

Liaison psychiatry

AN ITALIAN NATIONWIDE COLLABORATIVE STUDY FOR THE DIAGNOSIS OF SOMATOFORM DISORDERS.

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Somatoform Disorders are a group of widely prevalent disorders situated on the borderland between primary care, medicine and psychiatry. Somatoform Disorders Schedule (CISSD-SDS) is a W.H.O. newly developed instrument based largely on the C.I.D.I. 1.1 section on somatoform disorders. CISSD-SDS has been previously tested for inter-rater and test-retest reliability in U.S.A., Brasil, Italy, India and Zimbabwe. The objective of our study is the evaluation of clinical presentations, diagnostic profiles and prevalence of Somatoform Disorders by means of CISSD-SDS in 2,000 outpatients recruited in 51 Psychiatric Services spread all over Italy. CISSD-SDS was employed to systematically investigate all possible somatic complaints in terms of psychiatric relevance, duration, severity and frequency. After a common training, 40 patients were recruited in each Service starting from October 11, 1993 and according to a randomized design, whether they were new or known patients. Data analysis includes prevalence of somatic complaints among psychiatric patients, co-morbidity rates and comparisons with the general population. Symptom presence was analyzed not only in terms of DSM-III-R and ICD-10 diagnostic categories, but also in terms of somatic symptom profiles, regardless of diagnostic labels. A comparison was also attempted among different geographical areas with different traditions and cultural backgrounds to catch a glimpse of cultural determinants of somatic presentations of psychological distress.

POSSIBLE SIGNIFICANCE OF BORNA DISEASE FOR HUMANS

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Borna Disease (BD) is a progressive meningoencephalitis of horses and sheep in Central Europe, thought to be non-pathogenic for humans. Because of the finding of BDV serum antibodies in psychiatric patients, it has been suggested, that Borna Disease Virus (BDV) could cause affective psychoses or other psychiatric disorders, but the results remained unclear. Comparing new large groups of psychiatric (n=2400), neurological (n=1800) and surgical (n=600) patients from an endemic BD region in Germany we found a significantly higher prevalence of BDV-seropositive individuals in psychiatric patients under age 50 and also higher prevalence in neurological patients under age 50 than in surgical patients of this age group. This might indicate a possible etiologic role of BDV in a part of BDV-seropositive psychiatric and neurological patients, predominantly under age 50. In a remarkable part of individuals the BDV serum antibodies seem to be accidental findings. According to our results BDV serum antibodies could indicate a causal or contributing relationship to the clinical syndromes in the following cases: in neurological patients with lymphocytic (meningo-)encephalitis and possible chronic (meningo-) encephalitis, in psychiatric patients with schizophrenic and affective psychoses and certain personality disorders. This is compatible with the variable symptomatology in natural and experimental BD in animals.

EMOTIONAL DISORDERS IN PATIENTS WITH
AUTOIMMUNE THYROIDITIS

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Autoimmune thyroiditis (AT) is a common form of spontaneously occurring hypothyroidism, which is considered to play significant role in the development of depression. On the other hand, emotional disorders and AT may coexist as constellation of two separate diseases. The prevalence of emotional disorders among patients with AT in relation to the thyroid failure was the point of main interest in this study.

The mental status examination and thyroid function assessment was performed to 92 patients with AT consecutively admitted to the endocrinological evaluation and research unit and referred to the psychiatrist's consultation. Control group consisted from 65 patients with nontoxic diffuse goiter (NDG). Hypothyroidism was found in 23.9% patients with AT. Mood and anxiety disorders was most often found mental pathology in both groups (73.9 and 76.9%). The diagnosis of dysthymia tended to be more frequent in patients with AT ($p < .1$) and anxiety disorders in NDG patients ($p < .2$). The differences of the prevalence of anxiety disorders were significantly higher in NDG patients in comparison to the hypothyroid patients from AT group ($p < .05$). There were no differences in the prevalence of depression in relation to thyroid function. Hypothyroid patients were significantly older than patients with euthyroid AT and NDG ($p < .001$).

These results suggest that a distribution of the emotional disorders do not depend on concomitant thyroid diseases (AT and NDG). Hypothyroidism have some inhibitional effect on the development of anxiety disorders.

A STUDY OF THE JUDICIAL PSYCHIATRICS ADMISSIONS
IN A GENERAL HOSPITAL IN SPAIN.

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INTRODUCTION: RECENT LEGISLATION ABOUT PSYCHIATRIC ADMISSIONS IN SPAIN, HAS CAUSED AN INCREASE OF COURT ORDERED PSYCHIATRIC ADMISSIONS. THE UNCERTAINTIES OF THE SAID LEGISLATION AND THE INSUFFICIENT LEGAL INFORMATION OF PSYCHIATRISTS ABOUT THIS TYPE OF ADMISSIONS, HAS MOTIVATED THE REALIZATION OF THIS STUDY.

