



Rotary  
Distretto 2042



CREIAMO SPERANZA  
nel MONDO

# DISAGIO GIOVANILE

**riflessi sulla salute mentale**

# Prof. Massimo Clerici

Psichiatria clinico e ricercatore, è  
Direttore del Dipartimento  
di Salute Mentale della Fondazione  
IRCCS San Gerardo dei Tintori

Dipartimento di Medicina e  
Chirurgia Università degli studi  
Milano Bicocca

SIP.Dip, Sezione Speciale SIP  
[massimo.clerici@unimib.it](mailto:massimo.clerici@unimib.it)

**ADOLESCENZA  
E AUTOLESIONISMO,  
TOSSICODIPENDENZA  
E ALCOLISMO,  
TRA TRASGRESSIONE  
ED EMULAZIONE.**

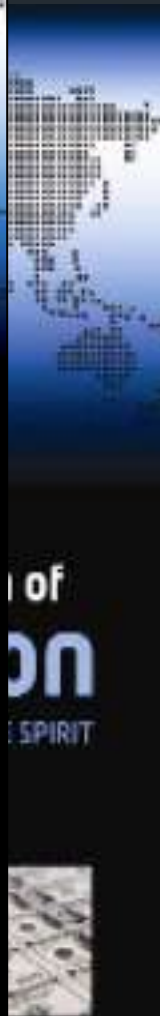
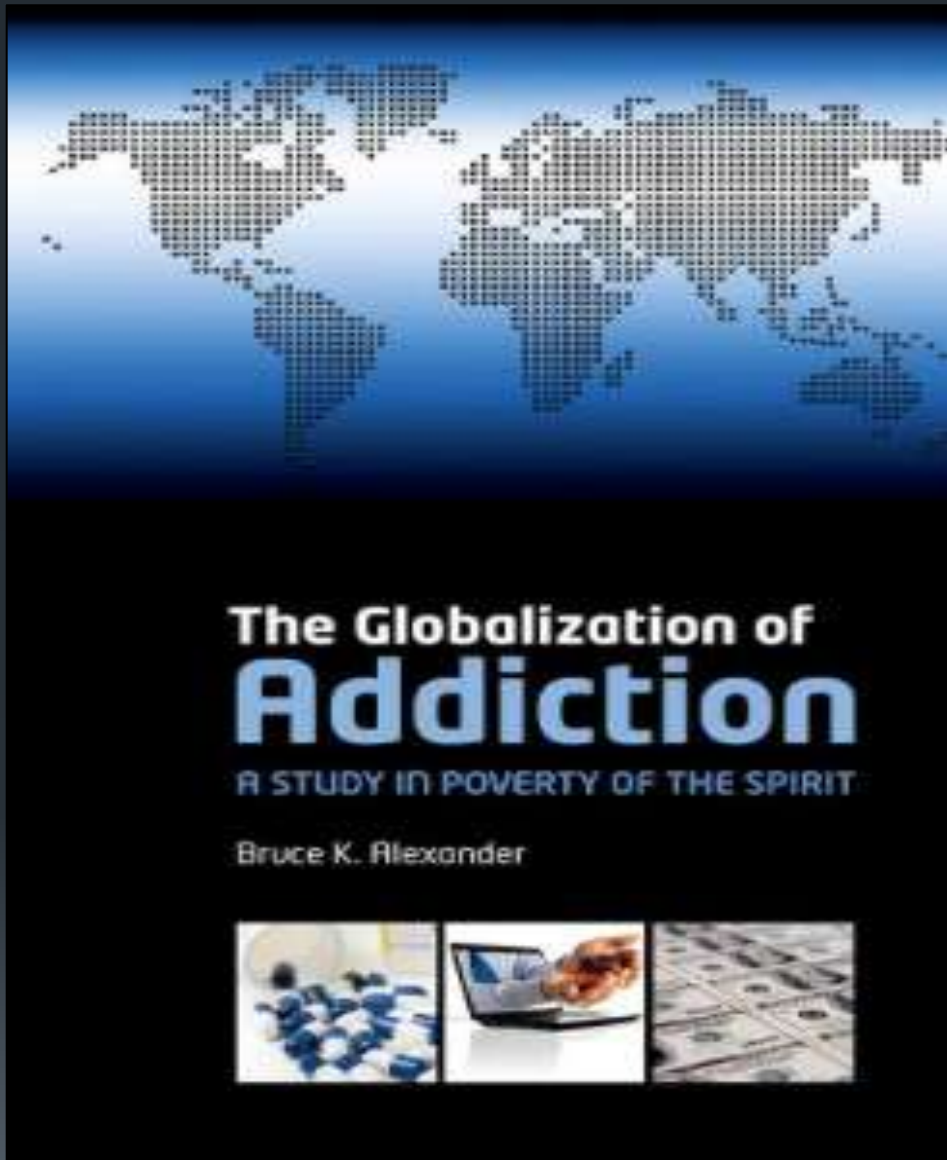



# SEGNALIBRO

1. I problemi di oggi
2. L'epidemiologia e i suoi riscontri
3. Motivazione alle cure: tra libertà di scelta e trattamenti "coattivi"
4. Suggerimenti per l'organizzazione di un progetto-tipo dedicato

# SEGNALIBRO

1. I problemi di oggi
2. L'epidemiologia e i suoi riscontri
3. Motivazione alle cure: tra libertà di scelta e trattamenti "coattivi"
4. Suggerimenti per l'organizzazione di un progetto-tipo dedicato



 Scientific medicine has failed when it comes to addiction.. There are no reliable methods to cure it, prevent it, or take the pain out of it. This book argues that the cause of this failure to control addiction is that the conventional wisdom of the 19th and 20th centuries focused too single-mindedly on the afflicted individual addict. When addiction becomes commonplace in a society, people become addicted not only to alcohol and drugs, but to a thousand other destructive pursuits: money, power, dysfunctional love relationships, video games, etc. This book shows that the social circumstances that spread addiction in a conquered tribe or a falling civilization are also

for what is...  
relation or from an  
point of view.  
**Addiction**  
some habit, comp  
narcotic drugs s  
dependency on r



# Relationship between Substance Use Disorders, Gambling, Gaming and others Behavioural Addictions

## Similar Biologies

- Genetic and Imaging Contributions, Neural Circuits

## High Rates of Co-Occurrence

- Population and Clinical Samples

## Similar Clinical Courses

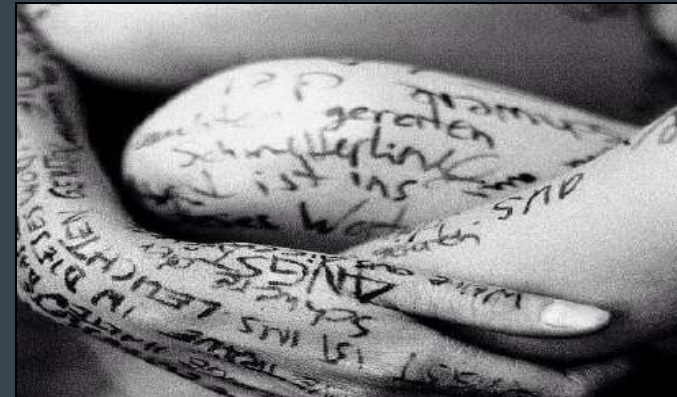
- Course, Gender-Related Features

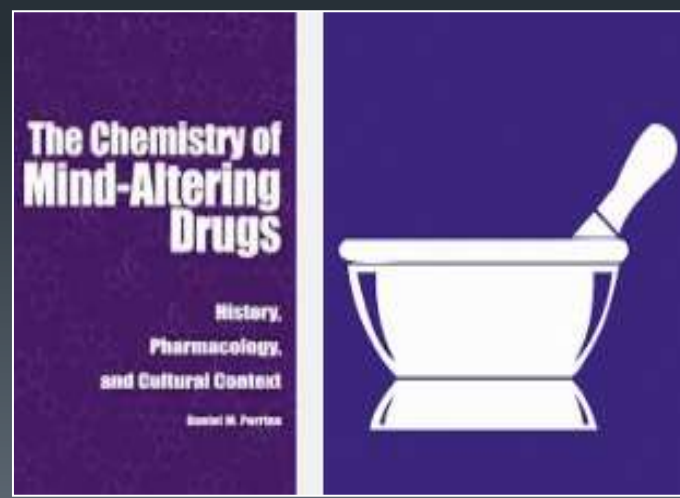
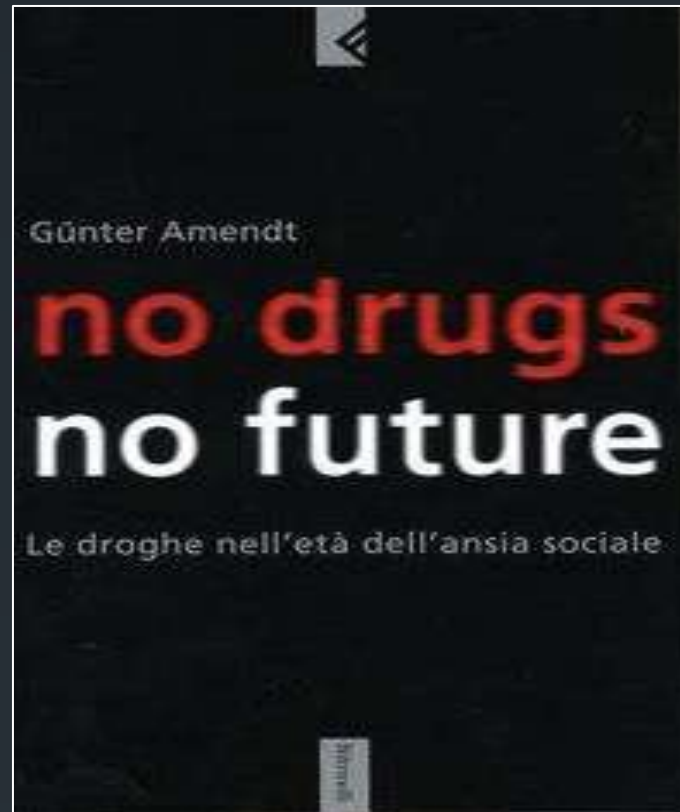
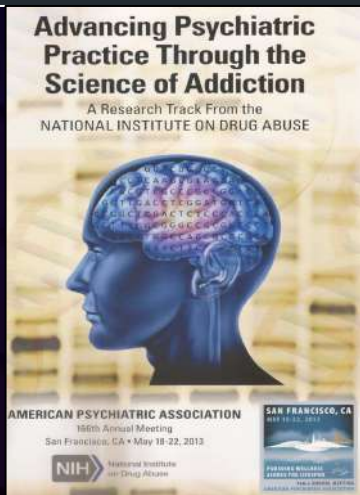
## Similar Clinical Characteristics

- Tolerance, Withdrawal, Repeated Attempts to Cut Back or Quit
- Appetitive Urge or Craving States

## Similar Treatments

- Self-Help, Psychoterapies (Behavioral), Pharmacotherapies





COMMENTARY TESTIMONY

# China's role in the fentanyl crisis

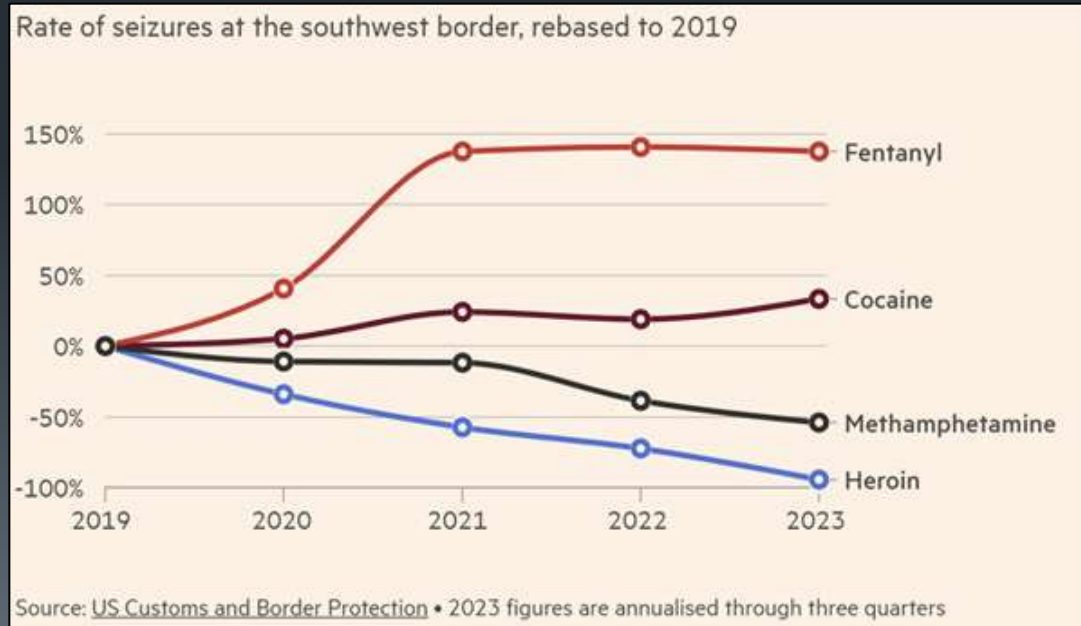
Vanda Felbab-Brown  
March 31, 2023



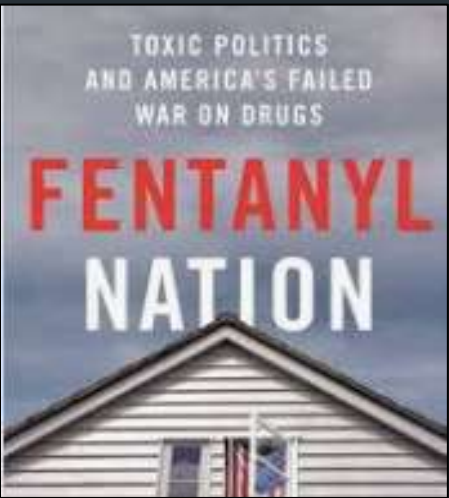
**Cross-border fentanyl crisis**

It's one fentanyl overdose every week in the U.S. Thousands of people die every year from the drug, often arriving in the U.S. from Mexico. The drug is so potent that a small amount can be fatal. It's also so addictive that it's causing a new wave of addiction in the U.S. — and it's the worst.

Paradoxically, there are more deaths from fentanyl in the U.S. than from any other drug. It's also the most addictive drug in the world. In 2022, the death toll from fentanyl in the U.S. reached 70,000 — a record. And it's still rising.





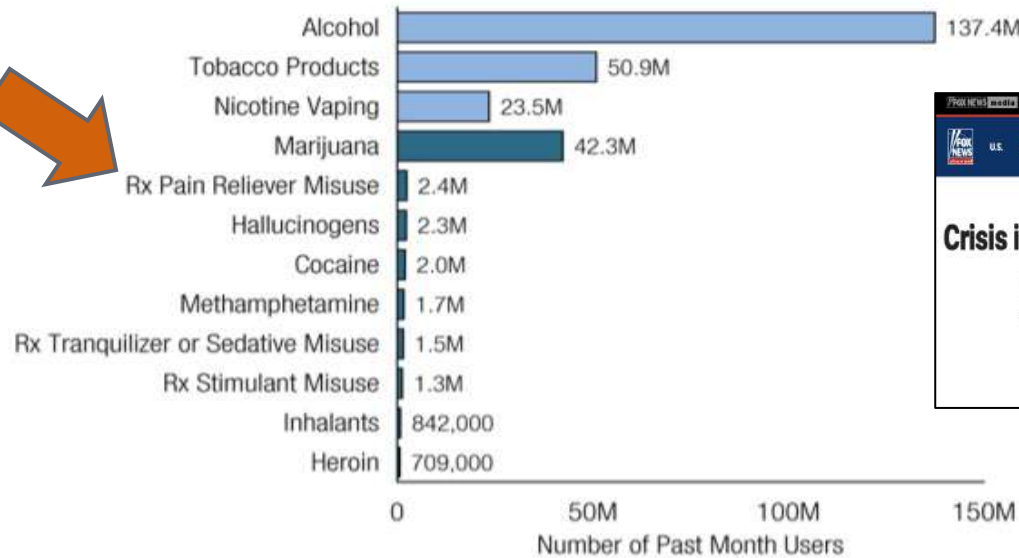


## 2022 National Survey on Drug Use and Health (NSDUH) Releases

Conducted annually, the National Survey on Drug Use and Health (NSDUH) provides nationally representative data on the use of tobacco, alcohol, and drugs; substance use disorders; mental health issues; and receipt of substance use and mental health treatment among the civilian, noninstitutionalized population aged 12 or older in the United States. NSDUH estimates allow researchers, clinicians, policymakers, and the general public to better understand and improve the nation's behavioral health. These reports and detailed tables present estimates from the 2022 National Survey on Drug Use and Health (NSDUH).



## Past Month Substance Use: Among People Aged 12 or Older; 2022



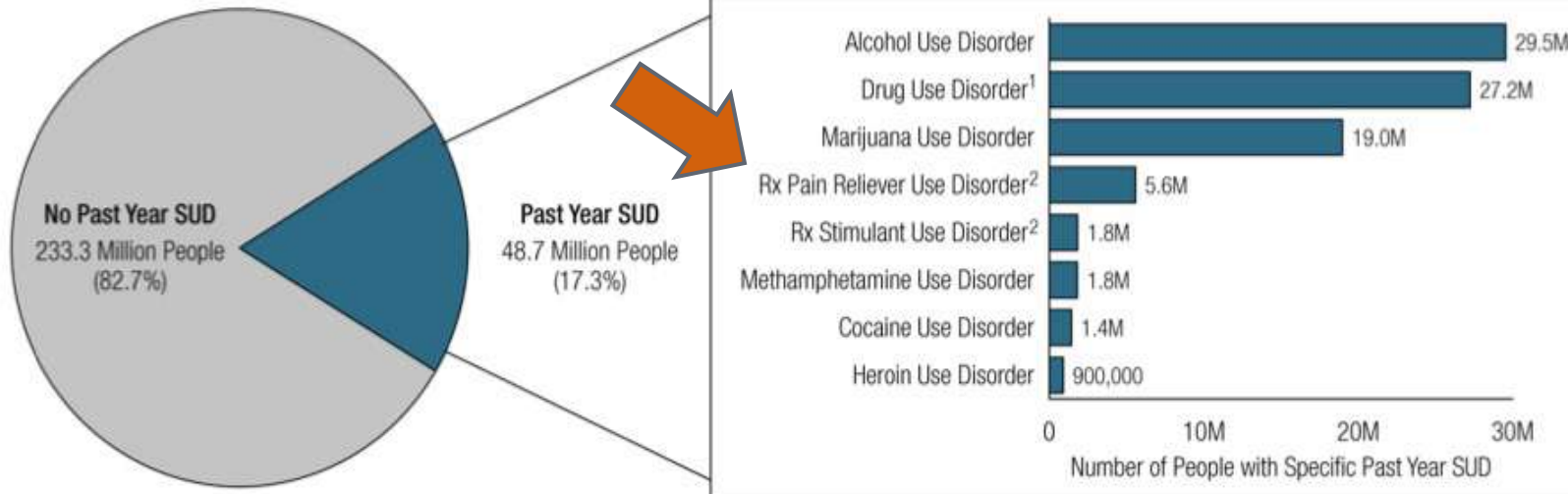
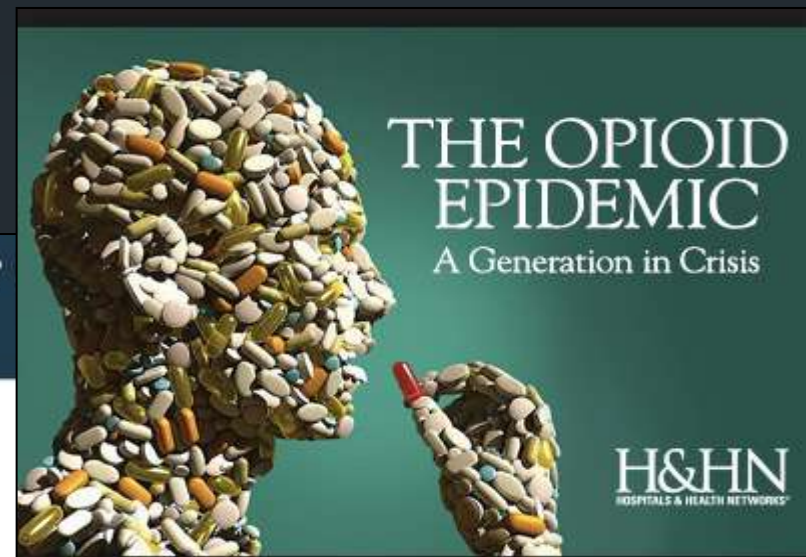
Rx = prescription.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

## Past Year Substance Use Disorder

 An official website of the United States government

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



Rx = prescription.

Note: The estimated numbers of people with SUDs are not mutually exclusive because people could have use disorders for more than one substance.

<sup>1</sup> Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

<sup>2</sup> Includes data from all past year users of the specific prescription drug.

Original Investigation | Pediatrics

## Child Protection System Interactions for Children With Positive Urine Screens for Illicit Drugs

Rebecca Rebbe, PhD, MSW, EdM; Denise Malicki, MD, PhD; Nadia Siddiqi, BS; Jeannie S. Huang, MD, MPH; Emily Putnam-Hornstein, PhD; Natalie Laub, MD, MSHP



more than **130,000** babies have been born with drug addiction in the U.S.

Source: Reuters

**IMPORTANCE** Young children are ingesting illicit drugs at increased rates, but it is unknown what the associated child protection system (CPS) responses are when a child tests positive.

559 Encounters with positive drug urine test

48 Encounters removed because prescribed medication could explain positive drug screen

511 Encounters with positive drug urine and no prescribed medication conflict

Drug <sup>a</sup>	All positive drug tests (n = 511)
Cannabis	213 (41.7)
Benzodiazepines	139 (27.2)
Amphetamine	114 (22.3)
Opiate	38 (7.4)
Fentanyl	36 (7.0)
Barbiturates	25 (4.9)
Cocaine	<10 (<3.0)
PCP	<10 (<3.0)
Multiple	52 (10.2)



Braxton is addicted to methadone.

These Babies Were Born Addicted To Drugs

**Findings** In this cross-sectional study of 511 emergency department and inpatient medical encounters involving a child with a positive drug screen, 47.7% were reported to CPS, and 11.9% resulted in out-of-home placement within 30 days; 43.6% of the children had a prior CPS report for concerns of child maltreatment.

**Meaning** The findings of this study suggest that fewer than half of encounters for children with positive drug screens result in reports to CPS and that out-of-home placements are uncommon.

# Suicide Among Youth and Young Adults: What Pediatricians Should Know

Suicide is the 2nd leading cause of death among US youth and young adults, ages 15-24



Heron, M. Deaths: Leading Causes for 2017. National Vital Statistic Reports, Vol.68(6). Hyattsville, MD. National Center for Health Statistic. 2019.

Teen Suicide Rates Differ by Gender

Death Per 100,000 youth ages 15-19

17.9



Young Men

5.4



Young Women

CDC National Center for Injury Prevention and Control  
WISQARS Fatal Injury Reports. Accessed from:  
<https://webappa.cdc.gov/sasweb/nclpc/mortrate.html>

American Academy of Pediatrics



Among 10 to 24 year olds in the U.S.



1 in 5 adolescents have thoughts of suicide EACH DAY



1 in 5 adolescents are diagnosed with a MENTAL ILLNESS which can lead to suicide



AT ANY GIVEN TIME 25% of adolescents feel depressed



Youth who attempted suicide are five times more likely to have repeat visits to the emergency department, three times more likely to die from any cause and eight times more likely to die from suicide than youth who did not self-harm of same sex, age, and psychiatric and medical diagnoses.



## Teens Who Attempted Self-harm Are More Likely to Visit ED

There is an increased risk of suicide for teens who visit emergency for self-harm. Emergency department visits for self-harm have more than doubled in Ontario over the last 10 years – a worrying trend.



## Higher Risk of Suicide, Self-harm Among LGB Students

Low self-esteem may explain the increased risk of self-harm and attempted suicide in Lesbian, Gay and Bisexual (LGB) students.



Up to 4 in 10 adolescents self-harm



The data from more than 5,000 people revealed that **earlier onset of puberty self-harm at age 16 years.**

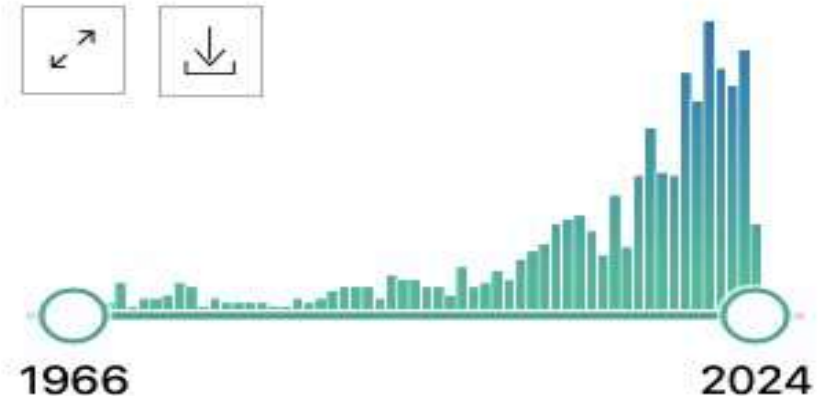
Previous research has shown that girls who experience earlier puberty are at higher risk of self-harm. However, until now, the evidence for whether the puberty timing is associated with self-harm in boys was less clear.

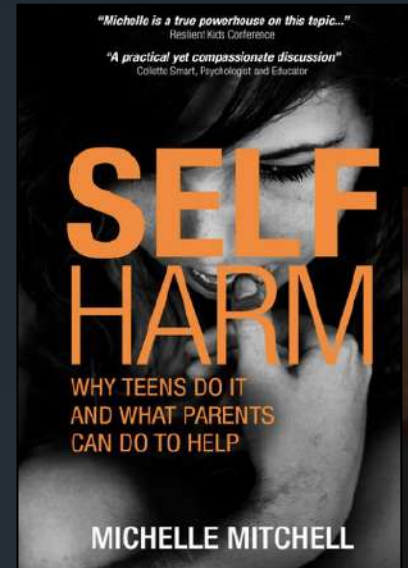
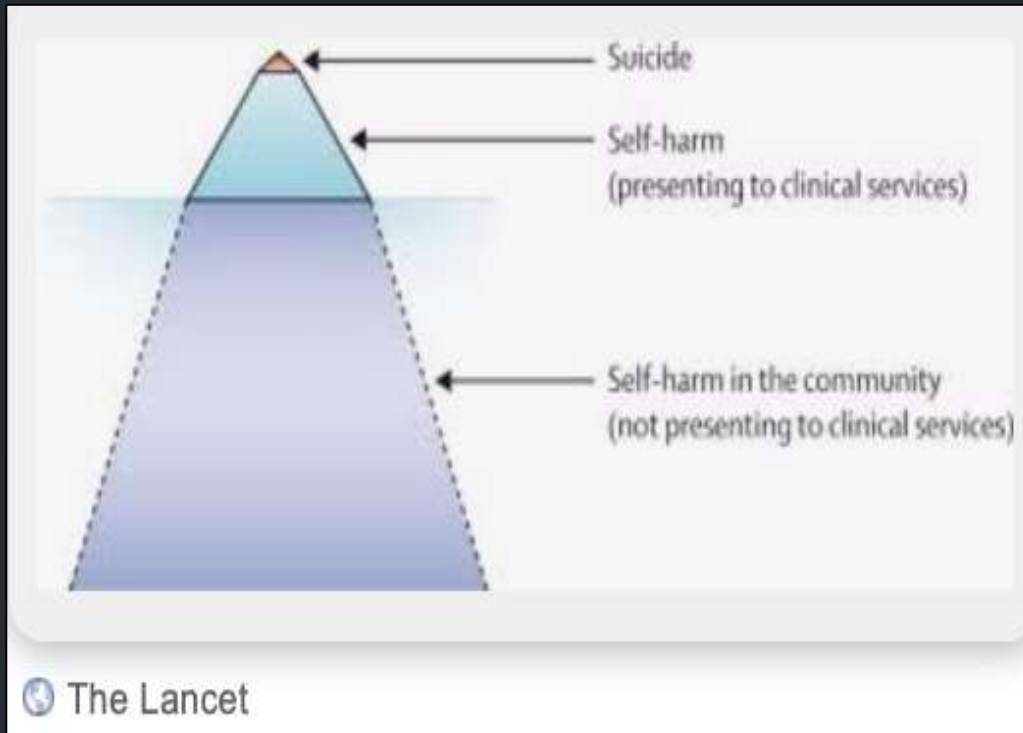
PubMed®

adolescence, self-harm, suicide, addiction

MY NCBI FILTERS 

RESULTS BY YEAR





## Digital Self-Harm is On the Rise

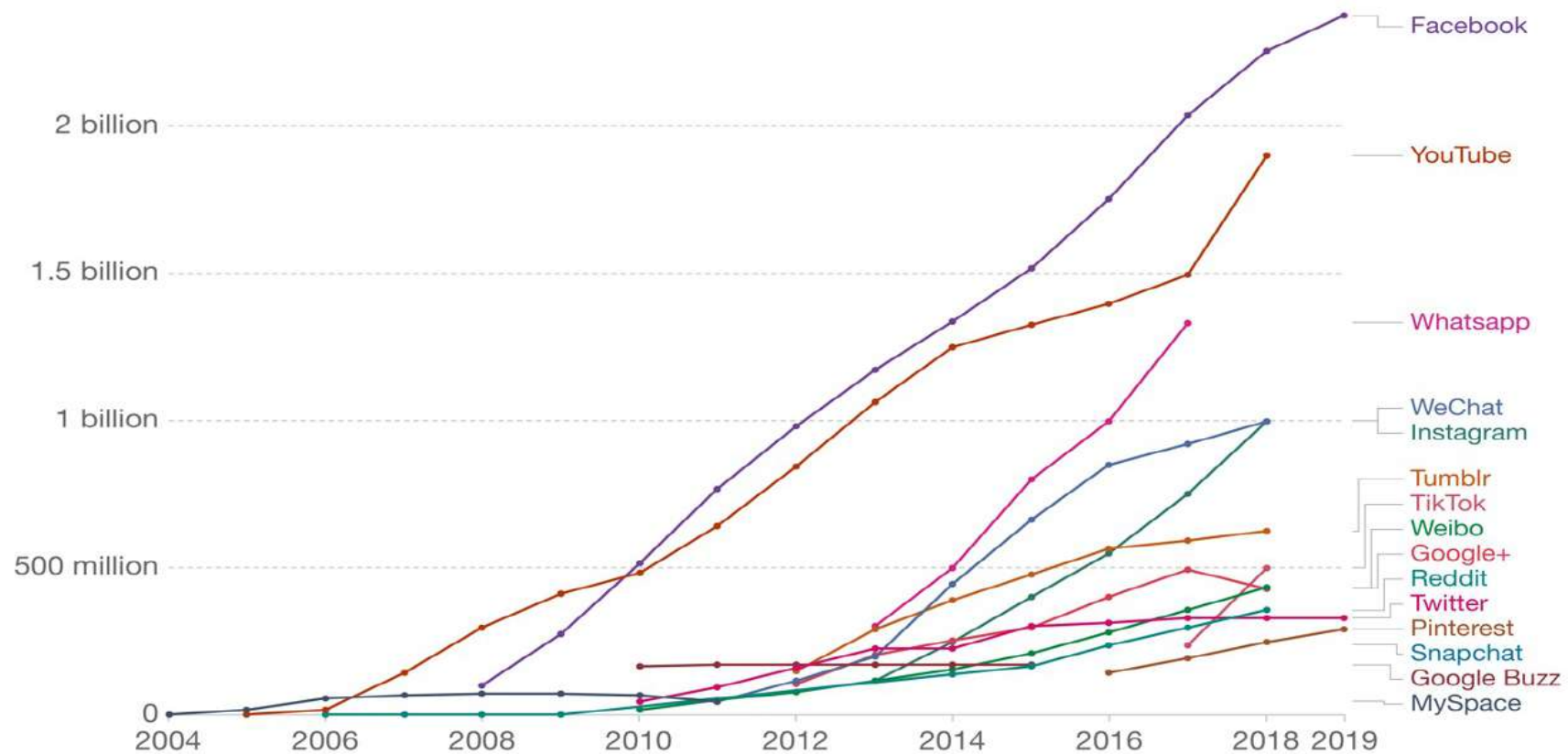
- ✓ Posting, sending or sharing of hurtful & embarrassing content about oneself anonymously online can increase suicide attempts in youth
- ✓ Identifying the root causes for self-harming behavior & offering emotional support to digital self-harmers can save lives



# Number of people using social media platforms, 2004 to 2019

Our World  
in Data

Estimates correspond to monthly active users (MAUs). Facebook, for example, measures MAUs as users that have logged in during the past 30 days. See source for more details.




