



East Anglia Hub
Mental Health Research Network



**National Institute for
Health Research**

NEWSLETTER 40

May 2011

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Hub Update

Welcome to the 40th edition of our Hub newsletter. Firstly everyone at the Hub would like to say a big thank you to all those people who attended the National Scientific Meeting held in Cambridge in April. The event was very well attended and the weather was absolutely beautiful during the three days which added to the whole experience. We hope you all enjoyed it as much as we did however if you were unable to attend there are several reports within this newsletter on the various plenary and parallel sessions that took place.

We also have a new study, regional updates and a Chief Investigator's update on the Addiction Endophenotypes study, which is yielding interesting data

In addition the Hub is now looking to appoint a new Primary Care Lead to be a member of the executive committee. If you are interested in applying or know someone who would be please see the advert on page 4 for more information.

How to run a project on the Network

Applications to run a project on the MHRN must be made to the 3As Committee.

Application forms can be downloaded from: www.mhrn.info

Date for next committees are:

23rd June 2011

4th August 2011

15th September



NIHRMHRN Aims and Benefits

Aims:

- To organise and deliver large-scale research projects to inform policy and practice as it develops, and to help services implement change.
 - To broaden the scope and capacity of research, including full involvement of service users and carers in commissioning and delivering research
 - To help identify the research needs of mental health (particularly in health and social care), working with frontline staff, service users and carers
- To develop research capacity through a range of initiatives at a local, regional and national level.

Benefits:

- Provides instant access to a number of clinical and academic centres
- Brings together research and providers of mental health and social care services
- Offers a broad scope, covering all mental health disciplines
- Offers support and guidance on research governance issues, data protection and ethical matters
- Co-ordinates the management of all subcontracts to individual centres

New Studies

Servier CL2-20098-072 study: Efficacy of agomelatine given orally during 16 weeks in patients with Obsessive-Compulsive Disorder

Lead Organisation: Servier

Obsessive-compulsive disorder (OCD) is a severe, chronic and disabling disorder that affects 2 to 4% of the population. As its name implies, OCD is characterized by obsessions and compulsions. Obsessions are unwanted intrusive ideas, images or impulses that patients often experience as senseless. Compulsions are urges that patients experience to lessen their anxiety or discomfort that usually emanate from obsessions.

Serotonin reuptake inhibitors (SRIs) i.e, SSRIs and clomipramine are the first line pharmacotherapy for OCD and the only drugs approved by Health Authorities for the treatment of OCD. Approximately 40% to 60% of the OCD patients are improved by a pharmacotherapy with SRI. In general, dosages higher than those used in depression are necessary to obtain an optimal anti-OCD effect. Thus, the maximal recommended dosage should be used, if tolerated, before it is concluded that a patient is resistant to a particular drug.

The hypothesis underlying the use of higher doses of SSRIs in OCD than in depression is that a potent 5-HT reuptake inhibition is needed for achieving an anti-OCD response. Since no useful predictive factors exists to orient the choice of SRI, it is often based on the side effect profile of the drug. Another feature of the anti-OCD response to SSRI is its longer delay compared with the response to depression with the same medications. The treatment should be maintained for 12 weeks before it is concluded that a patient is resistant to a particular drug. However, the response to these products is only partial with a reduction of 20% to 40% on the widely used Yale-Brown Obsessive-Compulsive scale (Y-BOCS). (Bandelow, 2008). Therefore, there is a clear need for new efficient and well tolerated therapeutic options in OCD.

Agomelatine is a new antidepressant with a distinct neurochemical profile. It is a melatonergic agonist (MT₁ and MT₂ receptors) and 5HT_{2C} antagonist. In contrast to SSRI's, the mechanism of action of agomelatine does not imply 5-HT reuptake inhibition (Hanoun et al., 2004) but some properties of agomelatine support its potential interest as an alternative in the treatment of OCD patients.

