Library Resources for Psychology Internship

Carmen Bou-Crick M.S.L.S.

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Library Resources for Psychology Internship

Carmen Bou-Crick, MSLS, AHIP
Librarian Associate Professor
Department of Health Informatics
Head, Reference & Education, Calder Library
July 11, 2018
Objectives

Upon completion of this class, you will be able to identify, describe, and use:

1. **uSearch**—to find e-Journals, e-Books, and much more from all UM Libraries
2. **Clinical Support Tools**—Psychiatry Online, Access Medicine, ClinicalKey, Isabel, DynaMed Plus, and UpToDate) to find answers to assist in clinical decision-making.
3. **Bibliographic Databases**—PsycINFO, PubMed, Health and Psychosocial Instruments, and Mental Measurements Yearbook/Tests in Print to search the published peer reviewed literature and find questionnaires.
http://calder.med.miami.edu
1. Using **uSearch** to find e-Journals, e-Books, and other library resources

- Search for Electronic Resources
- Search for books in the Library Catalog
- Search for Everything in all UM Libraries
Practice Exercise

• Find an e-Book on Clinical Psychology published in the last 5 years.
• The title of the book should have the words “Clinical Psychology” in it.
• Open a chapter from that book.
Step 1. From Calder Library website, click “Search” to access uSearch
Step 2. Enter “clinical psychology” and change options to search for your exact phrase in the title

40,577 results
Step 3. Use “Refine Results” options to streamline your search by:

* Date
* Resource Type
Find the link for Online Access
Step 4: Open book and find Table of Contents
21
Positive Psychological Interventions: An Overview

Acacia C. Parks and Liudmila Titova

Although positive psychology is a relatively new field, it has created a considerable body of research on how people can learn happiness. Happiness can be pursued via numerous pathways: through sensory experiences, using savoring; through social interactions, using active-constructive responding and gratitude; through cognitive experiences, using optimism activities. Taken together, these types of technique are called Positive Psychological Interventions (PPIs) (Schueller & Parks, 2014), and they have been applied in both nondistressed and clinical populations to promote happiness.

PPIs are fairly new, so there is some inconsistency in the way they are defined by different researchers. For instance, a definition proposed by Sin and Lyubomirsky (2009) stresses two important factors which describe PPIs: concentration on increasing positivity rather than on decreasing negativity; and long-term effects. Bolier, Haverman, Westerhof, Riper, Smit, and Bolmanmeier (2012) took this definition a step further by adding that these
Use your Cane ID to Sign-in

Register for Remote Access at the Front Desk. Bring your Photo ID, CaneID, and C-Number. Remote Access instructions are available on Calder Library website.

UM Single Sign-On

You have requested access to UM Single Sign-On which requires University of Miami authentication.

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Sign in

For security reasons, log out of UM Single Sign-On and quit your web browser when you are done accessing service that require CaneID authentication.

Be wary of any program or web page that asks you for your username and password. Secure University of Miami web pages that ask you for your username and password will generally have URLs that begin with "https://caneid.miami.edu" or "https://caneidhelp.miami.edu". In addition, your browser should visually indicate that you are accessing a secure page.
Please complete all highlighted areas and sign the form.

**Please make PHOTOCOPY of patron’s ID**
CaneID & REMOTE ACCESS INFORMATION

Remote Access

Remote access to the Louis Calder Memorial Library’s Licensed Resources (E-journals, E-books and Databases) is restricted to faculty, staff and students at the University of Miami Miller School of Medicine / University of Miami Health System (UMMSM/UMH) and Jackson Health System (JHS) Personnel.

Eligible off-campus users (UMMSM/UMH and JHS) can access resources in a variety of ways depending on their affiliation.

EZ-Proxy Access.
Medical Library users who are on campus will have automatic access to resources. Remote access will continue to be provided with Single Sign-On Authentication (CaneID) for UM students and employees.

Remote access for non resident JMH staff will require registering for a restricted-use CaneID/C-Number.

Follow these steps:
(1) Register for a CaneID/ C-Number
(2) Register in person at Calder Library with photo ID and provide your C# to library staff.
Detailed proxy logon information is available here. It may take up to 2 business days for your account to be activated. For further help, you can contact library staff at 305-243-6403.