Source: Statista and TNW (2019)

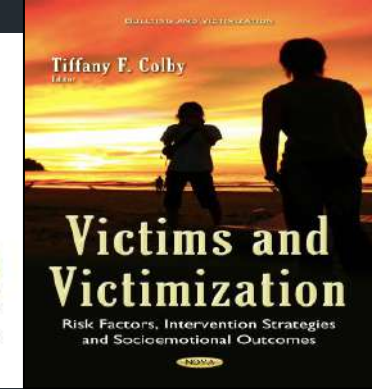
CC BY

Internet  
Smartphone  
Social Network

# *The Paradoxical Relationship Between Health Promotion and the Social Media Industry*

Health Promotion Practice  
May 2023 Vol. 24, No. (3) 571–574  
DOI: 10.1177/15248399211064640

Marco Zenone, MSc<sup>1</sup>   
Nora Kenworthy, PhD<sup>2</sup>  
Skye Barbic, PhD<sup>3</sup>



**Mounting evidence suggests that problematic adolescent social media use is associated with poor mental health**

**To respond to increased adolescent mental health concerns, health promoters increasingly rely on social media initiatives to promote their resources, programs, and services. This creates a paradoxical situation where social-media-linked adverse mental health outcomes are addressed using the same tools and platforms that can contribute to the development of such issues.** It also highlights several areas of critical assessment in health promotion usage of social media platform features and products, such as addictive platform design, targeted marketing tools, data collection practices, impacts on underserved groups, and conflicts of interest



**DO YOU KNOW  
WHAT YOUR KIDS  
ARE WATCHING  
ON THE INTERNET  
RIGHT NOW?**



# SEGNALIBRO

1. I problemi di oggi
- 2. L'epidemiologia e i suoi riscontri**
3. Motivazione al trattamento, libertà di scelta o trattamenti coattivi
4. Suggerimenti per l'organizzazione di un progetto-tipo dedicato

È ancora corretto discutere sull'impiego delle sostanze e sui loro rischi?



# Repurposing of recreational drugs: will these new 'medicines' (e.g., psychedelics, psilocybin, cannabinoids, LSD, MDMA, ketamine) deliver short- or longer-term benefits for those with depressive or other mood disorders?

[Read more](#)



**Table 1. Pharmacology**

Pharmacodynamics	Pharmacokinetics
<p>Psilocybin (<i>O</i>-phosphoryl-4-hydroxy-<i>N,N</i>-dimethyltryptamine)</p> <p>5-HT<sub>2A</sub> agonism<sup>3</sup></p> <p>Various other 5-HT receptors (eg -7, -2B, -1A autoreceptor, and -6 subtypes)<sup>3</sup></p>	<p>Dephosphorylation to active metabolite psilocin by alkaline phosphatases<sup>3</sup></p> <p>MAO, ADH, hydroxyindole oxidases<sup>3</sup></p> <p>Glucuronidation of metabolite</p> <p>Route: Oral</p>
<p>LSD (lysergic acid diethylamide)</p> <p>5-HT<sub>2A</sub> partial agonism<sup>4</sup></p> <p>TAAR-1 agonism</p> <p>5-HT<sub>1A</sub> agonism, various other receptors (eg -1B, 1D, -5A)</p> <p>Mixed D<sub>1</sub> and D<sub>2</sub> agonism</p> <p>Ayahuasca</p> <p>DMT: 5-HT<sub>2A</sub> agonism</p> <p>β-carboline</p> <p>Other effects</p> <p>DMT: TAAR-1 agonism</p> <p>β-carboline</p> <p>imidazole</p>	<p>Route: Oral</p>

**Table 2. Common Adverse Drug Reactions**

Drug	Reactions
Psilocybin ( <i>O</i> -phosphoryl-4-hydroxy- <i>N,N</i> -dimethyltryptamine) <sup>3</sup>	Mydriasis, mild hypertension and tachycardia, dizziness, nausea, anxiety, drowsiness, hyperreflexia, mild headache
LSD (lysergic acid diethylamide) <sup>4</sup>	Mydriasis, mild hypertension and tachycardia, hypophagia, dizziness, nausea, mild headache
Ayahuasca ( <i>Banisteriopsis caapi</i> and <i>Psychotria viridis</i> or <i>Diplopterys cabrerana</i> ) <sup>5</sup>	Mild hypertension, poorly tolerated gastrointestinal effects (nausea, vomiting, diarrhea)
MDMA ((±)-3,4-methylenedioxymethamphetamine) <sup>7</sup>	Mydriasis, mild hypertension and tachycardia, hypophagia, bruxism, fatigue, xerostomia, hyperthermia

Drug	<i>t</i> <sub>max</sub>	Onset	<i>t</i> <sub>1/2</sub>	Duration	<i>f</i> <sub>e</sub>
MDMA ((±)-3,4-methylenedioxymethamphetamine) <sup>7</sup>	2 h	1–2 h	8–9 h	4–6 h	15%

<sup>3</sup>DMT is orally active. <sup>4</sup>LSD is orally active. <sup>5</sup>DMT is orally active. <sup>6</sup>DMT is orally active. <sup>7</sup>DMT is orally active.

Abbreviations: 5-HT<sub>2A</sub> = 5-hydroxytryptamine 2A receptor, ADH = aldehyde dehydrogenase, COMT = catechol-*O*-methyltransferase, CYP = cytochrome P-450, DAT = dopamine transporter, DMT = dimethyltryptamine, F = bioavailability, *f*<sub>e</sub> = fraction excreted unchanged in the urine, *k*<sub>i</sub> = inhibition constant, MAO-I = monoamine oxidase inhibitor, NA = not available, NET = norepinephrine transporter, PPB = plasma protein binding, SERT = serotonin transporter, *t*<sub>1/2</sub> = half-life, *t*<sub>max</sub> = time to maximum plasma levels after oral administration, VMAT = vesicular monoamine transporter.

## Spravato (Esketamine)

is a related form of Ketamine

It is FDA Approved for Treatment Resistant Depression

550 x 780

# Legalizing MDMA for PTSD Treatment: Phase 3 Clinical Trial Results

by KATIE BROWN MAY 23, 2023 AT 11:05 AM UTC



The Multidisciplinary Association for Psychedelic Studies (MAPS), a team of neuroscientists, recently concluded phase three clinical trials for MDMA and will soon publish their findings, the last hurdle before FDA approval. MAPS founder [Rick Doblin](#) told the website *Drug Discovery & Development* that MDMA could be a legal treatment for PTSD within a year.



## Clinical Relevance: MDMA's shows great potential for accelerating PTSD recovery

- Short-term MDMA therapy has demonstrated transformative effects, offering new possibilities for effective and efficient treatment of PTSD.
- Positive clinical trial results could lead to FDA approval for MDMA therapy within a year, researchers said.
- When combined with psychotherapy, the drug has shown remarkable results in reducing PTSD symptoms and improving overall well-being.





Drug companies are spending millions of dollars to incorporate psychedelic agents into health care.<sup>1</sup> Working with research institutions, patient organizations, and veterans groups,

pective  
NOVEMBER 9, 2023

### How Should the FDA Evaluate Psychedelic Medicine?

Mason Marks, M.D., J.D., and I. Glenn Cohen, J.D.

JCP THE OFFICIAL JOURNAL OF THE AMERICAN SOCIETY OF CLINICAL PSYCHOPHARMACOLOGY

## Therapeutic Potential of Psychedelics in the Treatment of Psychiatric Disorders, Part 1: Psychopharmacology and Neurobiological Effects

Avinash Hosanagar, MD<sup>a,b</sup>; Joseph Cusimano, PharmD<sup>c,d</sup>; and Rajiv Radhakrishnan, MBBS, MD<sup>e\*</sup>

## Therapeutic Potential of Psychedelics in Treatment of Psychiatric Disorders, Part 2: Review of the Evidence

Avinash Hosanagar, MD<sup>a,b</sup>; Joseph Cusimano, PharmD<sup>c,d</sup>; and Rajiv Radhakrishnan, MBBS, MD<sup>e\*</sup>

### The Current State of the Field and Future Directions

While significant progress has been made in the understanding of the psychopharmacologic and neurobiological effects of psychedelics, several questions remain unanswered. For example, although 5-HT<sub>2A</sub> agonism has been shown to be important for the “psychedelic” effects of these compounds, it is unclear whether the therapeutic effects are also mediated via 5-HT<sub>2A</sub> receptors or by other mechanisms, such as 5-HT<sub>1</sub>, VMAT2, and TAAR-1. The understanding of the neurobiological effects of psychedelics is based on studies with small sample sizes in predominantly healthy adults. Replication and validation of these findings in larger studies in both normal and disease/pathological states are important. Furthermore, the mechanisms underlying the adverse outcomes observed in nonclinical settings remain to be understood.

The dose-response relationship between psychedelics and their therapeutic effects is not well established. Whether a linear dose-response relationship exists or if there is a narrow therapeutic window has yet to be determined. Additionally, while the therapeutic effects of psychedelics are thought to last up to 6 months following a single exposure, the mechanisms underlying these long-lasting effects remain to be deciphered.





# Adolescent Psychedelic Use and Psychotic or Manic Symptoms

Otto Simonsson, PhD; Miriam A. Mosing, PhD; Walter Osika, MD, PhD; Fredrik Ullén, PhD; Henrik Larsson, PhD; Yi Lu, PhD; Laura W. Wesseldijk, PhD

**IMPORTANCE** While psychedelic-assisted therapy has shown promise in the treatment of certain psychiatric disorders, little is known about the potential risk of psychotic or manic symptoms following naturalistic psychedelic use, especially among adolescents.

**OBJECTIVE** To investigate associations between naturalistic psychedelic use and self-reported psychotic or manic symptoms in adolescents using a genetically informative design.

**DESIGN, SETTING, AND PARTICIPANTS** This study included a large sample of adolescent twins (assessed at age 15, 18, and 24 years) born between July 1992 and December 2005 from the Swedish Twin Registry and cross-sectionally evaluated the associations between past psychedelic use and psychotic or manic symptoms at age 15 years. Individuals were included if they answered questions related to past psychedelic use between October 2022 to November 2023.

Psychedelics produce changes in cognition, perception, and affect. The guidance recognizes that some psychedelics, such as lysergic acid diethylamide (LSD), will be synthesized, and others may be botanical drugs consisting of plant or fungal material, such as psilocybin-producing mushrooms.

**Question** Is there an association between psychedelic use and psychotic or manic symptoms in adolescents?

**Findings** In a cross-sectional study of 16 255 adolescent twins, psychedelic use was significantly associated with lower rates of psychotic symptoms when adjusting for other drug use. Psychedelic use was significantly associated with more manic symptoms for individuals with a higher genetic vulnerability to schizophrenia or bipolar I disorder than for individuals with a lower genetic vulnerability.

TIME



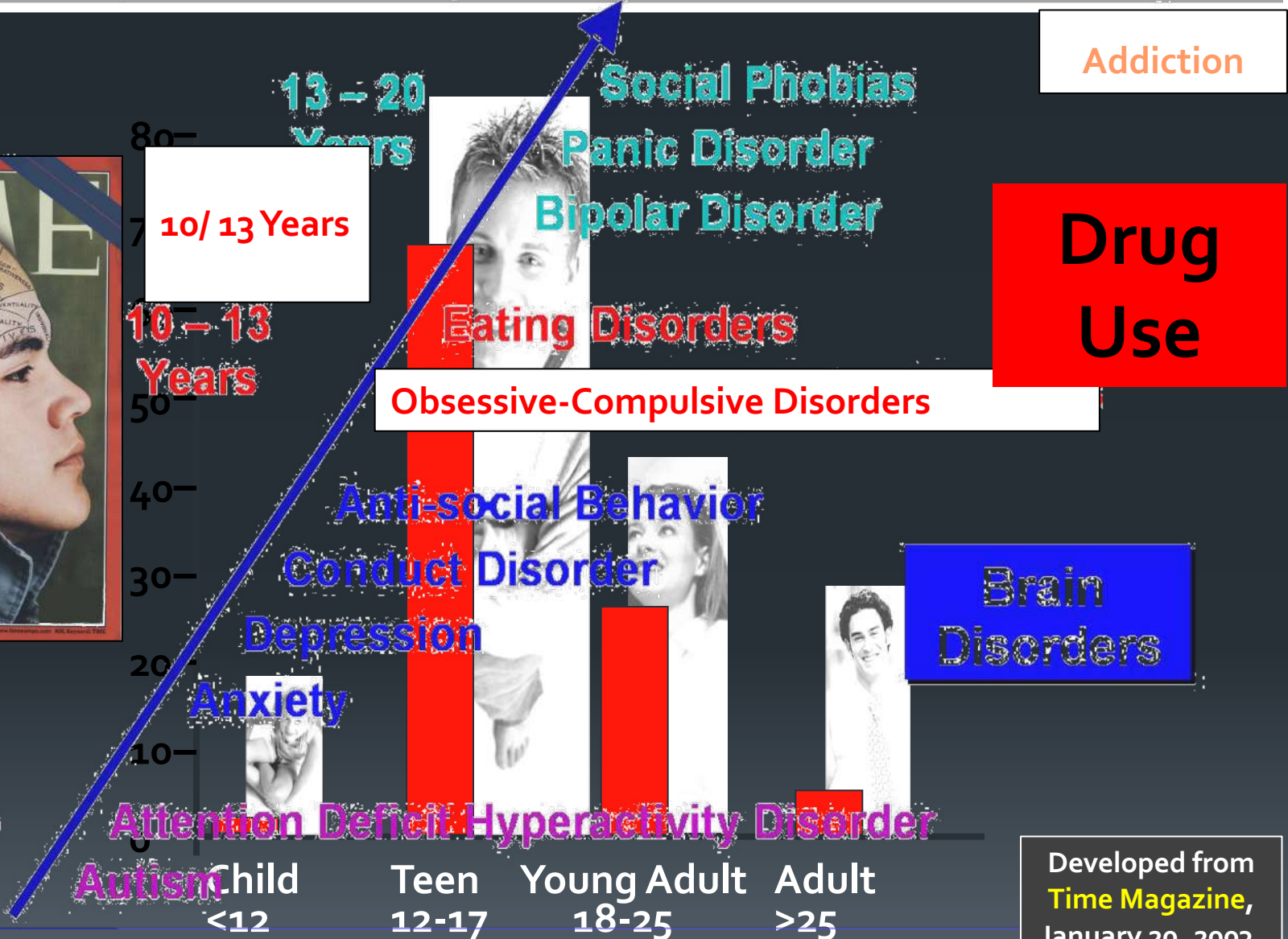
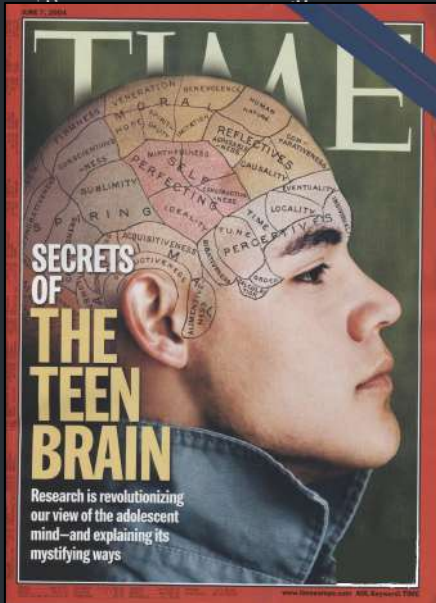
# SMOKING ALARM

As states relax their laws on cannabis, neuroscientist Yasmin Hurd is warning about the drug's dangers for the developing brain.



The opening of the first recreational cannabis dispensary in New York City in December 2022 drew long lines.

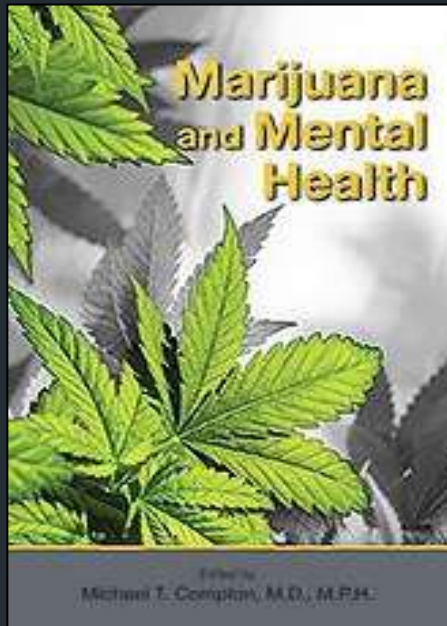
# Age at Which Marijuana Use is First Initiated



Addiction

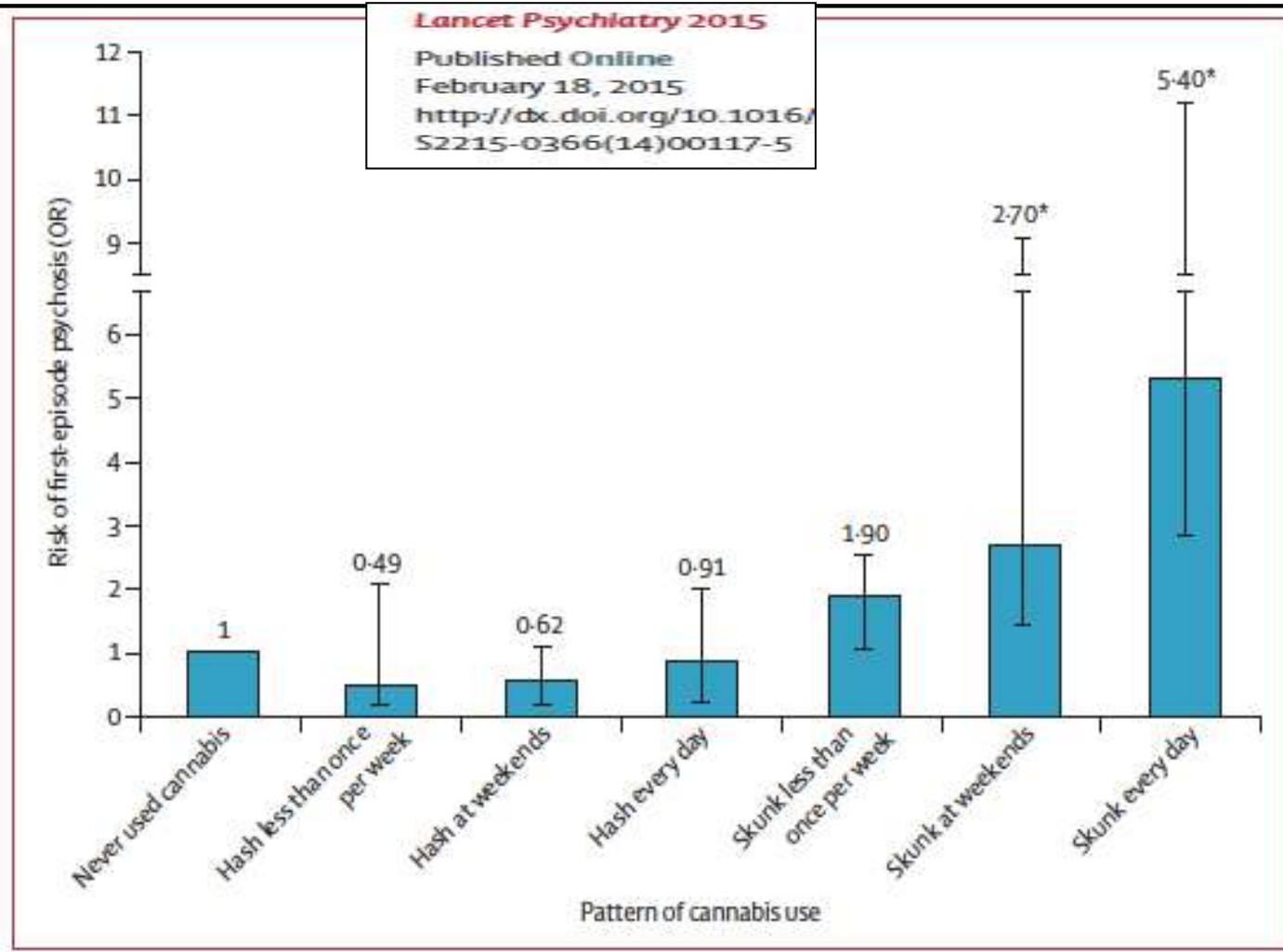
Drug Use

Developed from Time Magazine, January 20, 2003, p. 82



## Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study

Marta Di Forti, Arianna Marconi, Elena Carra, Sara Fraitetta, Antonella Trotta, Matteo Bonomo, Francesca Bianconi, Poonam Gardner-Sood, Jennifer O'Connor, Manuela Russo, Simona A Stilo, Tiago Reis Marques, Valeria Mondelli, Paola Dazzan, Carmine Pariante, Anthony S David, Fiona Gaughran, Zerrin Atakan, Conrad Iyegbe, John Powell, Craig Morgan, Michael Lynskey, Robin M Murray





## Spicing it up - synthetic cannabinoid receptor agonists and psychosis - a systematic review



Melissa Hobbs, Nicola J Kalk, Paul D Morrison, James M Stone  



self-harm, agitation and aggressive behaviour. SCRA use is relatively prevalent in patients with psychosis and may lead to psychotic symptoms in individuals with no past **psychiatric history**. Further

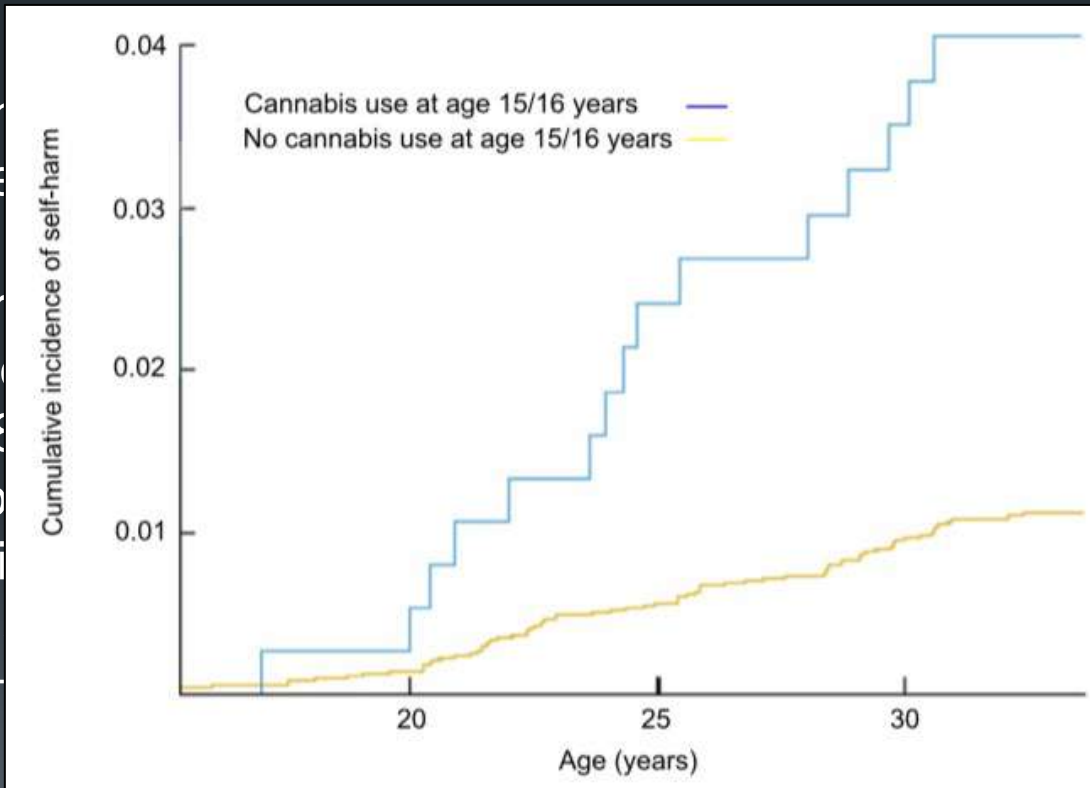
(PANSS). The toxicology reports highlighted the main presenting features as being toxic psychosis and delirium (40%), agitation (10%) and hallucinations (4–7%). The median age was 25 years, and around 80% cases were male. Cross-sectional studies reported that SCRA use was present in approximately 10–13% patients presenting to acute psychiatric services, and was often the cause of their presentation, and that psychotic symptoms were present in 15% patients attending emergency departments following SCRA use.

## Does cannabis use in adolescence predict self-harm or suicide? Results from a Finnish Birth Cohort Study

Alexander Denisoff<sup>3,2</sup> | Solja Niemelä<sup>1,2</sup> | James G. Scott<sup>3,4</sup>  | Caroline L. Salom<sup>5,6</sup> | Emily Hielscher<sup>3,7</sup> | Jouko Miettunen<sup>8,9</sup> | Anni-Emilia Alakokkare<sup>1,9</sup> | Antti Mustonen<sup>8,10,11</sup> 



Longitudinal study of self-harm and suicidal ideation by self-harm did



Between adolescent cannabis register data was used to identify those who had used cannabis at age 15-16 years and self-harm, suicidal ideation, psychiatric disorders, parental psychiatric history were included as confounders. In all, 1,000 adolescents (16.7%) had used cannabis and 377 adolescents (5.7%) had self-harmed in the 20 years. 79 (55.7% male) had suicidal ideation and 22 (90.1% male) had died. Cannabis use was associated with self-harm in a multivariate analysis of cannabis use with suicide analysis (HR 2.60).

**Cannabis use in adolescence may increase risk of self-harm independent of adolescent psychopathology and other substance use**

[Back to table of contents](#)[Previous Article](#)[Next Article](#)

Articles

No Access

## Transition From Substance-Induced Psychosis to Schizophrenia Spectrum Disorder or Bipolar Disorder

Eline B. Rognli , Ph.D., Ina H. Heiberg, Ph.D., Bjarne K. Jacobsen, Ph.D., Anne Høye, M.D., Ph.D., Jørgen G. Bramness, M.D., Ph.D.Published Online: 3 May 2023 | <https://doi.org/10.1176/appi.ajp.22010076>

### Methods:

All patients in the Norwegian Patient Registry with a diagnosis of substance-induced psychosis from 2010 to 2015 were included (N=3,187). The Kaplan-Meier method was used to estimate cumulative transition rates from substance-induced psychosis to either schizophrenia spectrum disorder or bipolar disorder. Cox proportional hazard regression was used to estimate hazard ratios for transitions to schizophrenia spectrum or bipolar disorders associated with gender, age, number of emergency admissions, and type of substance-induced psychosis.