STUDY UPDATE

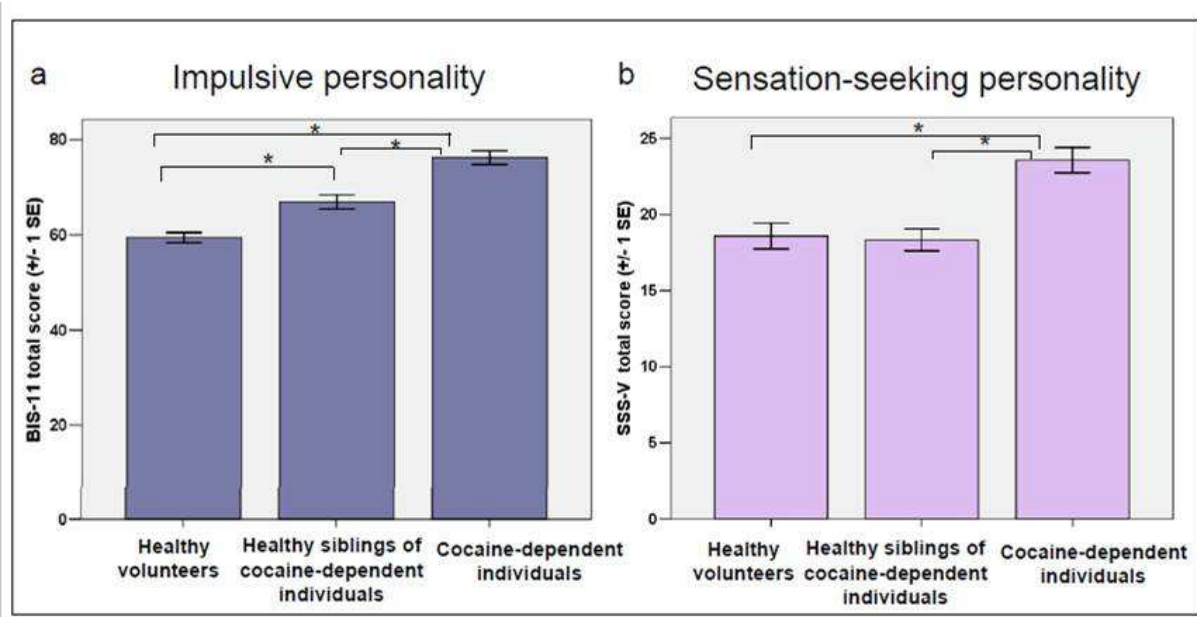
Why do some people get addicted to drugs and others don't?

Cocaine is one of the most addictive drugs on the illicit drug market. Cocaine, like other drugs, exerts its effects in the brain, where it changes the way a person thinks and feels. People who are addicted feel an overwhelming, uncontrollable need for the drug, even in the face of negative consequences. So they may spend hundreds of pounds per week on drugs, prioritise the drug-taking over spending time with friends and family, and may even put their job at risk by continuing to use drugs. Somewhat surprising however is the fact that although cocaine is a highly addictive drug, not everyone who uses it gets hooked on it. In other words, some people seem to be more vulnerable than others for developing dependence. Preventative strategies would thus be more effective if they could target those individuals who are most at risk directly. Who are these vulnerable individuals?

Twin and adoption studies indicate that the likelihood of developing dependence on drugs such as cocaine is increased eight-fold in people who have a family history of drug or alcohol abuse. So there seems to be a genetic risk although no one gene has yet been identified that explains the risk for addiction. With support from the MHRN, Dr Karen Ersche and her team at the University of Cambridge compared 50 sibling pairs of whom one was dependent on cocaine and the other had no history of chronic drug abuse, with 50 unrelated healthy volunteers.

The researchers were interested in participants' personalities because studies in drug-dependent individuals have shown that two personality traits are particularly common in people with addiction: impulsivity and sensation-seeking. Impulsive people are those who take spontaneity to the extreme. They typically act on the spur of the moment, they may buy things they can't afford or do other things that they later regret. Sensation-seekers, by contrast, crave excitement and sensations. They get bored easily and feel particularly attracted to adventures, dangerous sports and risky situations. However, what is not clear is whether these personality traits have developed as a consequence of chronic cocaine abuse or whether they were there before people started taking drugs, possibly predisposing them to developing dependence? The comparison with their non-dependent brothers and sisters may give clues as to whether a person's personality may increase the risk of becoming addicted to drugs.

Consistent with previous studies, the researchers found that people who are dependent on cocaine report significantly higher levels of impulsivity compared to healthy volunteers. Interestingly, their biological siblings also showed increased levels of impulsive personality traits, albeit not as high as their drug-dependent brothers and sisters. These findings suggest that impulsive personality traits make people who take cocaine more vulnerable for developing dependence. Sensation-seeking personality traits, by contrast, were only increased in individuals dependent on cocaine but not in their siblings, suggesting that sensation-seeking is an effect of chronic drug abuse rather than a predisposing cause for addiction in the first place.



“These findings are very exciting” says Dr Ersche “because they are in keeping with findings from animal models of addiction, which have shown that impulsivity increases the risk of developing dependence. Sensation-seekers do not seem to have a higher risk for becoming dependent on drugs than the general population. However, people who have been used to highly reinforcing drugs such as cocaine may have developed a higher threshold for becoming excited, and therefore, may be more likely to seek out sensations.”

Dr Ersche's next goal is to understand protective factors against cocaine dependence. Her team is now recruiting individuals who have been using cocaine recreationally. Potential volunteers are invited to contact Mrs. Abigail Turton on 01223 760665 for further information.