Secure Gateway/VPN for UMMSM and UMH faculty/staff/students:

http://calder.med.miami.edu
To find journals: eJournals A-Z in uSearch
You can access e-Journals also from Calder Library’s homepage.
Practice Exercise

• Find the latest issue of the Journal of Consulting and Clinical Psychology.
Enter the journal title in the search box. Select the journal from the list and click Online Access.
Publication Details For "Journal of Consulting and Clinical Psychology"

Title: Journal of Consulting and Clinical Psychology
ISSN: 0022-006X
Publisher Information: American Psychological Association
Title History: Journal of Consulting Psychology vol. 1 (1) - vol. 31
Other ISSN: 0095-8891 vol. 1 (1) - vol. 31
Electronic ISSN: 1939-2117 vol. 32 (1)
Bibliographic Records: 1937 - current
Full Text: 1937 - current
Publication Type: Academic Journal
Frequency: 12 per year
Each citation will provide links to HTML Full Text, PDF Full Text, as well as PlumX Metrics (how many people have read and cited this article).

To print this article, first open the PDF Full Text and use the icons to print, email, or save citations.
Use uSearch to find E-Books and/or e-Book chapters

eBooks can be found from the Calder Library website too
E-Books

If you are unable to locate a book on this page, please go to uSearch.

Search Inside Book Packages

| Access Medicine - Clinical & LANGE Educational Library | Oxford eBook Collection |
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| ClinicalKey | PsycCRITIQUES (APA) |
| ebrary | PsycEXTRA |
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A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Browse e-books by subject

- AIDS / HIV
- Allergy & Immunology
- Anatomy & Embryology
- Anesthesiology
- Biochemistry
- Health Informatics
- Health Policy
- Hematology
- Histology
- History
- Pharmacology
- Physiology
- Plastic Surgery
- Psychiatry and Psychology
- Public Health & Epidemiology
Search in Book Packages

Please Note: Some books in packages can be located by searching Calder Medical Library’s online catalog or the e-Book A-Z list; others must be located by searching within individual book packages.

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<td>USMLE Collection</td>
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PsycBooks (American Psychol Assn) (enter topic/topics)

Find PDF Full Text icon
PsychiatryOnline Books

Entire DSM Library (even in Spanish)

Major APA Textbooks
If you know the book title, you can search by title or browse titles.
Search by Subject

### Browse e-books by subject

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Books for Psychiatry & Psychology

Psychiatry and Psychology


ABC’s of Behavioral Forensics: Applying Psychology to Financial Fraud Prevention and Detection, John Wiley & Sons, Inc., 2013


Acquired Tastes: Why Families Eat the Way They Do, UBC Press, 2015

Action Science: Foundations of an Emerging Discipline MIT Press


Adolescent Psychotherapy Treatment Planner, Wiley, 2014

Adult Psychotherapy Progress Notes Planner, Wiley, 2014


American Dolorologies: Pain, Sentimentalism, Biopolitics, State University of New York Press, 2014

American Madness: the Rise and Fall of Dementia Praecox, Harvard Univ.Press, 2011


Anxiety: A Short History, Johns Hopkins University Press, 2013

Alchemy of Wolves and Sheep : A Relational Approach to Internalized Perpetration In Complex Trauma Survivors, The, Routledge, 2013
Click on any title for Table of Contents
SAMPLE TREATMENT

OBSESSIVE-COMPULSIVE

Definitions: Recurrent and persistent ideas are viewed as intrusive, or that interfere with their performance, or social role. Failed attempts to ignore or suppress these impulses or neutralize actions.

Recognition that obsessive thoughts are his/her own mind.

Recurrence of symptom
Finding Print Books at Calder Library

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Sign in to your library account

Enter your CaneID and password.

Security options--Duo Mobile
diagnosis of generalized anxiety disorders in Spanish elderly

Select citations by clicking on pins
Selected citations will be saved in your account
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Learn more about uSearch

uSearch
Discover materials from all University of Miami Libraries, including Law and Medical

Electronic Resources
Search for journal articles, book chapters, and other online resources in all UM digital collections.

