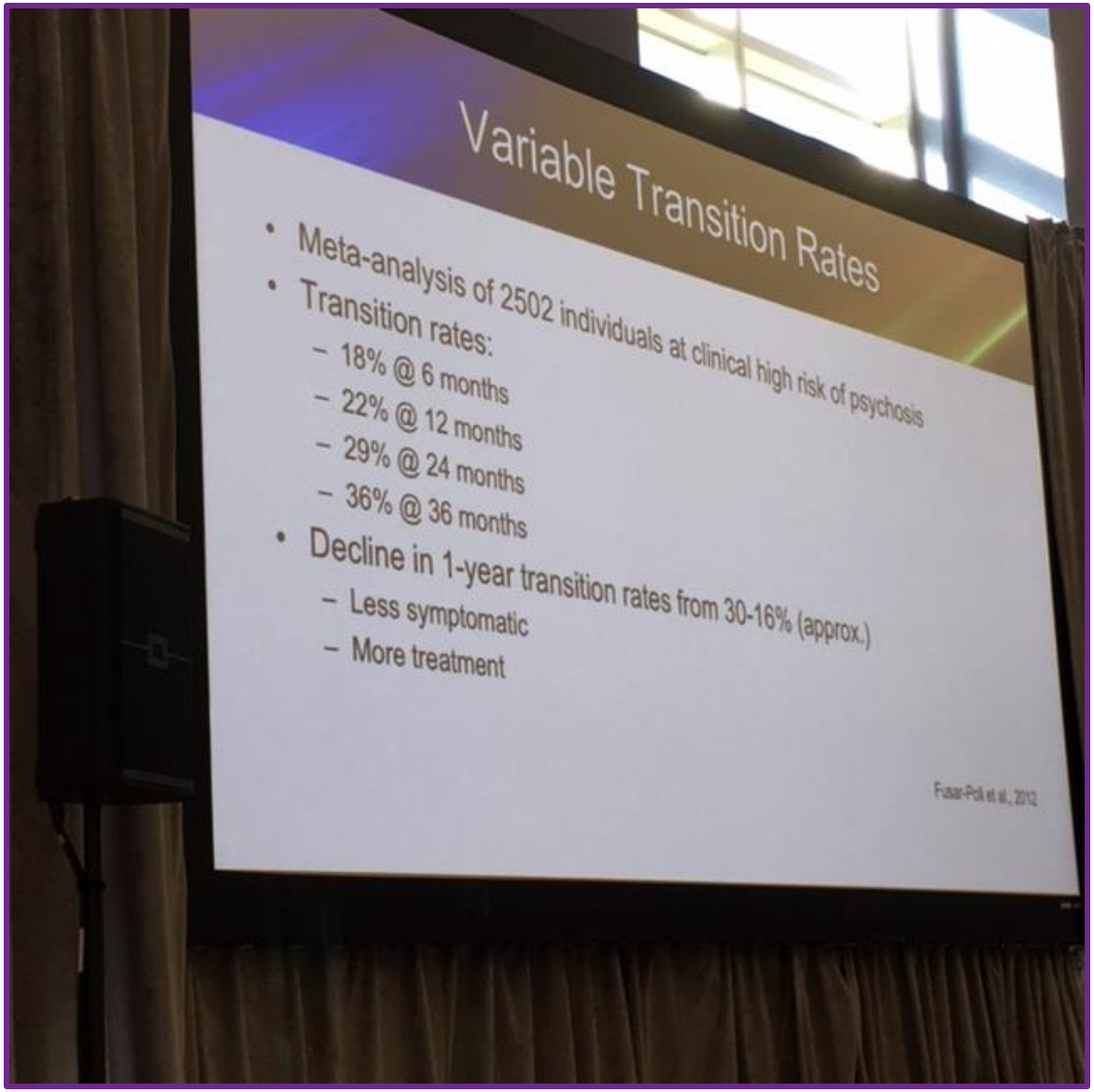


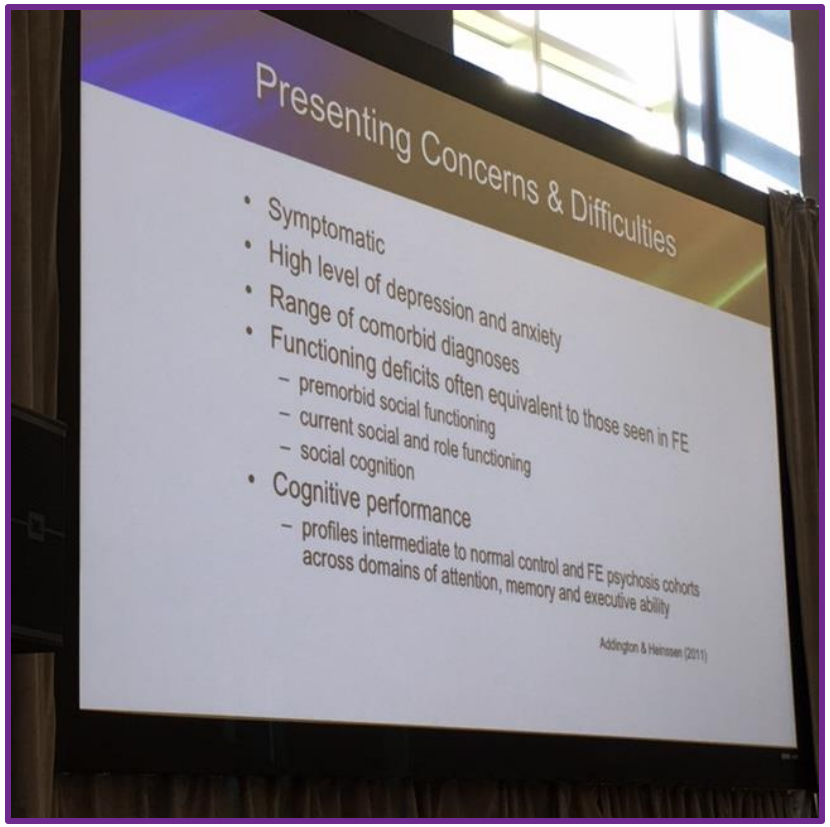

Sleep Duration & Mental Health among Adolescents (NCS-A)
MENTAL HEALTH
≤7 hours
> 8 hours
Suicidality
1.7*
0.8
Perceived Mental Health
1.5*
0.8
Mood Disorder
2.1*
0.9
Anxiety Disorder
1.3
1.1
Substance Disorder
1.7*
1.1
Any Mental Disorder
1.6*
1.1

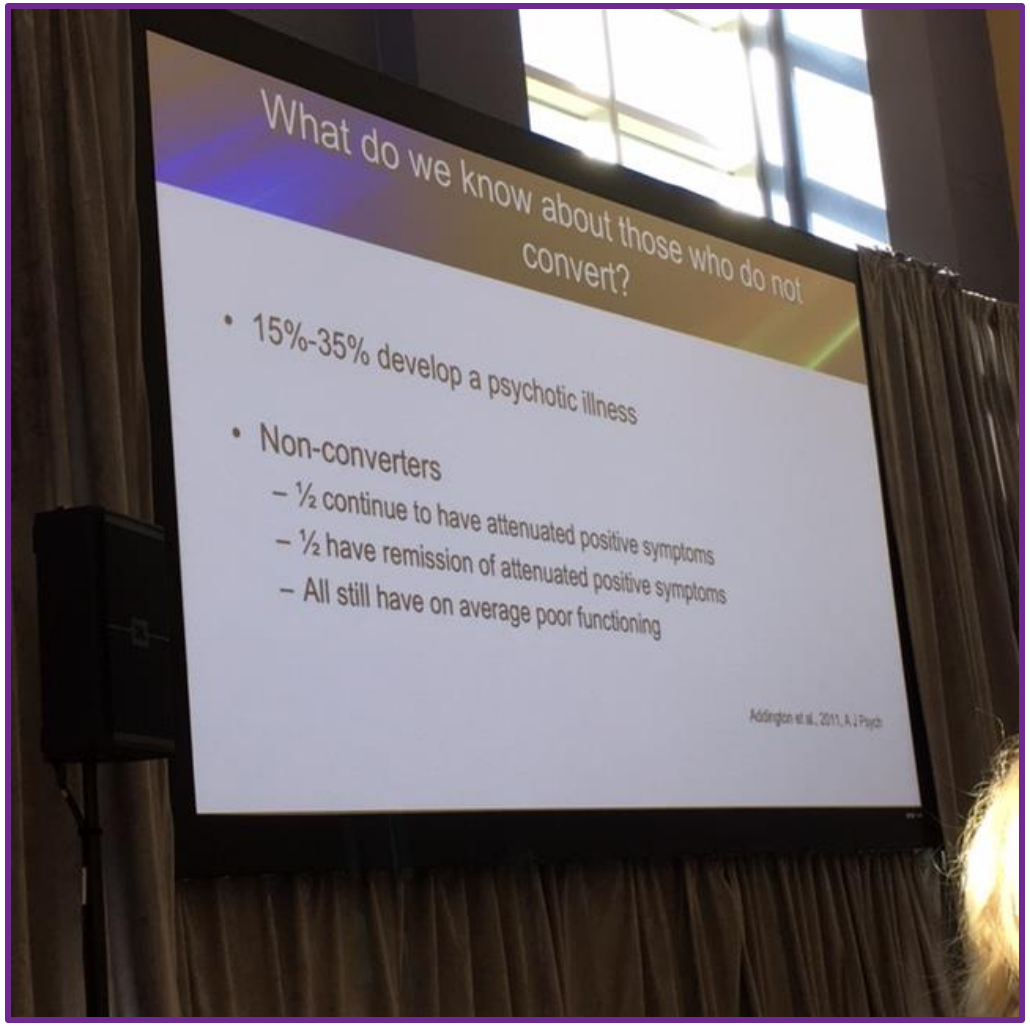

Familial Risk and Heritability of Mood Disorders
Subtype
Risk Ratios
Heritability
Bipolar Disorder
7-10
0.60–0.95
Major Depression
2-3
0.28–0.40
To date, there are no replicated biomarkers or genes that are specifically associated with Major Depression
This is likely attributable to the heterogeneity of depression and its core features
In fact, prospective data shows that inflammatory markers may be a consequence of depression and its correlates
Merikangas et al,2013