### Results:

The 6-year cumulative transition rate from substance-induced psychosis to schizophrenia spectrum disorder was 27.6% (95% CI=25.6–29.7). For men, the risk of transition was higher among younger individuals and those with either cannabis-induced psychosis or psychosis induced by multiple substances; for both genders, the risk of transition was higher among those with repeated emergency admissions related to substance-induced psychosis. The cumulative transition rate from substance-induced psychosis to bipolar disorder was 4.5% (95% CI=3.6–5.5), and the risk of this transition was higher for women than for men.

# Transition to Schizophrenia Spectrum Disorder Following Emergency Department Visits Due to Substance Use With and Without Psychosis

Daniel T. Myran, MD, MPH<sup>1,2,3,4</sup>; Lyndsay D. Harrison, MSc<sup>1,4</sup>; Michael Pugliese, MSc<sup>3</sup>; et al

[» Author Affiliations](#)

*JAMA Psychiatry.* 2023;80(11):1169-1174. doi:10.1001/jamapsychiatry.2023.3582



**Results** The study included 9 844 497 individuals, aged 14 to 65 years (mean [SD] age, 40.2 [14.7] years; 50.2% female) without a history of psychosis. There were 407 737 individuals with an incident ED visit for substance use, of which 13 784 (3.4%) ED visits were for substance-induced psychosis. Individuals with substance-induced psychosis were at a 163-fold age- and sex-adjusted hazard ratio [aHR], 163.2; 95% CI, 156.1-170.5) increased risk of transitioning, relative to the general population (3-year risk, 18.5% vs 0.1%). Individuals with an ED visit for substance use without psychosis had a lower relative risk of transitioning (aHR, 9.8; 95% CI, 9.5-10.2; 3-year risk, 1.4%), but incurred more than 3 times the absolute number of transitions (9969 vs 3029). Cannabis use had the highest transition risk among visits with psychosis (aHR, 241.6; 95% CI, 225.5-258.9) and the third-highest risk among visits without psychosis (aHR, 14.3; 95% CI, 13.5-15.2). Younger age and male sex were associated with a higher risk of transition, and the risk of male sex was greater in younger compared with older individuals, particularly for cannabis use.

**Conclusions and Relevance** The findings of this cohort study suggest that ED visits for substance use were associated with an increased risk of developing a schizophrenia spectrum disorder. Although substance-induced psychoses had a greater relative transition risk, substance use without psychosis was far more prevalent and resulted in a greater absolute number of transitions. Several factors were associated with higher transition risk, with implications for counseling and early intervention.



# Cannabis use disorder, suicide attempts, and self-harm among adolescents: A national inpatient study across the United States

Adeolu Funso Oladunjoye<sup>1</sup>, Elijah Li<sup>2</sup>, Kammarauche Aneni<sup>3†\*</sup>, Edore Onigu-Otite<sup>1,2†</sup>

PLOS ONE | <https://doi.org/10.1371/journal.pone.0292922> October 17, 2023

**807,105 adolescent hospitalizations were analyzed, of which 6.9% had CUD.** Adolescents with CUD were more likely to be **older (17 years vs. 15 years)**, **female (52% vs. 48%)**, have **depression (44% vs. 17%)**, **anxiety (32% vs. 13%)**, an **eating disorder (1.9% vs. 1.2%)**, **ADHD (16.3% vs. 9.1%)**, **Conduct Disorder (4.1% vs. 1.3%)**, **Alcohol Use Disorder (11.9% vs. 0.8%)**, **Nicotine Use Disorder (31.1% vs. 4.1%)**, **Cocaine Use Disorder (5.4% vs. 0.2%)**, **Stimulant Use Disorder (0.8% vs. 0.4%)** and report **suicide attempts/self-harm (2.8% vs. 0.9%)** [all  $p < 0.001$ ]. After adjusting for potential confounders, CUD was associated with a higher risk of suicide attempts/self-harm (OR = 1.4, 95% CI 1.3–1.6,  $p < 0.001$ ).

**The presence of depression moderated the association between CUD and suicide attempts/self-harm in that adolescents with CUD and depression had 2.4 times the odds of suicide attempt/self-harm compared to those with CUD but no depression ( $p < 0.001$ )**

# Alcohol-Related Deaths Still Climbing

by DENIS STOREY MARCH 1, 2024 AT 1:33 PM UTC



**Clinical relevance: Recent CDC data reveals a 30% spike in alcohol-related deaths between 2017 and 2021, with an estimated 488 Americans dying daily during the darkest days of the pandemic.**

- The increase in deaths coincides with a surge in alcohol sales, reaching \$37.7 billion in 2023, and a rise in emergency room visits due to acute alcohol use.
- Earlier studies focused only on direct alcohol-related deaths, but the latest research includes indirect links such as fatal injuries and alcohol-related cancers.
- Policy recommendations from the CDC suggest implementing evidence-based strategies to reduce alcohol availability and accessibility, increase prices through taxation, and promote electronic screening and brief interventions for alcohol use.





ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Psychiatry Research

journal homepage: [www.elsevier.com/locate/psychres](https://www.elsevier.com/locate/psychres)

Short communication

Alcohol consumption and suicide rate: A cross-sectional analysis in 183 countries

Agnus M. Kim\*



JAMA Network Open

View Article ▶

[JAMA Netw Open](#). 2024 Mar; 7(3): e241941.Published online 2024 Mar 12. doi: [10.1001/jamanetworkopen.2024.1941](https://doi.org/10.1001/jamanetworkopen.2024.1941)

PMCID: PMC10933726

PMID: [38470417](https://pubmed.ncbi.nlm.nih.gov/38470417/)

Sex-Specific Association of Alcohol Use Disorder With Suicide Mortality

A Systematic Review and Meta-Analysis

Shannon Lange, MPH, PhD,<sup>1,2,3,4</sup> Kawon V. Kim, MPH,<sup>1</sup> Aurélie M. Lasserre, MD, PhD,<sup>1,5</sup> Heather Orpana, PhD,<sup>6,7</sup> Courtney Bagge, PhD,<sup>8,9</sup> Michael Roerecke, PhD,<sup>1,2,10</sup> and Jürgen Rehm, PhD<sup>1,2,3,4,10,11,12</sup>

A total of 16 347 unique records were identified in the systematic search; 24 studies were ultimately included for 37 870 699 participants (59.7% male and 40.3% female) (23 risk estimates for male and 17 for female participants). Participants ranged in age from 15 years to 65 years or older. Sex-specific meta-regression models indicated that study design (ie, longitudinal vs cross-sectional study design) affected the observed association between AUD and suicide mortality for both male participants (log odds ratio, 0.68 [95% CI, 0.08-1.28];  $P = .03$ ) and female participants (log odds ratio, 1.41 [95% CI, 0.57-2.24];  $P < .001$ ). For males and females, among longitudinal studies, the pooled odds ratios were 2.68 (95% CI, 1.86-3.87;  $I^2 = 99%$  [n = 14]) and 2.39 (95% CI, 1.50-3.81;  $I^2 = 90%$  [n = 11]), respectively.

The **positive associations between per capita alcohol consumption and the suicide rate were found among males and females** in all income countries. Compared with other environmental factors, controlling alcohol consumption can be feasible and effective for reducing suicides

## **Alcohol use disorder and non-fatal suicide attempt: findings from a Swedish National Cohort Study**

Alexis C. Edwards<sup>1</sup>, Henrik Ohlsson<sup>2</sup>,  
Eve Mościcki,

Casey Crump<sup>3,4</sup>, Jan Sundquist<sup>2,3,4</sup>, Kenneth S. Kendler<sup>1</sup>, Kristina Sundquist<sup>2,3,4</sup>




We used continuously updated longitudinal **nationwide Swedish registry data** on native Swedes born from 1950 to 1970 (n = 2 229 619) and followed from age 15 until 2012.

**AUD was robustly associated with suicide attempt (hazard ratio [HR] = 15.24)**. In models adjusted for sociodemographic factors and psychiatric comorbidity, **the association was attenuated for women**: HRs declined gradually across time, ranging from 5.55 during the observation period (that ranged from age 15 to 19 years) to 1.77 at age 40 or older.

**For men**, the corresponding figures were 6.12 and 1.83; **in contrast to women, risk of suicide attempt among men increased from age 15 to 29 before declining**

# Proximity of alcohol outlets and presentation to hospital by young people after self-harm: A retrospective geospatial study using the integrated data infrastructure

Australian & New Zealand Journal of Psychiatry  
2024, Vol. 58(2) 152–161  
DOI: 10.1177/00048674231203909

Sarah E Hetrick<sup>1,2,3</sup> , Matthew Hobbs<sup>4,5,6</sup>, Sarah Fortune<sup>7</sup> ,  
Lukas Marek<sup>4,5</sup>, Jesse Wiki<sup>8</sup>, Joseph M Boden<sup>9</sup>, Reremoana  
Theodore<sup>10</sup>, Troy Ruhe<sup>11</sup>, Jesse J Kokaua<sup>10,11</sup>, Hiran Thabrew<sup>12</sup>  
Barry Milne<sup>3,13</sup> and Nicholas Bowden<sup>3,14</sup> 

Of the 1,285,368 individuals (10–29-year-olds; mean age 20.0), **0.6% (7944) were admitted to hospital for self-harm.**

Overall, the odds of presenting to hospital for self-harm significantly decreased as the distance from the nearest alcohol outlet increased; the association was robust to changes in the measure of alcohol proximity. The effect direction was consistent across all categorisations of urbanicity, but only statistically significant in large urban areas and rural areas.

The findings of this study show a **clear association between young people's access to alcohol outlets and presentation to hospital for self-harm** and may provide a mandate for government policies and universal interventions to reduce young people's access to alcohol outlets

RESEARCH ARTICLE

Open Access

# Suicidal behaviours among adolescents from 90 countries: a pooled analysis of the global school-based student health survey



Susan C. Campisi<sup>1,2\*</sup>, Bianca Carducci<sup>1,2</sup>, Nadia Akseer<sup>1</sup>, Clare Zasowski<sup>3</sup>, Peter Szatmari<sup>4,5,6</sup> and Zulfiqar A. Bhutta<sup>1,2,7,8</sup>

**Suicide ideation and attempts from 90 countries that administered the Global School-based Student Health Survey (GSHS) to adolescents (13–17 years). The prevalence of suicidal ideation representing 397,299 adolescents (51.3% female) was significantly higher among girls than boys whereas attempts did not differ by age or sex. Being bullied, or having no close friends was associated with suicidal ideation among girls 13–15 years and 16–17 years, respectively. Among all boys, being in a fight and having no close friends was associated with suicidal ideation with the addition of serious injury for boys 13–15 years. Common to all younger adolescents was an association of suicide attempt with being bullied and having had a serious injury. Building positive social relationships appear key to suicide prevention strategies for vulnerable adolescents**

## Is non-suicidal self-injury an “addiction”? A comparison of craving in substance use and non-suicidal self-injury

Sarah Elizabeth Victor, Catherine Rose Glenn, and Elisha David Klonsky\*  
University of British Columbia

**It was found that total craving scores were significantly lower for NSSI than for substances.** Analyses suggested that substances are craved in a variety of contexts, whereas NSSI is typically craved in the context of negative emotions. The pattern of results remained the same when analyses were limited to patients who engaged in both NSSI and substance use. Thus, findings appear to be due to differences in the nature of the behaviors themselves rather than to individual differences between those who engage in NSSI or use substances. We conclude that, while both behaviors have powerful reinforcement contingencies, NSSI appears to be almost exclusively maintained by negative reinforcement (e.g., the reduction of aversive emotions)

Non-suicidal self-injury (NSSI) has become a significant public health issue, especially prevalent among adolescents. The complexity and multifactorial nature of NSSI necessitate a comprehensive understanding of its underlying causal factors. This research leverages the causal discovery methodology to explore these causal associations in children. Analysis identified **nine nodes with direct causal relationships to NSSI, including life satisfaction, depression, sugary beverage consumption, PYD (positive youth development), internet addiction, COVID-19 related PTSD, academic anxiety, sleep duration and family dysfunction**



**frontiers** | Frontiers in Public Health

TYPE Original Research  
PUBLISHED 12 March 2024  
DOI 10.3389/fpubh.2024.1305746

[Check for updates](#)

**OPEN ACCESS**

EDITED BY  
Jorge Plano Simoes,  
University of Twente, Netherlands

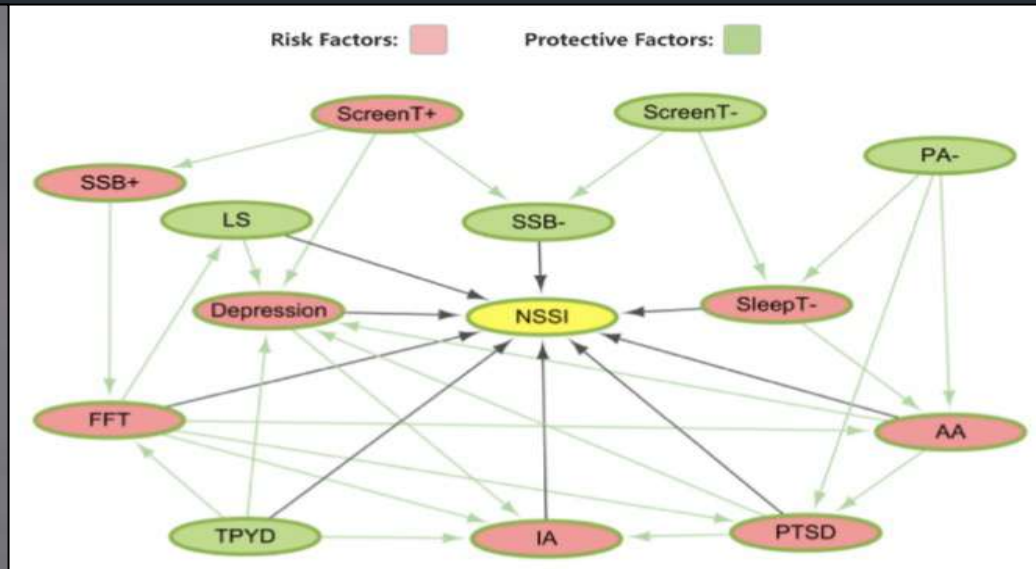
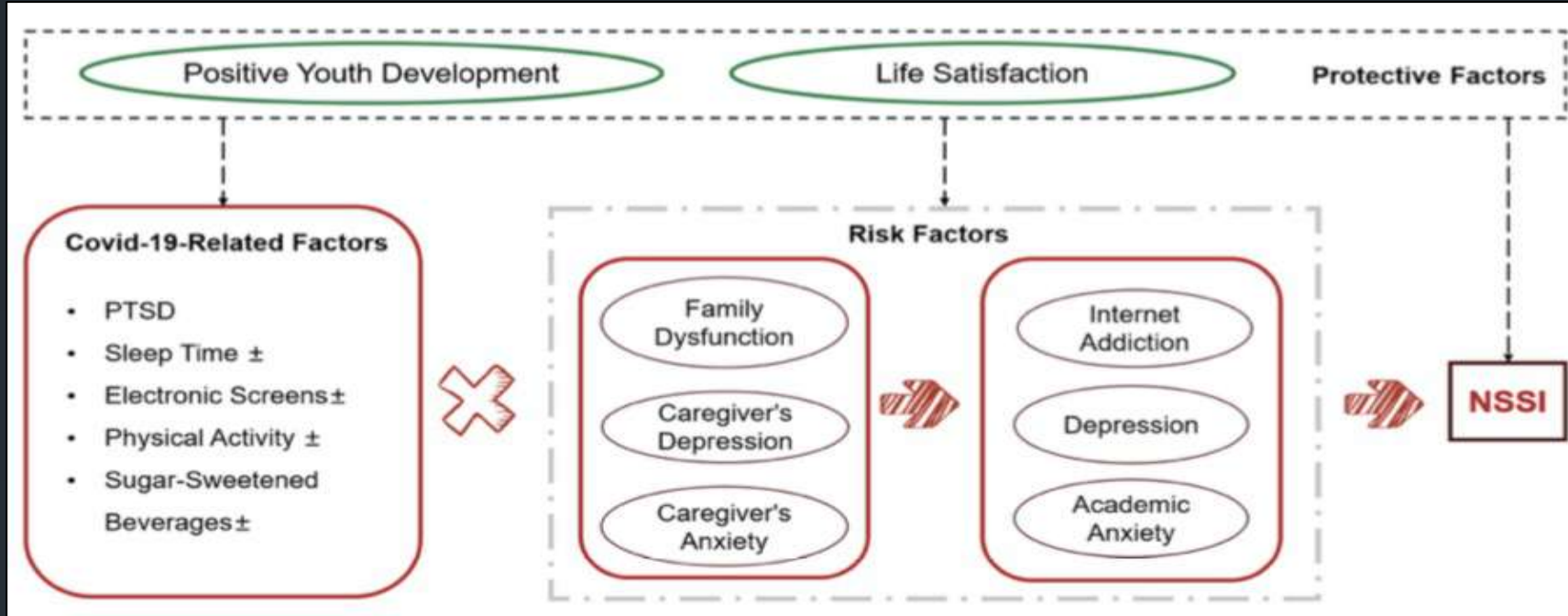
REVIEWED BY  
Paola Longo,  
University of Turin, Italy  
Dan Qiu,  
Central South University, China

\*CORRESPONDENCE

# Factors and pathways of non-suicidal self-injury in children: insights from computational causal analysis

Xinyu Guo<sup>1</sup>, Linna Wang<sup>2</sup>, Zhenchao Li<sup>1</sup>, Ziliang Feng<sup>2</sup>, Li Lu<sup>2\*</sup>, Lihua Jiang<sup>1,3\*</sup> and Li Zhao<sup>1</sup>





# WHAT DO I SEE FIRST?

## DETECT THE CHILDHOOD TRAUMA



WHY DO TEENS SELF-HARM?  
SELF-INJURY  
AWARENESS MONTH



# TAKE TEST

Results of the study, published in the journal *Child and Adolescent Mental Health*, showed that approximately 9 percent of adolescents reported that they had anonymously posted something online about themselves that was mean, while about 5 percent said they had anonymously cyberbullied themselves. With regard to suicidality, about 8 percent of adolescents reported that they had thought seriously about attempting suicide in the past year while 5.3 percent said they had attempted suicide during that time period.

Most pertinent is the finding that those engaged in digital self-harm were between five and seven times more likely to have considered suicide and between nine and 15 times more likely to have attempted to end their life.

# A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: The good, the bad and the unknown

Amanda Marchant<sup>1</sup>, Keith Hawton<sup>2</sup>, Ann Stewart<sup>3</sup>, Paul Montgomery<sup>4</sup>, Vinod Singaravelu<sup>5</sup>, Keith Lloyd<sup>1</sup>, Nicola Purdy<sup>1</sup>, Kate Daine<sup>4</sup>, Ann John<sup>1\*</sup>



Accepted: July 6, 2017

Published: August 16, 2017



Participants were aged under 25 years and the studies focused on a wide range of **internet mediums**: general internet use; internet addiction; online intervention/treatment; social media; dedicated self-harm web-sites; forums; video/image sharing and blogs.

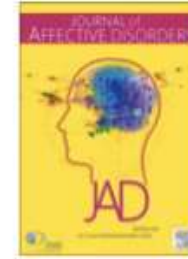
**A relationship between internet use and self-harm/suicidal behaviour was particularly associated with internet addiction, high levels of internet use, and websites with self-harm or suicide content. There is significant potential for harm from online behaviour (normalisation, triggering, competition, contagion) but also the potential to exploit its benefits (crisis support, reduction of social isolation, delivery of therapy, outreach)**



Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)



Research paper

## Problematic internet use and suicidality and self-injurious behaviors in adolescents: Effects of negative affectivity and social support

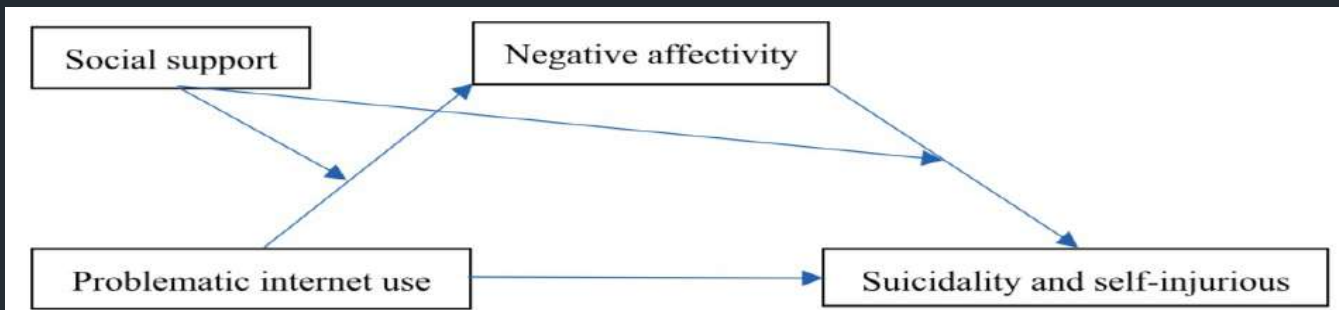


Mingli Liu<sup>a,\*</sup>, Jia Xiao<sup>a</sup>, Kimberly E Kamper-DeMarco<sup>b</sup>, Zaoxia Fu<sup>c</sup>

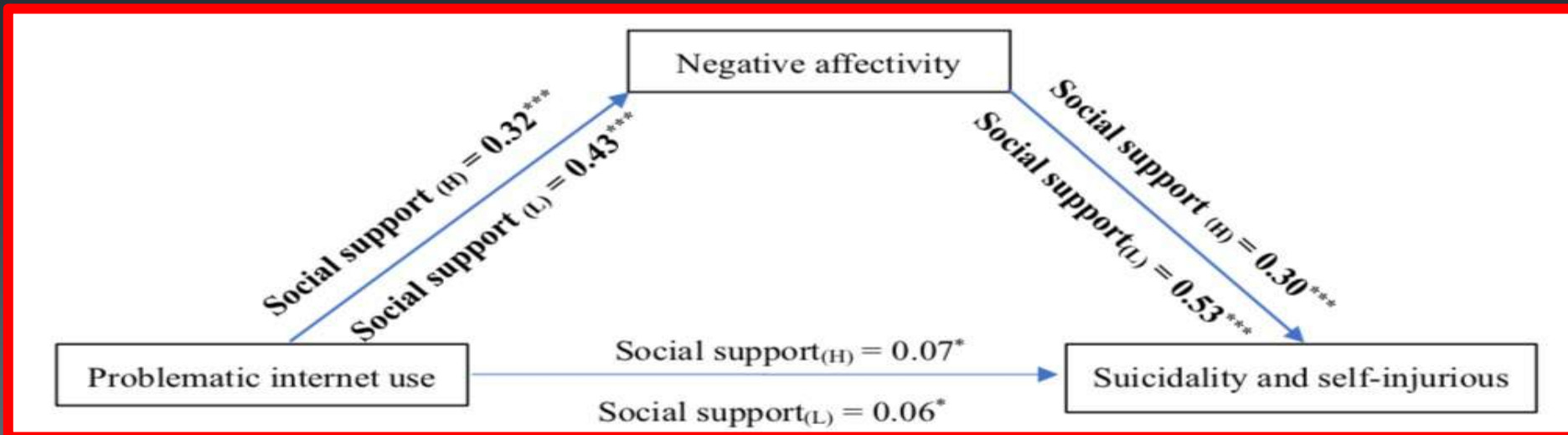
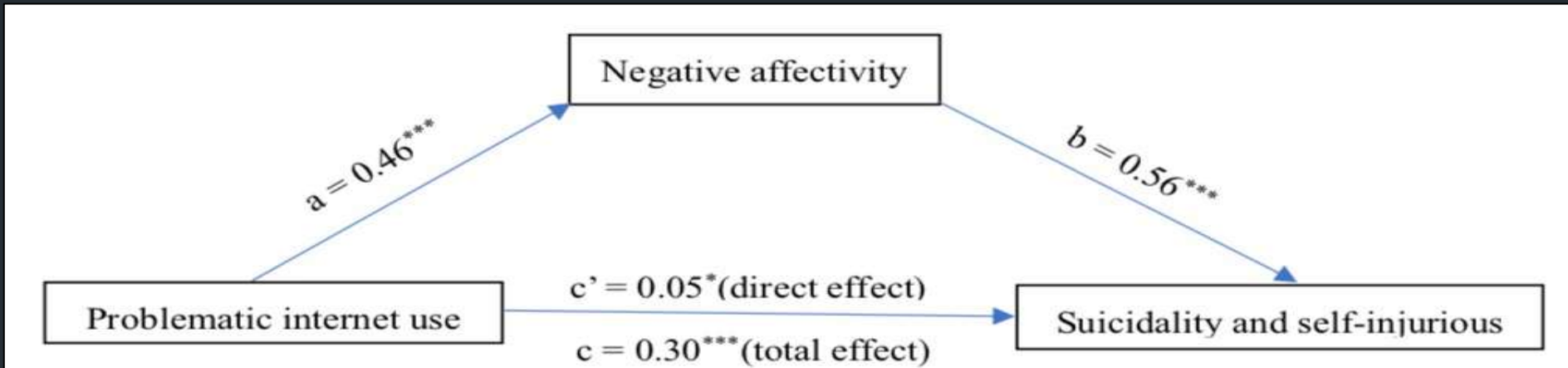
**Background:** Problematic internet use (PIU) has been shown to be closely associated with suicidality and self-injurious behavior (SSIB), but the mechanism to help explain this association is understudied. The aim of the present study is to test mediating effects of negative affectivity between PIU and SSIB and whether social support moderates this mediating effect.

**Methods:** A sample of 2173 middle and high school students ( $M_{age} = 14.66$ ,  $SD_{age} = 1.87$ ) in central China were recruited. All participants completed a self-report questionnaire assessing PIU, SSIB, negative affectivity, and

**Results:** PIU was positively associated with SSIB, and negative affectivity mediated this association ( $\beta = 0.255$ , Boot 95 % CI: 0.219 to 0.296). The indirect effect of negative affectivity was moderated by social support, with a stronger association between PIU and SSIB for adolescents with lower social support ( $\beta = 0.228$ , Boot 95 % CI: 0.178 to 0.282) than their counterparts ( $\beta = 0.098$ , Boot 95 % CI: 0.068 to 0.133).



**Fig. 1.** The hypothesized moderated mediation model.



RESEARCH

Open Access

## Stress and suicide risk among adolescents: the role of problematic internet use, gaming disorder and emotional regulation






Previous studies have associated videogame playing and social media use with suicidal behaviors together with lower stress coping or poor emotion regulation strategies (problematic internet use - PIU, gaming disorder - GD, and emotional regulation - ER). A total of 34.2% of the adolescents (N = 147) were at risk: **30,7% had experienced suicidal ideation at some point in their life, 12.1% had at least one plan to die by suicide, and 5.1% had attempted suicide.** Results confirmed that stress appeared to be a risk factor for suicide, but that its effects were not mediated by PIU. However, ER and GD mediated the effect of stress on SR. **Stress is a main risk factor for suicide, especially among adolescents with poor emotional regulation or problematic gaming.** The results suggest that suicide prevention programs should include emotional regulation strategies, stress coping, and videogaming management skills in the early stages of high school



Article

## Association between Smartphone Addiction and Suicide

Oyuntuya Shinetsetseg<sup>1,2</sup>, Yun Hwa Jung<sup>1,2</sup> , Yu Shin Park<sup>1,2</sup>, Eun-Cheol Park<sup>2,3</sup>  and Suk-Yong Jang<sup>2,4,\*</sup> 

This study included 41,173 **general users of smartphones**, 12,142 **potential-risk users**, and 1633 **high-risk users** from among 54,948 adolescents who were middle-and high-school students.

Adolescents with potentially risky smartphone use showed a higher likelihood of suicidal ideation (OR: 1.50).

Similarly, adolescents with high-risk smartphone use showed a significant risk of suicidal ideation (OR: 2.49) and suicide attempt (OR: 1.87) compared to the adolescents who were general users.

**Results encourage parents and social workers to acknowledge that adolescents' smartphone addiction leads to a higher risk to their mental health, wherein they may engage in suicidal ideation and even resort to a suicide attempt**

## Problematic shopping and self-injurious behaviors in adolescents

NORMAN R. GREENBERG<sup>1</sup>, ZU WEI ZHAI<sup>2,3</sup>, RANI A. HOFF<sup>3</sup>,  
SUCHITRA KRISHNAN-SARIN<sup>3</sup> and  
MARC N. POTENZA<sup>3,4,5,6,7\*</sup> 

Journal of Behavioral  
Addictions

9 (2020) 4, 1068–1078

<sup>1</sup> Yale School of Medicine, New Haven, CT, USA

Self-injurious behaviors (SIBs) and problematic shopping (PS) are both prevalent in adolescents, behavioral addictions linked to impulsivity (Imp) and sensation-seeking (SS). They are also associated with negative mental health and psychosocial measures. **Adolescents with PS had 3.43-fold higher odds of endorsing lifetime SIB than those without PS**, and were more likely to exhibit severe SIB and disruption due to SIB. **PS and SIB were associated with elevated Imp and SS**. PS is strongly related to SIB prevalence, severity, and impairment in adolescents



## Co-occurrence of nonsuicidal self-injury and eating disorder pathology in adolescents

Deborah Lynn Reas PhD<sup>1</sup> | Line Wisting PhD<sup>1</sup> | Camilla Lindvall Dahlgren PhD<sup>1</sup>

### Basic Forms of Self-harm



A total of 1558 Norwegian upper secondary school students completed the Deliberate Self-Harm Inventory and a measure of ED pathology. Adolescents (53.1% F, 46.9% M) were a **mean age of 17.1 years**.

