3rd March 2022

Session 3/5: Faculty of Forensic Psychiatry Annual Conference Online 2022

#	Asker Name	
1	Rajesh Moholkar	
	Question	**Answer**
	STAR D study - was there a control arm to the study? if not, it would be impossible to prove whether the new treatment has worked or whether the illness would have remitted with time and any treatment.	Good question and you are correct. There was no placebo or control arm in the Star*D study. This is because the aim was to comapred the real world effectiveness of treatments for which there was controlled trial data to support them being effective (the treatments were all licensed medication and CBT). So we don't know how much of the improvement was simply spontaneous, a placebo response, measurement error or regression to the mean. What we cn say, though is there was no difference in effectiveness of the different treatments.
	Asker Name	
4	Johanna Brown	
	Question	
	There is a lot of hope offered by many of treatments/therapies that you've discussed. I have two questions: 1. Has there been any discussion about how these treatment approaches will fit into the current models of consent to treatment and/or treatment under the mental health act? I am thinking about the complexities that are already present across jurisdictions regarding T2/T3 forms.	

2. Do you have any comment on the growing gap in accessing these newer treatments/therapies between non-forensic patients, forensic patients in hospital and patients in the prison settings. Many interventions are not priorised for patients in secure care settings/prison settings.

Asker Name

5 Iain McKinnon

Question

Hamish - you make the case for personlised therapeutics. How far off are we from involving our clinical genetics colleagues? Thanks

Asker Name

6 Tamal De

Question	**Answer**
How might one distinguish between a severe Adjustment Disorder and a severe Depressive Episode after six - twelve months of failed treatment/ poor response to treatment?	I guess I would turn this around and ask why was this thought to be an adjustment disorder in the first place? The two diagnoses overlap in presentation but are distinct. For an adjustment disorder, the affected individuals experience marked distress that is out of proportion to the severity of the stressor. It is not simply distress secondary to a stressor. Depression is defined (DSM-5) as at least 5 of the 9 specified symptoms occuring most of the time over a period of at least 2 weeks. Frequently epiosdes are preciptitated by stressors. This does not make the diagnosis an adjustment disorder. If the symptoms meet criteria for depression, then it is depression. Sometimes people (inorrectly) use the term adjustement disorder to describe depression which is seen as being "understandable" given circumstances. This is not correct. Understandability is not an exclusion for a diagnosis of depression. Additionally, if the depression is understandable in the context of the stressor, then it does not meet the criteria for an adjustment disorder of the distress being out of proportion to the severity of the stressor.

	Asker Name	
7	Anonymous Attendee	
	Question	**Answer**
	Given the high rates of relapse, difficulties achieving symptom improvement and the often chronic course of illness that is borne out clinically, do you think how we think about depression as an episodic disorder is flawed?	yes - at least for a significant proportion of patients. I would flip things around. If you conceptulise depression as an episodic disorder, this causes problems in how treatment is provided for patients who have a chronic presentation. If you conceptulise depression as a chronic condition, it is much harder to see how this disadvantages patients with an episodic presentation.

	Asker Name	
8	Laurence Tuddenham	
	Question	**Answer**
	You make an excellent case for changing the terminology of treatment resistant depression. How can this be achieved?	All of using the term "difficult to treat". Since the origonal DTD paper was published in 2019, and our interbnational guidleines in 2020, I have been amazed at how the terminology has taken hold. I think this is an endorsement of the words and concept as something that both clinicians and patients can easily buy into.

	Asker Name
9	Paul Cantrell
	Question

V sensible approach.
Wish to note - All Wales genetics psychiatric consultation service just started up! Yay!

Ketamine service also started in Cardiff,   With by me as CD!!

But, question - resources - community (job, education, social, etc)- how do we recruit these? Being non-medical, by and large?

But - community resources - critical/crucial?
Answer