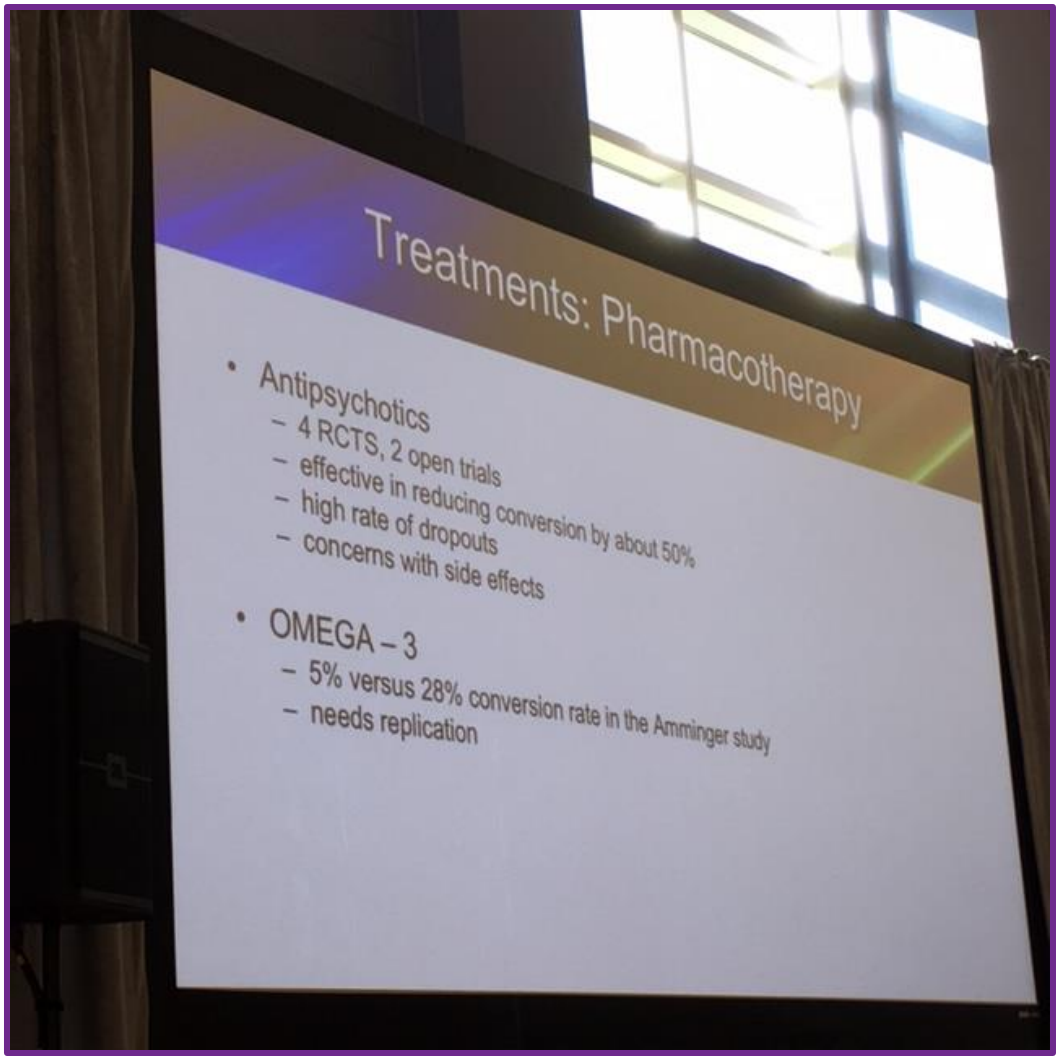

Clinical High Risk Syndromes
Attenuated Psychotic Symptom Syndrome
• Subthreshold psychotic symptoms
• Symptoms have begun or worsened in the past year
• Symptoms occur on a weekly basis
Genetic Risk & Deterioration Syndrome
• Parent/sibling with psychosis; functional decline in last year
• Schizotypal personality disorder
Brief Intermittent Psychosis
• Very brief psychotic symptoms that resolve spontaneously
• Symptoms not seriously disorganizing or dangerous