Library Catalog
Search for books and all other materials housed at the Medical Libraries (Calder Library, Ophthalmology Library, and University of Miami Hospital/UMH Library) or search a specific medical library collection.

Everything
Search for journal articles, books, e-books, audiovisual materials, and all resources in all UM libraries.

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Help!
Search Tips

ILL form
Help Manual
Practice Exercise

• A 16-year-old girl is brought to the clinic by her mother, who states that her daughter has been losing weight steadily. The adolescent denies there is a problem and states that she is in no way underweight. The physician determines that the girl is 5 ft 6 in tall and weighs 90 lb. After a diagnosis of anorexia and an inpatient stay to stabilize her, what would be the best outpatient treatment, Group Therapy or Family Therapy?
PICO-TT Queries

• P  adolescent diagnosed with anorexia
• I  family therapy
• C  group therapy
• O  prevent recurrence
• T  Therapy
• T  Type of Study
PubMed Clinical Queries

PubMed comprises more than 28 million citations for biomedical literature from MEDLINE, life science journals, and books. Citations may include links to full-text content from PubMed Central and publisher web sites.

PubMed Tools
- PubMed Mobile
- Single Citation Matcher
- Batch Citation Matcher
- Clinical Queries
- Topic-Specific Queries

More Resources
- MeSH Database
- Journals in NCBI Databases
- Clinical Trials
- E-Utilities (API)
- LinkOut
Cognitive remediation therapy (CRT) as a pretreatment intervention for adolescents with anorexia nervosa during medical hospitalization: a pilot randomized controlled trial protocol.

Using bivariate latent basis growth curve analysis to better understand treatment outcome in youth with anorexia nervosa.

Family Therapy for Child and Adolescent Eating Disorders: A Critical Review.

Two models of multiple family therapy in the treatment of adolescent anorexia nervosa: a systematic review.

An Update on Evidence-Based Psychosocial Treatments for Eating Disorders in Children and Adolescents.
1. Do in vivo behaviors predict early response in family-based treatment for anorexia nervosa?
   PMID: 24091274  Free PMC Article

2. Is weight gain really a catalyst for broader recovery? The impact of weight gain on psychological symptoms in the treatment of adolescent anorexia nervosa.
   PMID: 24632109  Free PMC Article

   PMID: 26276704  Free PMC Article
Select citations from this list

21. An Exploratory Evaluation of the Family Meal Intervention for Adolescent Anorexia Nervosa
   Herscovici CR, Kovalsky I, Orellana L.
   PMID: 26596997

22. Parental Expressed Emotion During Two Forms of Family-Based Treatment for Adolescent Anorexia Nervosa.
   Allan E, Le Grange D, Sawyer SM, McLean LA, Hughes EK.
   PMID: 29105211

23. Using bivariate latent basis growth curve analysis to better understand treatment outcome in youth with anorexia nervosa.
   Byrne CE, Wonderlich JA, Curby T, Fischer S, Lock J, Le Grange D.
   Eur Eat Disord Rev. 2018 Apr 25. doi: 10.1002/erv.2596. [Epub ahead of print]
   PMID: 29691947

Options:

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Parental Expressed Emotion During Two Forms of Family-Based Treatment for Adolescent Anorexia Nervosa.

Allan C.1,2,3, Le Grange D.1,2,5, Sawyer SM.1,2,6,7, McLean LA.3, Hughson F.1,2,6,8

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6 Department of Paediatrics, University of Melbourne, Melbourne, VIC, Australia.
7 Department of Adolescent Medicine, Royal Children’s Hospital, Melbourne, VIC, Australia.
8 School of Psychological Sciences, Monash University, VIC, Australia.

Abstract
High parental expressed emotion (EE), reflected by criticism or emotional over-involvement, has been related to poorer outcome in family-based treatment (FBT) for adolescent anorexia nervosa. This study assessed EE in 88 mothers and 84 fathers at baseline and end of treatment in a randomised trial comparing conjoint FBT to parent-focused FBT (PFT). Compared with conjoint FBT, PFT was associated with a decrease in maternal criticism, regardless of adolescent remission. Furthermore, an increase in maternal criticism was more likely to be observed in conjoint FBT (80%) than PFT (20%, p = 0.001). Adolescents of mothers who demonstrated an increase in EE, or remained high in EE, were less likely to remit compared with adolescents for whom EE decreased or remained low (33% and 0% vs. 43% and 50%, p = 0.03). There were no significant effects for paternal EE. The results highlight the importance of considering EE when implementing FBT for adolescents with anorexia nervosa.

