

2009



**MENTAL HEALTH INFORMATION CENTRE  
OF SOUTH AFRICA  
&  
MRC UNIT ON ANXIETY & STRESS DISORDERS**

NEWSLETTER 2009

**MENTAL HEALTH INFORMATION CENTRE OF SOUTH AFRICA  
&  
THE MRC UNIT ON ANXIETY AND STRESS DISORDERS**

The Mental Health Information Centre of South Africa (MHIC) and the MRC Unit on Anxiety and Stress Disorders would like to introduce you to our newsletter of 2009. We have been very busy in the past year, especially with keeping the public informed about mental health issues, hosting mental health awareness campaigns and doing research. We plan to host the Mental Health Media Awards and the World Mental Health Day in October. We are also very excited about our involvement with the International Anxiety Disorders Conference which

will be held in Cape Town in May 2010. This newsletter is intended to provide you with more information on the work we have been doing in the past year:

**Brain Awareness Week (BAW), 16-22 March 2009**

Every year in March, hundreds of innovative public events and activities worldwide bring the excitement of scientific progress in brain research to the general public during BAW. The BAW campaign unites partner organizations including schools, uni-

versities, medical and research organizations, patient advocacy groups, government agencies, service groups and professional organizations all over the world; all communicating the progress of brain research to the public.

The local campaign was launched with a presentation to psychiatrists in the Department of Psychiatry at the Tygerberg Campus of the University of Stellenbosch on Monday, 16 March. On the Tuesday, Grade 10 learners from

**Inside this issue:**

Cover Story: Brain Awareness Campaign	1
Biological Psychiatry Congress	2
Research at the MHIC/MRC Unit on Anxiety and Stress Disorders	3
MHIC Publications	8
New staff	10



*Annerine Roos attaches Near Infrared Spectroscopy Sensors to a learner's head at the Cape Universities Brain Imaging Centre.*

## BAW (Cont)

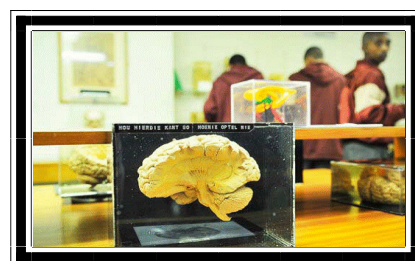
Ravensmead High School and their teachers visited the Campus for an informative and fun-filled day to celebrate brain awareness. These festivities included watching an educational film on the effects of substances on the brain. The visit also included attendance of a number of presentations by speakers such as Prof Dana Niehaus, a consultant and a psychiatrist in the Department of Psychiatry, Prof Ben Page from the Department of Biomedical Sciences, Ms Marie-Louise de Villiers, radiographer at the Cape Universities Brain Imaging Centre (CUBIC) and Ms Annerine Roos from the MRC Unit on Anxiety and Stress Disorders. The BAW activities on campus were subsequently followed by other events, including a radio interview

on Radio Sonder Grense which was a live broadcast from the SABC studio in Seapoint on Wednesday. Prof Christine Lochner, Mr Gustav van Greunen, and Ms Jenny Roos were interviewed by Ms Martelize Brink on the well-known “Wat sê die Dokter?” programme. The radio interview which covered the importance of BAW, changes after brain injury, rehabilitation, psychotherapy and the role of family and friends after brain injury, was followed by a web-based forum by experts on brain related disorders. Dr Kevin Thomas and Ms Susan Malcolm-Smith from the ACSSENT Laboratory, Department of Psychology, UCT, answered questions from the public on this

special guest expert forum.

### **A huge thank you to those who funded and supported the BAW campaign: They were:**

Adcock Ingram, Bathuthuzele Youth Stress Clinic Bristol Myers Squibb, Dementia SA, EDAB, Golden Arrow Buses, Health24, Sanofi Aventis, Shoprite, Spur and Tygervalley Shopping Centre.