MATERIAL AND METHOD: DURING A TWO YEAR PERIOD (APRIL 1, 1992/MARCH 1, 1994) 50 INVOLUNTARY COURT-ORDERED ADMISSIONS WERE MADE IN OUR UNIVERSITY HOSPITAL 35 BED PSYCHIATRIC UNIT. THE SOCIAL, JUDICIAL AND PSYCHIATRIC CHARACTERISTICS OF THESE PATIENTS ARE DESCRIBED.

RESULTS AND CONCLUSIONS:

1. THERE IS A PREDOMINANCE OF SINGLE, UNEMPLOYED, MALES MEAN AGE : 38.9 (STD. DESV.: 10.4).

2. THERE IS A HIGHER FREQUENCY OF COURT "AUTHORIZATIONS" THAN OF "ORDERS".

THE MAIN REASON FOR ADMISSION WAS HETEROAGGRESSION (80%) BUT ONLY 28% OF THE SAMPLE HAD LEGAL CHARGES AGAINST THEM (THEFT, THREATS AND LESIONS).

3. IN 48% OF THE CASES THE DIAGNOSIS WAS SCHIZOPHRENIA MEAN TIME OF HOSPITALIZATION : 25.2 DAYS (STD. DESV.: 16.4) . AFTER DISCHARGE 84% RETURNED HOME.

FEBRUARY, MARCH AND APRIL CONCENTRATED 48% OF ADMISSIONS IN OUR UNIT THE COURT ORDERED ADMISSIONS REPRESENTED 4% OF THE TOTAL ADMISSIONS.

LIAISON PSYCHIATRY IN AN UNIVERSITY CENTRAL
HOSPITAL (UCH).

DEPRESSIVE STATES IN SERIOUS PHYSICAL ILLNESSES :
DIAGNOSTIC AND THERAPEUTIC DIFFICULTIES

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From their working in liaison psychiatry in UCH of Besançon, the authors present certain features of depressive states in the patients suffering from serious physical illnesses. The spotting diagnosis of the depression becomes difficult by certain overlapping in the depressive and somatic symptoms. The boundaries are vague between : physical asthenia and depressive abulia, somatic sedation and psychomotor retardation, and loss of vital hope and depressive despair.

In the presence of a large number of cases, it seems to be a matter of self-limited depression but not fixed depression. Nevertheless it seems necessarily to make caregivers aware about this diagnosis of depression. Indeed their resort to psychiatrist, which frequently postbonded in relation to announcement of the diagnosis, is usually motivated by loss of the patient's confidence in their therapeutic plan. The sadness and anhedonic are too frequently underestimated or excessively recognized like adaptative response to the physical illness. In spite of these difficulties, the diagnosis of depression is very important to institute appropriated treatment.

PSYCHOPATHOLOGY IN INFLAMMATORY BOWEL DISEASE

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The hypothesis that psychological factors affect the onset and course of Inflammatory Bowel Disease (IBD) was tested by examining 52 patients with Ulcerative Colitis (UC) and 20 patients with Crohn's disease (CD). The instruments used were the 28-item version of the General Health Questionnaire (GHQ-28) and the Beck Depression Inventory (BDI). The results were compared with those of a 30-patient Control group without gastrointestinal disease. There was a higher proportion of "psychiatric caseness" in CD than UC patients.

Depression between those two groups was almost equally distributed UC patients with previous surgery were found to be more psychiatrically disturbed than those without surgery. The supportive role of psychological intervention to IBD patients is discussed.

DEVELOPPEMENT ET PERSPECTIVES D'AVENIR DE LA PSYCHIATRIE DE LIAISON DANS LA COMMUNAUTE FRANCAISE DE BELGIQUE.

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- Le psychiatre à l'hôpital général est de plus en plus sollicité pour intervenir dans la plupart des services médico-chirurgicaux pour des pathologies et des situations très diverses.
- Son rôle est multiple : travail de crise et d'urgence, de prise en charge ou d'orientation, mise au point diagnostique et thérapeutique.
- Les niveaux d'intervention se situent non seulement par rapport au patient et à sa famille mais aussi par rapport aux équipes médicales et paramédicales de l'hôpital.
- Ce rôle implique aussi une collaboration avec le médecin généraliste traitant et les structures de prise en charge extérieures.
- La psychiatrie de liaison se profile aussi comme une plaque tournante garantissant un aspect plus global de la prise en charge et un suivi adéquat.
- L'exposé décrit le fonctionnement de la psychiatrie de liaison dans un éventail très large d'institutions hospitalières de notre région.
- Certaines recherches plus spécifiques sont abordées : psychocardiologie, psychiatrie d'urgence, assuétudes, troubles du comportement alimentaire, etc...

