Issue V of the Inner Nerd

February 2009

Dr. Jonathan Egan, Ordinary Member of the Clinical Division Committee

It is unlikely that you will forget this issue of the Inner Nerd. This evening will stick in your mind as the day it snowed bad news, the day you first stopped to listen to Enda Kenny, and yes the day you asked yourself "Is it not meant to be Spring?"

Over the last few weeks I have been spending an hour here and there reading some of the approximately 1,000 abstracts for this issue of the IN (there has been a number of months since the last issue). So about eight hours of reading later I sit now on the train to Galway and try not and groan with intellectual pleasure as I whet my appetite with the smell of leafed pages, some clad in pizza dripping, some with a coffee stain, some with a drip of Rioja. I did not bring them skiing last week, so the secret of the IN is still not known about by family and friends. Despite the fact that I have read all these abstracts, only four jumped out at me and the fifth one I discuss actually comes from an on-line journal, so quantity does not necessarily mean quality or a high score on a measure of factoidness.

So hear goes:

1. Cuijpers, P., Van Straten, A., Andersson, G., & Van Oppen, P. (2008). Psychotherapy for depression in adults: A meta-analysis of comparative outcome studies. Journal of Consulting and Clinical Psychology, 76, 909-922.

If you have read Alan Carr's review book of what works in therapy for adolescents and adults which was published last year, you will probably enjoy this article for further reading. Similar results transpired in a number of meta-analyses across 53 studies which involved RCT's. Most

therapies for depression had similar effect sizes, however, interpersonal psychotherapy came out as most efficacious and non-directive supportive therapy was the least effective. Notably, CBT had the highest rate of dropout. Problem solving therapy had the lowest rate of dropout.

2. Starr, L. R. & Davila, J. (2008). Excessive reassurance seeking, depression, and interpersonal rejection: A meta-analytic review. Journal of abnormal psychology, 117, 762-775.

This article jumped out at me as a logical progression from the first abstract. This study analysed the relationship between the above three factors among a combined N of 6,973 across 38 studies. I wish the study had included neurotic irritability with mild paranoia, as I am trying to type this with a couple beside me discussing the benefits of what sounds like 'Ugh boots' during this inclement weather. The person behind me is talking loudly on their mobile about a conspiracy theory about co-workers who are trying to back-stab her; little does she know that she is now part of Issue V of the IN! Anyhow, back to the abstract, Coyne's (1976) interactional theory of depression suggested that there is an association between excessive reassurance seeking and the development of depression and interpersonal rejection. In other words, these people tend to become annoying to others and their receipt of reassurance is like water in a bucket full of holes. The effect size, wait for it, was .32 between ERS and depression, and was only .14 for ERS and concurrent rejection.

3. Causey, E., Hughes, J. W., Waechter, D., Josephson, R., & Rosneck, J. (2008). Depression predicts failure to complete phase-II cardiac rehabilitation. Journal of Behavioral Medicine, 31, 421-431.

For those of you who were not aware, the IN moved from the HSE in late October 2008 to the Mater Misericordiae University Hospital, Liaison Psychiatry and Cardiac Rehabilitation Departments. In the latter, there was a couple of thousand patient files with perfectly recorded data sheets, unanalysed! I was given an IV of some anxiolytic

‘intra-nerdal’; in order to prevent my whooping and excited nervousness. It was like entering a treasure chest of psychological data. So I apologise in advance for selecting this paper. An analysis of 600 patients who commenced a cardiac rehabilitation programme who’s BDI scores were above ten were 2.2 times more likely to drop-out from a twelve-week programme than those with scores less than ten. Somatic symptoms predicted dropout due to medical reasons and younger age predicted dropout due to non-medical reasons.

4. Papadatou-Pastou, M., Mayanne, M., Munafo, M., R., Jones, G. V. (2008). Sex differences in left-handedness: a meta-analysis of 144 studies. Psychological Bulletin, 134, 677-699.

Now at last we have arrived at a serious factoid. This meta-analysis of 144 studies involving, wait for it; N=1,787, 629 subjects! found that, yes, as we all knew anecdotally; that men are more often left- handed than women! Apparently the male to female ratio is 1.23. Now I wonder if there are more left-handers among clinical psychologists than the normal population. I was taking part in a break-out group recently with six participants, five of whom were lefties. Probably random, but would be a nice study for someone. This study also reminds me of the time last November when I was flying from KL to Sydney. Beside me sat an attractive early forties woman, blonde, curvaceous and smiley. She introduced herself. I tried the ‘reading a book’ avoidance technique, but when she saw that I was reading some psych text, Women who Run with the Wolves, or something odd like that, she smiled more broadly and said, “hi, my name is Helga, I am a sex psychotherapist from Sweden, I am going to present some of my papers at an international conference in Sydney”. So we started chatting, and after a few vinos, her area of expertise came up. The wine warmed my cockles and I smiled and asked her,“ok, where do the world’s best lovers come from?”. She made me guess….. Italy, no, France, no, Spain, no,……..I then gave in and she told me it was men from Greece. I am sorry IN’s but I then asked a naughty question about where the largest penises were from. She smirked and remarked, that she waiting for that

one, I did my usual guesses, which I will not divulge in case of being brought in front of the BPC. Anyway, she quoted that American Indians were the most adequately endowed in that department. We talked some more and then she said. "you never told me your name', I apologised and said 'Tonto Papadopoulos'.

5. Benson, H. (2008). Genomic Counter-Stress changes induced by the relaxation response. PloS One (July 2, 2008). www.plosone.org.

Ok, the best is kept until last and I am cheating on this one. This was reviewed in the APA's Oct 2008 Monitor on Psychology. However, this is a must have bit of research. If you can get your patients/clients to practice regular relaxation/meditation or some variant of practice that results in the relaxation response, Benson's research has found that this can lead to 'genomic activity changes'. When he looked at the effect of the relaxation response across the 40,000 genes he found that anti-inflammatory and anti-oxidant effects were significantly higher in those who practicing the relaxation response than those who did not practice the relaxation response in a control group. Regular practice lowers BP, Heart Rate, oxygen consumption, and helped with insomnia, depression, infertility, arthritis, cancer and ageing! More interestingly he posited, that actions where you can lose yourself in activities such as knitting or repetitive prayer have the same effect, so he suggested that you find the horses for the courses when it comes to clients.

And so it is. The end of another issue of the IN. I hope to have another three issues by the end of 2009. Thanks for all the kind remarks about this wee research newsletter. For those who do not enjoy it, I suggest that you discontinue reading it.

Yours sincerely,

Inner Nerd