

EV0855

Protagonist-patient and servant-doctor: A medicine for the sick doctor-patient relationship

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The doctor-patient relationship (DPR) is very ill; it is in need of emergency assistance. Although there have been change in this relationship, no current model is satisfying. In 1972, Robert Veatch defined some models of DPR. Likewise, Pierloot, in 1983, and Balint, in 1975 and ultimately, Mead and Bower, 2000 with the model of Person-center-care (PCC) medicine.

Objective Evaluate the different kinds of DPR described in the literature and propose an abduction-based model of the Servant DPR, in which patients are protagonists in their treatment.

Methods Pubmed literature review of the last forty years with the keyword 'physician-patient relations'.

Discussion While nursing care advanced in its professional efficacy through Watson's human care and through the leader servant model, the DPR models demonstrated that the doctors are lost in their posture, even feeling as abused heroes. Models that include the patient in decision-making and that value the patient as a person (PCC) promise a revolution in the medical realm. Nevertheless, the PCC model is not enough to heal the DPR itself, because the role of the doctor must be changed to adapt to the relationship, otherwise, the PCC by itself can increase the burden upon the doctor. Doctors with a role of remunerated servant (not slave), like any other professional who delivers a service with excellence, focusing in the main actor, the patient, can heal the DPR.

Conclusion The Servant DPR gives a positive counter transference, increasing the doctor's motivation and giving him back the sense of purpose in medicine, increasing the health system's effectiveness.

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EV0856

Asenapine in the treatment of trichotillomania with comorbid bipolar disorder: A case report

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Trichotillomania has been found to be associated with mood disorders, particularly bipolar disorder. Trichotillomania has shared similarities with bipolar disorder by virtue of phenomenology, co-morbidity, and psychopharmacologic observations. In the past, trichotillomania with comorbid bipolar disorder was treated with lithium and sodium valproate. There has been little, if any, literature on using asenapine to augment treatment in patients with trichotillomania with comorbid bipolar disorder. A patient presented with hair-pulling episodes for a year, resulting in bald scalp patches. She had no mood symptoms prior to this. She developed low mood, anhedonia, poor sleep and poor appetite subsequently as she could not stop pulling her hair. She was started on escitalopram 10 mg daily for her depressive symptoms. Three years later, she developed hypomanic symptoms such as irritability and spending sprees. Her hair pulling behaviour worsened at this time. At this point, a diagnosis of bipolar disorder type 2 was considered and she was started on lithium 300 mg daily. Her escitalopram was discontinued. As her mood was still labile 10 months later, asenapine was added to augment lithium in the treatment of the bipolar disorder. With asenapine, her hair pulling frequency started to decrease rapidly.

Asenapine was increased to 10 mg daily and her hair pulling ceased. Her mood also stabilized and she no longer had erratic periods of mood lability. In conclusion, asenapine augmentation of lithium has potential to be used in patients who have trichotillomania with comorbid bipolar disorder due to its unique receptor profile.

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A case for considering differences between organic and psychogenic amnesia

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Introduction Medical record, general examination, laboratory findings, neuropsychological interview and multidisciplinary consideration are essential to establish differential diagnosis and correct approach in amnesic episodes.

Aim To describe differences between organic and psychogenic anterograde amnesia.

Methods Single case report and literature review.

Results A 51-year-old man with only diagnosis of DM I, single, a good relationship with his family, without any personal or familiar psychiatric or neurological history, came to the hospital emergency department brought by his sisters referring disorientation, acute memory loss and mood changes, prevailing indifference to the situation for the last three days. After general exploration, including psychopathological examination and higher brain functions study, we arrived to the conclusion that the patient suffered from anterograde short-term severe amnesia as the only symptom, with evident conservation of autobiographic memory. The family referred as a possible stressor factor his mother's recent transfer to a different city, which had caused constant repeated questions about her location. Given the questionable presentation and trigger we shared the case with the neurologist, who ordered an array of tests to rule out any organic cause (LP, CT, MRI...), obtaining as a final result a diagnosis of limbic encephalitis, treated and effectively solved in two weeks with high-dose glucocorticoids.

Conclusion Certain features of the symptoms exploration in amnesic episodes such as reiterative questioning about a specific topic, a non-modified autobiography or the absence of a clear traumatic precipitant factor, are essential for a correct approach and may lead the clinic to an organic evaluation.