Dr Karen Ersche
Chief Investigator for the Addiction Endophenotype Study



East Anglia Hub

Mental Health Research Network



**National Institute for
Health Research**

NIHR Mental Health Research Network Primary Care Lead

Applications are invited for a Primary Care Lead to join the East Anglia Hub of the NIHR Mental Health Research Network. The amount of time spent on this post and the tasks involved are to be agreed between the local MHRN and the post-holder – usually one programmed activity per week. The programmed activity will be required to be worked flexibly. The Primary Care Lead will be accountable to the Hub Lead and Hub Executive Committee. The post is available with immediate effect.

The main responsibility of the Primary Care Lead is to enhance connections between the Hub and primary care services to enable effective recruitment sites for MHRN projects. The post-holder will work to increase the interest of primary care services in mental health research and to liaise effectively with the Primary Care Research Network (PCRN) concerning research related activity. The Primary Care Lead is likely to take on a lead role in one or more areas of the work within the East Anglia Hub.

If interested, please send your CV and a covering letter to Linda Benton, linda.benton@cpft.nhs.uk (Tel: 01223 746135, MHRN East Anglia Hub, Douglas House, Trumpington Road, Cambridge, CB2 8AH)

For an informal chat about the post or to register your interest please contact Dr Jesus Perez, East Anglia Hub Lead, on 01223 884360 or jesus.perez@cpft.nhs.uk

Closing Date: 30th May 2011

PROJECTS ACTIVELY SUPPORTED BY THE EAST ANGLIA HUB

Projects in set-up:

CORE Phase 1 study 1, CORE Phase 1b, CORE Phase 1c
 Chief Investigator: Sonia Johnson
 Funded by: NIHR

Optimising team functioning, preventing relapse and enhancing recovery in crisis resolution teams: the CORE programme (CRT Optimisation and Relapse prevention)

Crossing the Divide
 Chief Investigator: Declan Murphy
 Funded by: NIHR

Assessing diagnostic procedures for Autism Spectrum Disorders and Attention Deficit Hyperactivity Disorders in early adulthood

DPIM
 Chief Investigator: Hugh Gurling
 Funded by: MRC

DNA polymorphisms in mental illness—Identifying genes and their mutations increasing susceptibility to ADHD, Alzheimer’s dementia psychosis and alcoholism

ECHO
 Chief Investigator: Janet Treasure
 Funded by: NIHR

Does a proven intervention to improve functioning of carers also benefit the anorexia nervosa sufferer for whom they care? A pilot study of our Expert Carer Helping Others (ECHO) intervention

Open Projects:

ASPECTS
 Chief Investigator: Richard Meisser-Stedman
 Funded by: MRC

Cognitive Behavioural Therapy (CBT) as an early intervention for post-traumatic stress disorder (PTSD) in youth: preliminary efficacy and mechanisms of action

Causes and Effects of Stimulant Dependence
 Chief Investigator: Karen Ersche
 Funded by: MRC

This study aims to investigate the genetic basis for stimulant dependence and wants to determine the effects of chronic stimulant abuse on the brain.

CEQUEL
 Chief Investigator: John Geddes (Oxford)
 Funded by: The Medical Research Council

Comparative Evaluation of Quetiapine-Lamotrigine combination versus Quetiapine monotherapy (and folic acid versus placebo) in patients with bipolar depression.

Cognitive Mechanisms of Change in Delusion
 Chief Investigator: Philippa Garety and Elizabeth Kuipers (London)
 Funded by: Wellcome Trust

Cognitive, emotional and social causes of psychosis: a translational study

FEP1
 Chief Investigator: Jeremy Coid
 Funded by: NIHR

Follow-Up of First Episode Psychosis in East London

MCA-DoLS
 Chief Investigator: Isabel Clare
 Funded by: NIHR Policy research Programme

Investigating professionals’ understanding, and the effects of, the interface between the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and the Mental Health Act 1983.

Parades
 Chief Investigator: Peter Bartlett
 Funded by: NIHR

Advance Directive evaluation in Bipolar Disorder

Risk Factors of Perinatal Disorders
 Chief Investigator: Paola Dazzan
 Funded by: NARSAD

ShireCLEAR
 Chief Investigator: Philip Asherson
 Funded by: Industry funded

An International, Longitudinal, Observational Study of Individuals with Attention-Deficit/Hyperactivity Disorder(ADHD)

CIMTIPPA
 Chief Investigator: Laura Jobson
 Funded by: NIHR

Investigating Cultural Influence on the Memory of Trauma and Implications for Posttraumatic Psychological Adjustment

EU-GEI
 Chief Investigator: Peter Jones
 Funded by: European Union 7th Framework Programme

European network of national schizophrenia networks studying Gene-Environment Interactions Work Package 2: Functional Enviromics

FIAT (MfM)
 Chief Investigator: Stefan Priebe
 Funded by: NIHR (HTA programme)

Financial incentives to improve adherence to psychiatric medication in non-adherent patients—a cluster randomised controlled trial

HIP
 Chief Investigator: Richard Gray
 Funded by: NIHR RfPB

Cluster randomised controlled trial of the Serious Mental Illness Health Improvement Profile



Open Projects actively supported (continued)

HoMaS2

Chief Investigator: Navneet Kapur
Funded by: NIHR

Hospital management of self-harm in England—study 2

IMPACT

Chief Investigator: Ian Goodyer
Funded by: National Institute for Health Research Technology Assessment Programme

Randomised Controlled Trial of Brief Psychodynamic Psychotherapy, Cognitive Behaviour Therapy and Treatment as usual in adolescents with moderate to severe depression attending routine child and adolescent mental health clinics.

