



ARCTIC HEALTH

*An information portal to issues affecting the health and well-being
of our planet's northernmost inhabitants*

A suggested revision of the Ward Atmosphere Scale.

<https://arctichealth.org/en/permalink/ahliterature71242>

Author: J I Røssberg
S. Friis
Author Affiliation: Department of Psychiatry, Ullevål University Hospital, Oslo, Norway. j.i.rxsberg@psykiatri.uio.no
Source: Acta Psychiatr Scand. 2003 Nov;108(5):374-80
Date: Nov-2003
Language: English
Publication Type: Article
Keywords: Adult

Aggression - psychology
Anger
Attitude of Health Personnel
Female
Hospitals, University
Humans
Inpatients - psychology
Interprofessional Relations
Male
Norway
Patient Satisfaction - statistics & numerical data
Professional-Patient Relations
Psychiatric Department, Hospital
Psychometrics
Psychotic Disorders - psychology - therapy
Quality Assurance, Health Care - statistics & numerical data
Reproducibility of Results
Social Behavior
Social Environment
Social Support

Abstract: OBJECTIVE: In a previous study, we have suggested a revision of the Anger/Aggression and the Spontaneity subscales. The main aim of this study was to re-evaluate the psychometric properties of the other eight subscales of the Ward Atmosphere Scale. METHOD: A total of 550 patients and 822 staff members on 54 psychiatric wards for psychotic patients completed the WAS and the Good Milieu Index (GMI). We calculated Cronbach's alpha, the Corrected Item Total subscale Correlation, subscale intercorrelations and the correlation between subscales and GMI. RESULTS: By removing a total of 16 items, the psychometric properties improved. The revised subscales had acceptable psychometrics and gave a clearer picture of the relationship between the perceived level of patient satisfaction and the WAS subscale scores. CONCLUSION: The revision suggested in this study 'modernized' several of the subscales. We suggest that this revision is implemented in the future use of the WAS.

PubMed ID: 14531758 [View in PubMed](#) 

[Assessment of social anxiety in first episode psychosis using the Liebowitz Social Anxiety scale as a self-report measure.](#)

Author: K L Romm
J I Rossberg
A O Berg
C F Hansen
O A Andreassen
I. Melle

Author Affiliation: Psychosis Research Unit, Division of Mental Health and Addiction, Oslo University Hospital, 0407 Oslo, Norway.
k.l.romm@medisin.uio.no

Source: Eur Psychiatry. 2011 Mar;26(2):115-21

Date: Mar-2011

Language: English

Publication Type: Article

Keywords: Adult
Aged
Anxiety Disorders - classification - diagnosis - psychology
Factor Analysis, Statistical
Humans
Middle Aged
Norway
Phobic Disorders - classification - diagnosis - psychology
Psychometrics
Reproducibility of Results
Self Concept
Self Report - standards
Social Environment
Social Isolation
Young Adult

Abstract: Social anxiety is a common problem in psychotic disorders. The Liebowitz Social Anxiety Scale, Self-Rating version (LSAS-SR) is a widely used instrument to capture different aspects of social anxiety, but its psychometric properties have not been tested in this patient group. The aims of the present study were to evaluate the psychometric properties of the LSAS-SR in patients with first episode psychosis, to investigate whether it differentiated between active and passive social withdrawal and to test which clinical factors contributed to current level of social anxiety.

A total of 144 first episode psychosis patients from the ongoing Thematically Organized Psychosis (TOP) study were included at the time of first treatment. Diagnoses were set according to the Structured Clinical Interview (SCID-1) for DSM-IV. A factor analysis was carried out and the relationship of social anxiety to psychotic and general symptomatology measured by the Positive and Negative Syndrome Scale (PANSS) was evaluated. Possible contributors to social anxiety were analyzed using multiple hierarchic regression analysis.

The factor analysis identified three subscales: public performance, social interaction and observation. All three subscales showed satisfactory psychometric properties, acceptable convergent and discriminate properties, and confirmed previous findings in social anxiety samples. Self-esteem explained a significant amount of the variance in social anxiety, even after adjusting for the effects of delusions, suspiciousness and depression.

The study shows that the LSAS-SR can be used in this patient group, that social anxiety is strongly related to both behavioral social avoidance and to self-esteem. The results support the use of this measure in assessment of social anxiety in both clinical settings and in research.

PubMed ID: 21036553 [View in PubMed](#) 

A 2-year follow-up of involuntary admission's influence upon adherence and outcome in first-episode psychosis.

<https://arctichealth.org/en/permalink/ahliterature145997>

Author: S. Opjordsmoen
S. Friis
I. Melle
U. Haahr
J O Johannessen
T K Larsen
J I Røssberg
B R Rund
E. Simonsen
P. Vaglum
T H McGlashan

Author Affiliation: Department of Psychiatry, Oslo University Hospital, Ullevål and Institute of Psychiatry, University of Oslo, Norway.
o.s.e.ilner@medisin.uio.no

Source: Acta Psychiatr Scand. 2010 May;121(5):371-6

Date: May-2010

Language: English

Publication Type: Article


Keywords: Adolescent
Adult
Antipsychotic Agents - therapeutic use
Combined Modality Therapy
Commitment of Mentally Ill
Cross-Sectional Studies
Female
Follow-Up Studies
Humans
Male
Norway
Patient Admission - statistics & numerical data
Patient Compliance - psychology - statistics & numerical data
Psychiatric Status Rating Scales
Psychotherapy - statistics & numerical data
Psychotic Disorders - epidemiology - rehabilitation
Sex Factors
Young Adult

Abstract: To see, if voluntary admission for treatment in first-episode psychosis results in better adherence to treatment and more favourable outcome than involuntary admission.

