Cross cultural studies on the use of CPRS in English and Swedish depressed patients.

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Abstract: 54 English and 52 Swedish patients suffering from primary depressive illness were rated on the full 65 item CPRS scale to examine cross cultural differences. The correlation of the frequencies of items scored in the different patient samples was highly significant (r = 0.88). Of the most commonly scored items (occurring in more than 70% of any of the patient groups) 17 were common to both samples. The three items not in common for the two centres are compared and discussed. The inter rater reliabilities of the Swedish and English teams are compared alongside the inter rater reliabilities of a Swedish rater and an English rater on English patients and are generally good. The remarkable similarity of the psychopathology of primary depressive illness in both cultures and some of the implications are discussed.

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The use of hyperbaric oxygen for children with cerebral palsy has spread worldwide, despite little scientific evidence of efficacy. We did a randomised trial to assess the efficacy and side-effects of this form of therapy in children with cerebral palsy.

111 children with cerebral palsy aged 3-12 years were randomly assigned hyperbaric oxygen (n=57) or slightly pressurised room air (n=54). All children received 40 treatments over 2 months. Hyperbaric oxygen treatment was 1 h in 100% oxygen at 1.75 atmospheres absolute (ATA); children on slightly pressurised air received air at 1.3 ATA (the lowest pressure at which pressure can be felt, thereby ensuring the maintenance of masking). The main outcome measure was gross motor function. Secondary outcomes included performance in activities of daily living, attention, working memory, and speech.

For all outcomes, both groups improved over the course of the study, but without any difference between the two treatments. The score on the global gross motor function measure increased by 3.0% in the children on slightly pressurised air and 2.9% in those on hyperbaric oxygen. The mean difference between treatments was -0.40 (95% CI -1.69 to 0.90, p=0.544). Other changes were seen in speech, attention, memory, and functional skills. Ear problems occurred in 27 children treated by hyperbaric oxygen and in 15 treated with hyperbaric air (p=0.004).

In this study, hyperbaric oxygen did not improve the condition of children with cerebral palsy compared with slightly pressurised air. The improvement seen in both groups for all dimensions tested deserves further consideration.
The influence of intellectual disability on life expectancy.
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Abstract: To date, relatively few representative data have been available to health planners and advocacy groups on the life expectancy of people with intellectual disability. A study of trends in the survival profiles of people with intellectual disability was undertaken to assist in the planning of appropriate medical and support services.

Since 1953, the Disability Services Commission of Western Australia has maintained a database of persons diagnosed with intellectual disability. The database was used to calculate survival probabilities on a total of 8724 individuals, 7562 of whom were still alive at the time of sampling in December 2000.

Kaplan-Meier survival plots showed a strong negative association between severity of intellectual disability and survival, with median life expectancies of 74.0, 67.6, and 58.6 years for people with mild, moderate, and severe levels of handicap. Significant negative associations also were observed with male gender, Indigenous Australian parentage, and individuals diagnosed with a specific genetic disorder.

The findings indicate a major and expanding increase in the service requirements of this aging, intellectually disabled population during the past two generations.
Reliability of the CPRS between the disciplines of psychiatry, general practice, nursing and psychology in depressed patients.

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Abstract: To test the reliability and robustness of the CPRS in use by different disciplines we obtained 49 pairs of ratings on depressed patients in England and Sweden during treatment. Each rater pair consisted of a psychiatrist trained as a rater plus either a psychologist, a general practitioner, or a nurse, who had not been trained as a rater. The 17 most commonly rated items in depressive illness showed good inter-rater reliability for all groups and demonstrated the robustness of the scale even in training sessions. The implications of this for future interdisciplinary research are discussed along with suggestions for the use of the CPRS for teaching purposes.

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