*Cross section of the brain taken at the Histology and Physiology Museum at University of Stellenbosch (US).*

## Biological Psychiatry Congress



Another event was this year's 16th biannual Biological Psychiatry Congress hosted by the South African Society of Psychiatrists (SASOP). It was held at Arabella hotel in the picturesque Kleinmond district of the Western Cape. Substantial strides have been made in psychiatry's understanding of the biological, psychological and socio-cultural factors that contribute to the development and persistence of psychiat-

ric disorders. The theme of this year's congress “Thinking Ahead: Bridging Research and Practice” provided an exciting opportunity for practitioners to increase awareness on how to take advantage of these developments in the basic neurosciences and translate them into more efficacious diagnostic, preventive, and therapeutic interventions. Local and international speakers presented on new developments in the treatment of

a range of psychiatric illnesses. Professors Stein, Seedat and Lochner, and Ms Suliman, Ms Ralph, Ms Simmons, Ms Martin and Dr Hemmings from the MRC Unit on Anxiety and Stress Disorders gave presentations on a number of topics, all on anxiety disorders. The MHIC also disseminated information on mental illness and avenues for care at the congress.

# Research Projects at the MRC Unit on Anxiety and Stress Disorders: Preliminary findings

---

As you may know, there are many research studies being conducted at our unit.

## **Research on Obsessive-Compulsive Disorder (OCD) and other Anxiety Disorders:**

A number of papers have been submitted for publication to international peer-reviewed journals. Some of the papers included clinical investigations, others additionally looked at the genetic or neurobiological underpinnings of these disorders, and others included brain imaging – a new avenue for this project.

Here are some of the topics with their findings.

## ***Obsessive-Compulsive Spectrum Disorders in Obsessive-Compulsive Disorder and other Anxiety Disorders***

In order to address the relationship of OCD, obsessive-compulsive spectrum disorders (OCSD's), and anxiety disorders, a structured diagnostic interview (the SCID-OCSD) for assessing putative OCSD's was administered to patients who presented with a primary diagnosis of OCD, panic disorder with/out agoraphobia (PD) or social anxiety disorder (SAD) in an attempt to address the proposed differentiation of OCD from the other anxiety disorders in

the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Our findings suggested that some putative OCSD's may be related to OCD, while others may have a closer relationship to the other anxiety disorders.

It was concluded that it may be useful to include OCD and certain OCSD's under the rubric of an enlarged category of both anxiety and OCSD's in DSM-V.

## ***Childhood Trauma in Adults with Social Anxiety Disorder and Panic Disorder: a Cross-National Study***

Another study investigated childhood trauma history in patients with SAD and PD. This paper is currently under review by the newly established African Journal of Psychiatry with editor-in-chief, Prof Christopher Szabo. As part of a collaborative project between research groups from South Africa (SA) and Sweden focusing on factors contributing to anxiety disorders, this study investigated rates of childhood trauma in SA and Swedish patients respectively, and whether, in the sample as a whole, different traumatic experiences in childhood is predictive of SAD or PD in adulthood. This study was done since the influence of childhood trauma on the development of

adult psychopathology is far from being elucidated.

SA patients showed higher levels of childhood trauma than Swedish patients. When data from both countries were combined, SAD patients reported higher rates of childhood emotional abuse compared to those with PD; moreover, emotional abuse in childhood was found to play a predictive role in SAD/PD in adulthood in the SA, Swedish and combined samples. The psychometric qualities of the CTQ subscales were adequate with the exception of the physical neglect subscale. In conclusion, our findings suggest that anxiety disorder patients may differ across countries in terms of childhood trauma. Certain forms of childhood abuse may contribute specific vulnerability to different types of psychopathology.

## ***Trichotillomania: Phenomenology-Based Subtypes***

Another study recently submitted for publication focused on trichotillomania (TTM, or chronic hair-pulling). It has been argued that distinct subtypes of TTM/chronic hair-pulling may exist. The aim of this study was to extend an earlier analysis by our group to a larger sample of TTM patients, and to assess the validity and clinical utility of such putative subtypes.

Most of the differences primarily reflected variation in severity of hair-pulling symptoms and consequent disability. A few suggestions were made for consideration for the new edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Future work, incorporating psychobiological and treatment outcomes, is needed before definitive polymorphic variants conclusions about hair-pulling subtypes can be drawn.



