

P0247

General preconditions of formation of “psychosomatic symptom complexes” in cardiovascular diseases

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Objective: To study preconditions of formation of psychosomatic symptom complexes in cardiovascular diseases.

Methods: We have examined 832 patients (361 male and 471 female, age 49,5±6,4 years) of Borderline States Department with AH (700 persons), IHD (132 persons) and mental disorders of neurotic and affective level. Interrelationship of somatic, mental, psychosocial factors has been studied by methods of system statistical analysis.

Results: In 40,8% of cases rationale of patients with AH and IHD to consult a psychiatrist was subjective non-satisfaction with his/her condition (p=0,001). Women were fixed on psychotraumatizing situation: life events, interpersonal relations, everyday factors. They perceived themselves as severe ill, experienced anxiety, depressed mood, suicidal ideation, tearfulness. Men recognized themselves as “nervous” or “somatic” patients or denied the illness as a whole (anosognostic reaction). They were characterized by fear of death, inclination to ideas of self-humiliation or self-guilt. Significant psychotraumatizing factors were medical (presence of somatic disease) and working ones.

Mental disorders in patients with HI, IHD were accompanied by somatovegetative symptoms: insomnias (86,7%; p=0,002), paresthesias (88,6%; p=0,002), inner palpitation (77,1%; p=0,001), a lump in the throat (56,6%; p=0,001), hyperventilation disturbances (41,9%; p=0,001), heart beating (29,4%; p=0,001), skin itch (15,4%; p=0,046), dysuria (10,7%; p=0,001), dysphagia (3,1%; p=0,028). Alalgalic “masks”: cephalgias (92,9%; p=0,001), abdomenalgias (64,7%; p=0,012), cardialgias (60,1%; p=0,001), arthralgias (36,8%; p=0,001). Emotional lability (78,4%; p=0,037), irritability (73,9%; p=0,001), anxiousness (54,2%; p=0,001), paroxysms of fear of death (21%; p=0,001).

Conclusions: Variability and polymorphism of extracardial symptom complicates recognition, differential diagnosis and therapy of cardiovascular diseases.

P0248

Psychotropic drugs in pregnancy and lactation. Clinical aspects

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This presentation is focused to analyse the safety of SSRIs and mood stabilisers in pregnancy and breastfeeding in order to reduce the risks associated with pre- and postnatal exposure to both classes of psychotropic drugs.

SSRIs

Recent literature information seems to suggest that SSRIs as group, sertraline, and, especially, paroxetine, may be associated with an increased risk of fetal malformations (cardiovascular anomalies, prevalently).

Moreover, exposure to such agents late in pregnancy is associated with an increased risk of inducing neonatal complications.

Further, the repercussions of SSRI exposure through placenta on the infant's neuropsychological development remain substantially unknown.

On the other hand, only sporadic case-reports have described unwanted reactions (of low degree of severity, however) in infants breastfed by mothers who were treated with SSRIs during lactation.

(1) Classic and emergent mood stabilizers

Classic mood stabilizers have been associated with an increased risk of fetal major malformations.

As regards atypical antipsychotics, available data are still insufficient to confirm or exclude an intrinsic teratogenic potential. (2) Conversely, information on lamotrigine seems to be quite reassuring.

Placental exposure to valproate is also associated with impaired neurodevelopmental outcomes.

Finally, all mood stabilising agents show too limited data for suggesting their safe use in lactation.

References:

[1]. Gentile S. Use of contemporary antidepressants during breastfeeding. A proposal for a specific safety index. *Drug Saf* 2007; 30(2):107-21.

[2]. Gentile S. Prophylactic treatment of bipolar disorder in pregnancy and breastfeeding: focus on emerging mood stabilizers. *Bipolar Disord* 2006; 8 (3): 207-20.

P0249

Physical health monitoring of patients on antipsychotics: An out patient clinic audit

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Purpose: To improve the quality of physical health care of patients on antipsychotics.

The second purpose of our study was to look at the administrative and clinical issues that hinders physical health assessment in outpatient clinics.

Background: Severe mental illness (SMI) is associated with high risk of physical co-morbidity and mortality and as such is a major public health concern.

Methodology: Current guidelines are described, and adherence to the standards is audited

Retrospective case note audit.

New patients seen in the outpatient Clinic between January 06 – August 06 and were prescribed antipsychotics were included in the study.