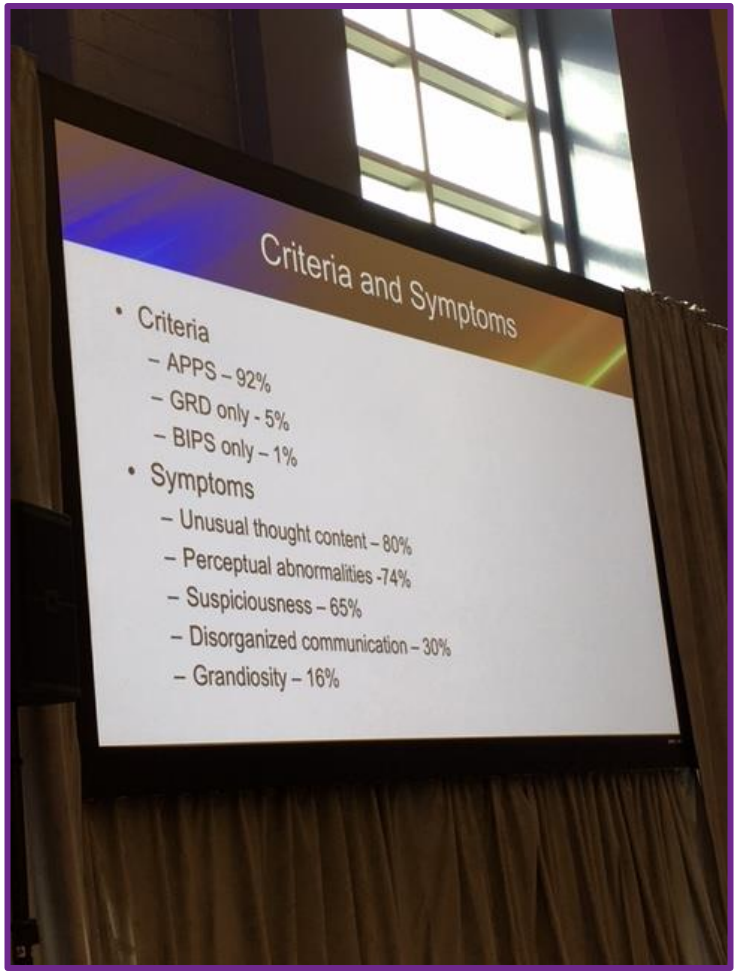

Survival Distribution Function in NAPLS Consortium
% Non-Converted to Psychosis
100
95
90
85
80
75
70
65
60
55
50
UHR Cases (N=291)
Genetic HR Cases (N=43)
Controls HSC & NPC (N=250)
0-mo
6-mo
12-mo
18-mo
24-mo
30-mo
Follow-Up Epoch
Cannon et al. Arch Gen Psychiatry 2008;65:28-37

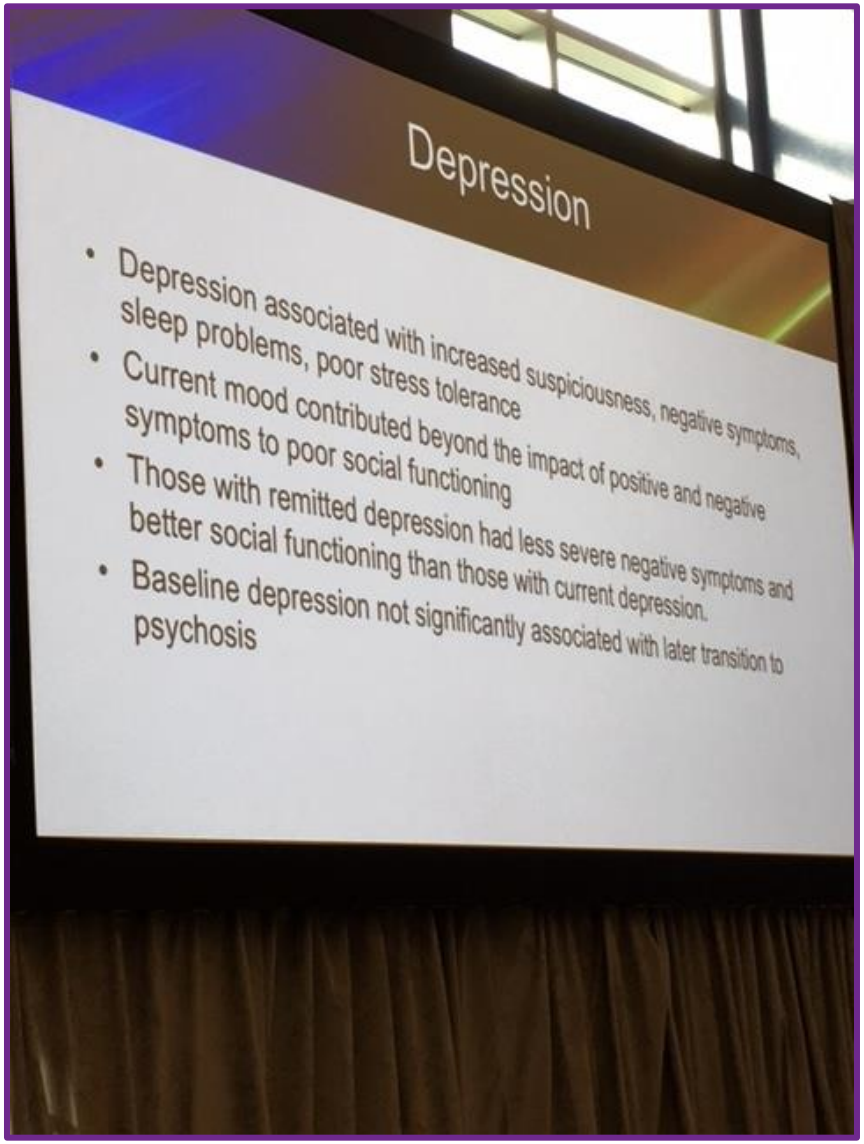

Variable Transition Rates
Meta-analysis of 2502 individuals at clinical high risk of psychosis
Transition rates:
18% @ 6 months
22% @ 12 months
29% @ 24 months
36% @ 36 months
Decline in 1-year transition rates from 30-16% (approx.)
Less symptomatic
More treatment
Fusar-Poli et al., 2012