Janssen 3010

Chief Investigator: D.S Gonzalez-Naranjo
Funded by: Industry funded

Exploring the tolerability, safety and treatment response (maintained/improved efficacy), based on total Positive and Negative Syndrome Scale (PANSS) score, of a transition to flexibly dosed paliperidone palmitate in subjects with schizophrenia previously unsuccessfully treated with oral or long-acting injectable (LAI) antipsychotics.

Learning Study

Chief Investigator: Graham Murray
Funded by: MRC & NIHR
Learning, reasoning and motivation in psychosis and individuals at risks of psychosis

MPTW

Chief Investigator: Michael West
Funded by: NIHR SDO

Effectiveness of multi-professional team working in Mental Health

Neurocognitive Endophenotypes in adult ADHD

Chief Investigator: Ed Bullmore
Funded by: MRC & Wellcome Trust

An alternative approach to understanding the core deficits in adult patients with ADHD,

OASIS

Chief Investigator: Tony Hale
Funded by: Industry funded

To monitor the short-term (up to 12 weeks) use and safety of two types of Quetiapine by psychiatrists under normal conditions of use

PET

Chief Investigator: Fiona Nolan
Funded by: NIHR RfPB

A preliminary comparison of acute mental health inpatient wards which use Patient Engagement time, with other wards delivering standard care alone

REAL

Chief Investigator: Helen Killaspy
Funded by: NIHR Programme Grant for Applied Research

Rehabilitation and Effectiveness and Activities for Life: a multicentre study of rehabilitation services and the efficacy of promoting activities for people with severe mental health problems.

SEPEA

Chief Investigator: Peter Jones
Funded by: the Wellcome Trust

Social Epidemiology of Psychoses in East Anglia

REACT

Chief Investigator: Paul Wilkinson
Funded by: MRC

Cortisol Hyper-Reactivity to Stress - A Putative Biomarker for Major Depressive Disorder

START

Chief Investigator: Peter Fonagy
Funded by: The Department for Children, Schools and Families

A collaborative evaluation of multi-systemic therapy in a UK context

SuperEDEN

Chief Investigator: Max Birchwood
Funded by: NIHR

Sustaining Positive Engagement and Recovery (SUPEREDEN) – the next step after Early Intervention for Psychosis

The Effectiveness and Cost-effectiveness of Perinatal Psychiatry Services

Chief Investigator: Louise Howard
Funded by: NIHR

This project is a programme development project which aims to establish whether it is feasible to identify and collect data for women treated in general psychiatric wards, mother and baby units, and home treatment teams

Other projects hosted by the East Anglia Hub:

Case-control studies of psychiatric in-patients who commit suicide in the first week of admission and suicides within 2 weeks of discharge from psychiatric in-patient care.

FEP
MDS
National Trends and Local Delivery in Old Age Mental Health Services: Towards an

Evidence Base (1)

PARTNER
Conversion Disorder
DOMINO-AD
LEGS
Sudden death in Psychiatric in-patients and the relationship with psychotropic drugs
National Confidential inquiry into suicide and homicide by people with mental illness (NCISH)
A study to investigate the

prevalence of mental illness among victims of homicide and the demographic, clinical and criminological characteristics of victim
Moral ID
PAATH
ROCKY
SCJS
SPeEDS
ROOTS
ProCEED
Edie-2
TMT106522

Bridge
Super-C
VORAMSS
A study of psychotropic medication prescribing patterns in English prisons
Population risks
PaSsA
MR-IMPACT
AMICUS
Viewpoint
OCTET
N-ALIVE

MHRN National Scientific Meeting 2011

6th April

Meeting Opening and Keynote Speech

The MHRN National Scientific Meeting 2011, hosted by the MHRN East Anglia Hub, started on Wednesday 6th April on a glorious sunny evening. The venue was West Road Concert Hall, one of Cambridge's premier music venues, just minutes away from the famous Cambridge backs and King's college. This was a great versatile and spacious venue ideal for the first part of the scientific meeting.



Professor Peter Jones delivers the keynote speech

Registration opened at 5pm and there was a good attendance of delegates who were ready to listen to the keynote speaker at 6pm.