**A higher level of ED pathology was reported (12.1 vs. 5.3,  $p < .001$ ) among adolescents who had a history of NSSI. Significantly higher levels of ED pathology were found among females who reported hitting themselves until bruised, head banging, severe scratching, and burning with a lighter, but not cutting, or the other forms of self-injury.** Of adolescents with a history of NSSI, 60% of females and 15% of males scored above a cutoff for ED pathology

RESEARCH

Open Access



## Is age of self-harm onset associated with increased frequency of non-suicidal self-injury and suicide attempts in adolescent outpatients?



**A lower age of self-harm onset and a longer duration of self-harm were both significantly associated with increased frequency of subsequent episodes of NSSI and risk of a first suicide attempt.**

There was an increase in repeated suicide attempts when the age of onset of self-harm decreased and the duration increased, and dramatically more for long duration of NSSI before first suicide attempt. Initiating self-harm behaviour at the youngest age had the highest risk of increased frequency of NSSI and suicide attempts. Longer duration of self-harm behaviour increased this risk.

This underlines the importance of early identification of self-harm behaviour in adolescents, and the use of effective interventions

REVIEW

## School absenteeism as a risk factor for self-harm and suicidal ideation in children and adolescents: a systematic review and meta-analysis

Sophie Epstein<sup>1,2,3</sup>  · Emmert Roberts<sup>2,4,5</sup> · Rosemary Sedgwick<sup>2,3</sup> · Catherine Polling<sup>1,2,5</sup> · Katie Finning<sup>6</sup> · Tamsin Ford<sup>6</sup> · Rina Dutta<sup>1,2,5</sup> · Johnny Downs<sup>1,2,3</sup>

**Self-harm and suicidal ideation in children and adolescents are common and are risk factors for completed suicide.**

Social exclusion, which can take many forms, increases the risk of self-harm and suicidal ideation. **One important marker of social exclusion in young people is school absenteeism.**

School absenteeism was associated with an increased risk of self-harm [pooled adjusted odds ratio (aOR) 1.37] and of suicidal ideation (pooled aOR 1.20)



## Identifying patterns of substance use and mental health concerns among adolescents in an outpatient mental health program using latent profile analysis

Jillian Halladay<sup>1,4</sup> · Katholiki Georgiades<sup>2,3</sup> · James MacKillop<sup>2,4</sup> · Ellen Lipman<sup>2,3</sup> · Paulo Pires<sup>2,3</sup> · Laura Duncan<sup>2,3</sup>

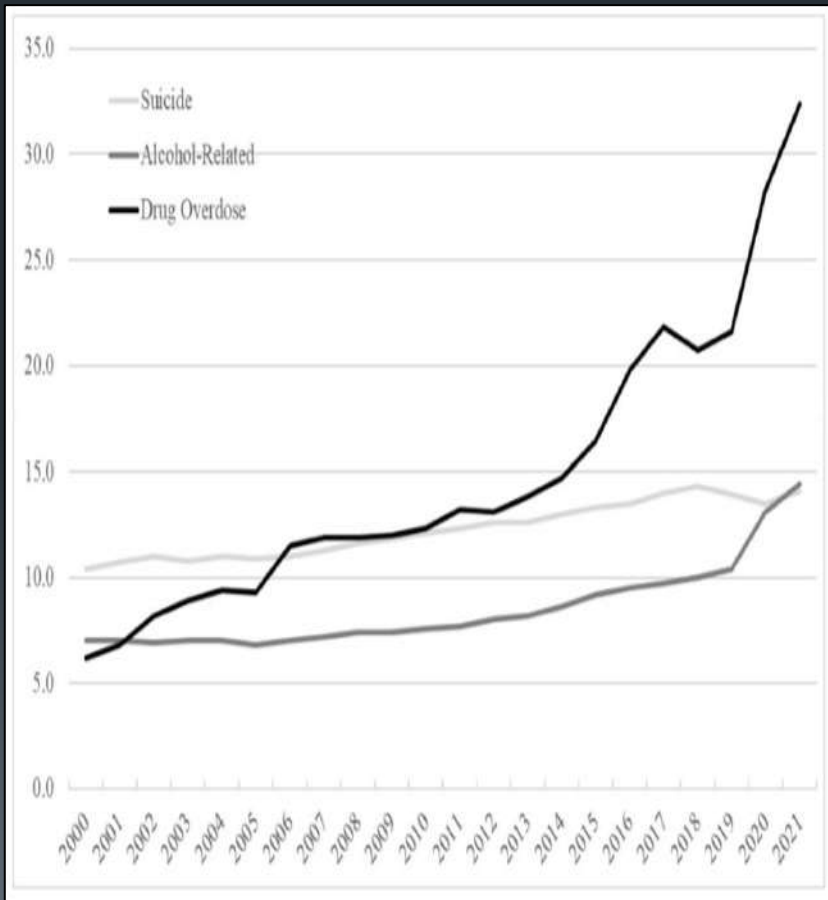
Intake assessments from 916 adolescents attending an outpatient mental health program: patterns of substance use (alcohol, cannabis, (e-) cigarettes) and emotional and behavioral disorder symptoms. **Three profiles** were identified including:

- 1) **low substance use and lower frequency and/or severity, emotional and behavioral disorder symptoms (26.2%)**
- 2) **low substance use with higher emotional and behavioral disorder symptoms (48.2%)**
- 3) **high in both (25.6%)**

**Experiences of trauma, suicide attempts, and thoughts of hurting others increased the odds of adolescents being in the profile high** in both substance use and symptoms compared to other profiles, indicating the importance of assessing and addressing substance use in these settings

## Child and Adolescent Psychopathology and Subsequent Harmful Behaviors Associated with Premature Mortality: A Selective Review and Future Directions

Rachelle A. Yu<sup>1</sup>  · Natalie Goulter<sup>2</sup>  · Jennifer W. Godwin<sup>3</sup>  · Robert J. McMahon<sup>1</sup> 



This study synthesizes evidence on child and adolescent psychopathology and outlines current understanding regarding **harmful behaviors that lead to premature mortality**. Consideration of how developmental **psychopathology may coincide with suicidal ideation and attempts, and harmful alcohol and substance use provides a useful framework** through which to inform both empirical understanding and public health initiatives aimed at prevention and intervention of harmful behaviors

# Emergency department visits for self-harm in adolescents after release of the Netflix series '13 Reasons Why'

*Australian & New Zealand Journal of Psychiatry*  
2022, Vol. 56(11) 1434–1442  
DOI: 10.1177/00048674211065999

Mark Sinyor<sup>1,2</sup> , Emilie Mallia<sup>3</sup>, Claire de Oliveira<sup>3,4,5,6</sup>,  
Ayal Schaffer<sup>1,2</sup>, Thomas Niederkrotenthaler<sup>7</sup> ,  
Juveria Zaheer<sup>2,8</sup>, Rachel Mitchell<sup>1,2</sup>, David Rudoler<sup>5,6,9</sup>  
and Paul Kurdyak<sup>2,3,5,6</sup>

To determine whether the release of the first season of the Netflix series '13 Reasons Why' was associated with changes in emergency department presentations for self-harm. Healthcare utilization databases were used to identify emergency department and outpatient presentations according to age and sex for residents of Ontario, Canada. There was a significant estimated excess of 75 self-harm-related emergency department visits: **+6,4% three months after the serie** above what was predicted; **adolescents aged 10–19 years had 60 excess visits, whereas adults demonstrated no significant change**. Sex-stratified analyses demonstrated that these findings were largely driven by **significant increases in females**. There were no differences in demographic or health service use characteristics between those who presented to ED

# Bullying Victimization and Suicide Attempt Among Adolescents Aged 12–15 Years From 48 Countries

Ai Koyanagi, MD, MSc, PhD, Hans Oh, PhD, Andre F. Carvalho, MD, Lee Smith, PhD, Josep Maria Haro, MD, Davy Vancampfort, PhD, Brendon Stubbs, PhD, Jordan E. DeVylder, PhD

J Am Acad Child Adolesc Psychiatry 2019;58(9):907–918.


**Method:** Data from the Global School-based Student Health Survey were analyzed. Data on past 12-month suicide attempts and past 30-day bullying victimization were collected. Multivariable logistic regression and meta-analysis with random effects were conducted to assess the associations.

**Results:** The final sample consisted of 134,229 adolescents 12 to 15 years of age. The overall prevalences of suicide attempts and bullying victimization were 10.7% and 30.4%, respectively. After adjustment for sex, age, and socioeconomic status, bullying victimization was significantly associated with higher odds for a suicide attempt in 47 of the 48 countries studied, with the pooled odds ratio being 3.06 (95% CI 2.73–3.43). A larger number of days bullied in the past month was dose-dependently associated with higher odds for suicide attempts. The past-year prevalence of suicide attempts ranged from 5.9% for the “no bullying” group up to 32.7% for the “being bullied for 20 to 30 days/month” group (odds ratio 5.51, 95% CI 4.56–6.65).

# Childhood predictors of self-harm, externalised violence and transitioning to dual harm in a cohort of adolescents and young adults

Revised: 13 February 2023  
Accepted: 15 February 2023  
First published online: 31 March 2023

## Original Article

Sarah Steeg<sup>1,2</sup> , Bushra Farooq<sup>3</sup>, Peter Taylor<sup>1,2</sup>, Matina Shafti<sup>1,2</sup>, Becky Mars<sup>4</sup>, Nav Kapur<sup>1,5,6</sup> and Roger T Webb<sup>1,5</sup>

The aetiology of **dual harm (co-occurring self-harm and violence towards others)** is poorly understood because most studies have investigated self-harm and violence separately.

**At age 16 years**, 18.1% of the 4176 cohort members had harmed themselves, 21.1% had engaged in violence towards others and 3.7% reported dual harm.

**At age 22** the equivalent prevalence estimates increased to 24.2, 25.8 and 6.8%, respectively.

**Depression and other mental health difficulties, drug and alcohol use, witnessing self-harm and being a victim of, or witnessing violence were associated with higher risks of transitioning from self-harm or violence at age 16 to dual harm by age 22**



# SEGNALIBRO

1. I problemi di oggi
2. L'epidemiologia e i suoi riscontri
- 3. Motivazione al trattamento, libertà di scelta o trattamenti coattivi**
4. Suggerimenti per l'organizzazione di un progetto-tipo dedicato



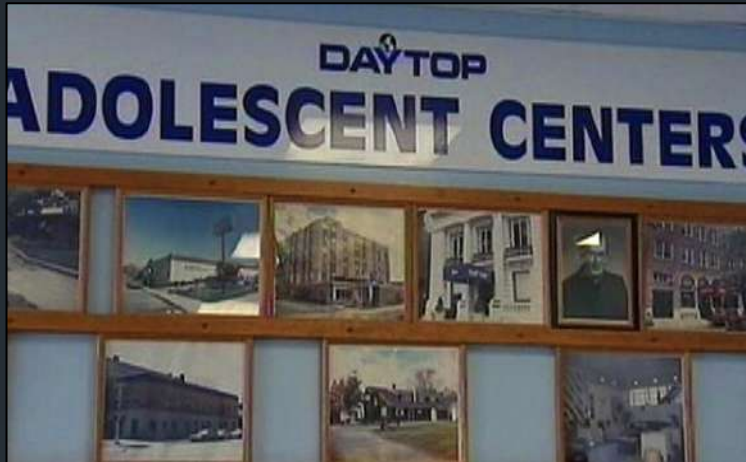
## Estimating treatment coverage for people with substance use disorders: an analysis of data from the World Mental Health Surveys

Louisa Degenhardt<sup>1</sup>, Meyer Glantz<sup>2</sup>, Sara Evans-Lacko<sup>3</sup>, Ekaterina Sadikova<sup>4</sup>, Nancy Sampson<sup>4</sup>, Graham Thornicroft<sup>3</sup>, Sergio Aguilar-Gaxiola<sup>5</sup>, Ali Al-Hamzawi<sup>6</sup>, Jordi Alonso<sup>7</sup>, Laura Helena Andrade<sup>8</sup>, Ronny Bruffaerts<sup>9</sup>, Brendan Bunting<sup>10</sup>, Evelyn J. Bromet<sup>11</sup>, José Miguel Caldas de Almeida<sup>12</sup>, Giovanni de Girolamo<sup>13</sup>, Silvia Florescu<sup>14</sup>, Oye Gureje<sup>15</sup>, Josep Maria Haro<sup>16</sup>, Yueqin Huang<sup>17</sup>, Aimee Karam<sup>18</sup>, Elie G. Karam<sup>18,19</sup>, Andrzej Kiejna<sup>20</sup>, Sing Lee<sup>21</sup>, Jean-Pierre Lepine<sup>22</sup>, Daphna Levinson<sup>23</sup>, Maria Elena Medina-Mora<sup>24</sup>, Yosikazu Nakamura<sup>25</sup>, Fernando Navarro-Mateu<sup>26</sup>, Beth-Ellen Pennell<sup>27</sup>, José Posada-Villa<sup>28</sup>, Kate Scott<sup>29</sup>, Dan J. Stein<sup>30</sup>, Margreet ten Have<sup>31</sup>, Yolanda Torres<sup>32</sup>, Zahari Zarkov<sup>33</sup>, Somnath Chatterji<sup>34</sup>, Ronald C. Kessler<sup>4</sup>, on behalf of the World Health Organization's World Mental Health Surveys collaborators\*

*Substance use is a major cause of disability globally. This has been recognized in the recent United Nations Sustainable Development Goals (SDGs), in which treatment coverage for substance use disorders is identified as one of the indicators. There have been no estimates of this treatment coverage cross-nationally, making it difficult to know what is the baseline for that SDG target. Here we report data from the World Health Organization (WHO)'s World Mental Health Surveys (WMHS), based on representative community household surveys in 26 countries. We assessed the 12-month prevalence of substance use disorders (alcohol or drug abuse/dependence); the proportion of people with these disorders who were aware that they needed treatment and who wished to receive care; the proportion of those seeking care who received it; and the proportion of such treatment that met minimal standards for treatment quality ("minimally adequate treatment"). Among the 70,880 participants, 2.6% met 12-month criteria for substance use disorders; the prevalence was higher in upper-middle income (3.3%) than in high-income (2.6%) and low/lower-middle income (2.0%) countries. Overall, 39.1% of those with 12-month substance use disorders recognized a treatment need; this recognition was more common in high-income (43.1%) than in upper-middle (35.6%) and low/lower-middle income (31.5%) countries. Among those who recognized treatment need, 61.3% made at least one visit to a service provider, and 29.5% of the latter received minimally adequate treatment exposure (35.3% in high, 20.3% in upper-middle, and 8.6% in low/lower-middle income countries). Overall, only 7.1% of those with past-year substance use disorders received minimally adequate treatment: 10.3% in high income, 4.3% in upper-middle income and 1.0% in low/lower-middle income countries. These data suggest that only a small minority of people with substance use disorders receive even minimally adequate treatment. At least three barriers are involved: awareness/perceived treatment need, accessing treatment once a need is recognized, and compliance (on the part of both provider and client) to obtain adequate treatment. Various factors are likely to be involved in each of these three barriers, all of which need to be addressed to improve treatment coverage of substance use disorders. These data provide a baseline for the global monitoring of progress of treatment coverage for these disorders as an indicator within the SDGs.*

54 West 40th Street | Daytop Village

The Real Deal



The World's Largest & Most Trusted Resource for Rehab Reviews

**You Can't Do It Alone**

*The Daytop Way to Make Your Child Drug Free*

Daytop is America's oldest and most successful drug-free treatment program:

- 88% still drug free after five years
- More than 75,000 young lives saved
- Stresses family responsibility and love

Monsignor William B. O'Brien and Ellis Henican



# Should People with Drug Addictions Be Forced Into Rehab?

Mandatory drug treatment programs are on the rise. But can a person truly recover when forced into treatment?



## Conclusion

Long-term compulsory treatment appeared to have helped improve clinical and functional outcomes in a substantial proportion (42%) of previously severely dysfunctional, treatment-resistant dual-diagnosis patients, who could then be discharged to a less restrictive and less supportive environment. However, risk-to-self increased in a similar proportion. A smaller number of patients (16%) showed marked oppositional behaviour and needed a higher level of care and protection in another facility.

BMC Psychiatry



BMC Psychiatry. 2019; 19: 270.

PMCID: PMC6724243

Published online 2019 Sep 3. doi: [10.1186/s12888-019-2254-9](https://doi.org/10.1186/s12888-019-2254-9)

PMID: [31481048](https://pubmed.ncbi.nlm.nih.gov/31481048/)

Clinical effects and treatment outcomes of long-term compulsory in-patient treatment of treatment-resistant patients with severe mental illness and substance-use disorder

G. D. van Kranenburg,<sup>1</sup> R. H. S. van den Brink,<sup>2</sup> W. G. Mulder,<sup>3</sup> W. J. Diekman,<sup>4</sup> G. H. M. Pijnenborg,<sup>5</sup> and C. L. Mulder<sup>6</sup>

Author information Article notes Copyright and License information [Disclaimer](#)



Contents lists available at ScienceDirect

## Journal of Substance Abuse Treatment

journal homepage: [www.elsevier.com/locate/jsat](http://www.elsevier.com/locate/jsat)

### Women with a substance use disorder: Treatment completion, pregnancy, and compulsory treatment

Wesley T. Smith

#### Civil Commitment for Substance Abuse by Pregnant Women? A View from the Front Lines

Over the last several decades, substance use treatment programs has focused on the unique and differential outcomes of male and female illicit substance users. Research less frequently examines the unique individual and contextual factors that may influence treatment outcomes. One such population that merits special consideration is pregnant women, as substance use within this population has deleterious effects for both the women and their unborn children. The current study employs propensity score matching to determine if pregnancy and referral source to treatment affect treatment program outcomes. Findings suggest that pregnant women, compared to similarly situated nonpregnant women, are significantly less likely to complete substance use treatment; however, pregnant women who were referred to treatment by the criminal justice system were significantly more likely to complete treatment than those who entered treatment by other referral sources.

What criteria does an offender have to meet for court-ordered rehab?

- 1 The crime was nonviolent.
- 2 The offense was either a direct or indirect result of drug or alcohol dependence.
- 3 The court believes that the offender would benefit from rehab.
- 4 The individual qualifies for a probationary sentence.

# SEGNALIBRO

1. I problemi di oggi
2. L'epidemiologia e i suoi riscontri
3. Motivazione al trattamento, libertà di scelta o trattamenti coattivi
- 4. Suggerimenti per l'organizzazione di un progetto-tipo dedicato**

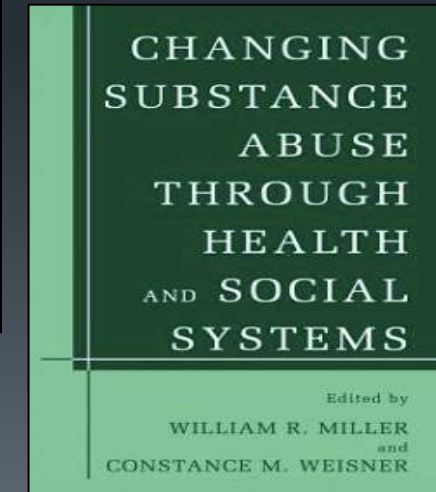
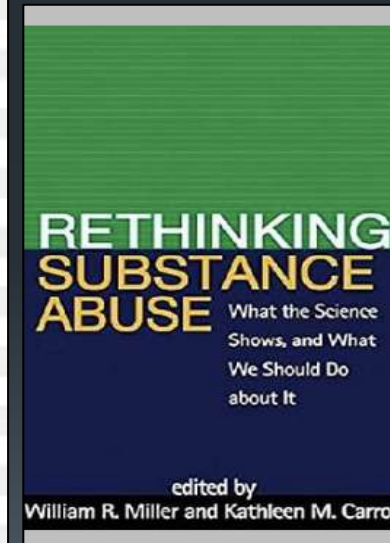


REVIEW ARTICLE OPEN

# Addictive and other mental disorders: a call for a standardized definition of dual disorders

Nestor Szerman<sup>1,2</sup>, Marta Torrens<sup>3</sup>, Rafael Maldonado<sup>4,5</sup>, Yatan Pal Singh Balhara<sup>6</sup>, Caroline Salom<sup>7,8,9</sup>, Leo Sher<sup>11,12,13</sup>, Javier Didia-Attas<sup>2,14</sup>, Jun Chen<sup>15</sup>, Ruben Baler<sup>16</sup> and World Association on Dual Disorders

© The Author(s) 2022

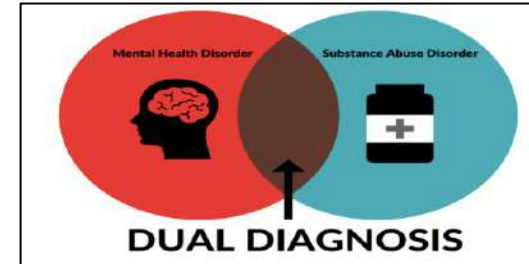


## Association between alcohol and substance use disorders and psychiatric service use in patients with severe mental illness: a nationwide Danish register-based cohort study.

Jørgensen KB<sup>1</sup>, Nordentoft M<sup>1</sup>, Hjorthøj C<sup>1</sup>.

### Author information

<sup>1</sup> Copenhagen University Hospital, Mental Health Center Copenhagen, Copenhagen, Denmark.



### Abstract

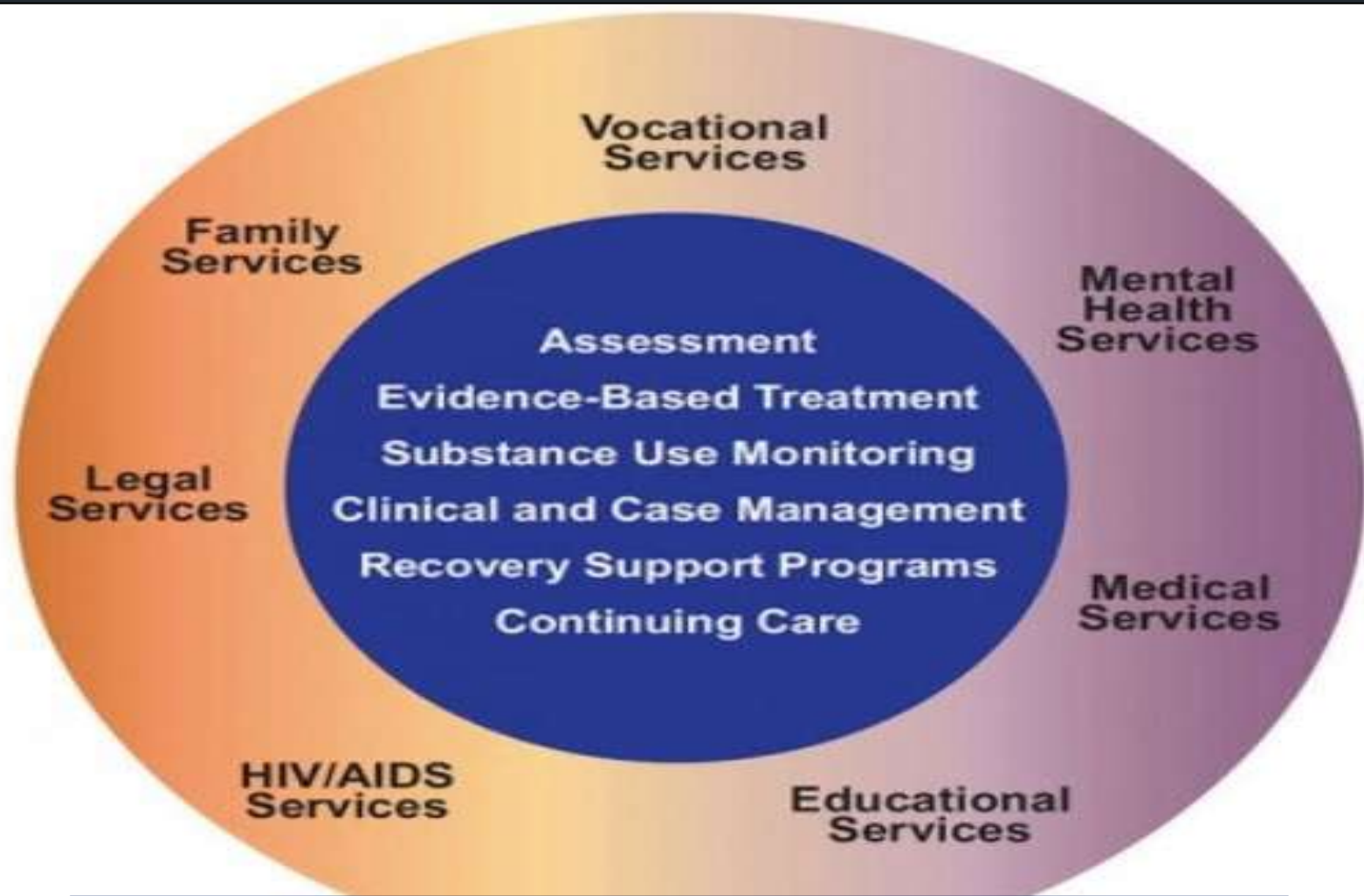
**BACKGROUND:** Substance use disorder is highly prevalent in people with psychiatric disorders, and known to impede the psychiatric treatment. Some studies show increased rates of service use, while others show a decrease. These conflicting results are further hampered by a lack of large-scale studies. The aim of this study was to investigate the association between substance use disorder and psychiatric service use in psychiatric patients.

**METHODS:** The study was a prospective registry-based cohort study including patients with severe mental illness. The primary outcome was the number of hospitalisations, bed days and the number of psychiatric emergency department contacts. The association was calculated with incidence rate ratio with 95% confidence intervals.

**RESULTS:** The study included all psychiatric patients born since 1955. In total, 21 558 patients with schizophrenia (47.54% with substance use disorder), 80 778 patients with depression (28.78% with substance use disorder), 10 560 patients with bipolar affective disorder (40.08% with substance use disorder) and 69 252 patients with a personality disorder (39.18% with substance use disorder) were included. Patients with comorbid substance use disorder had significantly increased rates of hospitalisations, bed days and psychiatric emergency department contacts ( $p < 0.001$ ) for the majority of the included substances, compared with patients without such disorders.

**CONCLUSION:** Substance use disorder was associated with an increased number of hospitalisations, bed days and increased number of psychiatric emergency department contacts for the majority of the included substances.





**National Institute on Drug Abuse**  
*Advancing Addiction Science*

*NIDA*

The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

# PREVENTION

Preventive interventions work by **mitigating risk factors** (e.g., deviant behavior, drug using peers, social neglect) and **enhancing protective factors** (e.g., parental support, education): they can be implemented in family, school or health care contexts, as well as other community settings. **Based on the risk level of the target population, they are classified as universal, selective or indicated**

The effects of universal schoolbased prevention programs are generally modest. **The evidence base for substance use prevention delivered outside of school settings is limited**

## Approaches

Approaches for promotion and prevention in mental health can be broadly classified as universal, targeted or indicated, as described in Figure 4.1.



Universal	Targeted	Indicated
All adolescents†	Adolescents with known risk factors	Adolescents with symptoms of mental health

The effects of universal schoolbased prevention programs are generally modest. **The evidence base for substance use prevention delivered outside of school settings is limited**

Prevention interventions can also be delivered via digital media, such as videogames developed primarily for educational purposes. Digital interventions have the advantage of not requiring onsite trained prevention specialists. The portability of digital interventions also allow for their delivery in other settings, such as the home or community. Mobile health interventions, such as smartphone applications and text messaging, are commonly used to target a wide range of health behaviors in adults and represent a rapidly growing area

**Table 6** Prevention strategies for substance use disorders

Modifiable risk factor	Interventions
Impulsivity	Self-regulation training
Poor social skills	Social skills training
Exposure to stress	Stress resilience training
Insufficient parental supervision	Parenting skills training
Low self-confidence	Educational interventions; tutoring
Early substance use	Early prevention interventions
High drug availability	Supply reduction policies; community policing
Misperceptions of drug use norms	Norms training
Peer substance use	Refusal skills training
Permissive drug culture	Community-level interventions
Poverty	Jobs training; community-building interventions



# Suicide Warning Signs



## TALK

Experiencing unbearable pain

Being a burden to others

Killing themselves

Feeling trapped

Having no reason to live



## BEHAVIOR

Increased use of alcohol or drugs

Withdrawing from activities

Giving away prized possessions

Isolating from friends & family

Looking for a way to kill themselves, such as searching online for materials or means

Sleeping too little or too much

Visiting or calling people to say goodbye

Acting recklessly

Aggression



## MOOD

Depression

Loss of interest

Irritability

Anxiety

Humiliation

Rage



**American  
Foundation  
for Suicide  
Prevention**

[afsp.org/signs](https://afsp.org/signs)

Type of Intervention

Population

Recommendations (in *italic*) and key considerations

**Pregnant adolescents and adolescent caregivers**

*Psychosocial interventions should be considered for pregnant adolescents and adolescent parents, particularly to promote positive mental health (mental functioning and mental well-being) and improve school attendance.*

Cognitive behavioural skills-building programmes may be considered for pregnant adolescents and adolescent mothers (6).

**Indicated prevention**

**Adolescents with emotional problems**

*Indicated psychosocial interventions should be provided for adolescents with emotional symptoms.*

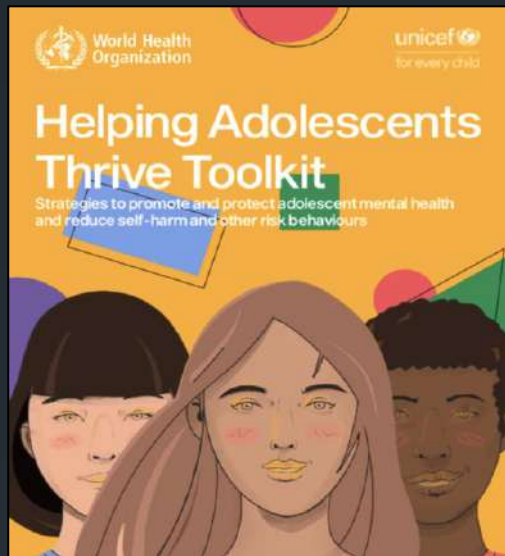
Group-based CBT may be considered for adolescents with emotional symptoms (7).