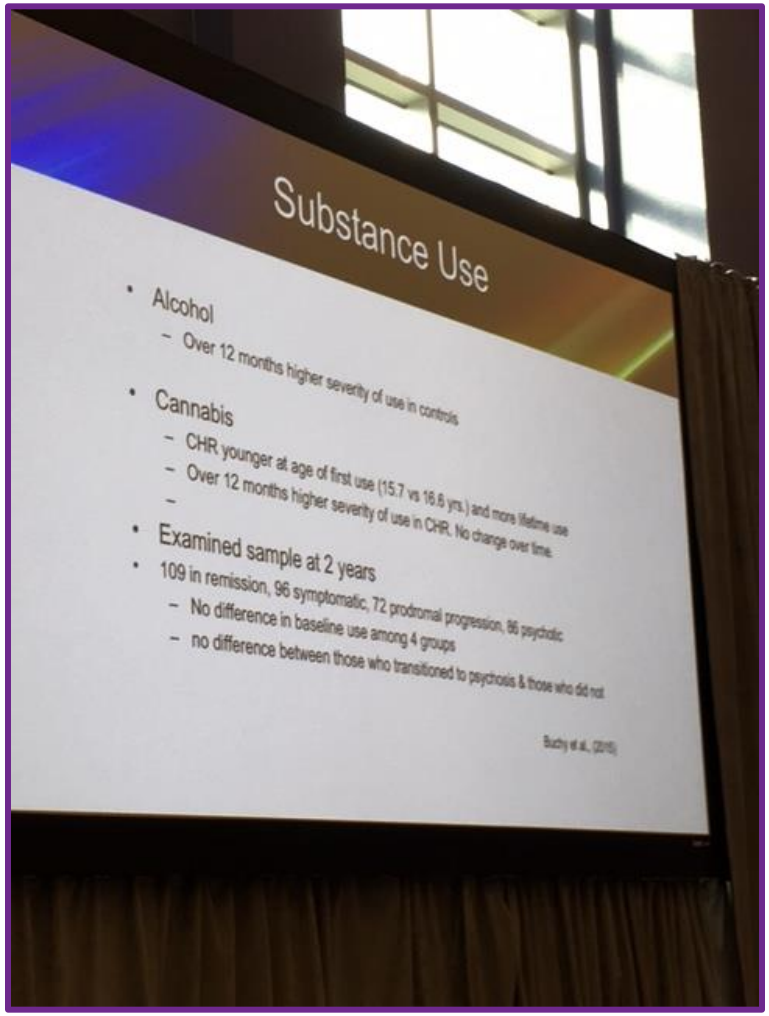

Presenting Concerns & Difficulties
Symptomatic
High level of depression and anxiety
Range of comorbid diagnoses
Functioning deficits often equivalent to those seen in FE
premorbid social functioning
current social and role functioning
social cognition
Cognitive performance
profiles intermediate to normal control and FE psychosis cohorts across domains of attention, memory and executive ability
Addington & Heinssen (2011)


What do we know about those who do not convert?
• 15%-35% develop a psychotic illness
• Non-converters
– ½ continue to have attenuated positive symptoms
– ½ have remission of attenuated positive symptoms
– All still have on average poor functioning
Addington et al., 2011, A J Psych


Treatments: Pharmacotherapy
Antipsychotics
4 RCTS, 2 open trials
effective in reducing conversion by about 50%
high rate of dropouts
concerns with side effects
OMEGA – 3
5% versus 28% conversion rate in the Amminger study
needs replication

