
S30 Factors of significance in the treatment of victims...

THE VICTIMS OF PERSECUTION AND TORTURE: THE TACTICS OF THE TREATMENT IN WESTERN AND EASTERN EUROPE

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In former USSR the professional activity of a psychiatrist was carried out under the context of a harsh totalitarian regime. Today in Eastern Europe there is a faith in law and policy. This is the faith that had been a foundation for all utopias. As far as the professional activity of a psychiatrist is intimately connected to the risk of cruel treatment of patients and participation in tortures, this blind faith in absolute justice of a state and law is very dangerous. The danger is enforced by obvious subjectivity of most psychiatric categories and classifications relate to operationalising ideas in psychiatry. Treatment techniques in Eastern Europe have to find a way out of the memories linking state, persecution and treatment, and of rebuilding resources to withstand a hard reality under difficult conditions that differ from Western approaches in specific aspects to be discussed in the presentation.

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A COGNITIVE AND CULTURE-SENSITIVE APPROACH IN THE REHABILITATION OF TORTURE SURVIVORS

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As we know from research and case documentation, Torture is an instrument of suppression, that aims to destroy the human being and those around him as socially and politically active members of their community. A major strategy is the distortion of reality and of the usual assumptions of the victim in the frame of culture and social interaction, pain used to induce and intensify liminal states. The importance of this intentionally induced „dysfunctional“ cognition in addition to adaptational patterns like dissociation of experience can be central in the critically reduced quality of life in torture survivors

Characteristic cognitions are discussed together with interventions in a series of five patients from different ethnic backgrounds, as possible factors of relevance are too complex to be covered by an epidemiological approach. The close connection between intention of the perpetrator and cognitive changes that could be observed in our patients proved to be a decisive factor in the change of belief systems, and was the main focus of therapy

Intrusive as well as restrictive symptoms as described in the literature on PTSD are closely related to the cognitive evaluation of memories and of symptoms experienced after the trauma

S32 Psychiatry's contribution to the practice of medicine

Psychiatry's Contributions to the Practice of Medicine.

Eliot Sorel, M.D., F.A.P.A. (U.S.A.), Chairman
Prof. Sergio de Risio (Italy)
Dr. med. Ursula Steiner-Konig (Switzerland)
Florin Tudose, M.D., Ph.D. (Romania)

Psychiatry in the late 20th century is redefining its roles, its identity, and its mission as a result of both internal and external catalytic factors, and in the context of medicine Psychiatry is emerging as a major contributor to the practice of medicine and public health

Advances in diagnosis with more reliable and predictable tools; research breakthroughs in brain and neurosciences, family systems and cultural dimensions of health and illness, as well as enhanced specificity of psychotherapeutic and psychopharmacological treatments are all bringing psychiatry back to medicine and augmenting its depth and breadth of contributions to the practice of medicine and to the training of physicians for the XXI century

This symposium presents psychiatric research, treatment, and training in the context of medicine and contributions to professional organizations The authors address innovating developments in consultation liaison in Romania and Italy, professional organizations' contributions in Switzerland, and primary care behavioral health integration in the American context

S32 Psychiatry's contribution to the practice of medicine

Depression: A Primary Care - Behavioral Health Integration Model

Eliot Sorel, M.D., F.A.P.A. (U.S.A.)

Depression is one of the leading causes of morbidity and mortality in the United States It is anticipated that by the year 2020 depression will be the second leading source of the global burden of disease More than half of those Americans who seek treatment do so in the context of primary care, despite its diagnostic and treatment limitations Furthermore, a third or more of high utilizers of medical services are depressed, often misdiagnosed, or inadequately treated

Modern psychiatry and behavioral health now have the diagnostic tools, the screening instruments, and the psychotherapeutic and psychopharmacological interventions which are specific and successful. they are on par with many other medical and surgical interventions It is especially so in the diagnosis, treatment, and outcomes of depression interventions

The author presents current scientific, economic, and humane considerations toward an integrated model of behavioral health and primary care treatment of depression