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111274**A systematic review and meta-analysis of the evidence on inflammation in depressive illness and symptoms in chronic and end stage kidney disease**

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Aims

Depression affects approximately 27% of adults with chronic kidney disease (CKD) and End Stage Kidney Failure (ESKF). Depression in this population is associated with impaired quality of life and increased mortality. The extent of inflammation and the impact on depression in CKD/ESKF is yet to be established. Through a systematic literature review and meta-analysis, we aim to understand the relationship between depression and inflammation in CKD/ESKF patients.

Method

We searched nine electronic databases for published studies up to January 2022. Titles and abstracts were screened against an inclusion and exclusion criteria. Data extraction and study quality assessment was carried out independently by two reviewers. A meta-analysis was carried out where appropriate, otherwise a narrative review of studies was completed.

Results

Sixty studies met our inclusion criteria and entered the review (9481 patients included in meta-analysis). Meta-analysis of cross-sectional associations revealed significantly higher levels of pro-inflammatory biomarkers; C-reactive protein (CRP); Interleukin 6 (IL-6) and Tumor necrosis factor alpha (TNF- α) in patients with depressive symptoms (DS) compared to patients without DS. Significantly lower levels of anti-inflammatory cytokine Interleukin 10 (IL-10) were found in patients with DS compared to patients without DS. Considerable heterogeneity was detected in the analysis for most inflammatory markers.

Conclusion

We found evidence for an association of higher levels of pro-inflammatory and lower anti-inflammatory cytokines and DS in patients with CKD/KF. Clinical trials are needed to investigate whether anti-inflammatory therapies will be effective in the prevention and treatment of DS in these patients with multiple comorbidities.

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111275**Associations between adverse childhood experiences and conspiracy endorsement – the mediating role of epistemic trust and personality functioning: A representative study during the COVID-19 pandemic**

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Aim

Conspiracy endorsement has gained much attention in the context of the COVID-19 pandemic, as it constitutes a major public health challenge that is associated with reduced adherence to preventative measures. However, little is known about the developmental backdrops and personality characteristics that render an individual prone to conspiracy endorsement. There is a growing body of evidence implying a detrimental role of adverse childhood experiences (ACEs) – a highly prevalent burden – in the development of epistemic trust and personality functioning. This study aimed to investigate the association between ACEs and conspiracy endorsement as well as the mediating role of epistemic trust and personality functioning.

Methods

Analyses are based on cross-sectional representative data of the German population collected during the COVID-19 pandemic ($N = 2501$). Structural equation modelling (SEM) with personality functioning (OPD-SQS) and epistemic trust (ETMCQ) as mediators of the association between ACEs and conspiracy endorsement were conducted.

Results

In total, 20.4% ($n = 508$) of all participants endorsed conspiracies. There was a significant association between ACEs and conspiracy endorsement ($\beta = 0.25$, $p < 0.001$; explained variance 6%). The variance of conspiracy endorsement increased to 19% after adding epistemic trust and personality functioning as mediators ($\beta = 0.12$, $p < 0.001$), indicating a partial mediation and direct prediction from these mediators. Fit indices demonstrated a good model fit.

Conclusions

Evidence on the far-reaching and detrimental effects of early childhood adversities are further increased by demonstrating an association between ACEs and conspiracy endorsement. Our findings contribute to a deeper understanding of the underlying mechanisms by including epistemic trust and personality functioning.

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What is known about the association between personality and functional somatic disorders? A narrative review

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Aims

Personality traits are assumed to be important predisposing/maintaining factors in Functional Somatic Disorders (FSDs), however, few efforts have been made to summarize the literature across FSD subtypes. We conducted a narrative review of studies examining the association between personality constructs across various subtypes of FSD.

Methods

Studies were identified via a) data-base searches in PubMed and PsychInfo (January 2023), b) review of author's archives and c) snowballing. Inclusion criteria required studies to be empirical/review studies in English describing the association between personality (i.e., with a Big Five measure or a measure of personality disorder) and 5 predefined FSD subtypes: somatization disorder, somatic symptom disorder, chronic fatigue syndrome, irritable bowel syndrome and fibromyalgia. Results were analyzed using narrative synthesis.

Results

A total of 92 studies were included. Studies tended to show higher neuroticism across FSD subtypes, but associations were inconsistent for extraversion, conscientiousness, agreeableness and openness. Studies mostly showed increased rates of personality disorders (PDs) and abnormal personality traits in FSD patients relative to healthy control groups or population base rates, though significant variance was observed (between 8.7 and 96% for PD diagnoses).

Conclusion

Studies predominantly supported an association between specific personality traits and across FSD subtypes. Nevertheless, the study

designs make it hard to infer the causal role of traits, and the methodological heterogeneity of studies makes synthesis of findings difficult. The strength of this review is that it covers multiple FSD subtypes. It is limited by its search strategy and narrative synthesis of findings.

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Impact of sociodemographic characteristics and psychiatric diagnosis on length of stay and 30-day readmission rates among patients in medical psychiatric units versus general medical wards

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Aim

Medical psychiatric units (MPUs) deliver acute hospital care for patients with psychiatric comorbidities whose complex needs are often unmet in traditional medical wards. However, it remains largely unknown what types of patients with psychiatric comorbidities would benefit more from hospital care in MPU than in non-MPUs. .

Methods

We examined non-elderly (age: 18–65) adult inpatient data from admissions between Jan/2019 and Feb/2022 from MPUs ($n = 1667$) and non-MPUs ($n = 20,610$) at University of Rochester Medical Center. We stratified patients based on sociodemographic characteristics (age categories, gender, race, and payer status) and diagnostic groups (ICD-10 F codes: Cognitive, Developmental, Mood, Psychotic, Substance, and Others) and compared their length of stay (LOS) and 30-day readmission rates between MPUs versus non-MPUs. Multivariate linear regression models with interaction effects between the binary MPU indicator and each of the sociodemographic and diagnostic categories were estimated to examine which of these factors were associated with greater/lower magnitudes of changes in LOS and 30-day readmissions.

Results

No difference in LOS or 30-day readmission rates was found between MPUs non-MPUs across sociodemographic characteristics. However, LOS was significantly shorter in MPU than in non-MPUs for patients with Developmental (-1.53 ; $p < 0.05$), Psychotic (-0.87 ; $p < 0.05$), Mood (-1.44 ; $p < 0.001$), and Substance (-1.98 ; $p < 0.001$) diagnostic groups but not for those with Cognitive or Other diagnostic groups. No difference in 30-day readmission rates was found across these diagnostic categories.

Conclusions

These results can inform admission procedures and identify patients with certain psychiatric comorbidities for preferential hospitalization in MPUs versus non-MPUs.

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