Dr Jesus Perez, MHRN Hub lead, welcomed everyone to the MHRN National Scientific meeting and introduced the keynote speaker, Professor Peter Jones, former Hub lead.

Professor Peter Jones, professor of psychiatry, head of the department of psychiatry, University of Cambridge and CLAHRC director gave an excellent clear talk on the NIHR CLAHRC (Collaborations for Leadership in Applied Health Research and Care) which focused on the 'second translational gap' and the urgent need to implement research based findings into healthcare.

Following the keynote speech, delegates were invited to a drinks reception where drinks and canapés were served, an opportunity for delegates to meet, socialise and network.

7th April

The neurobiology of adolescence: implications for mental health

Professor Ian Goodyer, professor of child and adolescent psychiatry at Cambridge University, gave the second of the plenary sessions. He started with a humorous plea for his own MHRN sash in blue, as he did so admire the Hub's green ones - see page 12. Continuing on a more serious note, he stated that "psychiatry, psychopathology, abnormal psychology - whatever your dereliction, cannot go on like this"; that the nosological system of classifying mental illnesses by clinical symptoms just doesn't work anymore. He described the neural maturation gap between the earlier development of reward processing networks and later consolidation of cognitive and emotional control networks which coincides with the increased use of drugs and presentation of psychotic, and mood disorders during adolescence.



Professor Ian Goodyer, making sense of adolescence

For Professor Goodyer, this is the key to understanding the emergence of mental illness during that period. Various studies have shown differences in brain structures and activity between healthy controls and participants with affective and psychotic disorders. These differences can affect response to treatment, but can also be diminished by treatment. Professor Goodyer urged that the way forward in treating mental illness would be in a stratified system – the "correct" treatments for types of people, based on neurophysiological and behavioural dimensions. We need to "close the gap between brain changes and treatment".

Learning disabilities in young adulthood



Professor Tony Holland, speaking passionately about Learning Disabilities

Professor Tony Holland concluded the plenary sessions of the first day. He started by thanking the Hub for including Learning Disabilities (LD) in the programme, as too often it is not considered for inclusion. LD refers to a vast array of conditions, commonly associated with a history of early developmental delay and impairments in functional and intellectual abilities which usually remain throughout adulthood. There are increased incidences of physical and mental health problems in people with LD, with the transition between childhood and adulthood being significantly challenging for many.

Biological maturation both sexually and physically coincides with an increased likelihood of psychiatric illness; the disability gap in cognitive functioning becomes more apparent in adolescents with LD compared to their peers; and socially, the transition from a structured to an unstructured environment and the shift from dependence to the expectation of independence all contribute to the challenges faced by young adults with LD. While there have been positive changes in policies and services in LD, such as a commitment to social inclusion, participation and more choice for people, Professor Holland argued that knowledge from research needs to be better translated in order to provide services that cater for the often complex and varied needs of people with LD, over the life course.

A comment from the audience: “services need to focus on the level of impairment and not diagnosis” prompted an emphatic response of “Yes!” from Professor Holland. He explained however, that currently, the ‘loosening’ of diagnostic boundaries would result in a greater number of people accessing services leaving them over-stretched. It left the audience pondering the challenge of marrying the evidence of good research, with the provision of appropriate services at a time when services are having to tighten their belts.

Current issues in addiction

As part of the parallel session on Current Issues in Addiction, Dr Rebecca Elliott presented a piece of research on the neurobiological mechanisms of craving in opiate addiction, which stood out from the rest of the session because of its innovative approach to the subject and its outstanding accessibility to the lay person.

Dr Elliott made the case for studying craving by pointing out that relapse rates among users of opiates were at around 90% post-treatment - even without physiological dependence. Relapse triggers identified were stress-related and situation-related (i.e. visual reminders of opiate use). Impulsivity was also identified as a strong contributor to relapse.

Previous studies of craving in addicts has demonstrated that fMRI is a useful tool in studying cravings - a study involving cocaine addicts showed a marked brain response in detoxed addicts who were shown images of drugs and drug-related paraphernalia.

Dr Elliott’s study focused specifically on the responses of opiate users, the impact of craving on inhibitory control and relapse rates. A video designed to induce craving was produced in collaboration with service users and participants were shown either this video, or an alternative video which was similar in structure but not designed to induce craving.



Dr Rebecca Elliott

The response to the craving-inducing video was marked - participants reported increased levels of craving. An interesting outcome was that craving levels remained high even after the video had ended. There was also a dissociation between subjective craving (as reported by the participant) and objective craving (as seen in brain responses).

Craving also appeared to have an effect on inhibitions; the group shown the craving-inducing video showed more errors in an inhibition task than the control group.

The implications of the research are that there may be a biomarker for treatments, and that controlling craving may be an important factor in preventing relapse.

PACE Trial results: How should we treat chronic fatigue syndrome?