KEYWORDS: adolescents; anorexia nervosa; criticism; emotion; family therapy; parents

PMID: 29105211 DOI: 10.1002/erv.2594

[Indexed for MEDLINE]
Parental Expressed Emotion During Two Forms of Family-Based Treatment for Adolescent Anorexia Nervosa

Erica Allan, Daniel Le Grange, Susan M. Sawyer, Louise A. McLean, Elizabeth K. Hughes

First published: 03 November 2017 | https://doi.org/10.1002/erv.2564

Abstract

High parental expressed emotion (EE), reflected by criticism or emotional over-involvement, has been related to poorer outcome in family-based treatment (FBT) for adolescent anorexia nervosa. This study assessed EE in 89 mothers and 64 fathers at baseline and end of treatment in a randomised trial comparing conjoint FBT to parent-focused FBT (PFT). Compared with conjoint FBT, PFT was associated with a decrease in maternal criticism, regardless of adolescent remission. Furthermore, an increase in maternal criticism was more likely to be observed in conjoint FBT (80%) than PFT (20%, p = 0.001). Adolescents of mothers who demonstrated an increase in EE, or remained high in EE, were less likely to remit compared with adolescents for whom EE decreased or remained low (33% and 0% vs. 43% and 50%, p = 0.03). There were no significant effects...
To save your search strategies: click on Advanced

Click on the search number you want to save

Click on Save on My NCBI

Sign in or Create a MyNCBI account
Other resources to make your work easier: Clinical Decision Support

- PsychiatryOnline
- Access Medicine
- ClinicalKey
- DynaMed Plus
- UpToDate
eDatabases

Find at Calder’s homepage

Also look under “All Databases” for a list of all free and subscription databases
APA Books
depression and anxiety in the elderly

Palliative and End-of-Life Care > Interventions
Harrison's Principles of Internal Medicine

... For patients with depression who have insomnia and anxiety, a sedating antidepressant such as mirtazapine can be helpful. In the elderly, trazodone, beginning at 25 mg at nighttime, is an effective sleep aid at doses lower than those which cause its antidepressant effect. Zolpidem may have a decreased...

Mental Disorders > Clinical Manifestations
Harrison's Principles of Internal Medicine

... minimization of distress. The presence of anxiety, panic, or agitation significantly increases near-term suicidal risk. Approximately 4-5% of all depressed patients will commit suicide; most will have sought help from physicians within 1 month of their deaths. In some depressed patients, the mood disorder...

Final Examination
Graber and Wilbur’s Family Medicine Examination & Board Review, 4e

... in select cases for tocolysis. Realize that these drugs carry substantial risks and only delay delivery by about 48 hours. Their main use is to provide time to administer corticosteroids. -- See question 15.4.3: Helpful Tip. As you start a patient on fluoxetine for depression, you counsel him about...

Thyroid Disease
Pathophysiology of Disease: An Introduction to Clinical Medicine, 7e

... Cold, dry, thick, scaling skin; dry, coarse, brittle hair; dry, longitudinally ridged nails Periorbital edema Normal or faint cardiac impulse; indistinct heart sounds; cardiac enlargement; bradycardia Ascites; pericardial effusion; ankle edema Mental clouding, depression...