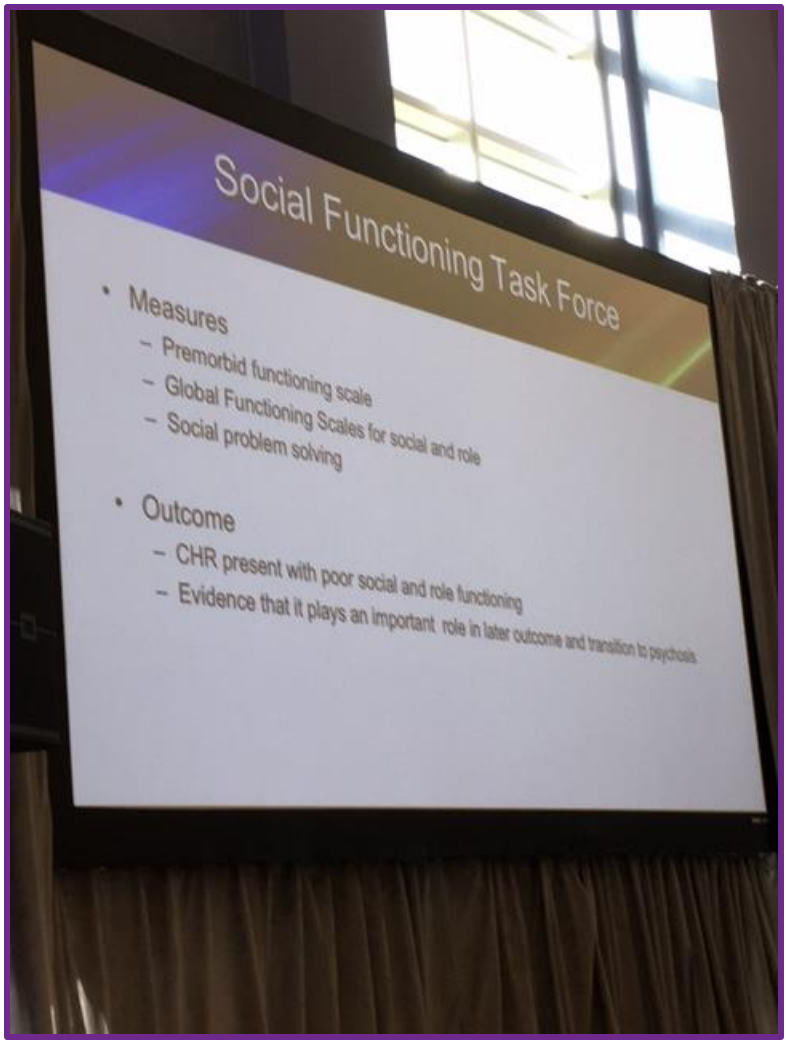

Criteria and Symptoms
• Criteria
– APPS – 92%
– GRD only - 5%
– BIPS only – 1%
• Symptoms
– Unusual thought content – 80%
– Perceptual abnormalities -74%
– Suspiciousness – 65%
– Disorganized communication – 30%
– Grandiosity – 16%

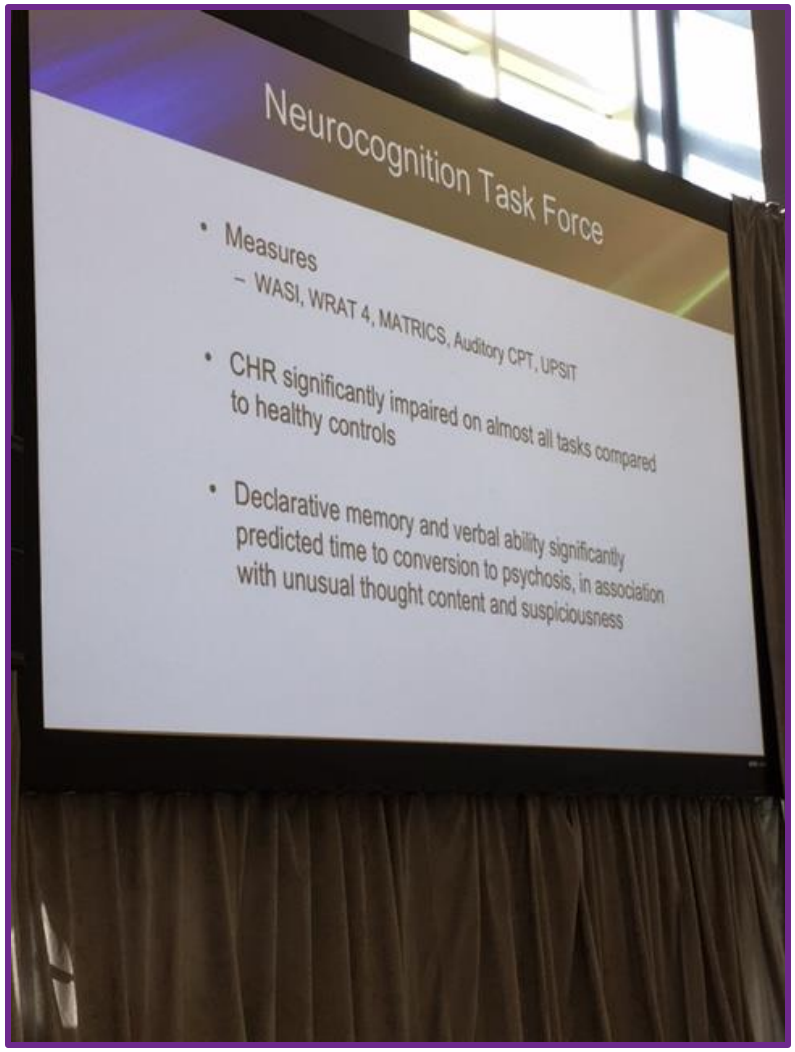

Depression
Depression associated with increased suspiciousness, negative symptoms, sleep problems, poor stress tolerance
Current mood contributed beyond the impact of positive and negative symptoms to poor social functioning
Those with remitted depression had less severe negative symptoms and better social functioning than those with current depression.
Baseline depression not significantly associated with later transition to psychosis