Results: The audit included 30 patients, seen in the Collingwood Court Outpatient clinic between February 06 – August 06. The majority of patients were male (59%) and were between the age group 30 – 49. Depression was the main diagnosis (10 patients) closely followed by Bipolar Affective Disorder & Psychosis. Out of the 30 Patients, no patient had complete base line investigation. Only 13(43%) patients has some investigation and of this only 10 (33%) had the results recorded in the notes. In around 50% of the patients there was request made to the GP for this investigations but no further corresponded from the GP or any records of this being done was noted in the notes. No patients has BMI or BP monitoring done at any time

Conclusions: This audit identifies shortcoming in physical health monitoring and possible reasons.

P0250

Plasma levels of medicated psychiatric patients requiring hospitalization

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Therapeutic drug monitoring (TDM) in psychiatry, and adherence to orienting therapeutic ranges (OTRs) of medications in particular, is regarded as useless by many psychiatrists.

To evaluate the hypothesis that pre-medicated patients requiring acute psychiatric inpatient treatment have plasma levels below OTR and have actual plasma that are below the level expected from their dosing regimen.

Included were all patients who were consecutively admitted for acute inpatient treatment in June 2005 and who had been treated with medications (N=161) for which OTRs are available. A determination was done of all plasma levels and their comparison to their OTRs, and to the expected plasma levels, based on known preadmission dosing regimen and average pharma-cokinetic data.

A significantly higher-than-chance fraction of medicated patients who had to be admitted for acute inpatient treatment had plasma levels below OTR. Of 149 patients for which OTRs are available, 105 (70.5%) were below OTR, 37 (24.8%) were within OTR, and 7 (4.7%) were above OTR. Of 161 (100%) admissions, 99 (61.5%) had actual plasma levels that were below the expected individual plasma level, and 62 (38.5%) were at or above the expected plasma level, 23 (14.3%) out of them had a plasma level of 0.

Failure to reach the orienting therapeutic level (OTR) of a psychiatric medication increases the risk of hospitalization.

P0251

Relationship between superstitious beliefs and anxiety, depression in Iran

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Background: Superstitious, the beliefs in supernatural causes of events are common all around world. In our society (Iran) many psychiatric patients especially in rural areas attribute their mental illness to supernatural causes. In previous study, authors showed 77.8% of patients in Beheshti psychiatric hospital, Kerman, Iran had superstitious beliefs. Many of our patients come from southern parts of province Kerman. This study was carried out in Jiroft, one of the important cities in the south part of Iran, we tried to evaluate the relationship between superstitious beliefs and anxiety and depression among them.

Method and Materials: In this research 388 individuals whom were randomly selected were evaluated with Beck's inventory for depression assessment, Cattell's questionnaire for evaluation of anxiety and, superstitious inventory which was standardized for research in Iran.

Results: The mean score of depression \pm SD was 15.1 ± 10.8 and the mean score of anxiety were 6.7 ± 1.6 in men and 6.4 ± 2.1 in women respectively. Spearman's regression test showed that an increase in score of depression and anxiety results in an increase of score of questionnaire of superstitious beliefs ($P < 0.0001$).

Conclusion: Superstitious beliefs could result in medication non compliance in psychiatric patients. From other point of view people with superstitious beliefs showed more depression and anxiety, so these patients are prone to be treated by local traditional healers than psychiatrists. Depression and anxiety are supposed to be 2

important factors in strengthening of superstitious beliefs. So depressed anxious patients are more prone to delay treatment and seeking superstitious treatments.

P0252

Paintings as instrument for treating patients with dissociative identity disorder

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Introduction: Dissociative identity disorder (DID) is one of the dissociative disorder which was difficult to be treated completely. These patients created several identities to be protected from experiencing the pain of inescapable and unrelieved trauma and abuse. Engaging these patients in meaningful activities is one of the treatment tools. In this report we presented a young female patient with impression of DID whom had treated with psychodynamic oriented psychotherapy associated with promoting her in painting abilities.

Case history: A 19 years old woman with 15 separate identities was described. In the first sessions, therapist identified her famous ability to draw. (one of her first paintings was associated with this abstract). During four years treatment, gradually she became an amateur painter. At the end of therapy she drew famous paintings instead of childish ones (induced in article). At this time she had nearly full integrated personality.

Conclusion: Painting could play a role not only as an useful instrument to discover patient's conflict, but also a complementary tool for integrating patient's personality in one strong personality.