Cardiovascular Disorders: Vascular Disease
Pathophysiology of Disease: An Introduction to Clinical Medicine, 7e

... acid. In severe cases, the blood lactate level rises from a normal value of about 1 mmol/L to 9 mmol/L or more. The resulting lactic acidosis depresses the myocardium, decreases peripheral vascular responsiveness to catecholamines, and may be severe enough to cause coma. Vasoconstriction...
Register to create a profile for remote access

Use your JHS email to register and use this account to access the Mobile App
You can search for a topic or Browse books, journals, drug monographs, guidelines, patient education, multimedia, or procedures consult.
Results show Full text and MEDLINE. It includes book chapters, practice guidelines, and MEDLINE articles. You can apply other filters.
An outline lets you navigate to specific parts of the document.
Register to create a ClinicalKey account to get mobile access. Click the link on the confirmation email, then download the ClinicalKey App from your mobile device. Your account will last 6 months. Login from campus to keep it active.
Clinical Decision Support: Isabel

Enter clinical features and symptoms

Click Get checklist
### Clinical Features

- **Age**: adult 50-64yrs
- **Gender**: Female
- **Pregnancy**: not-pregnant
- **Travel History**: North America

**Enter Abnormal Clinical Features**

- Lethargy
- Sleepiness

**Add more Clinical Features**

---

### Ranked Diagnoses

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<th>Show all</th>
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Expand Depression

Click on Major Depression
Display is easy to navigate with additional links for more information. Contents are from UpToDate (other options are available).
Instructions for Mobile Access

On 'Mobile Access' to see login details:

**Mobile Access**

Login details are:
- UserID: XXXXX
- Password: XXXXXX

On the device go to: [https://www.isabelhealthcare.com](https://www.isabelhealthcare.com), save the shortcut to your home screen. Click on the icon – select 'login' and enter the details specified above, check 'remember me' to save login details.

For iPhone:
- Open Safari browser
- Go to the App Store
- Search for Isabel
- Select the Isabel app
- Tap on the + icon
- Tap on Add to Home Screen

For Android:
- Go to the browser
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- Settings
Clinical Decision Support: DynaMedPlus

Enter your topic

Sign up for remote access

Spotlight

Browse by specialty

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Dynamned Plus outscores all point-of-care reference competitors for overall product quality in KLAS 2016 CDS report

Bedside point-of-care ultrasound conducted by an

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rituximab may improve lung function at 7 years compared to other treatments in patients with systemic sclerosis and interstitial lung disease (Semin Arthritis Rheum 2017 Apr)

Topic: Systemic sclerosis (scleroderma)-related lung disease

06/22/2017 01:50:00 PM (ET)
review of pulmonary manifestations in rheumatic disease (Chest 2017 May 25 early online)

Topic: Systemic sclerosis (scleroderma)-related lung disease
Major depressive disorder (MDD)  
Overview and Recommendations | History and Physical | Diagnosis
condition characterized by persistent low mood, lack of positive affect, and loss of interest in usually pleasurable activities (anhedonia).

Treatment / Medications / Antipsychotics for depression with *psychotic* features

Posttraumatic stress disorder (PTSD)  
Overview and Recommendations | History and Physical | Diagnosis
trauma and stress-related disorder induced by exposure to event that results in disturbances lasting ≥ 1 month.

Treatment / Counseling / Eye movement desensitization and reprocessing (EMDR)
EMDR and prolonged exposure therapies may be similarly effective for reducing PTSD symptoms in patients with PTSD ar

Parkinson disease  
Overview and Recommendations | History and Physical | Diagnosis
progressive movement disorder characterized by bradykinesia, resting tremor (4-6 hertz [Hz]), rigidity, and loss of postural reflexi
Postpartum psychosis

Related Summaries
- General Information
- Epidemiology
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- History and Physical
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- Treatment
- Complications and Prognosis
- Prevention and Screening
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- Patient Information
- ICD-9/ICD-10 Codes
- References

Updates
[+]

Updated 2016 Sep 05 12:00 AM (ET)

Related Summaries
- Postpartum depression

General Information
Description
- affective psychosis with acute onset, typically presenting in early postnatal period (generally within 1 week)
  - often severe
  - often presents as mixed affective, schizoaffective, or manic state, with prominent confusion symptoms
  - depressive or schizophrenia-like presentations may also occur
- medical emergency (woman at risk of harming herself, baby, or both)
- may resemble delirium but is most likely an overt presentation of bipolar disorder

Also called
- puerperal psychosis
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UpToDate is on both the JMH and UHealth electronic health records
Suicidal ideation and behavior in adults
... patients who subsequently commit suicide suggests that an approach to case finding based upon risk factors, sensitivity to high risk situations in depressed patients, and assessment of suicidality in patients ...
  - Patient evaluation
  - Risk factors
  - Summary and recommendations
  - PHQ-9 questionnaire (Tables)