INTENSIVE CARE IN PSYCHIATRIC INPATIENTS BY DATA OF PSYCHIATRIC CLINIC OF KAUNAS MEDICAL ACADEMY

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Psychiatry Clinic of Kaunas Medical Academy is based on two Psychiatric Departments in General Hospital. The purpose of our investigation was to analyze the cause and frequency of intensive care in psychiatric inpatients. In research period (1991-1992) 123 psychiatric inpatients were treated in intensive care unit (ICU). The patients who died were included. 79 % of patients were admitted directly to ICU, 13% - from Psychiatry Clinic, 8 % - from other somatic departments. Reasons for admission directly to the ICU with subsequent referral to the Psychiatry Clinic were generally either suicide attempts (59 %), alcoholic delirium (28 %) or complications of addiction (9 %). The patients from Psychiatry Clinic were referred to ICU by electrolyte disturbances and dehydration (25 %), severe cardiac arrhythmia (20 %), thrombosis (16 %), suicide attempt (7 %), etc. In comparison with all patients treated in ICU, the psychiatric inpatients make up 15 %.

The endogenous psychoses and organic psychoses were most common diagnostic groups, followed by alcoholic delirium.

12 deaths occurred in the period of investigation, most often in patients with organic psychoses (5) and suicide (4).

In case of suicide the following issues have been identified as risk factors for suicide attempt: alcohol and drug abuse, depressive symptoms, endogenous psychoses. Women have committed the suicide with chemicals more often than men (65% : 35%).

These results failed to confirm a high incidence of severe medical disorders in psychiatric inpatients and the necessity of intensive collaboration between intensive care physicians and psychiatrists.

EVIDENCE OF INCREASED COMORBIDITY OF PSYCHOSOMATIC ILLNESS IN PATIENTS WITH VARIOUS PSYCHOPATHOLOGICAL CONDITIONS AND THEIR RELATIVES

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The purpose of this presentation is to report on some preliminary findings of a study that investigated the comorbidity rate between psychopathological conditions and psychosomatic disorders in a psychiatric population sample.

Two hundred patients, consecutively examined at the Out-Patients' Clinic of the Athens University Department of Psychiatry, as well as their close relatives, took part in this study.

Sixty-six out of the total patients were schizophrenics, fifty-two were manic depressives, fifty-eight suffered from anxiety disorders, seven were schizoaffectives and seventeen belonged to other diagnostic groups.

All patients were given a questionnaire that provided information concerning the incidence of psychosomatic disorders, either in their personal or family history.

Ninety-three of the total patients were found to suffer from at least one of the main psychosomatic disorders, while 155 of them had a positive family history of psychosomatic illness. More women (58 out of 107) than men (35 out of 93) reported of having personal psychosomatic history ($P<0.05$). Similar association between gender and incidence of psychosomatic illness was found with respect to the parents of the patients, i.e. 75 fathers (out of the total 200) and 108 mothers (out of the total 200) were found to suffer from at least one of the main psychosomatic disorders ($P<0.05$).

Manic-depressives and patients with anxiety disorders had a higher incidence of personal psychosomatic history as compared with schizophrenic patients ($P<0.05$ and 0.01 respectively). The distribution pattern of psychosomatic illnesses in the patient group appeared to run parallel to that of their parents. These findings provide evidence of a close association between psychopathology and psychosomatic comorbidity. The contribution of each of the main psychosomatic disorders to the overall comorbidity rate is presented and discussed.

SUCCESSFUL APPLICATION OF A BEHAVIOR THERAPY TREATMENT PACKAGE IN PARURETIC PATIENTS : REPORT ON TWO CASES

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Psychogenic urinary retention or paruresis ("bashful bladder syndrome") is a functional disorder of micturition involving inability to void urine in public places. This presentation describes the successful application of a therapeutic strategy, based on behavior therapy principles, on two paruretic single males with negative history of previous urinary disease or trauma (age 23 and 26 years and illness duration 7 and 9 years respectively), who had failed to respond to drug therapy (including antidepressants and β -blockers) and psychodynamic psychotherapy.

Both patients had marked obsessional personality traits and exhibited intense feelings of anxiety and increased autonomic arousal during urination in places other than those strictly securing privacy.

The treatment strategy included : (a) Relaxation combined with daily Kegel exercises, (b) diuretics, (c) systematic desensitization in vivo, (d) paradoxical intention and (e) assertive training to non-specific situations.

Both patients improved considerably following approximately 25 daily sessions of the treatment package. Further improvement was noticed during the follow-up period (mean of six months).

It is proposed that the intensive application of a package of behavior therapy techniques may be an efficacious approach to this minor but still socially incapacitating disorder. Implications to the pathogenesis of paruresis and the need for further research on this issue are discussed.