Aims. This study looked at the differences in the length of hospital stays in number of days, 12 months before and after starting on Lurasidone, in patients with psychosis.
Method. A retrospective review of medical records between 2016 and 2019 of patients with psychosis due to all causes at a First Episode Psychosis service in the United Kingdom was performed. Most common side effects, duration of Lurasidone treatment and reasons for stopping Lurasidone were recorded. The length of hospital stays (in number of days) before and after being started on Lurasidone of those had taken Lurasidone for at least 12 months were compared using a paired t-test.
Result. 43 (n = 43) patients had taken Lurasidone at some point during the study period with a mean age of 30.48 years and a male: female ratio of 1.4:1. The average duration of treatment was 327 days. The most common reported side effects were sedation (16%), nausea (7%) and tardive dyskinesia (7%). Among these 43 patients, 19 patients (44%) tolerated and were on Lurasidone for at least 12 months with a mean age of 30.42 and a male: female ratio of 0.42:1. Of these 19 patients, the total number of days of hospital stays within 12 months before and after Lurasidone initiation was 1179 days (mean = 62.05) and 242 days (mean = 16.47) respectively. The paired t-test showed a significant reduction in the average length of hospital stays in these patients within 12 months after Lurasidone initiation ($p = 0.0466$).
Conclusion. Patients with psychosis who were on Lurasidone had a statically significantly reduction in the length of hospital stays within 12 months of medication initiation; up to 44% tolerance rate, with better tolerance in female patients and the most common side effects being sedation, nausea, tardive dyskinesia.

Evidence base for psychological treatment of personality disorder – a narrative review

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Aims. This review critically appraises the up-to-date evidence base for psychological treatment of PD.
Background. The prevalence rate of any personality disorder (PD) in the general population has been estimated to be as high as 12% rising to over 70% in prison settings. PD is known to carry significant psychosocial and health burdens with increased mortality, increased suicide, increased substance misuse, increased crime, reduced capacity to work, poorer outcomes for comorbid mental disorders, dysfunctional engagement with services, and high economic costs through a high utilisation of healthcare systems. In the 1990s several manualised treatment strategies emerged, specifically for borderline PD. These include dialectical behaviour therapy, cognitive therapy, cognitive analytic therapy, mentalization-based therapy, transference-focused psychotherapy, and schema-focussed therapy.
Method. Using relevant search criteria, literature was identified through a search of the following databases: PubMed, EMBASE, and PsycINFO. Data were appraised and synthesised to provide a comprehensive overview of the current evidence base for psychological treatment of PD.
Result. The DSM-V defined Cluster B borderline PD has received the majority of attention. Increasing attention has been paid in recent years to the Cluster B antisocial PD. Cluster A (Paranoid, Schizoid, Schizotypal) and Cluster C PDs (Avoidant, Dependent, Obsessive Compulsive) have received relatively little attention with few studies to draw upon regarding the effectiveness of therapy. The remaining Cluster B personality disorders (Narcissistic and Histrionic) have been criticised as having poor construct validity, with a lack of rigorously designed treatment trials.

A number of treatment protocols have gained empirical support. However, of those that have empirical support, there appears to be little demonstrable evidence to suggest superiority of any one of the evidence-based interventions over another. While specialised therapies are more efficacious than "treatment as usual" or treatment delivered by expert clinicians, when specialised therapies are compared with well-specified manualised general psychiatric care tailored to personality disorder, the results are different, with little consistent evidence demonstrating the superiority of specialised therapies.
Conclusion. Current evidence suggests that individual therapies do not differ substantially from each other or from structured clinical care that relies on generic change factors. This is in keeping with established psychotherapy outcome literature. Current evidence would indicate that common features across the proven treatment strategies should be emphasised and implemented well. There may be justification for added interventions from specific treatment modalities targeted to specific patient problems.

Autism in girls and the pre-referral environment

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Aims. This literature review sought to identify and highlight any sex specific factors in the diagnosis of autism spectrum conditions during the pre-referral period which might affect diagnosis rates in ASD in girls. The null hypothesis was that there are no sex specific factors that affect referral and diagnosis of ASD in girls.
Background. Historically, boys are diagnosed with ASD more than girls but rates vary depending on clinical population characteristics. Diagnosis trends continue to demonstrate a large male excess. The concept of autism as a predominantly male condition has been challenged and there is increased focus on females with high functioning autism who are not being detected as easily.

Various theories exist as to why this is the case.

There are high rates of suicidality in ASD and risk of death by suicide is higher in ASD women (the reciprocal of the suicide rates in general population where more men complete suicide). Women with high functioning autism represent an at risk group. Undetected autism in females may be complicated by 'camouflaging' or masking of symptoms which puts a large strain on individuals functioning and mental health. Costs to society and the individual are large.

However, early identification and intervention improves outcomes such as activities of daily living and social behaviours.
Method. An electronic literature search was completed using MEDLINE, PsycINFO and EMBASE in November 2018. Key terms were: ('child*' OR 'adolescent' OR 'young pe*') AND ('ASD' OR 'autism' OR 'asperger*' OR 'high functioning*' OR 'PDD' OR 'Pervasive developmental*') AND ('girl*' OR 'sex' OR 'gender'). Papers were excluded on a number of grounds.
Result. 11 papers were included in the review from an initial 2823 abstracts.
Conclusion. A number of papers highlighted important learning points. Some of the more original conclusions included that we require more studies comparing populations of girls with ASD to high risk, high functioning girls and female controls to clarify features particular to the 'female phenotype'. Delays in diagnosis in girls appears to pre-date assessment so further thought on how to