Peter White, Professor of Psychological Medicine at Barts and the London Medical School presented the results of the PACE trial. This large-scale trial is the first in the world to test and compare the effectiveness of four of the main treatments currently available for people suffering from chronic fatigue syndrome (CFS), also known as myalgic encephalomyelitis (ME).

These are adaptive pacing therapy, cognitive behaviour therapy, graded exercise therapy, and standardised specialist medical care. All of the treatments offer ways for patients to deal with and improve the symptoms of CFS/ME and its effects on disability. The participants in the trial are randomly allocated to one of the treatments and then given a 12-month programme involving appointments with specialised doctors and, for three of the four treatment groups, therapists.

641 participants were recruited and equally divided into the four groups, each participant followed their allocated treatment arm using the specifically designed study treatment manual. Information was gathered from participants in areas such as work and social adjustment, sleep disturbance, depression, anxiety, fatigue, concentration and memory.

When added to standardised specialist medical care CBT and GET had greater success in reducing fatigue and improving physical function than did APT or SMC alone. Professor White identified that findings were much the same for participants meeting the different diagnostic criteria for Chronic Fatigue Syndrome and ME and so could be applied across both groups.

Further information on the PACE trial is available at www.pacetrials.org

Anorexia: Experimental neuroscience to treatment

Psychological treatments for anorexia have high drop-out rates and poor outcomes meaning research into this area is badly needed. All speakers in this session spoke enthusiastically about the topic but Professors Ulrike Schmidt and Janet Treasure, both from the Institute of Psychiatry, really caught my attention.

Professor Ulrike Schmidt spoke about her trait-focused manualised treatment MANTRA (Maudsley model of anorexia treatment for adults) and the randomised controlled trial set up to compare its efficacy and acceptability against SSCM (Specialist Supportive Clinical Management), the best available comparison treatment. MANTRA involves a workbook and a considerable amount of input from the therapist, unlike SSCM which focuses on the topics mentioned by the client.

For most of the outcomes, the results showed no difference between the treatments. The only real difference seen was a greater number from the MANTRA group needed additional treatment. However Professor Schmidt, after further background research, suggested that MANTRA would be a better treatment. It is possible that other variables affected the result.

The MANTRA has since been simplified and the team have just had funding approved to run the study again with this modified workbook.

The importance of informing and training families of those suffering from anorexia was discussed by Professor Janet Treasure. More people are being treated as outpatients so families have a much greater involvement and find supporting the person without accommodating the illness difficult.

The stress of the family member decreases with greater knowledge and understanding. The intervention discussed included a self-help book, DVDs and coaching from trained expert carers. The family members have to learn not to be a kangaroo (picking them up and carrying them) or a rhino (charging in with criticisms) neither of which end up helping. Ideally, they should be a dolphin (gently nudging them in the right direction) or a St. Bernard (by their side when they need help). They also teach motivational interviewing which is really helpful when faced with an ambivalent person. Some family members have found this really useful back in their workplace!

The change in behaviour of the family member was noticed by those with the eating disorder and found to be beneficial.

Dinner at King's College

Dinner was hosted by King's College; so something special was expected and delivered. As delegates stepped from the bustling street, through a big old wooden doorway, everyone knew they were entering a different world.

The drinks reception was held outside, enabling everyone to admire the impressive buildings and grounds. The sun set at the perfect moment over the green and the river beyond, offering a picture-perfect Cambridge experience.

Dinner was served inside, in the setting of the grand hall. Food, wine and company were all excellent, especially the sticky toffee pudding. Shortly after dinner it was time for speeches, the most memorable of which was by Shôn Lewis, the MHRN Assistant Director. He had spent the evening collecting jokes from fellow diners which he then shared with the rest of us. All in all it was a fitting end to a beautiful first day.



Sunset over King's College

8th April

The Origins of Personality Disorder

This session was chaired by Professor Eileen Joyce from the Institute of Neurology, University College London. It was a very well attended session, not usually the norm for a Friday morning session, however, the programme and speakers obviously attracted much interest.

The first presentation was by Dr Sara Jaffee, presenting some interesting data looking at genetic and environmental factors in maltreatment as a mediator for developing conduct problems. Interestingly her results suggested that children who experience harsh discipline have more conduct problems when compared with their siblings.

Next, Dr Essi Viding presented her research, suggesting that psychopathic traits are heritable and that the presence of callous-unemotional (CU) traits in children has a strong genetic link to antisocial behaviour when compared to children without CU traits. This 'genetic vulnerability' could underlie neurocognitive 'abnormalities' associated with psychopathic traits.

Dr Eamon McCrory talked about how maltreatment can be a risk factor for all sorts of psychological problems as well as Personality Disorder. When considering the neurobiological impact of maltreatment, early adversity alters brain trajectory and the balance of adolescent brain development, amplifying a propensity of risk taking and increasing the risk of psychopathology.