*Patients with OCD often present with compulsive hand-washing*

Two papers were written up with members from the international obsessive-compulsive foundation genetics consortium. Both these studies were based on the knowledge that OCD is a heterogeneous disorder:

### ***i) Latent Class Analysis of YBOCS Symptoms in Obsessive Compulsive Disorder***

Subtyping OCD (i.e. “breaking” it up into homogenous groups) on the basis of phenomenology or psychobiology may serve several purposes, perhaps allowing for a more precise determination of the nature and cause of OCD symptoms, for a more accurate projection of future outcomes, and for better treatment. For both these studies, large samples of patients with OCD from multiple sites – including SA, were used. In the one study, a statistical method called ‘latent class analysis’ (LCA) was used to

uncover sets of homogeneous groupings of 1611 individuals with OCD, based on their symptoms. Relationships between latent comorbid tics were tested for relationship to class membership.

Interestingly, this investigation rendered findings supporting either three or five classes. Investigation of the frequency of symptom endorsement and other associated features (severity / presence of other additional disorders [comorbidity] / age of onset) ultimately provide support for the validity of OCD as a single diagnostic entity, and are in line with genetic epidemiology studies suggesting an underlying latent susceptibility to OCD.

### ***ii) Heritability and Clinical Correlates of the Symptom Dimensions of OCD***

The second paper also attempted to advance our understanding of OCD using another statistical method called ‘factor analyses’. We performed factor analysis of individual Yale-Brown Obsessive Compulsive Scale symptom checklist (YBOCS-CL) items in 1224 OCD subjects and heritability analyses of the resulting factors in a subgroup of OCD subjects and their relatives. Besides a one factor model, a five factor model consisting of categories named 1) taboo, 2) contamination/cleaning, 3) doubts, 4) miscellaneous superstitions/rituals and 5) symmetry/hoarding showed the best fit. All factors except factor 4 were clearly heritable, as were OC symptom severity and total symptom count. The taboo factor was associated with male gender. No symptom dimensions were associated with family history of OCD. These results suggest that a common genetic factor underlies OCD susceptibility, and additional unique genetic factors contribute to four of the five symptom factors. Both these studies support the continuation of genetics investigations in OCD.

### ***The Assessment of Disability in OCD***

Another study done by researchers at the MRC Unit focused on disability in OCD. A number of scales have been used to assess quality of life (QOL) and disability in OCD and other anxiety disorders but none of these have been validated for use in OCD specifically. The clinician-rated Disability Profile (DP) is an established tool to assess functional impairment related to social anxiety disorder (SAD). In view of the lack of a "gold standard" for the assessment of disability in OCD, we investigated the internal consistency (reliability) and convergent validity of the DP specifically. In addition we investigated which sociodemographic and clinical variables were associated with, and contributed to disability in OCD.

Our findings suggest that the DP is a comprehensive instrument that can be used for the assessment of disability across several domains in patients with OCD, thus having advantages over other disability scales.

Findings obtained with the DP suggest a significant association between increased functional impairment and increased OCD severity, earlier age of onset, male gender, and lifetime comorbid depression of OCD.

In conclusion, careful attention to domain-specific impairments and to those variables that possibly impact on the level of impairment is essential during clinical assessment as these may have implications for the treatment and prognosis of OCD.

### ***Investigating the role of SAPAP3 in OCD and TTM in the South African Caucasian Population***

A paper that was recently submitted for publication in a peer-reviewed scientific journal, focused on a specific genetic component implicated in chronic hair-pulling (TTM) and earlier onset OCD.

The laboratory work and analyses were done by researchers from the Department of Biomedical Sciences, Division of Molecular Biology and Human Genetics, University of Stellenbosch. Results from a recent knockout animal model suggested that SAP90/PSD95-associated protein 3 (also known as SAPAP3) may be involved in both disorders. Here, seven polymorphic variants distributed across the gene encoding SAPAP3 were genotyped in South African Caucasian OCD (n = 172), TTM (n = 45) and control (n=153) subjects.