**Adolescents with disruptive/ oppositional behaviours**

*Indicated psychosocial interventions should be provided for adolescents with disruptive/oppositional behaviours.*

Effective psychosocial interventions for adolescents at risk of, or diagnosed with conduct disorder, often include: training for caregivers; and social, cognitive, problem-solving and interpersonal skills training for the adolescents. They may also include multimodal interventions based on a social learning model for adolescents and their caregivers (8).





# Actions: The HAT strategies and cross-cutting activities

Strategy 1  
Policies and laws

Strategy 2  
Environments to promote and protect adolescent mental health

Strategy 3  
Caregiver support

Strategy 4  
Adolescent psychosocial

## Self-harm cycle



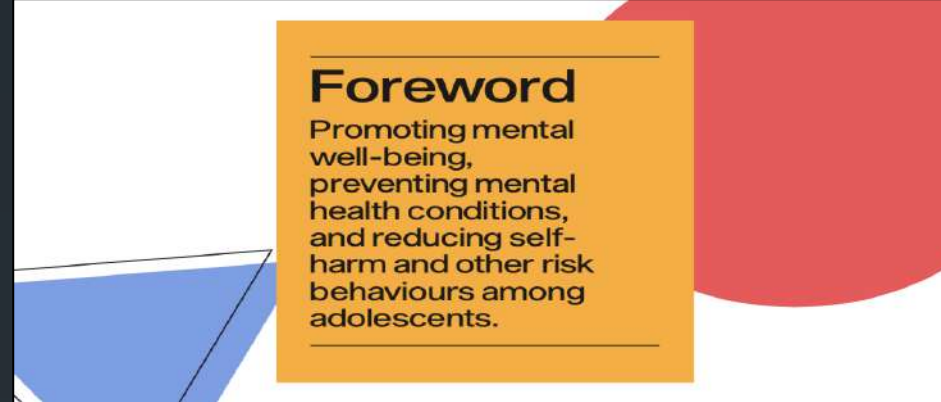
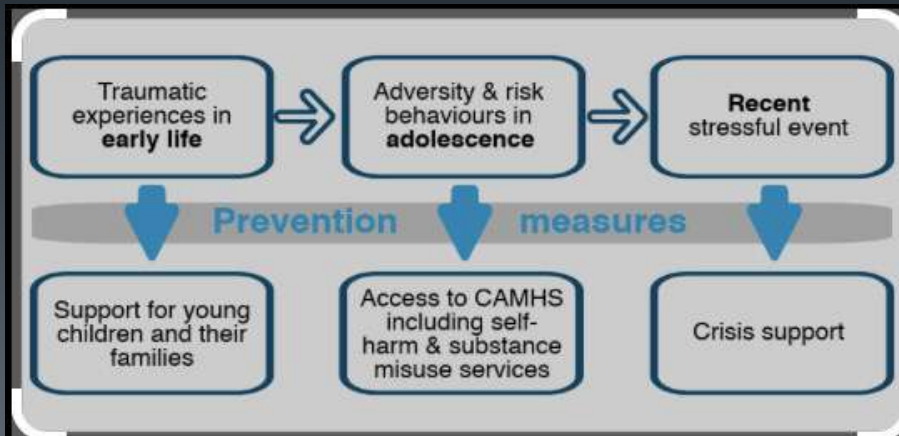


### Strategy 1

Implementation and enforcement of policies and laws provides guidance on, and examples of, laws and policy provisions to improve adolescent mental health outcomes, embracing a whole-of-government and whole-of-society approach.

### Strategy 2

Environments to promote and protect adolescent mental health focuses on actions to improve the quality of environments in schools, communities and digital spaces. This strategy seeks to enhance adolescents' physical and social environments, where indicated, through a range of evidence-based activities such as school climate interventions, adolescent safe spaces in communities, and teacher training.



### Strategy 3

Caregiver support refers to interventions to: build caregivers' knowledge and skills for promoting adolescents' mental health; strengthen caregivers' and adolescents' relationships; and support caregivers' own mental health and well-being.

### Strategy 4

Adolescent psychosocial interventions focuses on evidence-based psychosocial interventions for universal, targeted and indicated promotion and mental health prevention.




# Prof.ssa Laura Muzi

Ricercatrice in Psicologia  
Università degli Studi di Perugia

[laura.muzi@unipg.it](mailto:laura.muzi@unipg.it)

## **I DISTURBI ALIMENTARI, RUOLO DELLE FAMIGLIE NELL'ESORDIO IN ADOLESCENZA.**





# Itinerari storici



Abbuffate e condotte compensatorie nell'antica Roma



Anorexia mirabilis (Holy Anorexia) Santa Caterina da Siena



Miss A. (Gull, 1874)

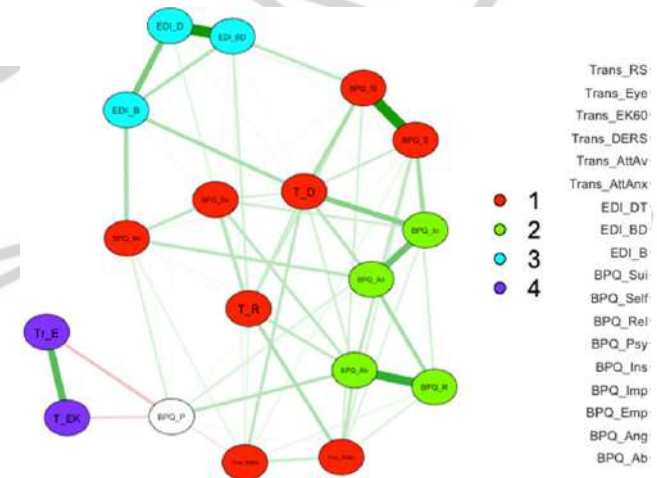
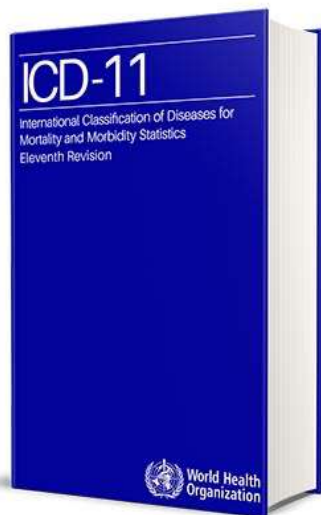
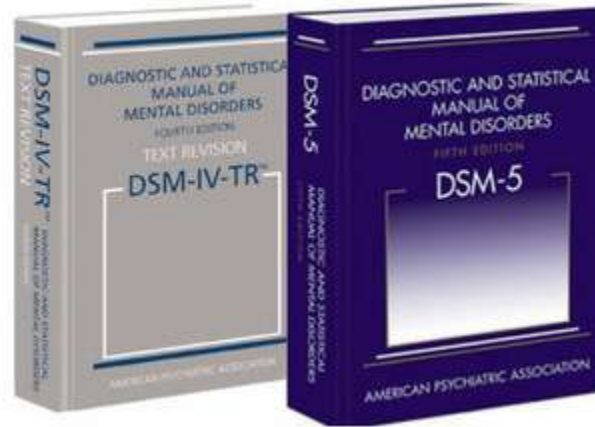


Russell (1979) e DSM-III (1980)

«Epidemia» contemporanea



# Itinerari diagnostici



# Quando la sofferenza parla attraverso il corpo: Definizione dei disturbi della nutrizione e dell'alimentazione

Disturbi  
dell'immagine del  
corpo

Alterazioni dello  
schema corporeo

Distorsioni  
percettive delle  
forme corporee

«Osessione per la  
vergogna del corpo»



**Definizione generale del DSM-5-TR:** «I disturbi della nutrizione e dell'alimentazione sono caratterizzati da un persistente disturbo dell'alimentazione oppure da comportamenti inerenti l'alimentazione che hanno come risultato un alterato consumo o assorbimento di cibo e che compromettono significativamente la salute fisica o il funzionamento psicosociale»

- Diverse forme e categorie diagnostiche, ma una cosa le accumuna tutte: il sintomo alimentare osservabile è spesso la punta dell'iceberg di problematiche psicologiche più profonde
- Aspetto centrale è il vissuto rispetto al proprio corpo: spesso gli individui con disturbi alimentari mostrano un'incapacità di differenziare ciò che è mentale da ciò che è corporeo, quindi di articolare in parole il proprio malessere → «Le parole muoiono, i corpi parlano» (Wooldridge, 2018)

# Premesse

## DSM-IV-TR

### Disturbi alimentari

- Anoressia Nervosa (AN)
- Bulimia Nervosa (BN)
- Disturbi alimentari non altrimenti specificati (NAS)

+ Nella **Sezione dei disturbi solitamente diagnosticati in infanzia, fanciullezza e adolescenza**: pica, disturbo da ruminazione, disturbo della nutrizione dell'infanzia e della prima fanciullezza



## DSM-5-TR

### Disturbi della nutrizione e dell'alimentazione

- Pica
- Disturbo da ruminazione
- Disturbo evitante/restrittivo dell'assunzione di cibo
- Anoressia nervosa (AN)
- Bulimia nervosa (BN)
- Disturbo da binge-eating (BED)
- DNA con altra specificazione e senza specificazione

Numerosi limiti delle classificazioni nosografiche contemporanee: le **categorie residuali** risultano includere dal 25 al 60% della popolazione di pazienti con DNA; «**viraggio diagnostico**» da una sindrome all'altra nel corso del tempo → una scarsa stabilità temporale; specificatori DSM-5-TR non correlati alla gravità del disturbo; alti tassi di **comorbidità** con sindromi cliniche e soprattutto con i disturbi di personalità

# Le diverse diagnosi DNA secondo il DSM-5-TR

## Anoressia Nervosa (AN)

- (1) Persistente **restrizione** nell'assunzione di calorie e un **peso corporeo al di sotto del minimo normale**
- (2) Intensa **paura di aumentare di peso o di diventare grassi**, oppure un comportamento persistente che interferisce con l'aumento di peso, non alleviati dall'effettiva perdita di peso;
- (3) Significativa **alterazione nella percezione e nell'immagine di sé** relativa al peso e alla forma del corpo
- (4) **Sottotipi** → con restrizioni: dieta, il digiuno e/o l'attività fisica eccessiva; con abbuffate/condotte di eliminazione: ricorrenti abbuffate o condotte di eliminazione

## Bulimia Nervosa (BN)

- (1) Ricorrenti **episodi di abbuffata** (mangiare, in un determinato periodo di tempo, una quantità di cibo significativamente maggiore di quella che la maggior parte degli individui assumerebbe nello stesso tempo e circostanze; sensazione di perdere il controllo);
- (2) Ricorrenti e inappropriate **condotte compensatorie**
- (3) Almeno 1 volta alla settimana per 3 mesi.
- (4) I livelli di **autostima** sono indebitamente influenzati dalla forma e dal peso del corpo
- (5) La **gravità attuale** viene definita in base alla frequenza di condotte compensatorie inappropriate

## Disturbo da Binge Eating (BED)

- (1) Ricorrenti **episodi di abbuffata** (vedi bulimia)
- (2) Gli episodi di abbuffata sono **associati** a tre o più dei seguenti aspetti:
  1. Mangiare molto più rapidamente del normale;
  2. Mangiare fino a sentirsi sgradevolmente pieni;
  3. Mangiare grandi quantitativi di cibo anche se non ci si sente affamati;
  4. Mangiare da soli a causa dell'imbarazzo per quanto si sta mangiando;
  5. Sentirsi disgustati verso se stessi, depressi o molto in colpa dopo l'episodio.
- (3) Almeno 1 volta/settimana per 3 mesi;
- (4) L'abbuffata **non è associata a condotte compensatorie** inappropriate

# Le diverse diagnosi DNA secondo il DSM-5-TR

## Disturbo evitante/restrittivo dell'assunzione di cibo (ARFID)

- (1) Persistente **incapacità di soddisfare le appropriate necessità nutrizionali e/o energetiche**, associato a uno (o più) dei seguenti aspetti:
  1. Significativa perdita di peso (o mancato raggiungimento dell'aumento ponderale previsto oppure una crescita discontinua nei bambini).
  2. Significativo deficit nutrizionale.
  3. Dipendenza dall'alimentazione parenterale oppure da supplementi nutrizionali orali.
  4. Marcata interferenza con il funzionamento psicosociale.
- (2) Il disturbo **non** è meglio spiegato da una **mancata disponibilità** di cibo o da una pratica associata culturalmente stabilita.
- (3) **Non** vi è alcuna evidenza di un disturbo nel modo in cui vengono vissuti **il peso o la forma del proprio corpo**

## Disturbo della nutrizione e dell'alimentazione con altra specificazione

- (1) **Anoressia nervosa atipica**: in cui sono soddisfatti tutti i criteri per l'anoressia con l'eccezione del peso all'interno o al di sopra del range di normalità;
- (2) **Bulimia nervosa a bassa frequenza e/o di durata limitata**: abbuffate e le condotte compensatorie inappropriate si verificano meno di 1 volta alla settimana e/o per meno di 3 mesi;
- (3) **Disturbo da binge-eating a bassa frequenza e/o di durata limitata**: abbuffate si verificano meno di 1 volta alla settimana e/o per meno di 3 mesi;
- (4) **Disturbo da condotta di eliminazione**: presenti ricorrenti condotte di eliminazione per influenzare il peso o la forma del corpo in assenza di abbuffate;
- (5) **Sindrome da alimentazione notturna**: in cui sono presenti ricorrenti episodi di alimentazione notturna (che si manifestano solitamente in seguito a risveglio notturno) oppure con l'eccessivo consumo di cibo dopo il pasto serale, con ricordo e consapevolezza del consumo di cibo.

# Forme «non diagnostiche» emergenti

## Ortoressia Nervosa

- (1) Focalizzazione e preoccupazione ossessiva e pervasiva sul «cibo sano»
- (2) Come disturbo ossessivo compulsivo, desiderio di controllo ancorato al cibo e alla purezza degli alimenti
- (3) Come DNA, sembra parzialmente correlato alle altre forme più note, da cui differisce sicuramente per la focalizzazione che riguarda la qualità e non la quantità del cibo
- (4) Spesso comporta pensieri ossessivi, comportamenti compulsivi, autopunizione, progressive restrizioni, senso di colpa, disgusto, e svalutazione di sé.
- (5) Secondo Dunn e colleghi (2016), un aspetto «diagnostico» rilevante è che l'immagine corporea, l'autostima, l'identità e la soddisfazione dipendono eccessivamente dai comportamenti alimentari sani → Ha inevitabilmente a che fare con sensazioni, emozioni e pensieri che compongono la visione del proprio corpo

## Obesità

- (1) Nel DSM-5-TR non è inclusa come un disturbo mentale → risultato di un introito di calorie continuato nel tempo ed eccessivo rispetto al consumo individuale che deriva da fattori genetici, fisiologici, comportamentali e ambientali variegati → Associazioni con altri disturbi mentali (per es., BED).
- (2) Persone con problematiche di obesità riporterebbero alti livelli di insoddisfazione riguardo la propria immagine corporea → ma risultato non univoco: influenza fondamentali di fattori culturali e sociali.
- (3) Il quadro clinico dell'obesità è associato a problemi psicologici come bassa autostima, insoddisfazione corporea, ansia, disturbi depressivi e bipolari e tratti di psicoticismo.
- (4) Weight Bias Internalization: esordio precoce dei giudizi e degli stereotipi relativi alle forme corporee, alcuni studi suggeriscono intorno ai 5 anni.
- (5) Weight Stigma: influenza fondamentale del gruppo di pari, soprattutto in età evolutiva.

# Un «corpo irrimediabilmente difettoso»: Vigoressia – anoressia inversa – dismorfismo muscolare

- (1) L'individuo è preoccupato in modo cronico e pervasivo dall'idea che la sua costituzione corporea sia troppo piccola o insufficientemente muscolosa
- (2) Focus attentivo è orientato al raggiungimento di una forma fisica ideale, mediante un'alimentazione iper proteica e un intenso esercizio fisico.
- (3) Le persone con vigoressia tendono a manifestare comportamenti di controllo continuo del proprio aspetto fisico, un'attenzione eccessiva legata all'assunzione di alimenti proteici fino ad arrivare ad avere piani alimentari rigidi e sbilanciati, ricchi di proteine e poveri di grassi.
- (4) Nella vigoressia, così come nell'ortoressia, lo stile di vita improntato all'allenamento e a un regime alimentare rigido può implicare una compromissione della propria vita socio-lavorativa e sociale.





# Progressivo abbassamento dell'età di esordio



La prevalenza di AN nei bambini tra i 10 e i 14 anni è passata da 2,5/100.000 a 7,5/100.000 negli ultimi vent'anni, di cui i soggetti di età inferiore ai 13 anni erano 1,09/100.000

Gli esordi più precoci registrati sono tra gli otto e i nove anni, con un aumento dell'incidenza a 12-13 anni.



German Health Care: stime che indicano, dal 2000 al 2017, un aumento molto significativo dei pazienti DNA di età inferiore ai 15 anni

National Registry Study: 5% dei 289 pazienti ricoverati in reparti ospedalieri per disturbi legati alla nutrizione e all'alimentazione avevano un'età inferiore ai 14 anni → di questi, il 36.2% aveva meno di 13 anni



Sia rispetto l'AN (N=1666) sia nel caso della BN (793), l'età di esordio ha mostrato un abbassamento significativo rispetto all'anno di nascita → 1985 – 2008

Iniziano a emergere casi con esordi verso gli 8-10 anni

Alcuni studi suggeriscono che molti individui con una diagnosi di AN mostrano un esordio precoce (early onset, EO) → circa il 75.3%

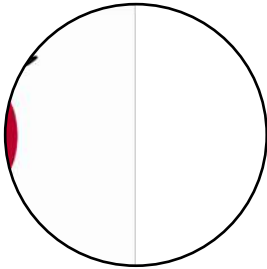
# DNA non sono più tipici delle culture occidentali



Anche in Cina emerge un trend nell'aumento dei casi nella popolazione di sesso biologico sia femminile sia maschile dal 1990 al 2017

Età di esordio più frequente: adolescenza ed emerging adulthood

Soprattutto nel caso dell'AN

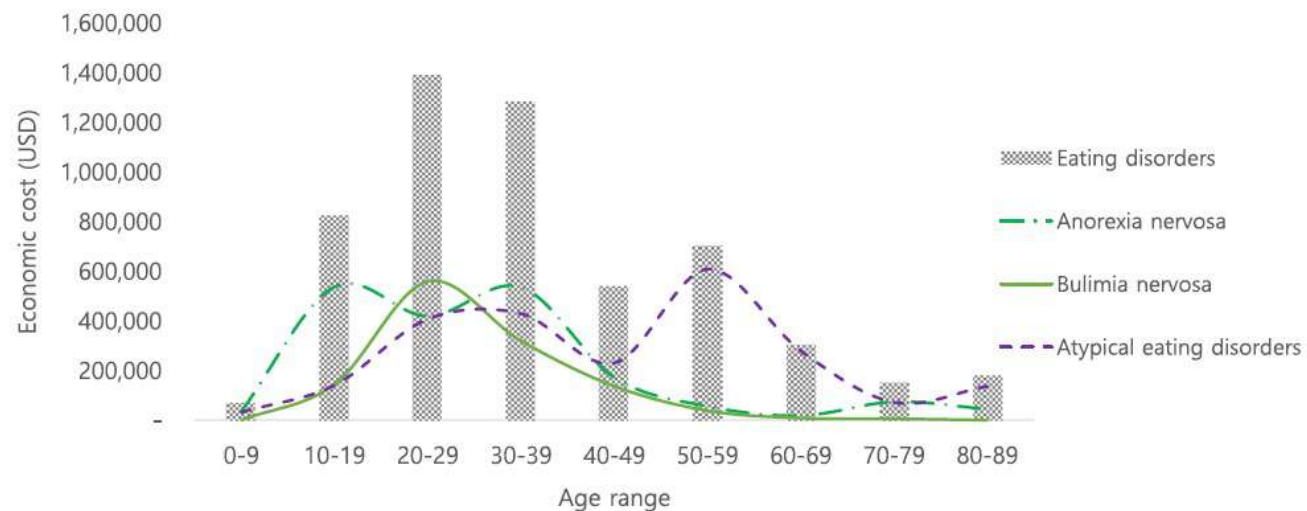


Dati simili in Giappone, per quanto più eterogenei

Emergono come aspetti centrali la fobia di ingrassare e la fat-phobia, preoccupazioni inerenti l'immagine corporea, le abbuffate e le condotte di compensazione inappropriate

L'età di esordio è influenzata dalle pressioni legate all'adesione ai ruoli di genere

Economic cost of eating disorders in Korea in 2015 by age.



# Tassi di incidenza 2019-2023

## THE LANCET Child & Adolescent Health

[This journal](#) [Journals](#) [Publish](#) [Clinical](#) [Global health](#) [Multimedia](#) [Events](#) [About](#)

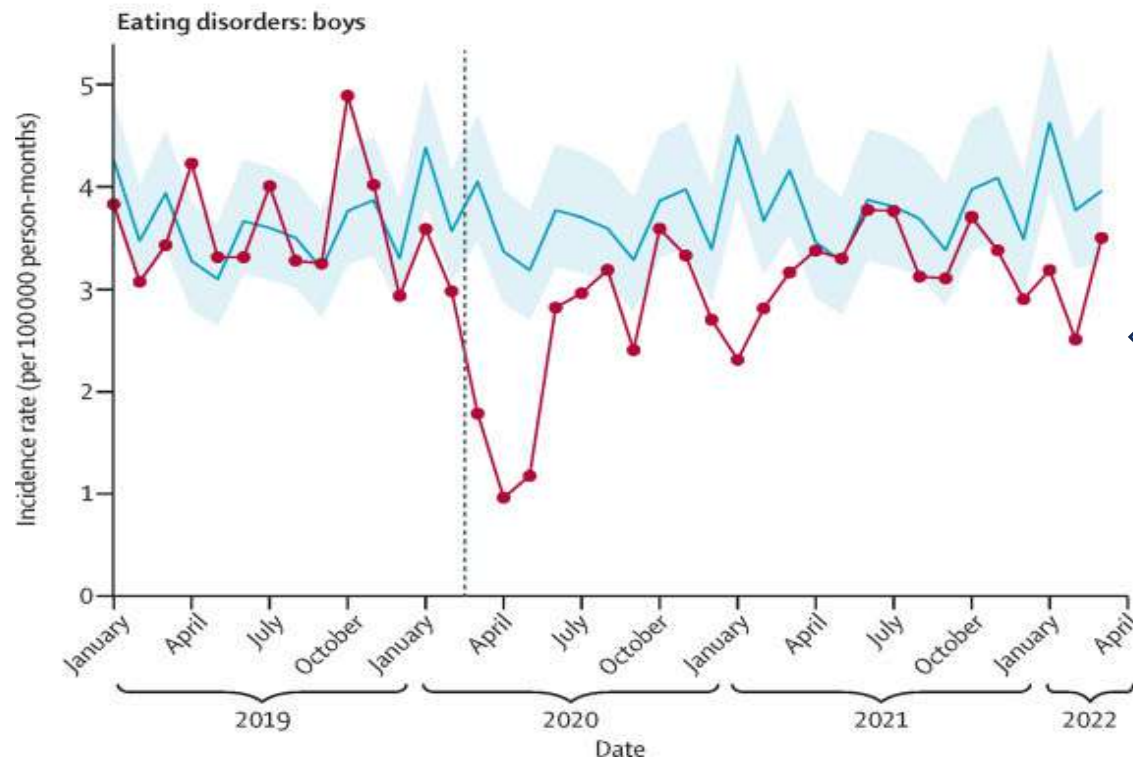
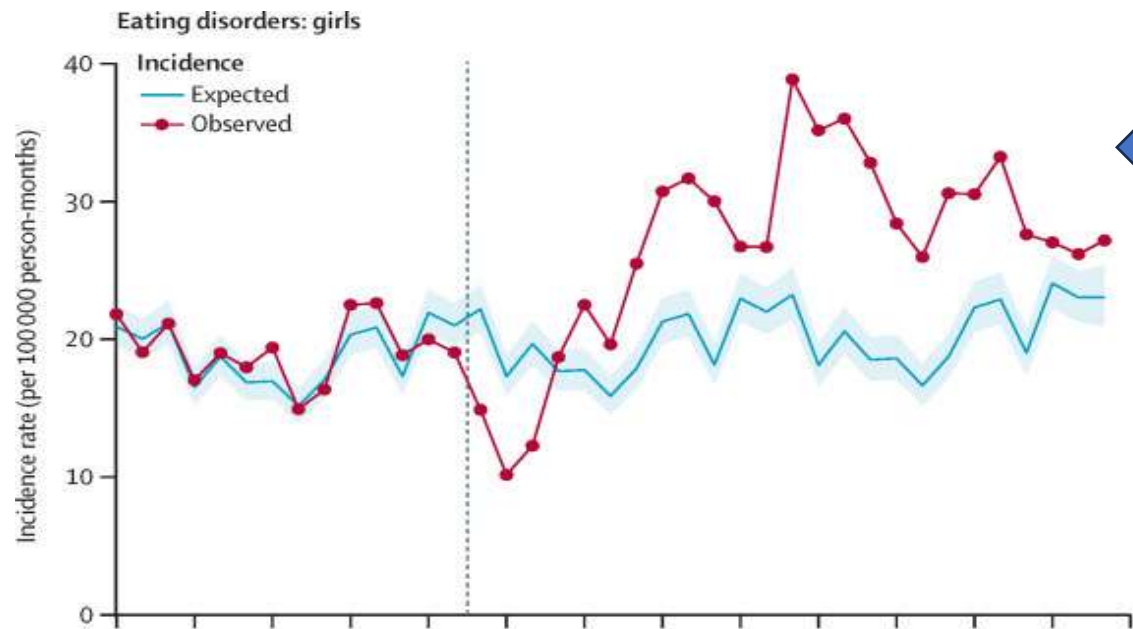
ARTICLES | [VOLUME 7, ISSUE 8, P544-554, AUGUST 2023](#)

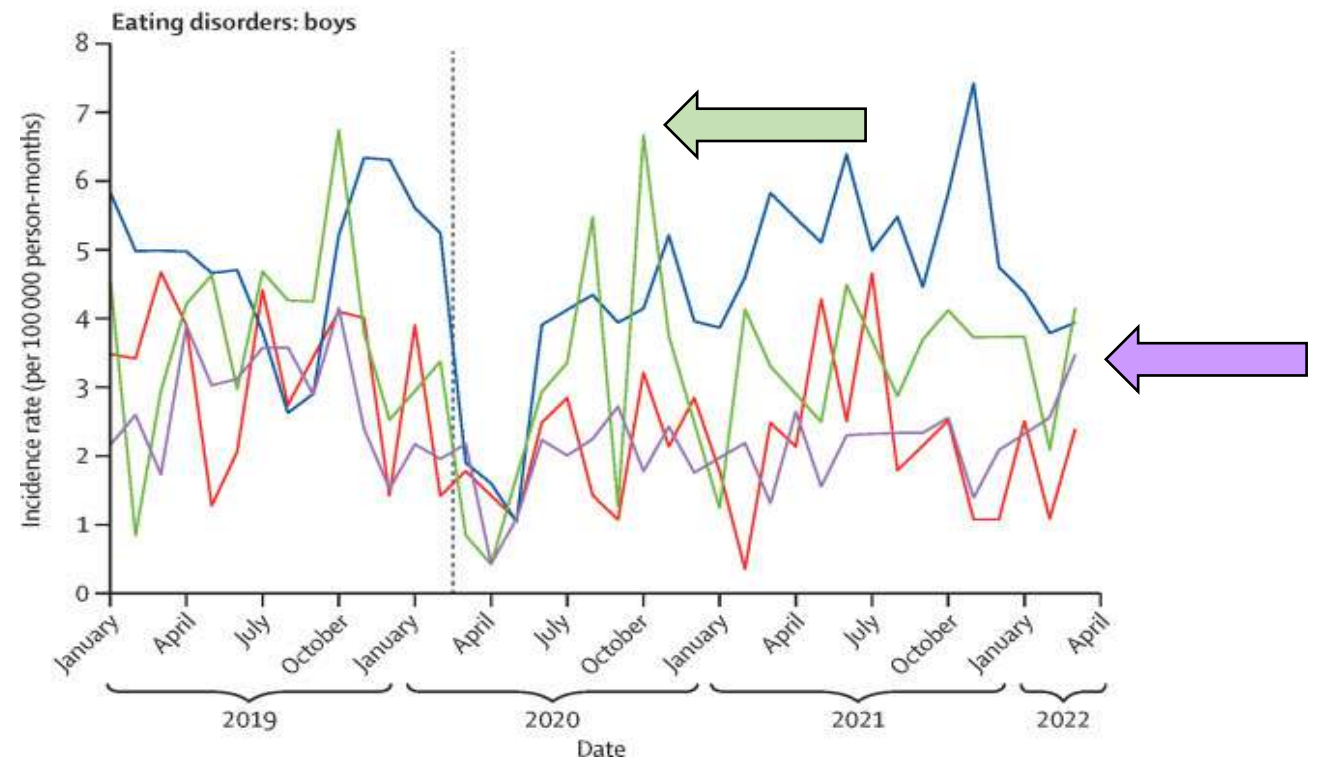
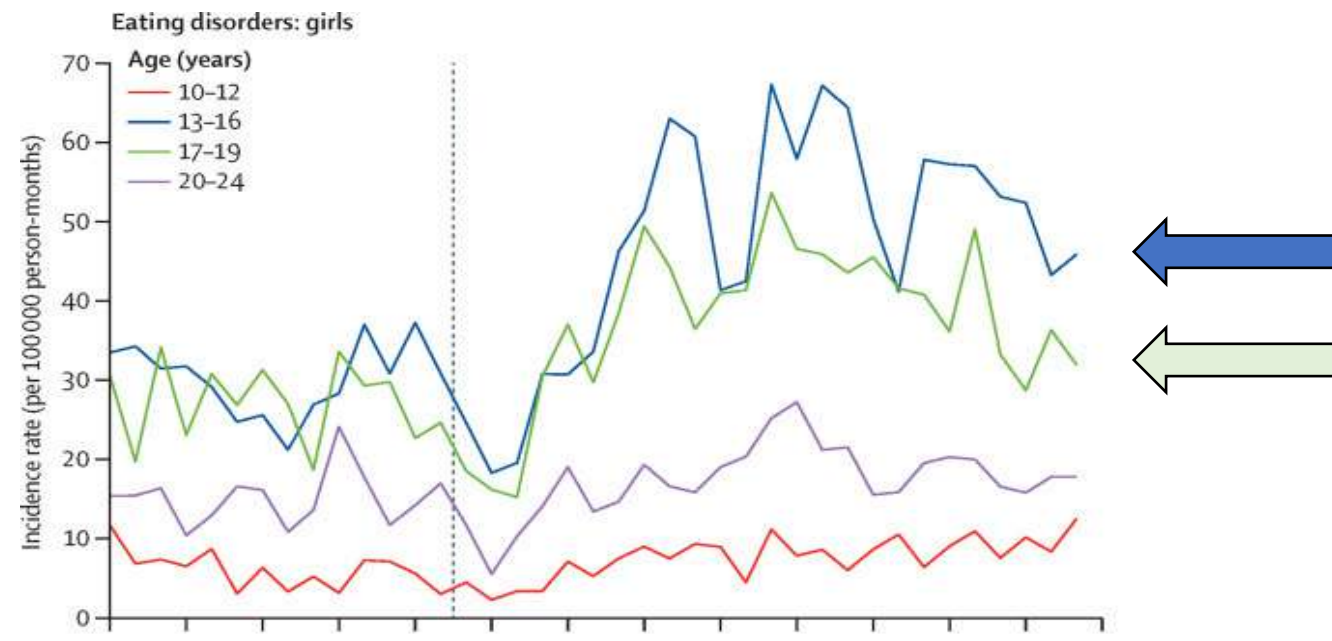
[Download Full Issue](#)

### Temporal trends in eating disorder and self-harm incidence rates among adolescents and young adults in the UK in the 2 years since onset of the COVID-19 pandemic: a population-based study

[Alex M Trafford, PhD](#) • [Matthew J Carr, PhD](#) • [Prof Darren M Ashcroft, PhD](#) • [Prof Carolyn A Chew-Graham, MD](#) • [Emma Cockcroft, PhD](#) • [Lukasz Cybulski, PhD](#) • et al. [Show all authors](#)

Studio che ha incluso 9.184.712 pazienti di età compresa tra i 10 e i 24 anni  
4.836.226 [52.7%] di sesso femminile e 4.348.486 [47.3%] di sesso maschile





# Prevalenza e l'«hidden burden» dei DNA

A screenshot of a web page from The Lancet Psychiatry journal. The page has a dark blue header with the journal's name in white. Below the header is a navigation menu with links for 'This journal', 'Journals', 'Publish', 'Clinical', 'Global health', 'Multimedia', 'Events', and 'About'. The main content area is also dark blue and features the article title, authors, and a 'Download Full Issue' button. The article title is 'The hidden burden of eating disorders: an extension of estimates from the Global Burden of Disease Study 2019'. The authors listed are Damian F Santomauro, PhD, Sarah Melen, MD, Deborah Mitchison, PhD, Theo Vos, PhD, Prof Harvey Whiteford, PhD, and Alize J Ferrari, PhD.

