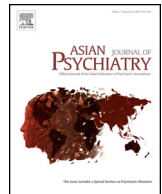




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A synopsis of recent influential papers published in mental health journals (2012–2013) in Mainland China

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ABSTRACT

Research dissemination is becoming more and more global. There is, however, limitation in allowing researchers who speak a language other than Chinese to follow the research trends in China, a country with the largest population in the world. Therefore, the purpose of this review article was to introduce the current research studies conducted in Mainland China. We limited our search of publications between 2012 and 2013 from three tier one Chinese mental health journals. We identified and reviewed seven papers which were highly downloaded by Chinese readers and which had not been published in English.

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1. Introduction

An increasing interest in mental health and social harmony is evidenced with the implementation of the first Mental Health Act in Mainland China (2012). Researchers in China are actively contributing to basic research and clinical prevention and intervention of different psychiatric conditions. Although research dissemination is becoming more and more global, there is still limitation in allowing researchers who speak a language other than Chinese to follow the research trends in China, a country with the largest population in the world. Therefore, the purpose of this review was to introduce the current research studies conducted in Mainland China.

2. Research paper section criteria and procedure

We limited our search of publications between 2012 and 2013 from three tier one Chinese mental health journals using WANFANG and WEIPU databases. The three journals were Chinese Journal of Psychiatry, Chinese Journal of Mental and Nervous Disease, and Chinese Mental Health Journal. We identified seven papers which were highly downloaded by Chinese readers and which had not been published in English.

3. Selected papers

3.1. A study of factors related to suicide in patients with repeat suicide behaviors

The first paper we reviewed was by [Dong Xu and colleagues \(2012\)](#). The title of their paper is: A study of factors related to suicide in patients with repeat suicide behaviors. This paper was published in the Chinese Journal of Nervous and Mental Disease. The researchers investigated the characteristics of repeat suicide attempters and factors related to suicidal behaviors. About 16% of suicide attempters and 26% of those who completed suicide have a history of suicide attempt. Therefore, the researchers reported that it was essential that characteristics and factors related suicide attempt be investigated. This was a longitudinal study where researchers followed 115 hospitalized suicide attempters for six years. Those who had a suicide attempt behavior prior to hospitalization and/or attempted suicide again during the six-year follow-up were considered repeat suicide attempters. The rest of the suicide attempters had no prior history of suicide attempt before hospitalization and they made no other attempts during the six-year follow-up, therefore considered as single suicide attempters. The measures administered to participants included World Health Organization Well-being Index, Emotion Stability Questionnaire, Impulsive Behavior Inventory, Beck Depression Inventory, and Suicide Intention Inventory. Most of these inventories were developed in the Western countries and now are being used by the Multisite Intervention Study on Suicidal Behaviors (SUPRE-MISS) implemented by WHO ([Xu et al., 2012](#)).

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The results yielded from this longitudinal study supported previous findings. First, suicide attempt was found to be an independent risk factor of repeat attempts. Xu and colleagues (2012) reported that 24 subjects (21%) were repeat suicide attempters. Furthermore, the repeat attempters were significantly older (42.6, SD = 13.2) than first/single attempters (32.6, SD = 13.9) and more of the repeat attempters were married. The researchers urged clinicians to watch closely the repeat attempters and to provide individualized preventive treatment. Second, Xu et al. also found that repeat attempters were more likely to suffer psychiatric illnesses, heightened level of depression, physical illness or impairment, hopelessness, poor mental health status, or poor self-esteem. Logistic regression analyses indicated that mental health status had an independent effect on repeat suicidal behavior. Hopelessness was also significantly related to both repeat and single attempt. Therefore, the authors purport the significance in exploring mental health and mental status during suicide risk assessment.

Differences exist with regard to the suicide intention and means that repeat and single suicide attempters used to hurt themselves. Specifically, about 50% repeat attempters used prescribed medicine and the other half took pesticide or used violence. Nevertheless, about 80% of single attempters took pesticide or exerted violence on themselves (both were considered as more lethal than prescribed medicine) and 20% used prescribed medicine. In addition, the repeat suicide attempters' intention to die was stronger than the single attempters. However, the repeat attempters used less lethal means (prescribed medicine) than the single attempters. The researchers cautioned in interpreting this result as the sample of the repeat attempters was very small. Lastly the authors questioned the definition of suicide. In this study, about 48% patients indicated that they had strong intention to die while the rest either reported they did not want to die or they could not explain why they hurt themselves. Thus, the authors were raising the question if the researchers should consider those who hurt themselves by cutting, taking pesticide, without the intention to die, as suicide attempters.