Some interesting data showed decreased volume of the corpus callosum in children that have experienced maltreatment and a reduced volume in the orbitofrontal cortex which is related to social functioning, as well as heightened responses to angry faces. Some of the findings may suggest that these sensitise maltreated children to emotional information that may be adaptive.

Lastly, and unfortunately having to be cut a little short, Professor Peter Fonagy gave a talk on 'Disruptions of Early Attachment as a risk factor for Borderline Personality Disorder'. This presentation aimed to review the evidence for disordered attachment in borderline personality disorder and longitudinal studies that related early attachment experiences to later personality pathology.

Overall, the session was extremely interesting and the speakers were engaging. The talks certainly sparked some discussion and caught delegate's enthusiasm for learning more about this field.

Network research in ADHD

The parallel session 6 held on the morning of Friday 8th April was chaired by Dr Ulrich Muller and titled 'Network Research in ADHD'. Dr Muller opened the session by discussing the UK Adult ADHD Network (UKAAN) as a Research Network structure and briefly introduced the speakers for the session.

Dr Muller then handed over to Professor Philip Asherson who presented his talk on the 'Genetics of ADHD'. Prof. Asherson explained how ADHD was known to be a highly heritable disorder and that considerable time and effort had gone into identifying the gene variants involved. His talk highlighted some of the key findings in our understanding of ADHD genetics and the progress made by the development of the research networks. Prof Asherson explained the networks structure would provide a foundation for further research into more complex areas and gave an insight into collaborative working approaches. The session concluded with a lively period of questions & answers.



Professor Philip Asherson on the genetics of ADHD

This was followed by a talk given by Dr Susan Young titled 'ADHD in the Criminal Justice System'. Dr Young, vice-president of the UKAAN, discussed how research showed a disproportionately high prevalence of individuals with ADHD involved with the criminal justice system. Dr Young explained that the most important predictor of violent offending was ADHD, even more important than substance misuse. And as ADHD accounted for eight-fold more critical incidents than other prisoners, she discussed how treatments used to reduce the levels of ADHD could expect to improve behavioural problems within institutional settings. The session was finally closed by Dr Muller who thanked the speakers for their talks and facilitated an interactive questions and answers session.

Closing session

The closing session involved talks by Max Birchwood and Peter Jones on Early Intervention and Psychosis. Shôn Lewis then presented three prizes for the posters displayed throughout the meeting. The first prize went to the ROOTS project and was collected by Ian Goodyer on behalf of the whole team.

Contributions from: Lorna Jacobs, Alison Stribling, Mariam Errington, Pritpal Panesar, Naomi Bateman, Kathryn Betts and Jos Costello

Photography by Rehan Jamil

MHRN National Scientific Meeting 2011

The team that made it happen



The team from left to right:

Lauren Wright, Alison Stribling, Lorna Jacobs, Sue Jones, Pritpal Panesar, Mariam Errington (CSOs), Jesus Perez (Hub Lead), Angela Browne (Hub Manager), Linda Benton (Hub Administrator), Kathryn Betts (senior CSO), Naomi Bateman (CSO) and Jos Costello (eSO)

Regional Updates

Cambridgeshire

The IMPACT study continues to do very well in CPFT, with a total recruitment figure of 44 as of the end of April. It really is a testament to the hard work of all the study team and the active involvement of the CAMHS teams referring into the study.

DR-PADUA questionnaire completion at the Community Drug Service and Bridgegate, is progressing well for the Addiction Endophenotypes study. The questionnaire has specific eligibility criteria, sometimes making it difficult to find people suitable and happy to fill it in. We now have a total of 10 completed questionnaires, with more visits planned over the coming weeks.

The ASPECTS study had its first referral from Peterborough CAMHS in March, which is great news and the study team were very pleased about this. All CAMHS services in the trust have now been made aware of, and are happy to support the study.

The PARADES study now has a confirmed local collaborator; Dr Babu Mani has agreed to be local collaborator and Dr Martin Stefan has offered his support to the study. The study is awaiting ethical approval, and once this is gained, the Trust approval process will be instigated.

Bedfordshire

Regular visits to CAN in Luton and NHS Healthlink in Bedford continue for the Addiction Endophenotypes study. In total, from 21st January 2011, 14 DR-PADUA questionnaires have been completed from Bedfordshire. In addition confirmation has been given from the study team that they are happy for preliminary findings for the main part of this study to be presented, via a poster, at the SEPT annual research conference.

There has been progress with the Adult ADHD study in Bedford. The Bedford CSO has helped to support one of the clinicians in Bedford screen potential participants and send letters out to patients who were eligible for this study. In total 5 letters were sent out to potential participants and so far 1 person has expressed interest in taking part in the study; this is currently being followed up by a member of the research team based in Cambridge.


