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A six-year longitudinal population-based cohort for the extended psychosis phenotype: An epidemiological study of the gene-environment interactions (TürkSch)

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Introduction Both genetic and environmental factors play a role in the extended psychosis phenotype which covers psychotic experiences, symptoms and disorders.
Objectives The respective contributions of genetic and environmental factors over time remain largely unknown.
Aims To describe the objectives and design of a multistage study.
Methods The TürkSch (Izmir mental health survey for gene-environment interaction in psychoses) is a prospective-longitudinal study consisted of several data collection stages to screen extended psychosis phenotype in a general population sample, and to assess individual, familial, genetic and neighbourhood level variables.
Results The study aimed to assess the prevalence of psychotic experiences and symptoms in Izmir-Turkey (stage I, cross-sectional; *n*: 4011), the socioeconomic deprivation and the social capital of neighbourhoods in a separate sample (stage II, cross-sectional; *n*: 5124) in 2008. A nested case-control study (stage III) recruited individuals with psychotic outcomes and healthy controls from stage I, and included blood sampling for gene-environment interaction and clinical reappraisal as well. After 6 years, follow-up study (stage IV) was set to assess the mental health outcomes with a focus on extended psychosis phenotype, environmental exposures of the eligiable sample (*n*: 2192) from the stage I, and to collect blood samples for further genetic analysis. On both stages, Composite International Diagnostic Interview was used by clinically trained interviewers, and was able to provide broad assessment of psychotic experiences, experience-related disabilities, help-seeking and health care utilization.
Conclusions The TürkSch has a unique study design and yields data of high quality in the Turkish population, with a specific focus on psychosis.

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Agreement between clinical judgments and subjective perceptions of clinical change

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Introduction Research into the relationship between the subjective perception of clinical change and the objective evidence of the same is very limited. Less is known about the relationship between clinical judgments by mental health experts and the patient's perception of symptom change, in particular across different diagnostic groups.
Aims and objectives This study aims to determine the level of concordance between the HONOS as a tool for clinical outcome monitoring and the self-reported change in psychopathology in a total sample of psychiatric patients as well as stratified by their primary diagnosis at admission.
Methods A consecutive sample of patients admitted to a Swiss psychiatric hospital for either alcohol use disorders, schizophrenic psychoses, mood disorders, anxiety and somatoform disorders, or personality disorders, was assessed using the Brief Symptom Inventory (BSI) at admission and at discharge. The HoNOS were rated by the responsible clinicians. Complete data of admission and discharge were available from approximately 600 cases. Reliable change index (RCI) will be calculated to determine a clinically meaningful change based on the HoNOS scores. Concordance of RCI and change in BSI scores will be explored and compared between different diagnostic groups.
Results and conclusions According to our preliminary results from this ongoing evaluation program, we hope to provide a step towards a deeper understanding of the interrelationship between clinical judgments and the course of subjectively experienced mental health problems.
Keywords Health of the Nation Outcome Scales; Reliable Change Index; Brief Symptom Inventory; Outcome monitoring; Subjective perception

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Properties of a coding system for traumatic memories

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Introduction Narrative studies have focused on the language used by the individuals to describe stressful or traumatic experiences. Hence, linguistic procedures have been applied aiming to obtain information about autobiographical memories and trauma processing. However, there is a general lack of agreement about how to measure narrative aspects. Software programs for this purpose are limited, since they don't capture the language context, and systems based on judge's rates are not free of subjective biases.
Objectives This study presents a coding system developed to analyze several language categories related to traumatic memories and psychological processes. Structural aspects (e.g., coherence) and content dimensions of traumatic narratives (e.g., emotional or cognitive processes) are measured. Each narrative aspect is coded by raters using both dichotomous (presence/absence) and numerical values (Likert scale).
Aims To propose a structured coding system for traumatic narratives that considers the language context and maximizes consensus among different raters.
Methods Traumatic narratives from 50 traumatized women and stressful narratives from 50 non-traumatized women have been evaluated according the system developed. Three blind raters coded each narrative.
Results Inter-rater reliability data are provided for the different narrative categories. The agreement between raters is discussed for both structural and content language domains.