Irritability and Risk-Taking Behaviour on the Cambridge Gambling Task (CGT) in Adolescents With a Family History of Depression

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Aims. Irritability is a common symptom in children and adolescents, often resulting in referral to mental health services and is associated with depression. Depression in adolescents and adults at familial risk of, and with depression, is associated with reduced risk-taking on the Cambridge Gambling Task (CGT) particularly when the chance of winning is high. However, little is known about risk-taking in irritability. This study tests the hypothesis that increased irritability is longitudinally associated with later risk-taking behaviour on the CGT; specifically, that increasing irritability is associated with lower risk-taking when the chance of a favourable outcome is high.

Methods. We conducted a longitudinal study of the biological offspring of parents of children with depression (n = 337). Irritability, the exposure, was measured at wave one using the Child and Adolescent Psychiatric Assessment (CAPA). The primary outcome was risk-taking to obtain reward at varying probability ratios (6:4, 7:3, 8:2 and 9:1) measured by the Cambridge Gambling Task (CGT) at waves two and three. We investigated the longitudinal association between irritability at wave one and average risk-taking at each ratio across waves two and three using multi-level models. The extent to which risk-taking according to probability ratio varied with irritability was tested with interaction terms. We ran univariable models and then multivariable models.

Results. In univariable (n = 207; Coef. 0.006, 95%CI −0.011–0.023, p = 0.470), and fully adjusted (Coef. 0.011, 95%CI −0.007–0.029, p = 0.213) models there was no evidence of a main association between irritability and risk-taking on the CGT. There was evidence of an interaction between irritability and risk-taking ratio (p = 0.019). In fully adjusted models including the interaction, a one-point increase in irritability was associated with relatively higher risk-taking at the less favourable ratios (6:4 – 0.018 (95%CI −0.002–0.037) and 7:3 – 0.015 (95%CI −0.005–0.035)) relative to the more favourable ratios (9:1 – 0.001 (95%CI −0.019–0.021) and 8:1 – 0.011 (95%CI −0.008-0.031)).

Conclusion. We found no evidence of relationship between irritability and subsequent risk-taking on the CGT overall. However, there was some evidence that those with higher irritability were relatively more risk-taking when less likely to win compared with when a favourable outcome was more likely. These findings warrant further investigation of the association between prior irritability and later depression in a larger community cohort. If prior irritability and depression are both associated with risk-taking, this strengthens the case for focussing on risk-taking as a potential target for preventive intervention.

Real-World Impact of Research Feedback Reports on CYP Mental Health for Families of Children With Rare Genetic Disorders and Intellectual and Developmental Disability

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Aims. Children and young people (CYP) with intellectual and developmental disabilities (IDD) of known genetic origin experience complex physical and mental health problems; IMAGINE-ID has followed a national UK cohort from childhood to early adulthood. Parents completed structured online psychiatric assessments on repeated occasions. From these assessments, semi-automated personalised reports were generated summarising each child's strengths and difficulties, in collaboration with IMAGINE ID participants and the charity UNIQUE.

We aimed to discover whether providing a structured summary of our mental health and behavioural assessments would be beneficial to families of children with rare genetic conditions and IDD.

Methods. 574 of the CYP's caregivers completed an online 'impact' survey, five years after receiving their initial report, comprising four areas of potential benefit: Quality of Care (whether the report led to an improvement in the child's quality of mental and/or physical health care); Social Impact (whether the report was used as evidence to support an EHCP, disability benefits etc.), Psychological Impact (whether it led to any change in understanding of the child's condition), and Referrals (whether the report led to a referral for Autism/ADHD etc.). We also invited qualitative feedback.

Results. 82% of respondents rated the reports as helpful. 35% reported they had led to an improvement in their CYP's quality of care, 24% reported social impact using the report as supporting evidence, 99% reported a psychological impact – a change in their understanding of the child, and 17% used the report to initiate a referral for an assessment of ADHD and/or autism. In our qualitative analysis, families who found the report helpful mentioned it led to 'reflection' on their child's condition and that it provided 'access to benefits'. For those who did not find the report helpful, issues such as 'it lacked professional input' and 'forgetting the contents' of the report were identified.

Conclusion. Personalised summary reports, based on a structured assessment of their child's behavioural, social and emotional adjustment, are valued by families of children with rare genetic conditions and IDD and can bring about tangible benefits to the child and the family's access to resources.

The Prevalence of Attention-Deficit Hyperactivity Disorder in Functional Neurological Disorder: An Integrative Literature Review

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