3.2. Social function improvement in locked patients with psychosis after unlocking and treatment

The second paper selected for review was by Wu and colleagues (2013). Their research focus was on social function improvement among locked patients with psychosis. This paper was published in Chinese Mental Health Journal, 2013, 27(2). Most patients with mental illness are safe to others and themselves. Without proper treatment, however, about 10% may pose danger to others, themselves, and things around them. Due to lack of treatment options, disadvantaged home environment, patients' uncontrollable outbursts and dangerous behaviors, and caregivers' limited capability to take care of a sick relative, some families in China have to lock/chain their sick relative solely to keep him/her and others safe. This study built on a national effort in 2004 to create an integrated psychiatric illness treatment and management program—National Continuing Management and Intervention Program for Psychosis (named as “686” Program). Patients were unlocked to receive free psychiatric diagnosis and treatment in local hospitals with medication, counseling, or modified electroconvulsive therapy.

The purpose of this study was to investigate the social function change of patients with psychotic features before and after unlocking. The range of disorders that patients suffered included schizophrenia, paranoid schizophrenia, schizoaffective, bipolar disorders, mental retardation, and mental disorders due to epilepsy. The researchers included 266 patients (male = 68%, female, 32%, age = 39.6, SD = 9.9 ranging from 17 to 78 years of age) from different

provinces of China. Subject illness duration lasted from 0.3 to 36.3 years and lock time ranged from two weeks to 28.1 years with an average of 14.1 years. Many patients (80%) were residing in the countryside, had elementary to middle school levels of education (85%), lived in poverty (79%), and suffered chronic psychiatric illness (85%). The researchers used self-created questionnaires to evaluate social function, such as self-care, house chores, employment, learning ability, and social skills, with each function classified into three levels: high, medium, and low. Social function evidenced significant improvement after unlock and intervention. The most promising change lay in the self-care skills. Specifically, before the integrated illness management and intervention, 97% patients had poor/low levels of self-care skills, and after intervention only 7.5% could not take care of themselves. The household chore was the next skill that saw significant improvement, from 98% with poor skills to 19% after the intervention. These positive changes greatly reduced family burden and improved quality of life of the patient and the family members. Furthermore, consistent with previous findings, some patients even sought employment and started to help support the family (Zhang et al., 1991). The researchers concluded that more work still warranted preventing relapse. Family and community education and patient adherence to treatment were critical to maintain long-term treatment effect of these unlocked and freed patients.

3.3. The glycometabolism abnormality among schizophrenia patients

This paper, entitled, “The glycometabolism abnormality among schizophrenia patients,” was published in Chinese Journal of Psychiatry, 2012, 45(6). The researchers (Wu et al., 2012) indicated that there seemed a vicious cycle between schizophrenia and glycometabolism abnormality in that patients with schizophrenia tended to have abnormal glycometabolism, and antipsychotic drugs might elevate the rate of abnormal glycometabolism among schizophrenia patients. Therefore the purpose of their study was to examine factors contributing to the glycometabolism abnormality among patients with schizophrenia. Three groups of first episode patients (altogether 178) and one control group ($n = 44$) were included in this cross sectional study. Among patient subjects, 71 were drug-naïve first episode, 68 with continuous antipsychotic treatment of one or more than one year, and 39 with continuous antipsychotics medication of one or more than one year and drug withdrawal of more than three months. First episode drug naïve patients referred to those who took antipsychotic medication less than three days. Patient inclusion criteria included meeting DSM-IV diagnostic criteria, Positive and Negative Symptom Scale total score equal to or more than 60. The researchers measured patients' and healthy control's waistline, hipline, fasting blood glucose, fasting insulin and fasting C-peptide level. The results showed that first episode drug naïve group had heightened levels of fasting insulin, C-peptide and IR, indicating that schizophrenia patients might be deficient in insulin synthesis and their peripheral tissue sensitivity to insulin might have decreased. This result was consistent with those of Ryan and Thakore (2002) and Spelman et al. (2007). The researchers reported that drug-naïve first episode patients had a larger waistline in comparison with the healthy controls, suggesting that fat redistribution in first episode patients had already happened even before they used antipsychotic medication. Previous findings also pointed to the direction that abdomen fat accumulation was closely related to insulin resistance (Cnop et al., 2002). Antipsychotic medication was also seen to affect psychotic patients' physical health, waistline, BMI, WHR, fasting INS, and glucose metabolism. Medication withdrawal seemed to help to improve these indicators. However, it seemed still challenging and difficult to reverse the direction of glucose metabolism syndrome.

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