In addition another study that has made good progress has been the DNA Polymorphisms in Mental Illness (DPIM) study. A local PI has been confirmed and two ST4 doctors have also agreed to support this study in Bedfordshire. The study has been reviewed and approved by the Research Governance group. This study is therefore very nearly ready to begin recruiting in Bedford, which is great news.

Suffolk

Following an office move, the Suffolk CSO is now located in Suffolk House on the St Clements Site - see amended contact information on back page.

The IMPACT study continues to go from strength to strength with 15 people recruited from Suffolk. Recent recruitment figures also show that MR-IMPACT have 8 people from Suffolk in the study. The promotional work for Cognitive Mechanisms is now complete with the RA for the study now in contact with the clinical teams for referrals.

The study Risk Factors of Perinatal Mental Disorders is awaiting ethical approval for an amendment. The PARADES study is also awaiting ethical approval. A research project which will be new to Suffolk is PET, which is a preliminary comparison of acute mental health inpatient wards which use Protected Engagement Time, with other wards delivering standard care alone.



Trust approval on this study is expected very shortly.

West Suffolk Hospital

The HOMASH2 study has now been given acute Trust approval, and data collection for the audit of self harm cases and their management will soon be underway at the hospital.

Norfolk

The Norfolk research office has had a productive 2 months. The team can now report that CEQUEL is up and running again after temporarily being on hold within the Trust. Recruitment for the DR-PADUA questionnaires in the Addiction Endophenotypes study is on the up with 21 questionnaires now completed. Recruitment for the PET study is going well with 35 questionnaires completed and the team are pleased to report that the HOMASH2 study has now started with 70 audit forms completed so far. The HIP study has had a slow start to recruitment but everyone is confident that this will improve over the next couple of months. This will be helped by a new Research Assistant coming into post shortly to support the study.

Looking ahead to the next couple of months the team hope to begin the DPIM study once Trust governance approval has come through and training has taken place. The two latest MHRN adoptions to the East Anglia Hub will be studies taking place in Norfolk: CIMPTIPPA, which is already in recruitment, and the CORE studies.

Update on EA MHRN Commercial Studies

The PalmFlex study is now up and running in CPFT and eligible patients are being actively indentified by the site staff. It is expected that the first patient will be recruited into the study very shortly and this will represent a huge achievement for all involved. The CSOs will continue to work closely with the study team, investigators and pharmacy and moving forward will take an active role in supporting the study's assessment procedures. In other news, the study team have unfortunately chosen not to set up Norfolk as a study site due to the short recruitment period despite very positive feedback.

The OASIS study is now progressing well across Norfolk & Waveney Mental Health NHS Foundation Trust and Suffolk Mental Health Partnership Trust. Six patients have been recruited thus far in Norfolk and four patients in Suffolk. The study is proving to be very beneficial in terms of building relationships with clinicians across the network and the CSOs will continue to promote the study, support investigator set up and support patient recruitment.

The Servier CL2 study: Efficacy of agomelatine given orally during 16 weeks in patients with Obsessive-Compulsive Disorder has CPFT R&D approval. Following a meeting with Dr Samar Reghunandanan (co-investigator) and the study team it was agreed the EA MHRN would help to promote the study across the network, focussing on the Huntingdon and Cambridge areas. The study is also being supported by the Primary Care Research Network and represents a good example of network collaboration.

The Industry Trial Facilitator has been working towards raising awareness of Industry studies across the network. A presentation titled 'Investigators & Industry' was given at the recent SpR day on 21 April 2011 which outlined the work of the MHRN and gave clinicians an insight into the roles of commercial investigators. The session went very well and the aim is to now build on this promotional work across the network.

EA Hub CSOs

Di-Jest: Linda's Recipe Corner

RASPBERRY PANNA COTTA

Protocol n = 4



This is a beautiful summery pudding and equally delicious with other soft berry fruits.

Ingredients

- 200g sugar
- 2tbls lemon juice
- 300g raspberries
- 4 sheets leaf gelatine
- 1 vanilla pod*
- 400ml double cream
- 100ml milk



Method

Melt 100g of sugar in a pan, add the lemon juice and raspberries and stir gently. Place them in a sieve over a bowl, leave to cool and reserve the syrup.



Soak the gelatine in cold water for 5 mins until soft, drain and squeeze out any excess liquid.

Split the vanilla pod* (or use 3-4 drops vanilla extract), scrape out the seeds and add to the cream, milk and remaining 100g of sugar in a pan. Simmer gently for 5 mins but do not allow to boil.



Remove from the heat, add the gelatine, stir until completely dissolved and leave to cool slightly.

Divide the raspberries into 4 tall sundae glasses. Pour over the panna cotta and place in the fridge for about 4 hours until it sets.



Return the raspberry syrup to the pan and cook until it thickens slightly. Leave to cool. Take the sundaes out of the fridge 10 mins before serving and spoon the syrup over each one. Decorate with fresh mint leaves (optional).

Yummy! Enjoy!

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