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CROSS-CULTURAL CHALLENGES IN THE DIAGNOSIS OF DEPRESSION

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For a long time it was assumed that depressive disorders were a classic western problem specific to industrial states. However, the World Bank discovered in a study as early as 1993 that depression in Third World countries was already fifth on the list of illnesses which comprise the largest contribution to the Global Burden of Disease. Affective and behavioural disorders as well as somatic complaints represent the three central categories of symptoms in depression. In western cultures an affective disorder is seen as the main characteristic of a depression, whereas in other cultures different symptoms can be in the foreground. The increase in supranational communication and cooperation as well as the worldwide increase in immigrant populations demand that cultural aspects are considered in the diagnosis and treatment of depression. Physicians need to consider the cultural background of their patients in order to achieve an optimal therapy. If the sociocultural aspects, which cannot always be fully appreciated, of a culturally sensitive diagnosis are not taken into consideration, this can lead to an artificial prevalence of the disorder by making false diagnoses. In order to minimize these mistakes, the guideline for judging cultural influencing factors should be used to complete the diagnosis.

Not only the development of culturally adequate therapy concepts and institutions, but also the expansion of knowledge about the psychopathology and epidemiology of psychic disorders, e. g. of depression in immigrant groups and the examination of their use of treatment facilities, are the goals of cross-cultural psychiatry and psychotherapy.