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Psychosocial outcomes 3 years after facial transplantation of a blind patient

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Background To date, psychosocial outcomes after facial transplantation are promising although long-term consequences, outcome of blind patients and the impact on family members are less well investigated. The aim of this study was to examine the long-term psychosocial of a blind patient and his partner 2 and 3 years after facial transplantation.

Methods Depressive and anxiety symptoms, hopelessness, coping, resilience, illness cognitions, marital support, dyadic adjustment, family functioning and quality of life of the patient and the partner were assessed before and 2 and 3 years after transplantation. Reliable change index (RCI) was further calculated to evaluate the magnitude of change.

Results Most psychological, marital and family scores of both the patient and the partner remained within a normative and healthy range at follow-up. Resilience (RCI: 2.5 & 3.4 respectively), affective responsiveness (RCI: -4.1 & -3.2 respectively), physical quality of life (RCI: 8.7 & 7.2 respectively) and helplessness (RCI: -2.2 & -2.9 respectively) of the patient improved at 2 and 3 years follow-up. Further, dyadic cohesion (RCI: 2.4) of the patient improved at 2 years whereas marital depth (RCI: -2.0) of the partner decreased at 3 years.

Conclusions The results of this study point to positive long-term psychosocial outcomes of a blind patient and his partner after facial transplantation. Further, they may underscore the importance of patient selection, social support and involvement of family members in treatment.

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Alternative treatment options for lithium-induced nephrogenic diabetes insipidus

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Introduction Lithium is currently a drug of choice for treating persons with bipolar disorder and is widely used in this population. Approximately, 30% of patients taking lithium experience at least one episode of lithium toxicity. Treatment of acute toxicity involves correction of electrolyte abnormalities, volume repletion followed by forced diuresis, and dialysis in severe cases. A case report is described and it is reviewed some alternative treatment options before considering withdrawal of lithium treatment in lithium-induced nephrogenic diabetes insipidus.

Case report A 58-year-old woman diagnosed of hypertension and bipolar disorder for 20 years. At first, she was controlled with valproic acid until she suffered a manic episode which required a mood stabilizer switch. She started a treatment with lithium 1200 mg/day and olanzapine to 10 mg/day and was completely recovered. After a year of stabilization, olanzapine was retired and she maintained stabilized with lithium 1000 mg/day during last 17 years. During last 8 months, she suffered polydipsia and polyuria (4 L/day). She was diagnosed of nephrogenic diabetes insipidus. Some measures like liquid restriction, lithium monodose and low sodium diet were carried out, obtaining a partial response. Taking into account, she was stabilised with lithium for many years, it was decided to introduce hydrochlorothiazide 25 mg/day, clinical and analytical resolution of nephrogenic diabetes insipidus was obtained. A year later, she maintains psychopathological stabilization, without any lithium secondary effects.

Conclusion Some treatment options for lithium-induced nephrogenic diabetes insipidus could be introducing thiazides, amiloride, indomethacin, desmopressin or carbamazepine, instead of withdrawal lithium.

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New interferon-free therapies on HCV+ chronic hepatitis: Overcoming psychiatric side effects in a real world setting

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Introduction Interferon-alpha (IFN α) was the backbone therapy for HCV+ related chronic hepatitis (CH-C). However, it was associated with significant neuropsychiatric side effects and impaired health-related quality of life. Second Generation IFN α -free direct-acting antiviral agents (DAAs) seem to be associated with fewer side effects, better tolerability, high efficacy rates and better patient reported outcomes (PROs) [Younoussi, 2014].

Aims To describe the neuropsychiatric symptoms and PROs during Second Generation DAAs plus ribavirin oral treatment in a group of CH-C real world patients.

Methods Nineteen CH-C outpatients, scheduled for IFN α -free treatment, were assessed at enrolment (T0), at 4 (T1) and at 12 (T2) weeks, the end of treatment, by means of MDRS, HAM-D, HAM-A, MRS, Y-BOCS and SF-36. A pharmacological therapy, based on clinical evidence, was provided at psychiatric symptoms onset.

Results During the treatment, we didn't report any worsening in the administered psychometric scales. Furthermore, we observed a general improvement at week 12 (T2), statistically significant only for MRS ($P < 0.05$). Any statistically significant difference was found for SF-36 mean scores comparing T0, T1 and T2. However, SF-36 cluster analysis showed between T0 and T2 a meaningful and significant rise of global health clusters "General health perceptions" ($P < 0.05$), "Change in overall health status" ($P < 0.001$) and a significant impairment in cluster "Emotional role functioning" ($P < 0.05$).

Conclusions Our real world data are consistent with trial setting results [Younoussi, 2014]. Contrary to previous IFN α -based therapy, new regimens don't seem to be associated with psychiatric side effects and suggest an immediate gain in general health PROs over the treatment period.