Suicidal ideation and behavior in children and adolescents: Evaluation and management
... lethality, suicide risk assessment in children should be based upon the child perception of lethality rather than the objective lethality of the suicidal act. Following a suicide attempt, the absence ...
  - Risk assessment of suicidal ideation
  - Summary and recommendations
  - Suicide risk assessment1 (Tables)
  - Suicide risk assessment2 (Tables)

Effect of antidepressants on suicide risk in adults
... topic reviews whether antidepressants affect the risk of suicidality in adults. The effect of antidepressants on suicide risk in children and adolescents, risk factors and management of suicidality in adults ...
  - Reduction of existing suicidal ideation
  - Summary

Approach to symptom assessment in palliative care
Suicidal ideation and behavior in adults

INTRODUCTION — Approximately 37,000 people in the United States [1] and one million worldwide die by suicide [2].

Primary care providers may be in a unique position due to their frequency of interaction with suicidal patients within the year of their death, compared with one-third who had contact with mental health services before their suicide (45 versus 20 percent).

Despite this, there are no data to show that screening for suicide in primary care reduces mortality. Addition sensitivity or specificity [4,8].

Nevertheless, the fact that primary care clinicians see a large portion of the patients who subsequently commit patients, and assessment of suicidality in patients being treated for depression are appropriate in the prima

This topic reviews risk factors for suicide, and the evaluation, initial management, and appropriate follow-up antidepressants on suicide risk in adults."

Authors: Jennifer Schreiber, MD, Larry Culpepper, MD, MPH
Section Editor: Peter P Roy-Byrne, MD
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• Find articles about depression and anxiety in the elderly.
Bibliographic Databases: PsycINFO (APA/EBSCO)

Simple keyword search on “depression AND anxiety AND elderly” in all fields
1. Degree, but not direction of grip strength asymmetries, is related to depression and anxiety.

2. Does presence of metabolic syndrome impact anxiety and depressive disorder screening study.
Select citations by clicking on folders

1, 2018 ArtID: 5. Publisher: BioMed Central Limited; [Journal Article]
- Adult (18 yrs & older); Middle Age (40-64 yrs); Aged (65 yrs & older); Male; Female

Entity and influence of depression and anxiety: A

17 pp. 810-822. Publisher: Taylor & Francis; [Journal Article]
- Adult (18 yrs & older); Aged (65 yrs & older); Very Old (85 yrs & older); Male; Female

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PubMed comprises more than 27 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.
Nocturnal enuresis with spina bifida occulta: Does it interfere with behavioral management success?

Kurt O³, Yazici CM, Paketo C.

Author Information

1. Department of Urology, School of Medicine, Namik Kemal University, Tekirdag, Turkey.

Abstract

PURPOSE: We aimed to investigate the incidence of spina bifida occulta (SBO) in patients with nocturnal enuresis (NE) and its effect on the success of behavioral interventions. We also aimed to identify predictive factors related to success of behavioral interventions.

METHODS: A total of 163 patients with NE and 160 patients without NE were enrolled to study. Urinalysis, urine culture, biochemical evaluation, plain radiography and urinary system ultrasonography were performed before treatment. Patients with NE received behavioral interventions for 3 months. Response to behavioral interventions was analyzed according to the presence and absence of SBO. Possible predictive factors for treatment success were also evaluated.

RESULTS: Spina bifida occulta was detected in 47 (28.8%) children at NE group and 24 (15.0%) at control group (p = 0.138). Non-monosymptomatic NE was more prevalent in patients with SBO (p < 0.001), and response to the treatment was significantly lower (p = 0.037). Presence of SBO (OR 8.8, 95% CI 3.1-25.6), NE severity (OR 7.2, 95% CI 2.4-21.7) and NE frequency on 3-day voiding diary (OR 9.4, 95% CI 3.7-24.3) were significantly related to the success.

CONCLUSIONS: The presence of SBO, severe NE and higher frequency of NE in voiding diary affect the response to behavioral interventions. Other treatment options such as medical treatment or enuresis alarm may be recommended for those patients.