THE LANCET  
Psychiatry

This journal Journals Publish Clinical Global health Multimedia Events About

ARTICLES | [VOLUME 8, ISSUE 4, P320-328, APRIL 2021](#) [Download Full Issue](#)

## The hidden burden of eating disorders: an extension of estimates from the Global Burden of Disease Study 2019

[Damian F Santomauro, PhD](#) [✉](#) • [Sarah Melen, MD](#) • [Deborah Mitchison, PhD](#) • [Theo Vos, PhD](#) • [Prof Harvey Whiteford, PhD](#) • [Alize J Ferrari, PhD](#)

Nel Global Burden of Disease Study (ovvero un report su scala mondiale e nazionale sui costi delle malattie in termini di mortalità e disabilità) erano stati inclusi sono l'AN e la BN

Questo studio ha messo in luce che, sia nelle popolazioni femminili sia nelle popolazioni maschili, hanno una maggiore rilevanza (in termini di prevalenza e disabilità) il BED e le diagnosi residuali



# Sfide ancora aperte

THE LANCET  
Psychiatry

[This journal](#) [Journals](#) [Publish](#) [Clinical](#) [Global health](#) [Multimedia](#) [Events](#) [About](#)


EDITORIAL | [VOLUME 10, ISSUE 12, P909, DECEMBER 2023](#)

 [Download Full Issue](#)

## The future of eating disorders research

[The Lancet Psychiatry](#)

Published: December, 2023 • DOI: [https://doi.org/10.1016/S2215-0366\(23\)00372-3](https://doi.org/10.1016/S2215-0366(23)00372-3) •

 [Check for updates](#)

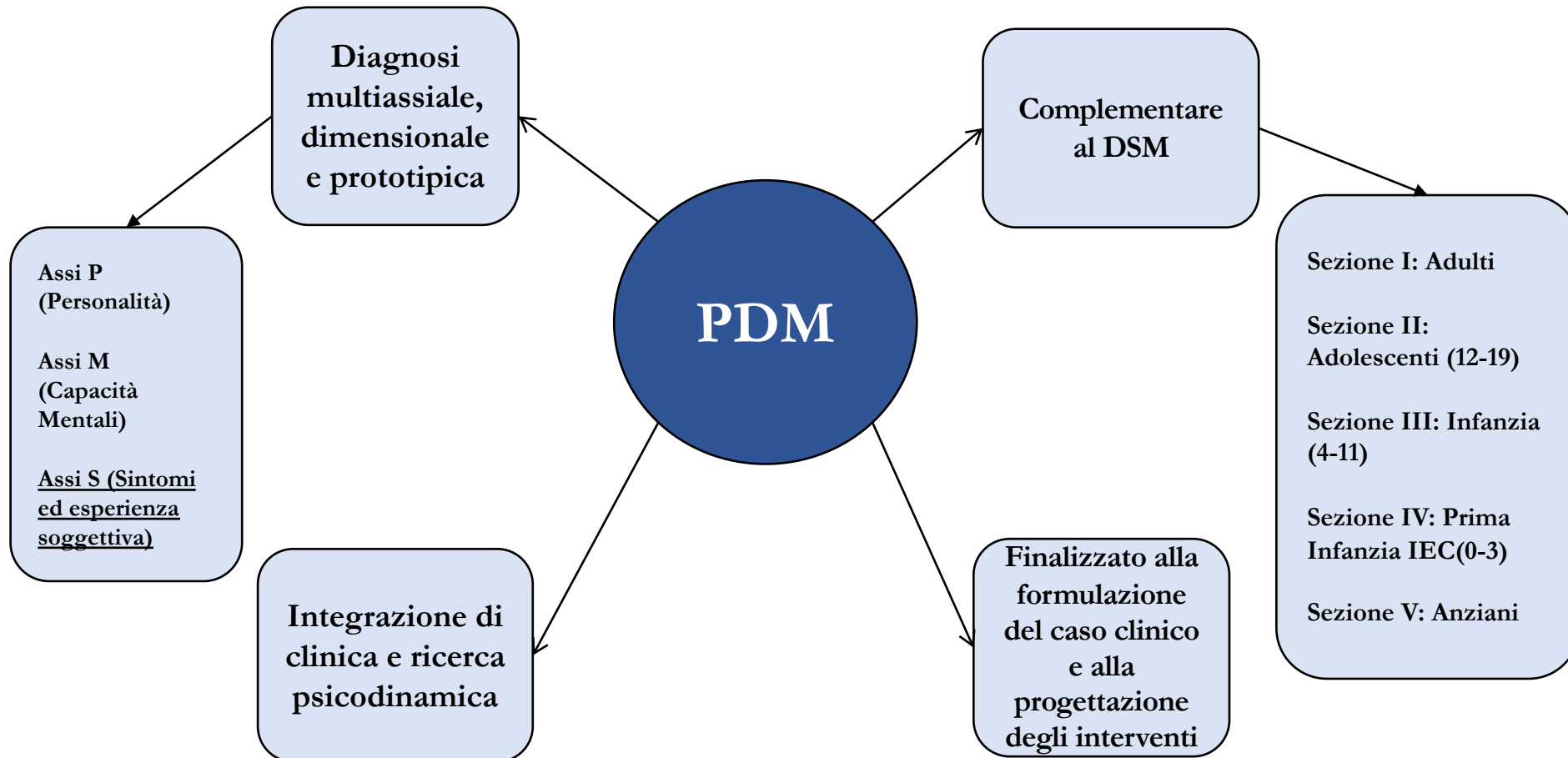
- Caroline da Cunha Lewin: “Instead of numbers on a scale, the subjective experience and conceptualization of my eating disorder arises from a lost sense of self and the intractable feeling that I am wrong in my own body”.



# L'importanza dell'esperienza soggettiva: Il contributo del Manuale Diagnostico Psicodinamico

“Il DSM si presenta come una tassonomia di patologie o di disturbi psichici, mentre il PDM-2 come una tassonomia di persone”

Il PDM-2 valuta il funzionamento globale dell'individuo, e tiene in considerazione sia gli aspetti manifesti sia gli aspetti più profondi dei pattern emotivi, cognitivi, interpersonali e sociali caratteristici del soggetto



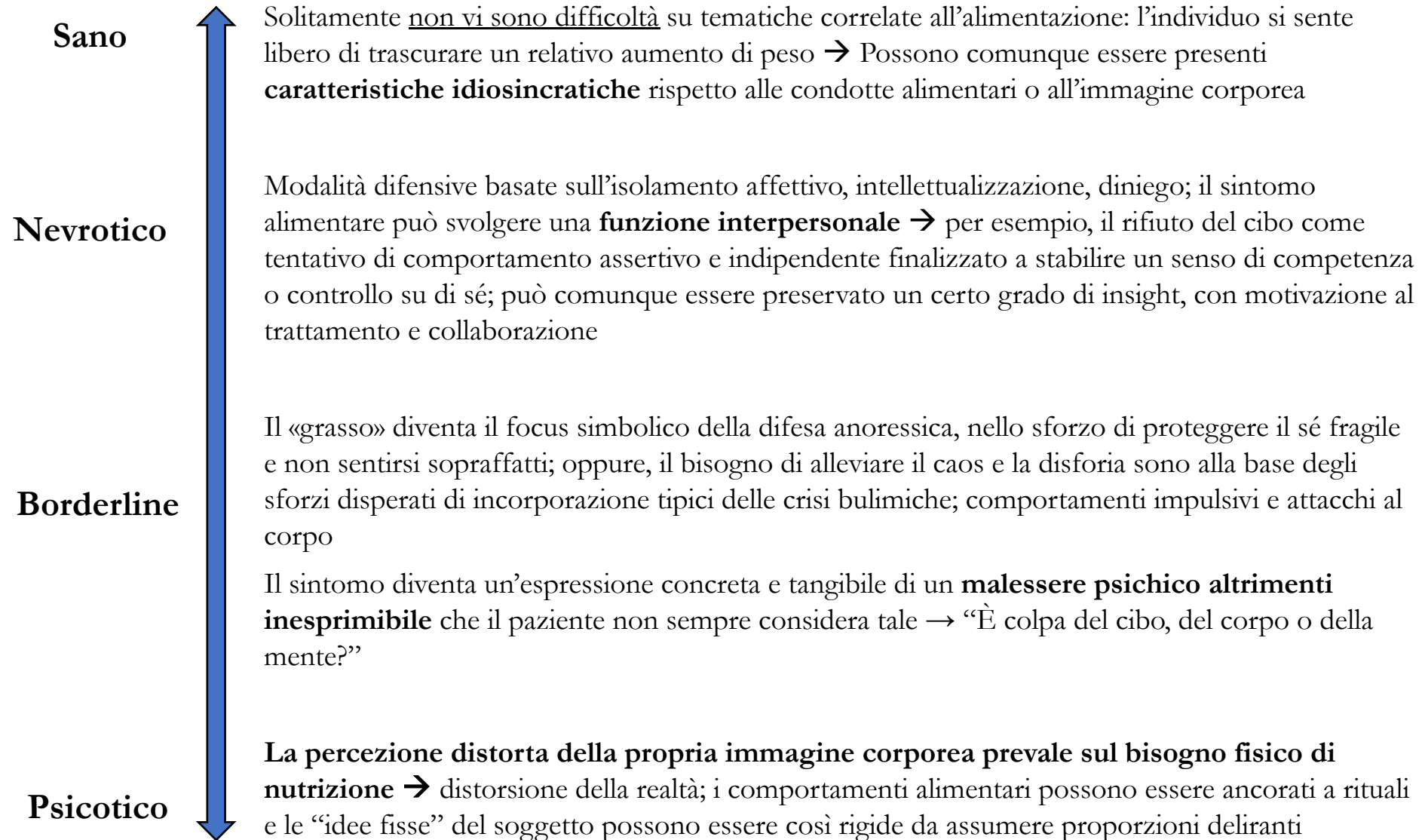
# L'importanza dell'esperienza soggettiva: Il contributo del Manuale Diagnostico Psicodinamico

## Esperienza soggettiva dei sintomi

- I DNA possono iniziare con un problema rispetto al cibo ma estendersi a un disagio nei confronti del proprio corpo e, in casi gravi, in una distorsione dell'immagine corporea
- Focus sull'**effetto del conflitto psichico** sul corpo reale
- Difficile differenziare tra stati mentali e stati somatici
- La fame può esprimere il sentimento soggettivo di vuoto e il desiderio di un legame affettivo
- Diffusione dell'identità è comune durante le abbuffate o le condotte di eliminazione
- Confusione rispetto alle sensazioni che accompagnano il mangiare e le condotte di eliminazione, come l'incapacità di sentire se si è sazi
- Sensazione fisica di un vuoto nello stomaco associabile al senso di un sé vuoto e svuotato
- Confusione nell'esperienza di sé e del proprio corpo (per esempio, un'adolescente che quando mangia dice di sentirsi completamente confusa, senza una chiara cognizione di sé, e di entrare in uno stato "narcotico" che può abbandonare solo se vomita ciò che ha mangiato)

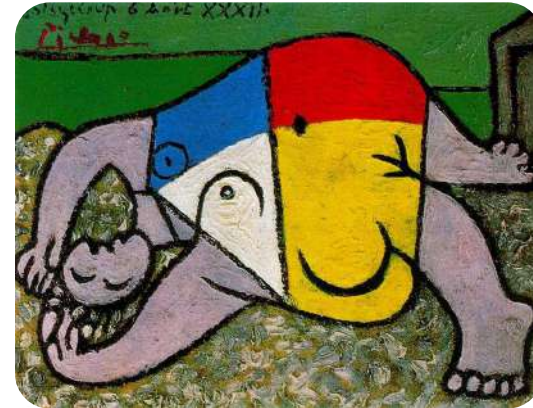
# La rilevanza della personalità:

## «Conoscere qualcosa della persona che ospita un disturbo alimentare»



# Oltre la sintomatologia: possibili funzioni e significati dei DNA

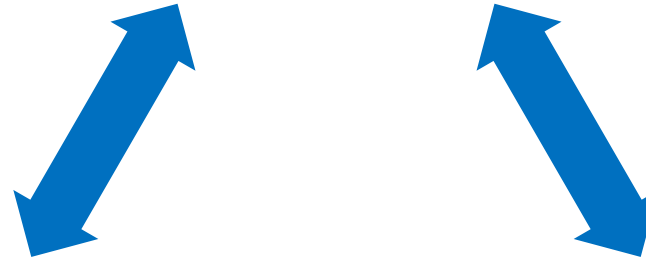
- Quando raggiungono un livello significativo di gravità, procurano alla persona un senso di identità e individualità, seppur patologici → di particolare rilevanza in adolescenza
- Corpo come «**immagine prismatica di parti isolate**» → precipitato corporeo di una sottostante frammentazione psichica
- Ogni sintomo alimentare può avere una plurivalenza di significati:
  1. **Tentativo autocurativo**: ricerca estrema della magrezza come tentativo di accrescere l'autostima attraverso un controllo onnipotente sul proprio corpo e la propria mente; abbuffata compulsiva come tentativo di anestetizzare emozioni travolgenti
  2. **Aspetto autopunitivo**: attacco autolesionistico al proprio corpo, attacco rabbioso al sé svalutato
  3. **Valore espressivo-comunicativo**: tentativo di comunicare la propria sofferenza e il proprio malessere, che non sono pensabili, ma agiti su o attraverso il corpo
- Le parole «muoiono» e diventano azioni → mezzo per esercitare il controllo e richiedere l'affetto e la connessione con l'altro
- Importanza centrale dei deficit nella regolazione affettiva e nella mentalizzazione



# Fattori di rischio

## Fattori (modelli) biologici

Certo grado di ereditarietà e trasmissione intra-familiare



## Fattori psicologici/individuali

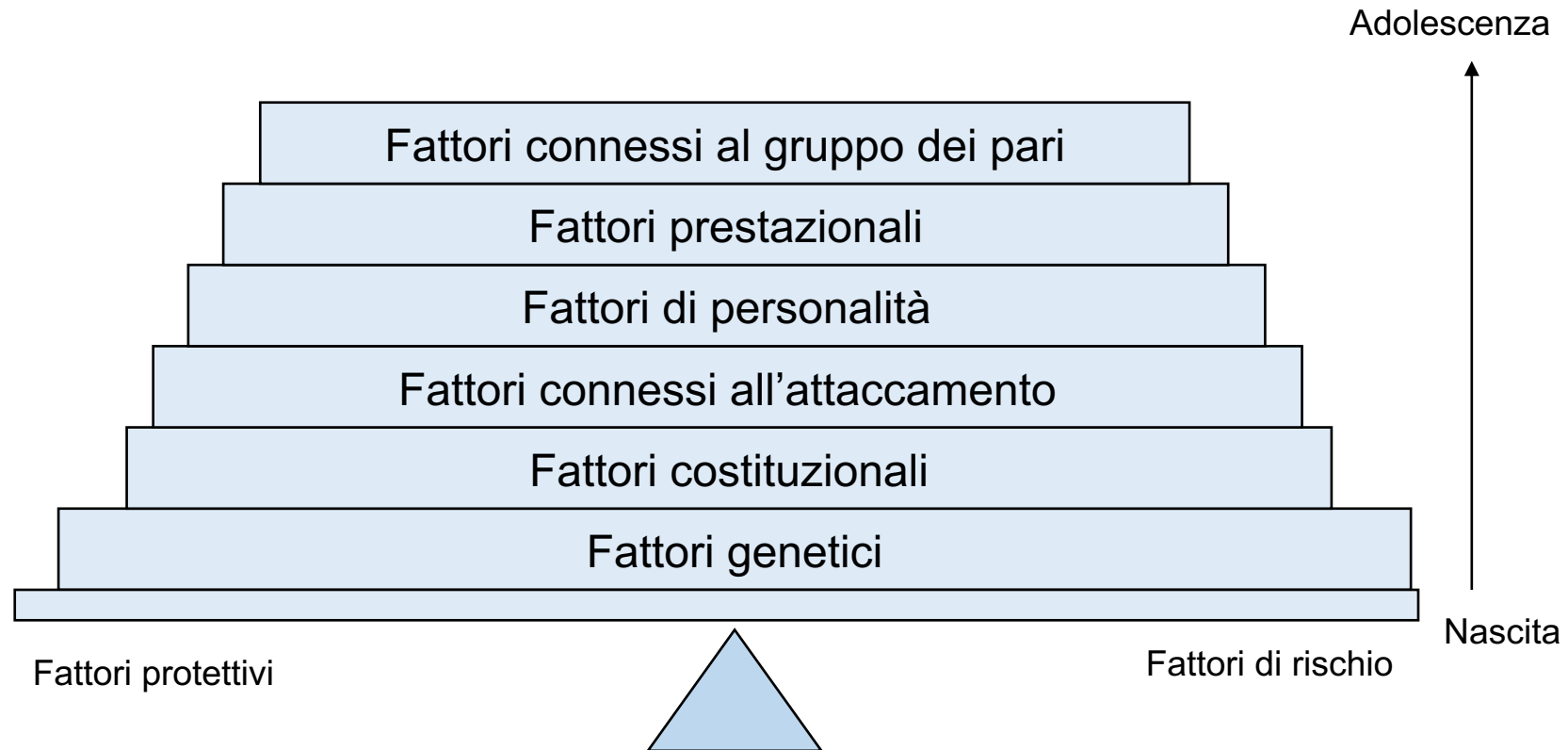
Personalità, credenze disfunzionali (schemi), distorsione immagine corporea, ecc.

## Fattori ambientali

Mass e social media, milieu sociale, critica in ambito familiare, sintomi culture-bound

# Nel corso dello sviluppo

- Ampliamento dell'approccio multifattoriale, in quanto il potenziale contributo dei fattori di rischio (così come dei fattori protettivi) può essere inserito lungo una linea temporale
- Esempio: Modello vulnerabilità/resilienza per lo sviluppo dei DNA



# Fattori eziologici: diverse tipologie e implicazioni

- Le cause che possiamo far ricondurre alla comparsa di un DNA negli adulti emergenti non convergono in un'unica direzione. La complessità di un disturbo di questo tipo porta a pensare che sia l'azione combinata di più dimensioni a determinarne lo sviluppo e il mantenimento. Tuttavia, tra i fattori maggiormente implicati troviamo:
  1. **I fattori predisponenti:** indicano una vulnerabilità personale che può essere determinata da una dimensione genetica (ad esempio temperamentale), ambientale (interazione disfunzionale bambino-caregiver, idealizzazione della magrezza), psicologica (insoddisfazione corporea, bassa autostima), ecc.
  2. **I fattori precipitanti:** determinano l'esplosione del disturbo in quegli individui che presentano una predisposizione; possono comprendere: eventi traumatici, lutti, abusi, malattie, conflitti familiari, ecc.
  3. **I fattori di mantenimento:** favoriscono la persistenza del disturbo attraverso un circolo vizioso in cui le conseguenze fisiche e psicologiche del disturbo, col passare del tempo, permettono lo stabilizzarsi di stati emotivi depressivi, ansiosi, d'insoddisfazione che, a loro volta, innescano comportamenti disfunzionali (come un'ulteriore restrizione del regime alimentare) con il fine (per esempio) di migliorare la propria autostima. Questo meccanismo, in realtà, non fa che esacerbare la gravità del disturbo.

# Il ruolo della famiglia e del funzionamento familiare:

## Alcune premesse di base

- La famiglia, soprattutto in età evolutiva, riveste un **ruolo centrale** sia nella fase di valutazione sia nella fase di intervento/trattamento dei DNA
- All'interno della cornice relazionale della famiglia, il pasto e l'alimentazione assumono un potente significato comunicativo e di interazione reciproca (anche di conferma delle proprie competenze genitoriali)
- Aspetto fondamentale che ha visto un'enorme evoluzione e cambiamento negli ultimi anni:
  - Se da una parte si continua a prestare attenzione alle caratteristiche genitoriali e familiari all'interno dei diversi possibili, potenziali fattori che concorrono all'**eziologia** del disturbo, non si vede più la famiglia come «colpevole» dell'esordio e/o del mantenimento di un DNA
  - Sempre più attenzione allo sviluppo e alla realizzazione di programmi terapeutici incentrati sul **coinvolgimento collaborativo e non giudicante** dei familiari



# La qualità delle prime relazioni d'attaccamento



- All'interno della **co-regolazione diadica** dei ritmi biologici (come quello fame-sazietà) nella prima infanzia, la relazione con il caregiver è centrale nel differenziarli dalle esperienze emotive (es., rabbia o bisogno di conforto)
- I sintomi alimentari, secondo la prospettiva dell'attaccamento, possono svolgere una funzione-segnale di **ricerca di vicinanza** emotiva con il caregiver → «attivatori» di un comportamento «riparativo»
- Sempre all'interno delle prime relazioni di attaccamento si forma ed evolve la capacità di **mentalizzazione**, ovvero di interpretare il comportamento proprio e altrui in termini di stati mentali intenzionali (bisogni, desideri, paure, ecc.) → spesso compromessa nei pazienti con DNA
- In alcuni studi, sembra emergere anche un **modello circolare** di condotte alimentari disfunzionali e problematiche psicologiche tra caregiver e bambini: difficoltà alimentari clinicamente significative, ansia e depressione nei genitori erano connessi a maggiori problematiche alimentari nei figli, ma al tempo stesso la sintomatologia dei figli nel tempo contribuiva a peggiorare le problematiche genitoriali

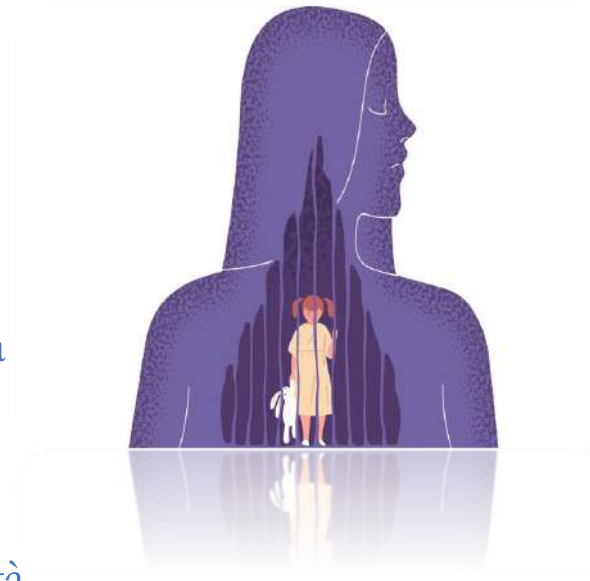
# I modelli familiari

- Al momento dell'esordio di un DNA, anche la famiglia, come l'adolescente, può trovarsi a dover affrontare nuovi compiti evolutivi all'interno di fasi critiche del ciclo vitale
- Gestione delle dinamiche di **separazione** e individuazione, di definizione della propria individualità, di eventuale messa in discussione dei modelli di funzionamento familiare (inclusi valori, ideali, credenze, miti, ecc.)
- È però importante sottolineare che, nonostante alcune teorie abbiano cercato di inquadrare la «tipica» famiglia del soggetto con un DNA, la ricerca ci dice che **non emerge un modello disfunzionale univoco e specifico**
- Non parlando quindi di «causalità» ma solo di possibili elementi di rischio, emergono modalità relazionali familiari caratterizzate da **ipercontrollo e iperprotezione** o, al contrario, da **disimpegno relazionale e scarso coinvolgimento emotivo** tra i membri del nucleo familiare → sintomo può rappresentare un tentativo di definire uno spazio di autonomia, oppure una richiesta di maggiore visibilità



# Il ruolo del trauma

- Le **esperienze traumatiche**, soprattutto precoci, concorrono in maniera considerevole al **rischio di sviluppare un DNA**; esse sono infatti frequentemente rintracciate nelle storie di coloro che presentano diagnosi di DNA, con stime che variano tra il 37 e il 100%
- Alcune ricerche suggeriscono come, laddove sussista un **trascorso traumatico**, questi soggetti tendano a esibire una **psicopatologia alimentare più grave**, nonché **deficit cognitivi, affettivi e interpersonali più gravi** rispetto a coloro che, al contrario, non riportano traumi
- **Relazione bidirezionale** tra trauma/PTSD e DNA → alcuni sintomi alimentari – in particolare **l'alimentazione incontrollata** e **le condotte di eliminazione** – possono svolgere una funzione di automedicazione o agire come strategia di coping per mitigare i sintomi del PTSD
- Tre dei sintomi del disturbo da stress post-traumatico (**difficoltà di concentrazione, difficoltà a ricordare alcuni aspetti del trauma e disturbi del sonno**) sono risultati associati all'**insoddisfazione per il peso/aspetto/forma del corpo**: in particolare, l'insoddisfazione rispetto al corpo era collegata alla presenza di sogni intrusivi e alla difficoltà nel ricordare alcuni aspetti del trauma



# Il ruolo del neglect

- L'OMS definisce il **neglect (trascuratezza)** come «l'incapacità di provvedere allo sviluppo del bambino in tutte le sfere: salute, educazione, sviluppo emotivo, nutrizione, riparo e condizioni di vita sicure, nel contesto delle risorse ragionevolmente disponibili per la famiglia o di chi se ne prende cura che causa o ha un'elevata probabilità di causare danni alla salute o allo sviluppo fisico, mentale, spirituale, morale o sociale del bambino. Ciò include l'incapacità di sorvegliare e proteggere adeguatamente i bambini dai danni per quanto possibile»
- La **trascuratezza emotiva** (emotional neglect – EN) e la **trascuratezza fisica** (physical neglect – PN) rappresentano forme comuni di trauma infantile
- La **trascuratezza** rappresenta un **fattore di rischio generale di psicopatologia, disagio o disadattamento**, nonché un **fattore di rischio non specifico per lo sviluppo di un DNA**
- Possibile **legame tra trascuratezza infantile e lo sviluppo di un DNA** in adolescenza/prima età adulta sembra risiedere nella compromissione delle capacità di regolare gli affetti e gli impulsi → i sintomi alimentari possono svolgere una funzione autoprotettiva, nonché sforzi verso un senso di autoaffermazione e integrazione
- La **trascuratezza fisica** e tutte le esperienze di un ambiente familiare disfunzionale sono risultate più associate alla diagnosi di **BED** rispetto a quella di AN, mentre la **trascuratezza emotiva** più associata alla **BN** e al **BED** rispetto all'AN.
- Esperienze di trascuratezza emotiva tra gli individui con BN e BED sembrano essere molto frequenti, con una prevalenza che oscilla tra il 21,1% e il 66%