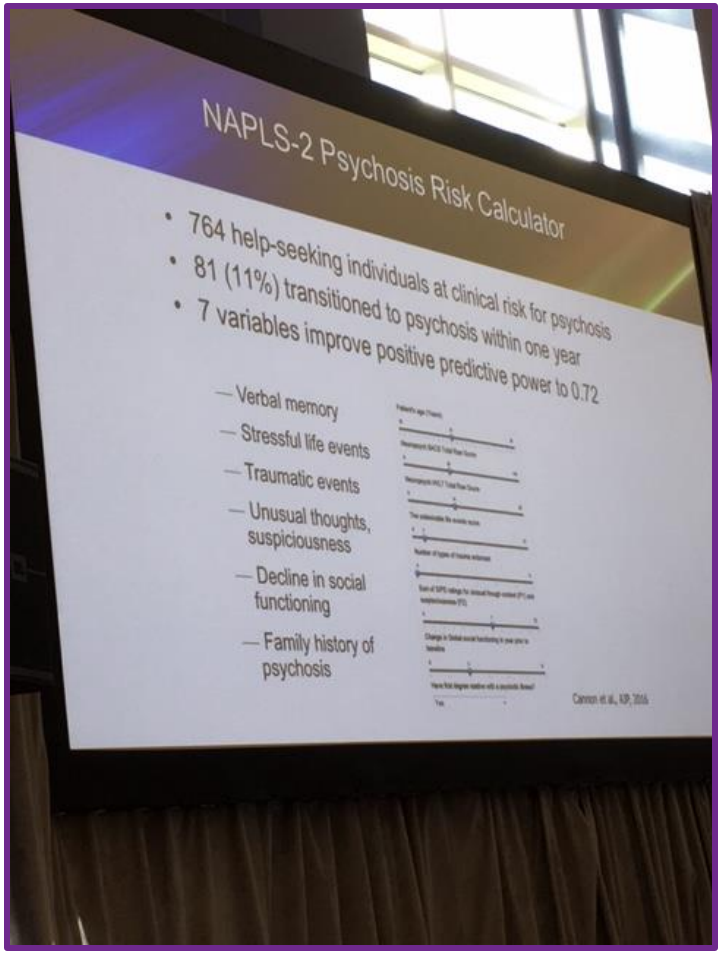
I was very interested in how these disorders affect general functioning and substance abuse, as those are two aspects of life that are very visible in my high school.

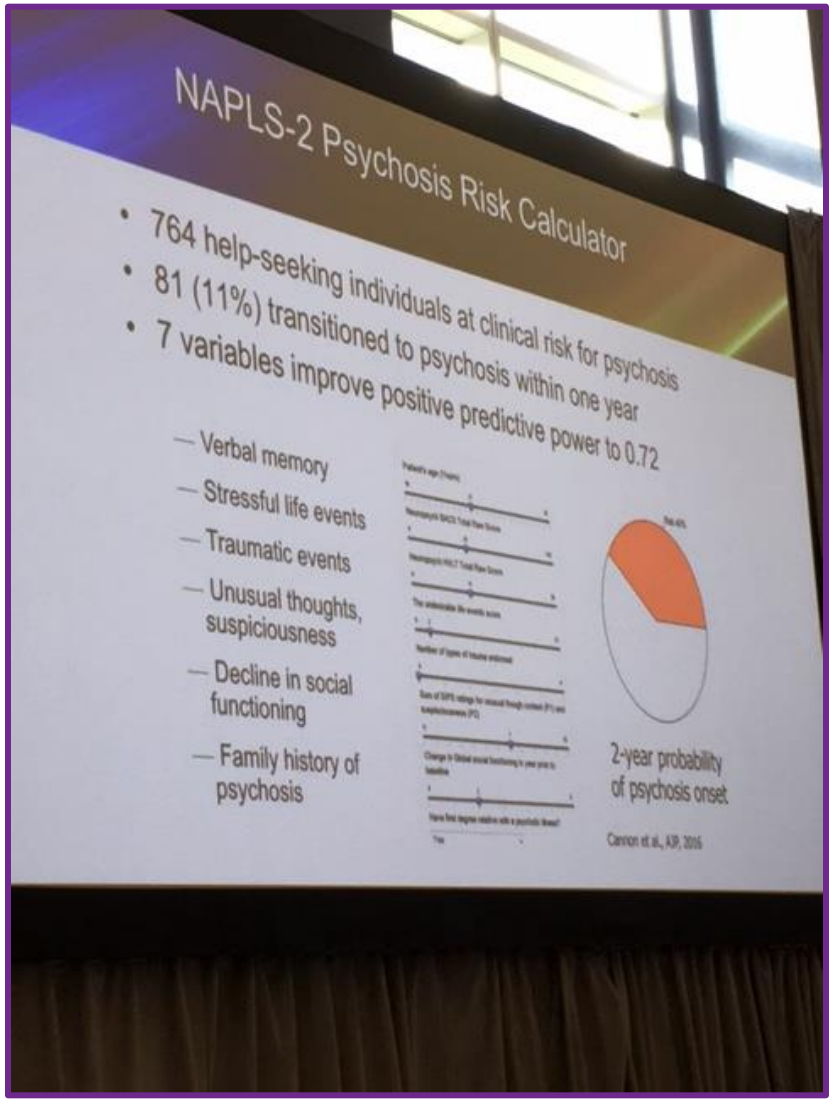
- *Youth participant*


Social Functioning Task Force
Measures
Premorbid functioning scale
Global Functioning Scales for social and role
Social problem solving
Outcome
CHR present with poor social and role functioning
Evidence that it plays an important role in later outcome and transition to psychosis