Single-locus and haplotype analyses were conducted to determine association between genetic variants and subjects with OCD, TTM, and controls. This investigation generated preliminary evidence to link *SAPAP3* variants to the development of earlier onset OCD and TTM, supporting results from two previous association studies.

For more information, please contact : Prof Lochner; Tel: 021 938 9179; email: [cl2@sun.ac.za](mailto:cl2@sun.ac.za).

### **Posttraumatic Stress Disorder (PTSD) Research:**

#### ***1.) Bathuthuzele Youth Stress Clinic***

This is a specialized clinic that provides a free service to youth between the ages of 8 and 18 who have been affected by extreme violence and trauma. Services include screening and assessment, medication and psychotherapy referrals. The clinic assesses adolescents who have been exposed to one or more traumatic event diagnostically, neurocognitively and with structural brain scans. It has been found that trauma-exposed adolescents with PTSD display significantly more cognitive impairments related to attention, verbal

recognition and visuo-spatial memory, as well as frontal lobe functions involved with sequencing and organizational skills, than trauma-exposed adolescents who do not have PTSD.

### ***2.) A Prospective Follow-Up Study of Posttraumatic Stress Symptoms in Mortuary Workers and Emergency Care Practitioners***

This study aims to assess the frequency, nature and severity of posttraumatic stress symptoms and other psychopathology resulting from work-related stressors (i.e. exposure to dead bodies and emergency medical situations) in a sample of mortuary workers and Emergency Care students, over a period of one year, beginning from pre-employment (pre-exposure). There are currently 48 mortuary workers and 103 emergency medical care students in the study. The main aim is to assess the frequency, nature and severity of posttraumatic stress symptoms and other psychopathology relating to work-related stressors (i.e. exposure to dead bodies and emergency medical situations), as studies have shown that emergency medical care workers are at an increased risk of developing posttraumatic stress disorder. It aims to determine what socio-demographic and clinical factors predict the development of new PTSD one year following exposure and will investigate risk factors and resilience factors that might contribute to the presence and severity of posttraumatic symptomatology.

### ***3.) Adult Rape Prophylaxis Study***

This study aims to determine whether early pharmacological intervention is effective in the preventative treatment of PTSD in adult rape survivors. Since the initiation of the study, 36 adult rape survivors have been recruited and have taken part in the study, of which 16 participants are still currently involved in regular clinical assessments at the Unit. We are still actively recruiting new study participants and are currently receiving referrals from both the Thuthuzela Rape Clinic at the G.F. Jooste Hospital in Mannenberg and the M5 rape clinic at Karl Bremer Hospital in Parow, for which we are grateful.

For more information on PTSD research at the unit, please contact Prof Seedat; Tel: 021 938 9374; email: [sseedat@sun.ac.za](mailto:sseedat@sun.ac.za).

## **Primary Care Psychiatry:**

### ***Stress in Pregnancy***

This is a joint project between the Departments of Psychiatry, Obstetrics and Gynaecology, both at Stellenbosch University, the Departments of Psychiatry, and Psychology at the University of Cape Town, and the staff of the Bishop Lavis, Elsiesriver and Bellville South Maternal and Bellville-South Maternal and Obstetric Units.

The study aims to determine factors that contribute to fetal brain development in a developing world setting. Exposure to psychological trauma, alcohol, drugs, nicotine and infection contribute to abnormal brain development, and so comprise a risk factor for subsequent behavioural disorders. Such behavioural disorders have far reaching effects, impacting on subsequent education and social interactions. By identifying the precise mechanisms that contribute to abnormal fetal brain development, this project aims to inform policies to help target risk factors affecting pregnant women and their offspring.

The Maternal Stress Study is a longitudinal prospective study of the effects of distress, smoking, alcohol and drug use during pregnancy and its effects on the unborn child. Women with low risk pregnancies are recruited from antenatal clinics in the East Metropole of Cape Town, and are followed through their pregnancies and the first year of their child's life. The study is ongoing but some preliminary findings include high rates of depression (15%), alcohol (26%) and drug use (5%) during pregnancy. The study has also demonstrated a link between blood flow to the uterus and stress i.e high stress is associated with lower blood flow. Future goals include replicating these findings in a larger sample of women and looking at factors that may explain or modify these findings.