PMID: 26149336 DOI: 10.1007/s11255-015-1047-4

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Acronym: HADS

Instrument Author: Snaith, R. P.; Zigmond, A. S.

Source Code: Secondary Source


Measure Descriptors: Anxiety, Anxiety Neurosis, Anxiety States, Depression, Depression Emotion, Elderly, Emotional States, Fear, Hospital Environment

Sample Descriptors: Adult, Adults, Aged, Anxiety Neurosis, Anxiety States, Elderly, England, Hospital Environment, Patients


Analyst: HaPl Staff

Year: 1997

Update Code: 201401
DETECTION OF DEPRESSION IN PRIMARY CARE: COMPARISON OF TWO SELF-ADMINISTERED SCALES

AJAY K. UPADHYAYA, IAN STANLEY

First published: January 1997  Full publication history
DOI: 10.1002/(SICI)1099-1166(199701)12:1<35:AID-GPS447>3.0.CO;2-H View/save citation
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Abstract

Two self-rated questionnaires, SELFCARE (D) and Hospital Anxiety Depression (HAD) Scale, were compared in relation to their efficacy in detecting depression in 72 elderly patients attending general practitioners at a health centre in Liverpool, England. The sensitivity, specificity and overall misclassification rates of both the scales were assessed against a diagnosis arrived at by using a standardized interview schedule, Geriatric Mental State (community version), and a computerized diagnostic scheme, AGECAT. In this preliminary study, SELFCARE (D) was found to be superior to HAD as a screening instrument for depression in the elderly population in primary care. © 1997 by John Wiley & Sons, Ltd.

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Behavioral and Psychological Assessment of Dementia

Acronym:  BPAD.

Authors:  Schmidt, Kara S.; Gallo, Jennifer L.

Publication Date: 2007.


Purpose:  Designed to 'assess changes in behavior and mood associated with the onset of various dementia syndromes.'

Test Category:  Behavior Assessment.


Scores:  24: Total Current, Total Past, Total Change, Perceptual/Delusional Current, Perceptual/Delusional Past, Perceptual/Delusional Change, Positive Mood/Anxiety C.

Mood/Anxiety Current, Negative Mood/Anxiety Past, Negative Mood/Anxiety Change, Aggressive Current, Aggressive Past, Aggressive Change, Perseverative/F Current, Disinhibited Past, Disinhibited Change, Biological Rhythms Current, Biological Rhythms Past, Biological Rhythms Change.

Administration:  Individual.

Time:  (15) minutes.

Price Data:  2015: $200 per introductory kit including software portfolio with on-screen help and quick start guide, professional manual (67 pages), and 25 response booklets

Comments:  'Should be completed by family members, paraprofessionals, or other professionals ages 18-90 who have regular contact with individuals who have suspected dementia.

Cross References:  For reviews by Shawn K. Acheson and Anita M. Hubley, see 18:12.

Reviewers:  Acheson, Shawn K.; Hubley, Anita M.

Yearbook Volume:  18.


Published Test Description:  Behavioral and Psychological Assessment of Dementia. Purpose:  Designed to 'assess changes in behavior and mood associated with the onset of various dementia syndromes.' Scores:  24: Total Current, Total Past, Total Change, Perceptual/Delusional Current, Perceptual/Delusional Past, Perceptual/Delusional Change, Positive Mood/Anxiety Current, Negative Mood/Anxiety Past, Negative Mood/Anxiety Change, Aggressive Current, Aggressive Past, Aggressive Change, Perseverative/F Current, Disinhibited Past, Disinhibited Change, Biological Rhythms Current, Biological Rhythms Past, Biological Rhythms Change. Administration:  Individual. Professional manual (67 pages), and 25 response booklets; $83 per 25 response booklets; $57 per professional manual. Time:  (15) minutes. Comments:  'Should be completed by family members, paraprofessionals, or other professionals ages 18-90 who have regular contact with individuals who have suspected or diagnosed dementia.' Authors:  Kara S. Schmidt and Jennifer L. Gallo. Publisher:  Psychological Assessment Resources, Inc.
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