# Implicazioni per la cura dei disturbi alimentari

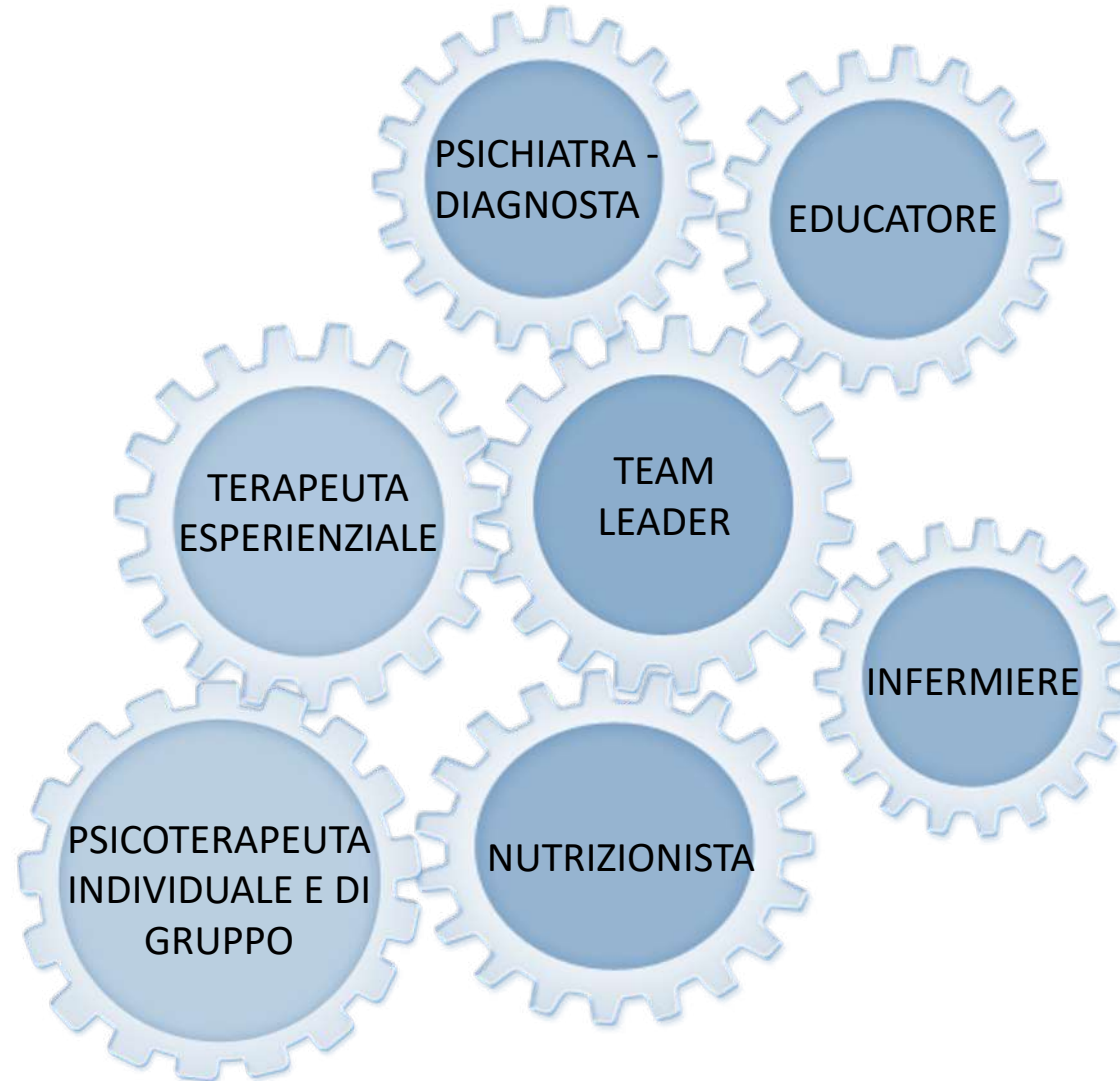


# «Continuum of care»

<b>Prevenzione</b>	Tentativi di evitare lo sviluppo di un disturbo dell'alimentazione e prevenire ulteriori ricadute durante il trattamento
<b>Monitoraggio primario e intervento</b>	Monitoraggio, valutazione, diagnosi nel setting della cura primaria. E' importante che la paziente sia seguita da una equipe composta da figure professionali diverse e/o da gruppi di sostegno.
<b>Trattamenti specializzati basati sulla comunità</b>	Trattamenti specializzati che hanno luogo nella comunità.
<b>Trattamento ambulatoriale intensivo</b>	Trattamento specialistico multidisciplinare ed intensivo che viene svolto in ambito ambulatoriale, può prevedere diversi appuntamenti alla settimana, ma anche terapie individuali, familiari e di gruppo.
<b>Programmi day hospital</b>	Ospedali che offrono un trattamento specialistico dei disturbi alimentari, ma nonostante siano dei programmi intensivi permettono al paziente di dormire nella propria casa, aumentando così la sua autonomia.
<b>Trattamenti residenziali</b>	Programma intensivo integrato ma in un ambiente familiare, indicati nei casi di grave sintomatologia ma con quadro medico stabile, senza suicidalità o tendenze all'autolesionismo
<b>Ospedalizzazione acuta o secondaria</b>	Breve ospedalizzazione necessaria affinché il paziente possa affrontare gli effetti fisici o psichiatrici del suo disturbo alimentare.
<b>Ospedalizzazione terziaria</b>	Trattamento intensivo in un programma ideato specificamente per i disturbi alimentari, vengono indirizzati qui i pazienti che presentano un quadro medico instabile e necessitano di monitoraggio continuo.

# Il «team approach»

- **Mancanza di un gold standard** nel trattamento dei DA → Necessario un approccio multidisciplinare per rispondere a difficoltà multifaccettate
- Processo di cura che vede la presenza di **diverse figure professionali** che attraverso approcci terapeutici differenti collaborano insieme per **muovere gli ingranaggi** verso un percorso terapeutico quanto più possibile efficace e specifico per queste patologie
- Il Team approach multidisciplinare implica di considerare nella ricerca il «peso specifico» di ogni intervento nel raggiungimento degli obiettivi di cambiamento



# «Continuum of care»



**Molta attenzione è stata data al ruolo della psicoterapia:** in questi soggetti è frequente riscontrare problemi nella consapevolezza di malattia e nella motivazione al trattamento, che possono rendere difficile la collaborazione al programma di cura

**Particolare rilevanza ha assunto il Family-Based Treatment,** trattamento evidence-based manualizzato, pensato specificatamente per la fase adolescenziale, così come **gruppi multifamiliari**, che hanno l'obiettivo di restituire alla coppia genitoriale la funzione di guida e di cura insieme alla comprensione del ruolo delle dinamiche intrafamiliari

Concordi nell'affermare l'importanza di un **trattamento multidisciplinare, multiprofessionale e multidimensionale** nei diversi possibili setting di cura, ma...

**NICE** National Institute for Health and Care Excellence



Eating disorders: recognition and treatment






# Prof.ssa Anna Rita Atti

Professoressa associata  
e Dirigente Medico di I Livello,  
Università di Bologna

[annarita.atti@unibo.it](mailto:annarita.atti@unibo.it)  
Dipartimento di Scienze  
Biomediche e Neuromotorie



## I DISTURBI PSICOTICI: QUALI POSSIBILI INTERVENTI NELLA PREVENZIONE E NELLA CURA.

GLI ASCOLTATORI IN STREAMING POSSONO INVIARE LE LORO  
**DOMANDE** SCRIVENDO A: [segreteria@rotary2042.it](mailto:segreteria@rotary2042.it)

# Disturbi psicotici

---

- **Cosa sono?**
- Quando/come insorgono?
- Cosa fare?
- Come prevenire?

# SALUTE

*«uno stato di completo benessere fisico, psichico e sociale e non semplicemente assenza di malattia o infermità»*

## SALUTE MENTALE

*«uno stato di benessere emotivo e psicologico nel quale l'individuo è in grado di sfruttare le sue capacità cognitive o emozionali, esercitare la propria funzione all'interno della società e rispondere alle esigenze quotidiane della vita di ogni giorno»*

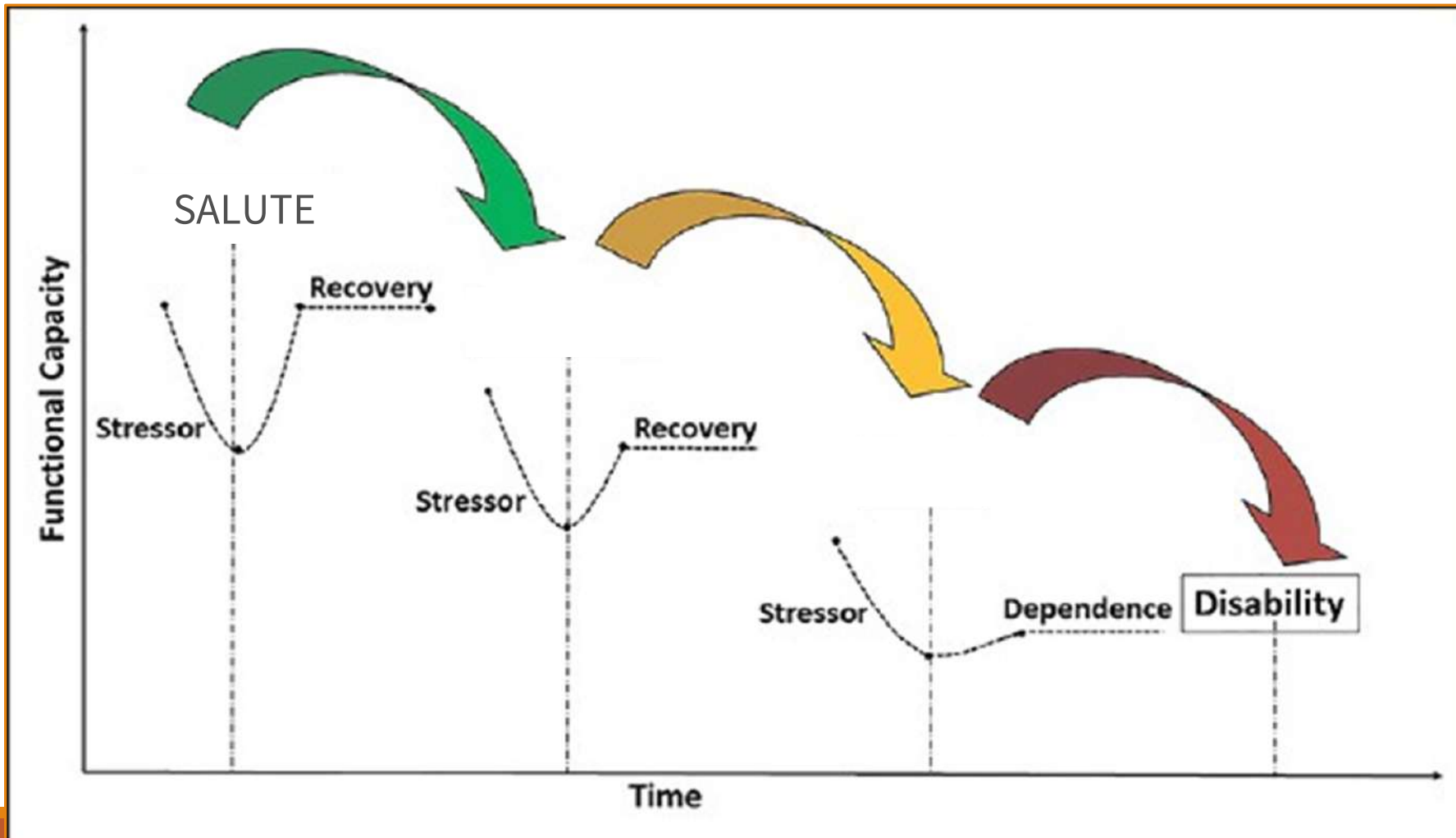
OMS

**I disturbi mentali interrompono la  
condizione di benessere psico-fisico...**



**Non sempre è possibile una «restitutio ad integrum»**

Non sempre è possibile una «restitutio ad integrum»



# Salute mentale

- Stabilire relazioni soddisfacenti e mature con gli altri
- Partecipare costruttivamente ai mutamenti dell'ambiente
- Sviluppare la propria personalità investendo le proprie pulsioni istintuali nelle relazioni sociali
- Risolvere i conflitti in modo equilibrato adattandosi alle condizioni esterne e ai conflitti interni
- Avere una buona immagine di sé
- Provare/riconoscere le emozioni

mental  
health



↓  
«Robustezza»

**“Mental frailty”**  
umore basso, difficoltà intellettive/cognitive,  
intense preoccupazioni infondate,  
scarsa percezione di salute e di autoefficacia, difficoltà relazionali

«Malattia  
mentale»

# Nevrosi

# Psicosi



Nevrosi

# Psicosi (spettro delle..)

Il disturbo nucleare è  
noto come  
**Schizofrenia**



Gruppo di disturbi psichiatrici caratterizzati da

- alterazioni nell'interpretazione (**deliri**)
- alterazioni nella percezione (**allucinazioni**) della realtà.

Sintomi positivi

Concomitano:

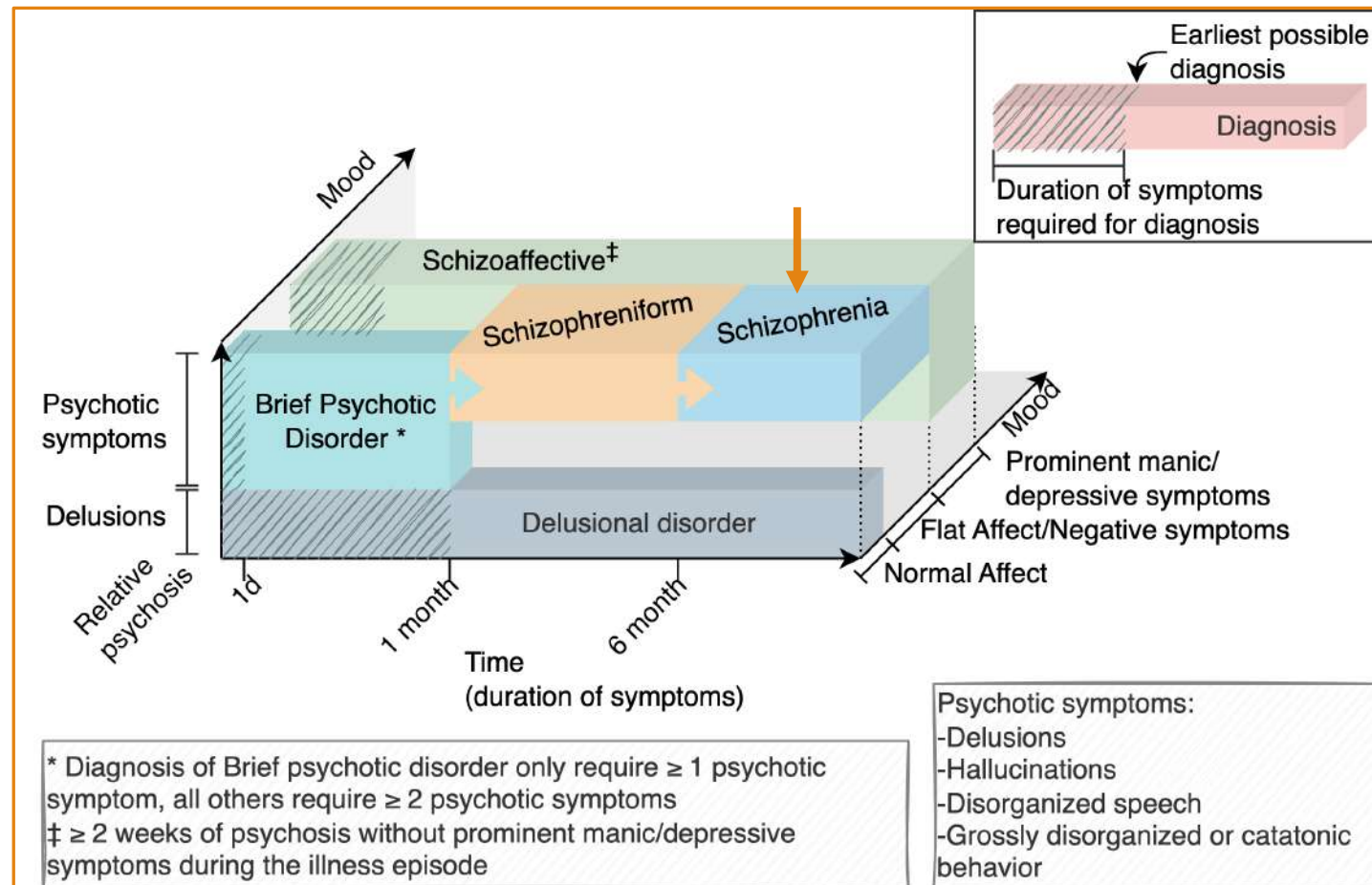
- appiattimento affettivo**
- ritiro** sociale
- deficit delle funzioni cognitive (cognizione sociale)
- compromissione del funzionamento socio-lavorativo

Sintomi negativi

→ **Schizofrenia:** 245.000 persone affette in Italia (*ISS*)

→ **Concetto di spettro:** 21/24 milioni di persone nel mondo (*OMS*)

# Spettro della Schizofrenia



Patel, 2010



# Disturbi psicotici

---

- Cosa sono?
- **Quando/come insorgono?**
- Cosa fare?
- Come prevenire?

# Caratteristiche epidemiologiche

- Esordio giovanile, decorso cronico con ricadute
- Alto impatto sulla vita /qualità di vita del paziente e delle famiglie
- STIGMA dovuto a
  - Sintomi distintivi
  - Comportamento imprevedibile e bizzarro
  - Pericolosità percepita

(Link et al, 1987)



**STIGMA INTERIORIZZATO**



*«Non ti trattano come un pari, sono sempre un po' diffidenti nei tuoi confronti»  
Ci vedono come...  
«estremamente diversi intollerabili»,  
«sporchi, inaccettabili»,  
«un'immagine così negativa»*

Temi sovra-ordinati

- giudizio
- confronto
- comprensione sociale  
(Knight, 2003)

# Impatto (25-49 anni)

Leading causes 1990

Percentage of DALYs 1990

Leading causes 2019

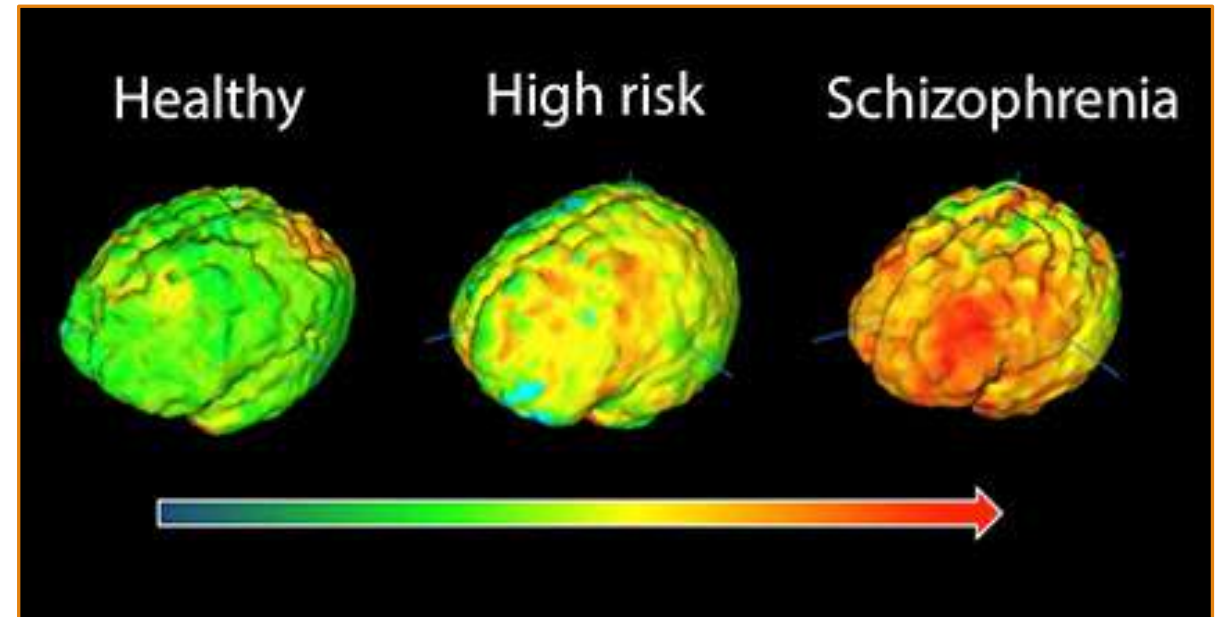
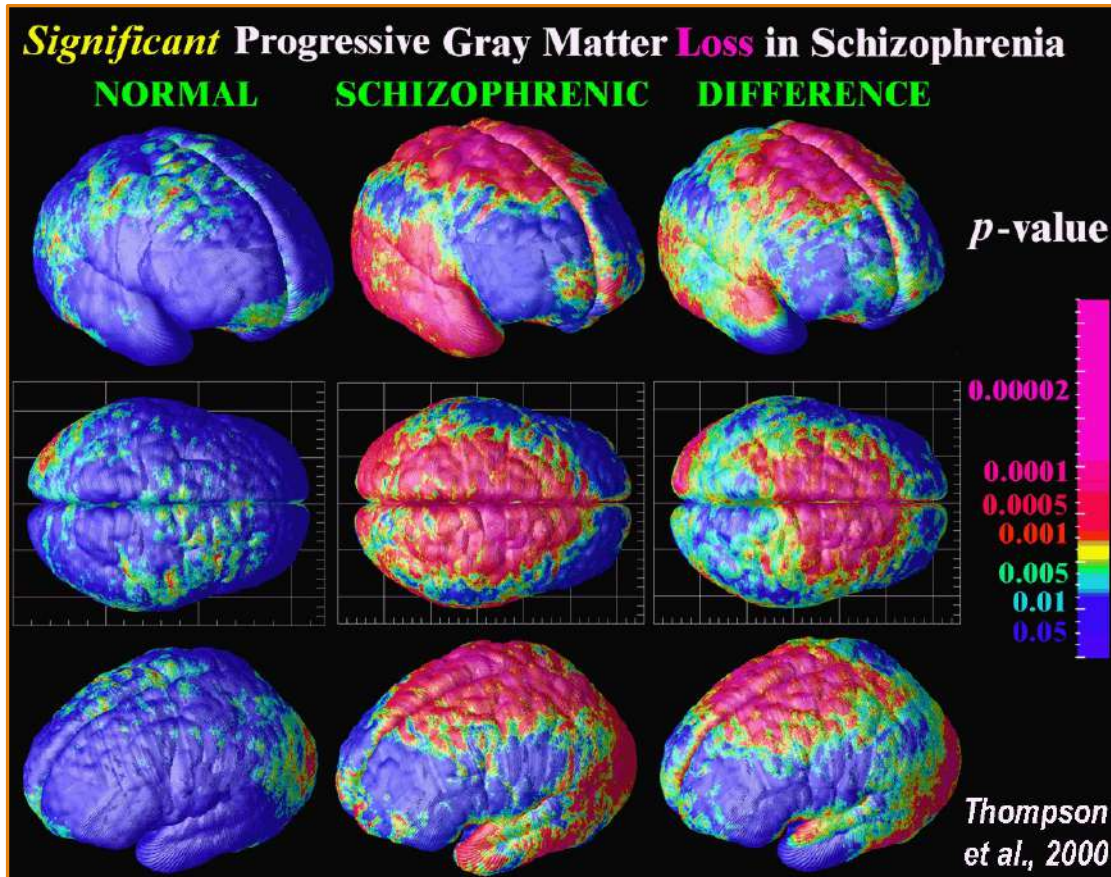
Percentage of DALYs 2019

DALY= Disability adjusted life year

Leading causes 1990	Percentage of DALYs 1990	Leading causes 2019	Percentage of DALYs 2019
1 Road injuries	5.6 (5.1 to 6.1)	1 Road injuries	5.1 (4.6 to 5.7)
2 Tuberculosis	5.5 (4.8 to 6.2)	2 HIV/AIDS	4.8 (4.0 to 5.9)
3 Ischaemic heart disease	4.4 (3.8 to 4.9)	3 Ischaemic heart disease	4.7 (4.0 to 5.4)
4 Low back pain	3.9 (2.9 to 5.1)	4 Low back pain	3.9 (2.9 to 5.0)
5 Self-harm	3.8 (3.3 to 4.4)	5 Headache disorders	3.7 (0.8 to 7.7)
6 Stroke	3.5 (3.1 to 3.9)	6 Depressive disorders	3.5 (2.5 to 4.5)
7 Headache disorders	3.1 (0.7 to 6.4)	7 Gynaecological diseases	3.3 (2.5 to 4.2)
8 Depressive disorders	3.0 (2.2 to 3.9)	8 Other musculoskeletal	3.2 (2.3 to 4.2)
9 Cirrhosis	2.8 (2.5 to 3.2)	9 Stroke	3.2 (2.8 to 3.6)
10 Gynaecological diseases	2.8 (2.2 to 3.7)	10 Tuberculosis	3.0 (2.6 to 3.4)
11 Maternal disorders	2.6 (2.3 to 2.9)	11 Self-harm	2.9 (2.4 to 3.4)
12 Interpersonal violence	2.5 (2.3 to 2.8)	12 Cirrhosis	2.8 (2.4 to 3.2)
13 HIV/AIDS	2.3 (1.6 to 3.2)	13 Interpersonal violence	2.3 (2.0 to 2.6)
14 Other musculoskeletal	2.0 (1.5 to 2.8)	14 Diabetes	2.2 (1.9 to 2.5)
15 Diarrhoeal diseases	2.0 (1.3 to 3.1)	15 Anxiety disorders	2.0 (1.4 to 2.7)
16 Falls	1.8 (1.6 to 2.0)	16 Drug use disorders	1.9 (1.5 to 2.2)
17 Anxiety disorders	1.7 (1.2 to 2.2)	17 Falls	1.8 (1.6 to 2.0)
18 Alcohol use disorders	1.7 (1.4 to 2.0)	18 Chronic kidney disease	1.6 (1.4 to 1.8)
19 Neck pain	1.3 (0.9 to 2.0)	19 Neck pain	1.6 (1.1 to 2.4)
20 Diabetes	1.3 (1.2 to 1.5)	20 Alcohol use disorders	1.6 (1.3 to 1.9)
21 Chronic kidney disease	1.3 (1.2 to 1.4)	21 Age-related hearing loss	1.5 (1.1 to 2.1)
22 Drug use disorders	1.3 (1.0 to 1.6)	22 Schizophrenia	1.5 (1.1 to 1.9)
23 Schizophrenia	1.3 (0.9 to 1.6)	23 Maternal disorders	1.4 (1.2 to 1.6)
24 Age-related hearing loss	1.3 (0.9 to 1.7)	24 Diarrhoeal diseases	1.3 (1.0 to 1.9)
25 Lower respiratory infections	1.2 (1.1 to 1.4)	25 Oral disorders	1.2 (0.7 to 2.1)

Impatto economico sul sistema previdenziale, sociale e sanitario italiano=2,7 miliardi di euro: 50% in costi sanitari diretti e 50% in costi indiretti (spesa pensionistica + perdita di produttività).  
(Mennini 2020, Tor Vergata)

# Caratteristiche neuro-anatomiche e funzionali cerebrali



Crescente attenzione agli stati a rischio!

Alterazioni neurotrasmettitoriali: Dopamina, Glutammato, Serotonina e altri

# Schizofrenia e genetica

---

- Ereditabilità schizofrenia ~ 80%
- 50% di probabilità se entrambi i genitori sono affetti!!
- Geni che codificano per proteine sinaptiche, canali al calcio voltaggio dipendenti, proteine regolatorie
- Overlap genetico con altri disturbi psichici



Implicazioni !!