We compared consecutively first-admitted, hospitalised patients from a voluntary (n = 91) with an involuntary (n = 126) group as to psychopathology and functioning using Positive and Negative Syndrome Scale and Global Assessment of Functioning Scales at baseline, after 3 months and at 2 year follow-up. Moreover, duration of supportive psychotherapy, medication and number of hospitalisations during the 2 years were measured.

More women than men were admitted involuntarily. Voluntary patients had less psychopathology and better functioning than involuntary patients at baseline. No significant difference as to duration of psychotherapy and medication between groups was found. No significant difference was found as to psychopathology and functioning between voluntarily and involuntarily admitted patients at follow-up.

Legal admission status per se did not seem to influence treatment adherence and outcome.

PubMed ID: 20085554 [View in PubMed](#) 

Early detection of psychosis: positive effects on 5-year outcome.

<https://arctichealth.org/en/permalink/ahliterature140097>

Author: T K Larsen
I. Melle
B. Auestad
U. Haahr
I. Joa
J O Johannessen
S. Opjordsmoen
B R Rund
J I Rossberg
E. Simonsen
P. Vaglum
S. Friis
T. McGlashan

Author Affiliation: Stavanger University Hospital, Psychiatric Clinic, Stavanger, Norway. tkmaclarsen@mac.com

Source: Psychol Med. 2011 Jul;41(7):1461-9

Date: Jul-2011

Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Aged
Denmark
Early Diagnosis
Female
Follow-Up Studies
Humans
Male
Middle Aged
Norway
Outcome Assessment (Health Care) - methods
Psychiatric Status Rating Scales
Psychotic Disorders - diagnosis - psychology - therapy
Young Adult

Abstract: During the last decades we have seen a new focus on early treatment of psychosis. Several reviews have shown that duration of untreated psychosis (DUP) is correlated to better outcome. However, it is still unknown whether early treatment will lead to a better long-term outcome. This study reports the effects of reducing DUP on 5-year course and outcome.

During 1997-2000 a total of 281 consecutive patients aged >17 years with first episode non-affective psychosis were recruited, of which 192 participated in the 5-year follow-up. A comprehensive early detection (ED) programme with public information campaigns and low-threshold psychosis detection teams was established in one healthcare area (ED-area), but not in a comparable area (no-ED area). Both areas ran equivalent treatment programmes during the first 2 years and need-adapted treatment thereafter.

At the start of treatment, ED-patients had shorter DUP and less symptoms than no-ED-patients. There were no significant differences in treatment (psychotherapy and medication) for the 5 years. Mixed-effects modelling showed better scores for the ED group on the Positive and Negative Syndrome Scale negative, depressive and cognitive factors and for global assessment of functioning for social functioning at 5-year follow-up. The ED group also had more contacts with friends. Regression analysis did not find that these differences could be explained by confounders.

Early treatment had positive effects on clinical and functional status at 5-year follow-up in first episode psychosis.

Notes: Comment In: Psychol Med. 2012 Mar;42(3):669-7022099925

PubMed ID: 20942996 [View in PubMed](#) 

[Early identification of non-remission in first-episode psychosis in a two-year outcome study.](https://arctichealth.org/en/permalink/ahliterature141450)

<https://arctichealth.org/en/permalink/ahliterature141450>

Author: Erik Simonsen
S. Friis
S. Opjordsmoen
E L Mortensen
U. Haahr
I. Melle
I. Joa
J O Johannessen
T K Larsen
J I Røssberg
B R Rund
P. Vaglum
T H McGlashan

Author Affiliation: Psychiatric Research Unit, Zealand Region Psychiatry Roskilde, Roskilde University and University of Copenhagen, Copenhagen, Denmark. es@regionsjaelland.dk

Source: Acta Psychiatr Scand. 2010 Nov;122(5):375-83

Date: Nov-2010

Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Age Factors
Aged
Chi-Square Distribution
Denmark - epidemiology
Female
Humans
Logistic Models
Male
Marital status
Middle Aged
Norway - epidemiology
Psychotherapy
Psychotic Disorders - diagnosis - epidemiology - psychology - therapy
Remission Induction
Sex Factors
Social Adjustment
Statistics, nonparametric
Substance-Related Disorders - psychology
Treatment Outcome
Young Adult

Abstract: To identify predictors of non-remission in first-episode, non-affective psychosis.
During 4 years, we recruited 301 patients consecutively. Information about first remission at 3 months was available for 299 and at 2 years for 293 cases. Symptomatic and social outcomes were assessed at 3 months, 1 and 2 years.
One hundred and twenty-nine patients (43%) remained psychotic at 3 months and 48 patients (16.4%) remained psychotic over 2 years. When we compared premorbid and baseline data for the three groups, the non-remitted (n = 48), remitted for

Notes: Comment In: Acta Psychiatr Scand. 2011 Jun;123(6):49421219270

PubMed ID: 20722632 [View in PubMed](#) 