For more information, please contact Dr Vythilingum; Tel: 021 404 2164; email: [Bavanisha.vythilingum@uct.ac.za](mailto:Bavanisha.vythilingum@uct.ac.za).

### **Tuberculosis (TB) Research**

The TB study aims to investigate Psychiatric Disorders and Psychosocial Correlates in household contacts of Tuberculosis cases. As TB is an airborne disease, risk of infection is much higher in this group. Participants (N=150) were assessed using the Mini International Neuropsychiatric Interview (MINI) and four self-report measures: the Kessler Psychological Distress Scale (K-10), the Multidimensional Scale of Perceived Social Support (MSPSS), the Connor-Davidson Resilience Scale (CD-RISC), and the Sheehan Disability Scale (SDS). Results of this sample indicate a 52% prevalence of psychiatric disorders amongst participants. These include Major Depressive Disorders (MDD) (24.7%), Alcohol Dependence (16%), and Post-traumatic Stress Disorder (PTSD). Being female, a smoker and having a low level of educational were also identified as predictors of any current disorder. The TB Study is ongoing, and longitudinal scores are currently being assessed to shed more light on biomarkers of psychiatric symptomatology amongst this vulnerable group.

For more information, please contact Prof Seedat; Tel: 021 938 9374; email: [sseedat@sun.ac.za](mailto:sseedat@sun.ac.za).

## MHIC Publications

The following publications can be purchased from the MHIC

1. Mental Health Resource Guide of Southern Africa  
R80.00 incl. VAT + R25 Secure Postage

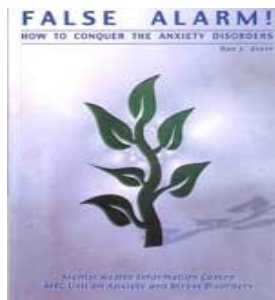
*(We are currently updating this publication and we hope to have the 2009-2010 edition ready by the end of 2009).*



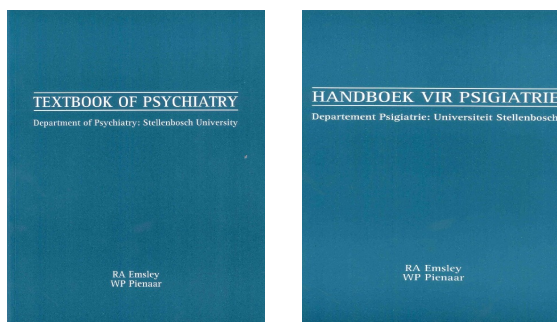
2. Psychiatric Medications in Primary Care: Algorithms and Guidelines.  
A guideline for diagnosing and treating the most common psychiatric disorders.  
R210.00 incl. VAT + R25 Secure Postage .



3. False Alarm! How to Conquer the Anxiety Disorders.  
A step-by-step patient guide on how to deal with anxiety on a cognitive and medical level.  
R160.00 incl. VAT + R25 Secure Postage



4. Handboek vir Psigiatrie/ Textbook of Psychiatry. Afrikaans/English psychiatric textbook for undergraduate students.  
R368.00 incl. VAT + R25 Secure Postage



## MHIC Publications:

**In addition to these publications, the MHIC also has brochures on mental disorders. These include:**

1. 'Obsessive-Compulsive Disorder' patient information brochure (@ R2.00 a copy)
2. 'Social Anxiety Disorder' patient information brochure (@ R2.00 a copy)
3. 'Generalised Anxiety Disorder' patient information brochure (@ R2.00 a copy)
4. 'Post Traumatic Stress Disorder' patient information brochure (@ R2.00 a copy)
5. 'Panic Disorder' patient information brochure (@ R2.00 a copy)
6. 'Depression' patient information brochure (@ R2.00 a copy)
7. 'Insomnia' patient information brochure (@ R2.00 a copy)
8. Medications for treating the anxiety disorders' patient information brochure (@ R2.00 a copy)

## **MHIC/MRC NEW STAFF**

**Candice Simmons** has joined us at the end of 2008 and acts as research assistant to Prof Lochner and Dr Vythilingum. She has a Masters degree in Research Psychology and is a trauma counsellor registered with the HPCSA. She is currently working on an OCD imaging study, Fatal Alcohol Syndrome study and a maternal stress study.