# Fattori di rischio ambientali

## Avversità in età infantile

- Abuso fisico e sessuale
- Abuso emotivo e psicologico
- Neglect / bullismo
  - Pressioni ambientali
  - Confronto con i pari
  - Alta emotività espressa

→ OR = 2.8 per  
psicosi in età adulta

Associazione con la  
severità dei sintomi  
positivi ed affettivi

## Fattori Socio-Economici

- vivere da solo,
- essere single o disoccupato,
- vivere in situazioni di sovraffollamento,
- income al di sotto della soglia di povertà

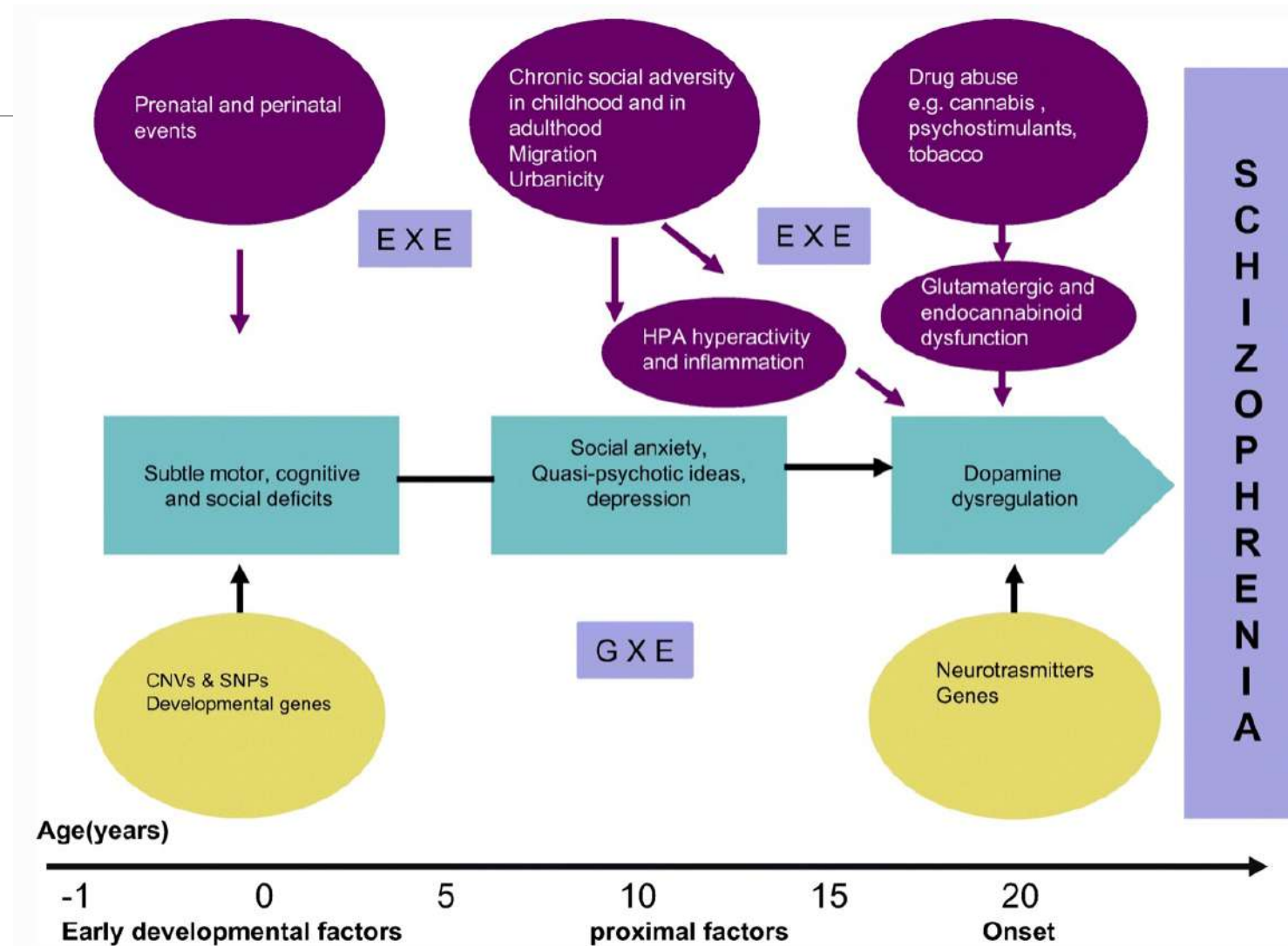
## Altri fattori

**Processo migratorio** (avversità sociali? Traumi?  
«acculturation»?)

**Urbanizzazione:** → OR per psicosi = 2.4 (più alta esposizione ad infezioni, deprivazione sociale, disuguaglianza dell'income, frammentazione sociale/diverse richieste prestazionali)

**Uso di sostanze:** cannabis → OR = 2 o 3 per psicosi

# Gene x environment interaction



# Disturbi psicotici

---

- Cosa sono?
- Quando/come insorgono?
- **Cosa fare?**
- Come/cosa prevenire?



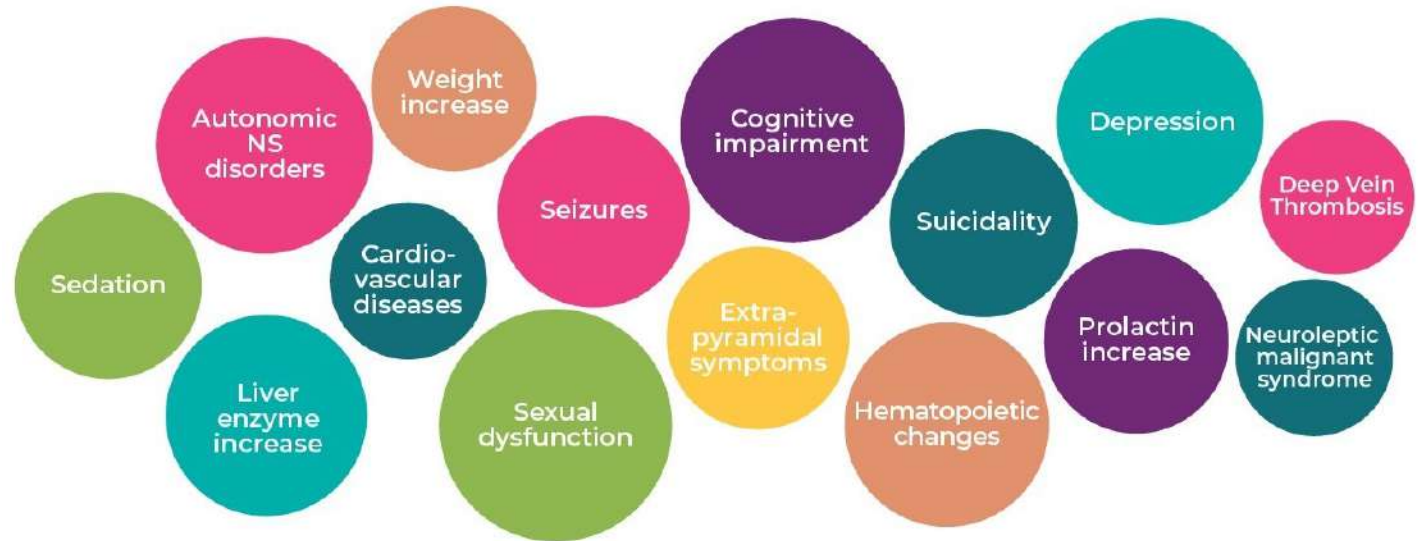
# Trattamento



# Trattamento: farmaci antipsicotici

---

- ❖ Solo parzialmente efficaci !
- ❖ Stereotipi /falsi miti !
- ❖ Con effetti collaterali !
- ❖ Necessario un uso quotidiano !



# Trattamento Psicoterapia

---

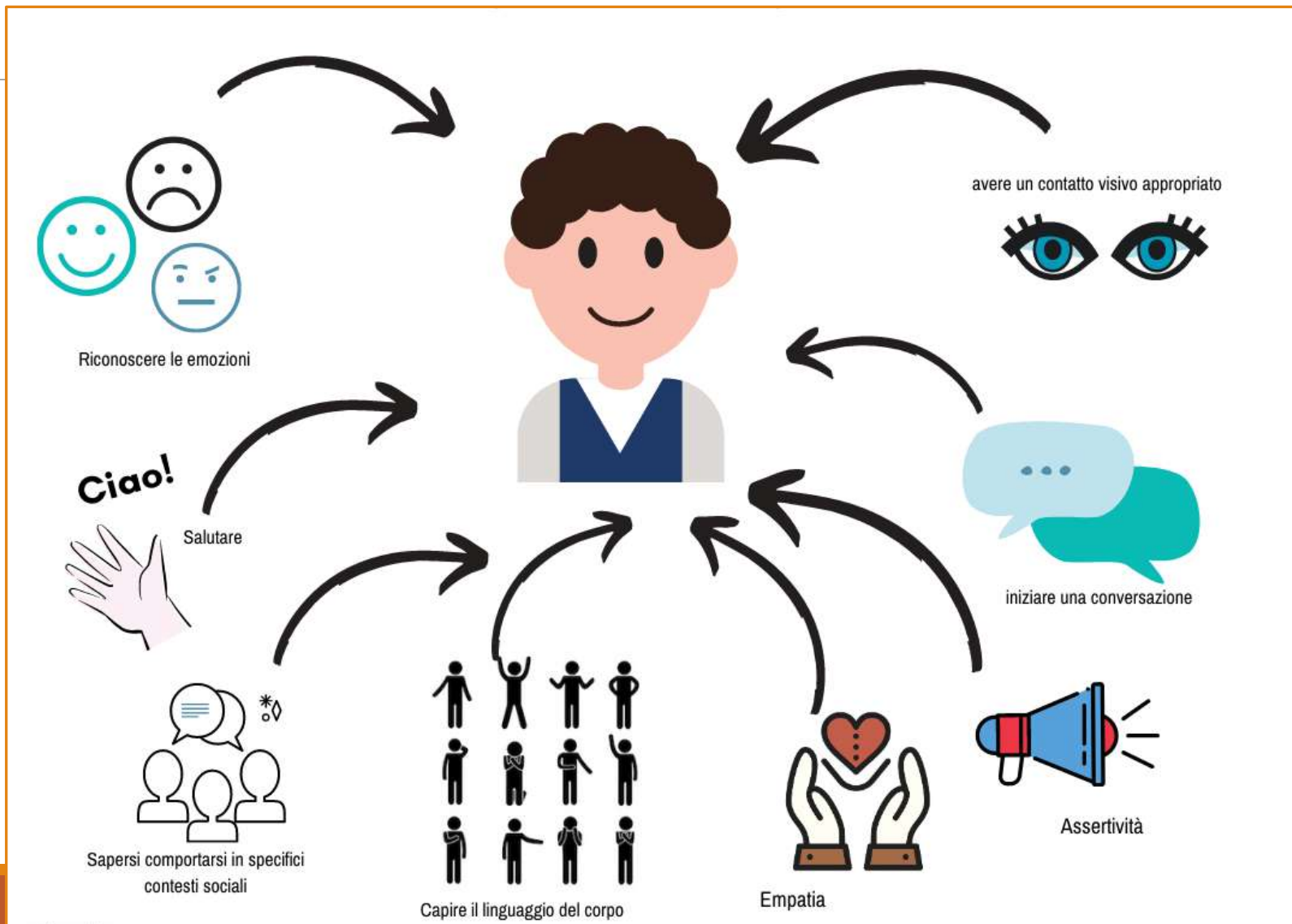
- Quale?
- Quanto spesso?
- Con chi?
- In che fase della malattia?
- A vita?
- E i costi?
- Viene erogata dal servizio pubblico?

# Terapia occupazionale

---

- Arte
- Musica
- ...
- Impiego supportato---limiti!

# Trattamento: social skills training



# Social Strategies to Cope With Schizophrenia



Join a peer support group



Consider community housing



Dating- and friend-matching services



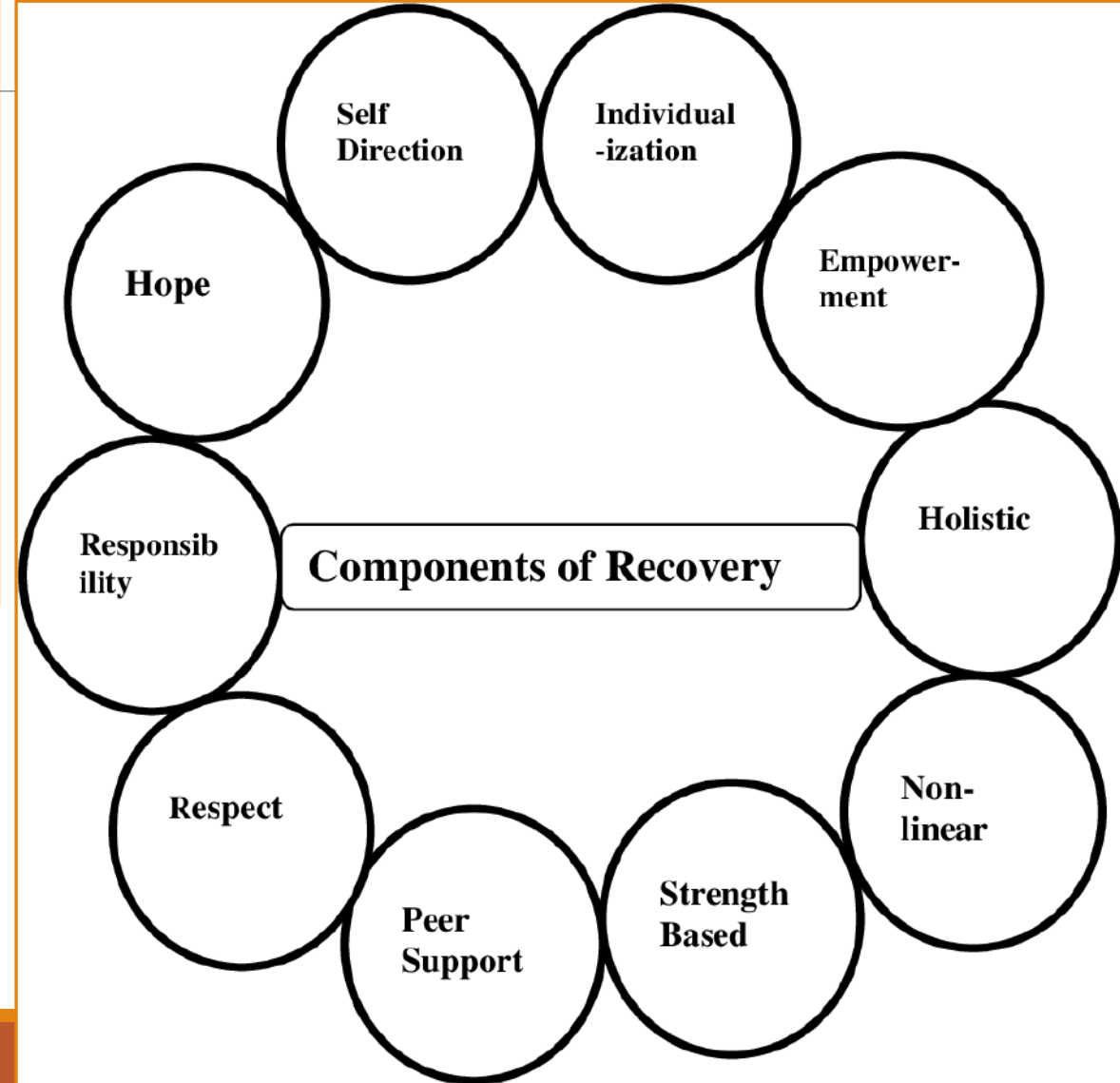
Ask for feedback



Participate in social skills training

verywell

Gap tra ideale e reale !



# Disturbi psicotici

---

- Cosa sono?
- Quando/come insorgono?
- Cosa fare?
- **Come/cosa prevenire?**

# Prevenzione

---

Nella **prevenzione primaria** avviene di fatto la prevenzione dello sviluppo della patologia.

- Vaccinazioni
- Consulenza per modificare il comportamento ad alto rischio

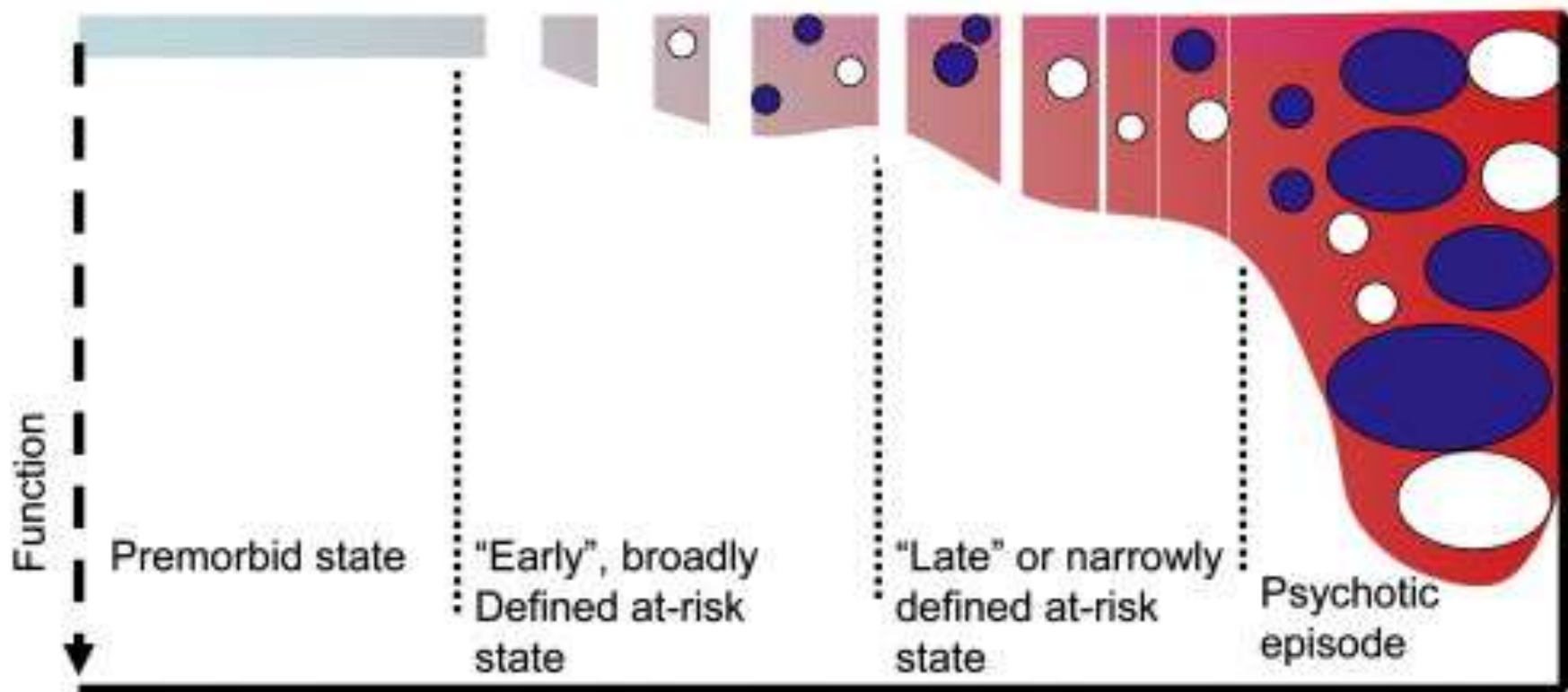
Nella **prevenzione secondaria**, la malattia è riconosciuta e curata precocemente, spesso prima della comparsa dei sintomi, riducendo pertanto al minimo le conseguenze gravi.

- Mammografia
- Densitometria

Nella **prevenzione terziaria**, una malattia pregressa, di solito cronica, viene trattata allo scopo di prevenire complicanze o ulteriori danni che potrebbe causare.

- Controllo della glicemia nei diabetici
- Antiaggregante in chi ha già avuto un ictus
- Prevenzione delle piaghe da decubito nel paziente allettato

- Positive symptoms
- Negative symptoms



Stable cognitive/  
Social or  
Neuromotor  
deficits

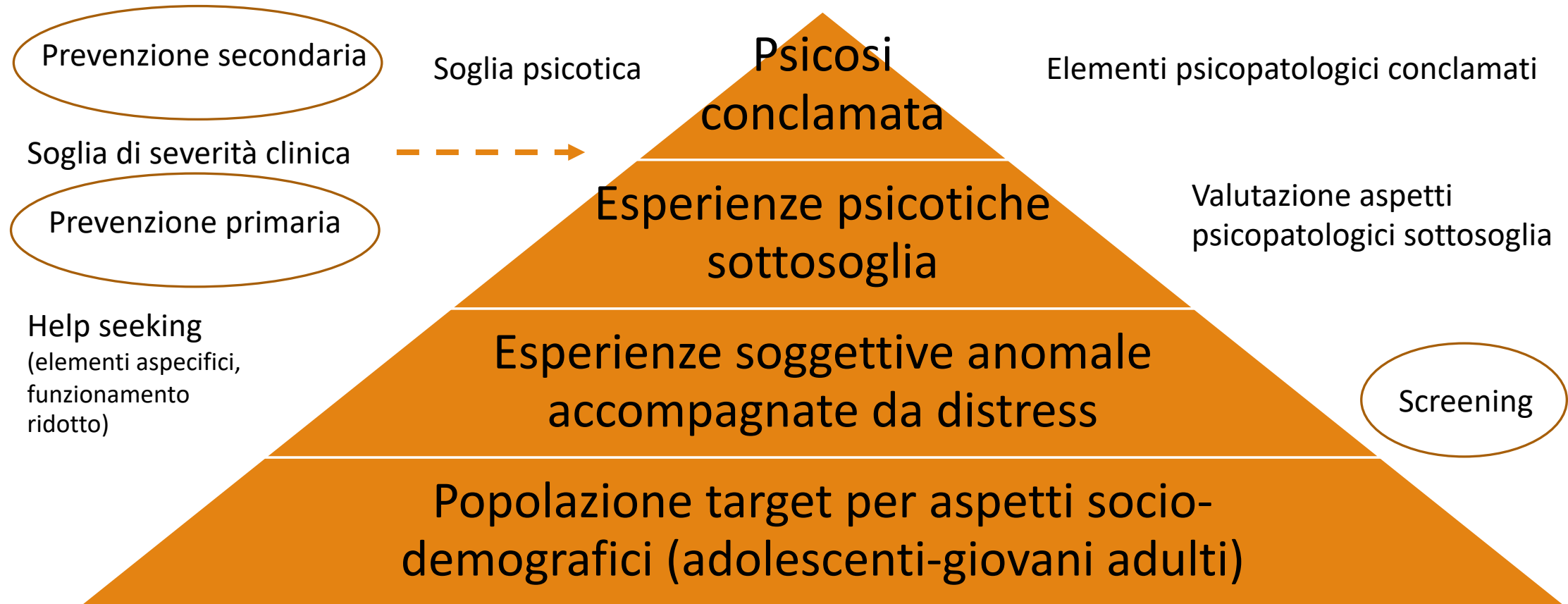
Mild positive,  
Negative or  
general symptoms,  
Cognitive deficits  
Mild-moderate  
functional decline

Recently worsening  
attenuated positive  
Symptoms or  
new onset fluctuating  
psychotic symptoms,  
Marked functional  
decline

Persistent or severe  
psychotic symptoms



# Quando/dove prevenzione?



# Prevenzione primaria

- “avoiding the risk factors which increase the risk of the illness”
- I fattori di rischio più consolidati per la psicosi
  - eventi ostetrici, abusi infantili, eventi avversi
  - migrazione, vita in città (proxy),
  - uso di **cannabis**.....campagne informative di salute pubblica per tutti (i giovani) sui danni dell'uso regolare di cannabis ad alta potenza

“Marijuana in the 60s, 70s, 80s and early 90s was about 2% to 3% THC,”  
“Nowadays, with the commercialized products, they are routinely 20 plus percent — so about 10 times more potent.”

<https://www.nbcnews.com/health/mental-health/marijuana-induced-psychiatric-disorders-high-potency-weed-psychosis-rcna146072>

Psychological Medicine

cambridge.org/psm

## Commentary

Cite this article: Murray RM, David AS, Ajnakina O (2021). Prevention of psychosis: moving on from the at-risk mental state to universal primary prevention. *Psychological Medicine* 51, 223–227. <https://doi.org/10.1017/S003329172000313X>

## Prevention of psychosis: moving on from the at-risk mental state to universal primary prevention

Robin M. Murray<sup>1,2</sup>, Anthony S. David<sup>3</sup> and Olesya Ajnakina<sup>4</sup>

<sup>1</sup>Department of Psychosis Studies, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK; <sup>2</sup>Department of Psychiatry, Experimental Biomedicine and Clinical Neuroscience, University of Palermo, Palermo, Italy; <sup>3</sup>Institute of Mental Health, University College London, London, UK and <sup>4</sup>Department of Biostatistics & Health Informatics, Institute of Psychiatry, Psychology & Neuroscience, King's College London, University of London, London, UK



**CTPHARMA**  
CBD HIGH  
POTENCY DROPS  
22312 C780

Total CBD: 780mg per unit, 52mg per mL  
UID: 1130 0940 6718 7323 | Lot#: TN0193  
Quantity: 15mL | Expiration Date: 12/21/2024

CBD High Potency Drops 22312 C780 | 15mL | Expiration Date: 12/21/2024 | Lot#: TN0193 | NDC: C0000022312 | Net Wt: 0.50oz (15mL) | Gram Equivalent: 1.56g (0.06oz) | Low THC, High CBD

11 30094067187323

Directions: Take as directed. Can be ingested or blended into food. Store in a cool, dry place. Ingredients: Extracted Marijuana concentrate in Medium Chain Triglyceride (MCT), Mycotoxins, heavy metals, chemical residue: ALL PASS. Serving size – This product contains multiple servings.

Warning: Frequent and prolonged use of cannabis can contribute to mental health problems over time, including anxiety, depression, stunted brain development and impaired memory.

ctpharma.com | Produced by CTPharma, Rocky Hill, CT 06067 860.740.4340

This product is not FDA-approved, may be intoxicating, cause long-term physical and mental health problems, and have delayed side effects. It is illegal to operate a vehicle or machinery under the influence of cannabis. Keep away from children.

# Prevenzione primaria

---

Lotta allo stigma per facilitare l'arrivo precoce all'attenzione dei servizi psichiatrici e, conseguentemente, l'inizio di un trattamento precoce (DUP)!

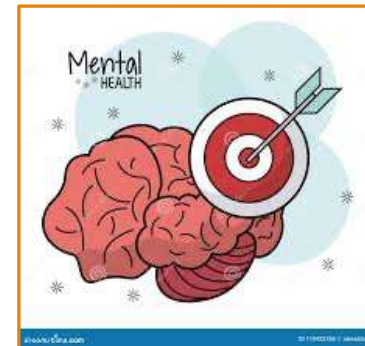


Monitoraggio /psicoterapia /riabilitazione degli «stati mentali a rischio»!

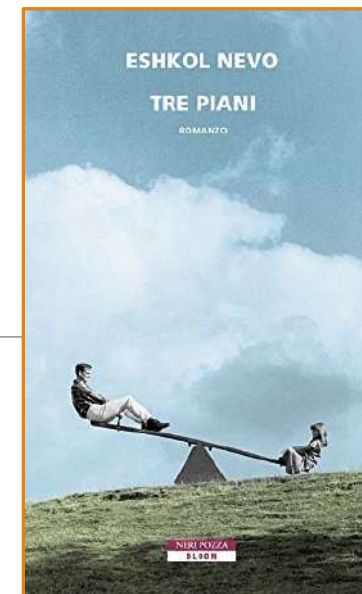
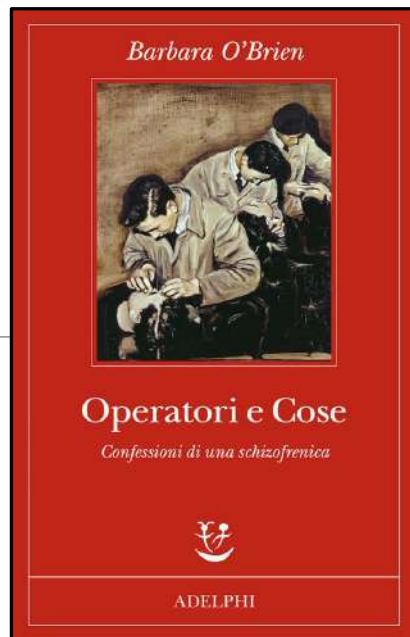
# Prevenzione delle ricadute (secondaria)

---

- 85% dei pazienti affetti sperimenta ri-cadute che impattano sfavorevolmente sulla Recovery (aumentano ospedalizzazioni e costi)
- È noto come gli psicofarmaci (antipsicotici) possano prevenire le ricadute
- Ci sono raccomandazione a proseguire la terapia **per almeno 2 anni** (o più) al prezzo di affetti collaterali che riducono la compliance
- Nonostante la psicofarmacoterapia, comunque, il 20–30 % dei pazienti avrà ugualmente ricadute
- Mentre (magari) un 15% di chi li assume non avrebbe ricadute alla loro sospensione!
- Psicoterapia !!
- Riabilitazione...social skills training !!!

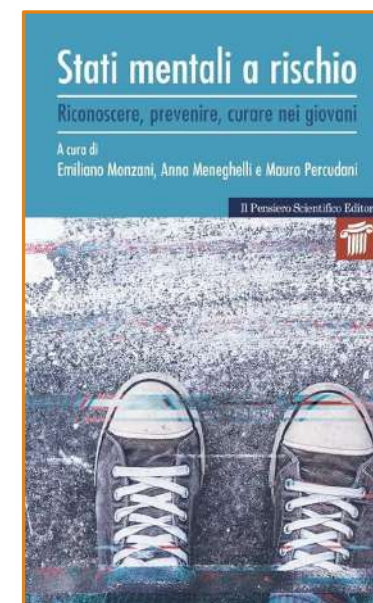


# Libri



Ti stai sbagliando mi  
riprendo la vita.

<https://www.youtube.com/watch?v=psNsS4Q115M>



# Film



[https://www.cinefacts.it/cinefacts-top8-114/8-film-sulle-malattie-mentali-che-ci-hanno-scioccato.html#google\\_vignette](https://www.cinefacts.it/cinefacts-top8-114/8-film-sulle-malattie-mentali-che-ci-hanno-scioccato.html#google_vignette)

# Sitografia

---

[https://psychscenehub.com/psychinsights/first-episode-psychosis-early-psychosis-key-principles-from-the-australian-clinical-guidelines-for-early-psychosis/#google\\_vignette](https://psychscenehub.com/psychinsights/first-episode-psychosis-early-psychosis-key-principles-from-the-australian-clinical-guidelines-for-early-psychosis/#google_vignette)

<https://www.nbcnews.com/health/mental-health/marijuana-induced-psychiatric-disorders-high-potency-weed-psychosis-rcna146072>

<https://www.epicentro.iss.it/schizofrenia/>

<https://www.who.int/news-room/fact-sheets/detail/schizophrenia>

<https://www.nimh.nih.gov/health/publications/understanding-psychosis>



Grazie