Neurocognition Task Force
• Measures
– WASI, WRAT 4, MATRICS, Auditory CPT, UPSIT
• CHR significantly impaired on almost all tasks compared to healthy controls
• Declarative memory and verbal ability significantly predicted time to conversion to psychosis, in association with unusual thought content and suspiciousness


Treatment Task Force
• Collect comprehensive treatment logs that span the duration of the study
– Medications
– Psychosocial treatments
– Resource utilization
• 80% received prior psychosocial treatment
– Average of 46 sessions over 79 weeks


NAPLS-2 Psychosis Risk Calculator
• 764 help-seeking individuals at clinical risk for psychosis
• 81 (11%) transitioned to psychosis within one year
• 7 variables improve positive predictive power to 0.72
— Verbal memory
— Stressful life events
— Traumatic events
— Unusual thoughts, suspiciousness
— Decline in social functioning
— Family history of psychosis
Cannon et al., AJP, 2016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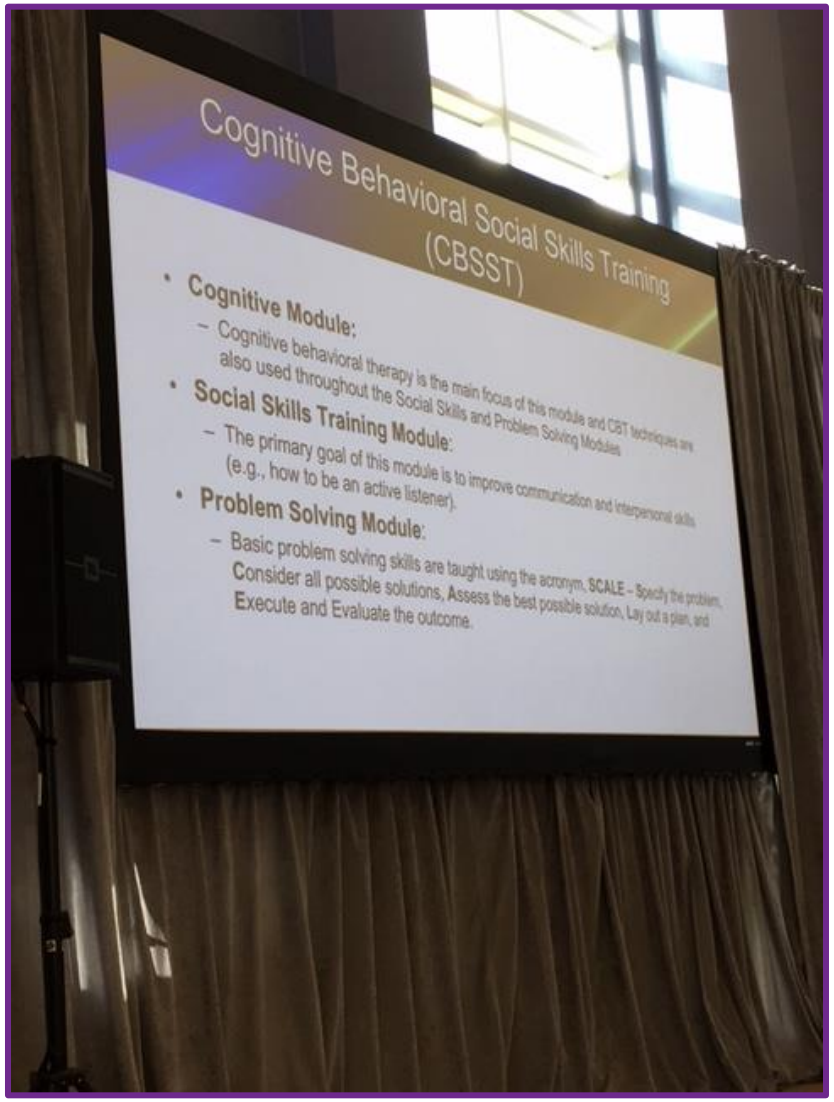
81 (11%) transitioned to psychosis within one year
7 variables improve positive predictive power to 0.72
Verbal memory
Stressful life events
Traumatic events
Unusual thoughts, suspiciousness
Decline in social functioning
Family history of psychosis
2-year probability of psychosis onset
Cannon et al., AJP, 2016


Cognitive Behavioral Social Skills Training (CBSST)
• Cognitive Module:
– Cognitive behavioral therapy is the main focus of this module and CBT techniques are also used throughout the Social Skills and Problem Solving Modules
• Social Skills Training Module:
– The primary goal of this module is to improve communication and interpersonal skills (e.g., how to be an active listener).
• Problem Solving Module:
– Basic problem solving skills are taught using the acronym, SCALE – Specify the problem, Consider all possible solutions, Assess the best possible solution, Lay out a plan, and Execute and Evaluate the outcome.


Depression Scores Over The Study

This humour is why I love working with @DrJLHenderson lol! #CundillatCAMH

- Youth participant