**Jennifer Ralph** is a clinical psychologist who has recently joined us on a part-time basis. She is conducting diagnostic and neuropsychological assessments for a number of different studies including the Bathuthuzele adolescent PTSD project. She also works with Stellenbosch University's student counseling and development centre (SSVO) as well as having a part time private practice where she does psychodynamic psychotherapy.

**Jennilee Lawrence** is a registered family counsellor with the HPSCA and has joined the Unit as a research assistant. Both her BPsych and MA Research Psychology degrees were obtained at the University of Stellenbosch. She assists on the TB Study (described on page 7).

**Jesse Gass**, a visiting student from the United States of America, has recently joined the MRC Unit to complete an academic practicum, working with data on intimate partner violence from the South Africa Stress and Health Study (SASH). She is currently pursuing a master's degree in public health at Columbia University in New York City.

**Marina Basson** is our recently appointed nurse who assists with patient care on a number of projects. She has obtained her BCur degree from Stellenbosch University and is also currently busy with her MCur studies.

**Zimbini Ogle** is the new office manager of the MHIC. She is a Psychology Honors graduate from the Nelson Mandela Metropolitan University in Port Elizabeth.

**The MHIC and MRC Unit on Anxiety and Stress Disorders would like to thank everyone for their contribution to this newsletter.**

**A HUGE THANK YOU TO JANSSEN-CILAG FOR SPONSORING THIS NEWSLETTER!**

***MHIC & MRC UNIT on Anxiety and Stress Disorders***

***Stellenbosch University***

***Department of Psychiatry***

***PO Box 19063***

***Tygerberg***

***7505***

***MHIC Tel: 021 938 9229/MRC Unit Tel: 021 938 9161***

***MHIC Fax:021 931 4172/ MRC Unit Fax: 021 933 5790***

***MHIC Website: [www.mentalhealthsa.co.za](http://www.mentalhealthsa.co.za)***

***Email: [mhic@sun.ac.za](mailto:mhic@sun.ac.za)***

# Improve the well-being of your patients with schizophrenia



Continuous relief from psychotic symptoms reduce relapse rates and improve patient functioning and quality of life.<sup>1</sup>

Risperdal® CONSTA™, the first atypical long-acting injectable is suitable for patients requiring long-term treatment.<sup>2</sup>

Increases compliance and substantially improves symptoms.<sup>3</sup>

**Risperdal<sup>®</sup> CONSTA<sup>™</sup>**  
 risperidone LONG-ACTING INJECTION



SS1 Risperdal® Consta™ 25 mg, 37.5 mg and 50 mg prolonged release suspension (37/2.65/0142;3;4). Risperdal® Consta™ contains 25 mg, 37.5 mg and 50 mg risperidone respectively. For full prescribing information please refer to the package insert (March 2009). JANSSEN PHARMACEUTICA (PTY) LTD. (Reg. No. 1980/011122/07) Building 6, Country Club Estate, 21 Woodlands Drive, Woodmead, 2191. CONSTA 01/07/2009.

**References:**

1. Parellada E, et al. Clinical experience and management considerations with long-acting risperidone. (2006); 22(2): 241-255. 2. Möller HJ, et al. Long-acting injectable Risperidone for the treatment of Schizophrenia. Drugs (2007); 67(11): 1541-1566. 3. Kane JM. Guidelines for the Use of Long-Acting Injectable Atypical Antipsychotics. J. Clin Psychiatry. (2004); 65:1.

www.janssenlag.co.za Medical Info Hotline: 0860 11 11 17.