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EV0858

Mental flexibility and problem solving in adult patients who present non-suicidal self-injury

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Introduction Non-Suicidal Self-Injury (NSSI) is considered a dysfunctional way of dealing with problem situations.

Objective This study aimed to investigate the problem solving capacity in adults with NSSI compared to controls.

Methods Thirty-three patients who sought treatment for NSSI (NSSI group) were compared with 33 individuals without psychiatric disorder (control group). We also investigated Axis I disorders, executive functions and problem solving capacity.

Results In both groups, the majority were women (77.25%) with a mean age of 30 years, and the beginning of NSSI behavior of 16 years. The most common NSSI behaviour was skin cutting, and the most common reason given for engaging in that behaviour was “to stop negative feelings”. The most common psychiatric comorbidities were major depressive disorder (60.6%). Compared to controls, the group with NSSI showed lower results in relation to problem solving capacity ($P=0.000$) and mental flexibility ($P=0.007$). Deficits in problem solving capacity may be a reflection of low mental flexibility of adults with NSSI. This may be a risk factor for the beginning of NSSI and the persistence of it in adulthood.

Conclusion Early identification and treatment focused on problem solving capacity during the adolescence may prevent the chronicity of NSSI.

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Associations between gender and obesity among adults psychiatric outpatients in the town of Gabes (Tunisia)

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Background Patients with severe mental illness (SMI) suffer from two to three times higher rates of obesity, and this has translated into much higher rates of obesity-related morbidity and premature mortality in this population.

Aims Measuring the frequency of obesity and its associations with gender, and others socio-demographics factors among 115 adults psychiatric outpatients.

Methods A cross-sectional study, was conducted to assess frequency of obesity among 115 adults attending public mental health department in the regional hospital of Gabes (south of Tunisia). For the diagnosis of mental disorders, we used the diagnostic and statistical manual of mental disorders (DSM-V). Obesity was estimated by body mass index (BMI). This index is defined as the ratio of weight (kg) to squared size (m²). Overweight is defined as a BMI between 25 and 29.9 kg/m² and obesity by a BMI ≥ 30 kg/m². BMI was measured directly and other information was gathered by interview.

Results The mean BMI was 25. In our patients, 40.9% were overweight, 49.6% ($n=57$) were obese including 8.7% ($n=10$) who were morbidly obese. Obesity was significantly more frequent in women (63.8% vs 39.7%, $P=0.009$), living in a couple (60.9% vs 42%, $P=0.03$) and having a medium or high socioeconomic level (53.3% vs 30.4%, $P=0.03$). There were no differences between obese and non-obese regarding age, level of education and professional status.

Conclusion The high prevalence of obesity among women suggests that targeted approaches are needed to promote optimal physical health in this population.

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EV0860

Does listening to Mozart’s music influence visuospatial short-term memory in young adults?

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Introduction Music is claimed to improve mental function and many researchers claim that this effect related to Mozart’s music is limited to enhancement of the spatial temporal reasoning and not to other cognitive functions.

Objectives To explore the influence of Mozart’s music on visuospatial memory.

Methods Sixty adults (37 women and 23 men), with $M_{age} = 21.83$, $SD_{age} = 2.38$, $M_{education} = 14.03$, $SD_{education} = .99$, and without any formal musical education were examined through an experimental process. Participants in groups of ten listened to Mozart’s sonata for two pianos in D major, K.448, to Mozart’s violin concerto No.3 in G major, K.216, and to a no sounds condition in varying order. The participants after listening to each 10-minute condition were presented with a series of randomly generated patterns made up of black squares on a chess-like surface. This was used in order to test the storage capacity of their visuospatial memory. After 3 seconds of presentation for each drawing, they were asked to reproduce by drawing these patterns that progressively got bigger.

Results Results revealed for all three conditions that the number of correct grid drawings made by the participants was not significantly statistically different ($P>05$), and therefore their visuospatial memory retention was not influenced by any kind of music.

Conclusions Future research could examine in more detail the retention and manipulation of visuospatial information not only in tasks similar to the visual patterns test, but also in different tests used for clinical and non-clinical populations.

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Profile lipid and obesity in patients with Tms to treatment with antipsychotics

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Introduction Psychiatric patients tend to have severe metabolic alterations of multifactorial causes, lifestyle, diet, drug use and psychopharmacological treatment, especially antipsychotic drugs which act as risk factors for cardiovascular disease, strokes, infections and complications of diseases basal negatively influencing its evolution and prognosis.