

unknown. During the last years there have been numerous reports of various pharmacological treatments of neuropathic pain and FM with disappointing results. Most of the studies were of short duration, had high attrition rates and displayed other methodological problems. In addition some compounds had high rates of adverse side effect which makes it often difficult for the patients to tolerate the treatment, especially in the long-term use. Future research will have to apply new approaches, e.g. using a mechanism based classification of neuropathic pain and carrying out studies in populations with the same symptom but not necessarily the same disease, in order to find effective treatments for these common and often debilitating diseases.

Tuesday, April 5, 2005

SS-13. Section symposium: Physical illness in mentally disordered

Chairperson(s): Povl Munk-Jørgensen (Aalborg, Denmark), Norman Sartorius (Genf, Switzerland)
08.30 - 10.00, Gasteig - Room 0.131

SS-13-01

General introduction

P. Munk-Jørgensen. *Aalborg Psychiatric Hospital Unit for Psychiatric Research, Aalborg, Denmark*

Mortality rates for almost all diagnostic groups of mental disorders are significantly increased due to physical illnesses. Among severe mentally disordered up to 30% suffer from under diagnosed physical illnesses and a total of 50-70% have a physical illness. This is the background for initiating the international multicentre study Physical Illness in Mentally Disordered, which is mapping total and hidden physical illness in persons seeking psychiatric treatment. Furthermore, it identifies all public and private agencies to which the patients have had contact prior to the index mental health service contact. This will improve the possibilities of finding preventive interventions with the purpose of identifying and treating physical illnesses in mentally disordered. Centres from the following nations are participating: Croatia Denmark Germany Japan Malaysia Nigeria Sweden Switzerland Preliminary results will be presented.

SS-13-02

Physical illness in mentally disordered in Nigeria

R. Uwakwe. *Nnewe, Nigeria*

Objective: To investigate the extent and correlates of physical morbidity in a general psychiatric population and the pathway to care. Method: Between 1st July 2003 and 30th June 2004, all patients referred to a particular unit for psychiatric care at Nnamdi Azikiwe University Teaching Hospital, Nnewi Nigeria were recruited for the project. A consultant psychiatrist assessed all the participants using the clinical method based on the PSE and IGDA. The pathway to care, physical examination and essential laboratory investigations were done for all the patients. Diagnosis were made with the ICD-10 and coded into the proforma of the International study on physical illness in mentally ill. Between 3 and 12 weeks the patients were re-assessed with the original parameters. Records

of all the patients seen in the unit during the period were reviewed to determine the drop out rate within one year. Data entry is ongoing using the Epidata. Full analysis will be done in Aalborg, Denmark shortly. Preliminary Result: A total of 360 patients were seen in the unit. One hundred and twenty-two patients had incomplete second assessment (giving a drop out rate of 33.8% One hundred and thirty-eight (38.3%) patients had physical diagnoses which were not previously known before psychiatric referral. Two patients died in the internal medicine ward to which they were referred following initial psychiatric assessment. A high proportion of the patients nearly 9 out of every 10 had consulted a religious healer and the psychiatric unit was the last port of call. Conclusion: There was a high rate of physical illness in the psychiatric patients. The correlates will be presented in the full report. Religious healing is the most widely used form of initial psychiatric care in our setting, irrespective of the diagnosis. Many patients drop out of formal mental health care after only one assessment and commencement of treatment.

SS-13-03

Obesity and diabetes in mentally disordered

S. Leucht. *München, Germany*

People with schizophrenia on average die 10 years younger than the general population. The reason for this increased mortality are not only the 10%-15% lifetime suicide rates of the affected individuals, but also a number of physical disorders with an increased incidence compared to normal controls. Therefore, schizophrenia has been called a "life-shortening disease". One problem of major importance is obesity. It has been estimated that 40%-62% of patients with schizophrenia are obese and overweight. The consequences are not only of cosmetic nature, but obesity and weight gain are a potential threat to health, because they can be associated with hypertension, type II diabetes, stroke and certain kinds of cancer. The presentation will therefore systematically summarise the epidemiological evidence on obesity and associated problems in schizophrenia. Potential reasons for obesity (e.g. life-style, negative symptoms, medication) and therapeutic options will be discussed.

SS-13-04

Physical illness in people with mental disorder: First results of an international project and future plans

N. Sartorius. *Genf, Switzerland*

Methods: This presentation will describe a project recently undertaken by the International association for the promotion of mental health programmes, a non-profit organization located in Geneva. The project was started because of alarming reports from many countries showing very high morbidity and mortality from physical illness in people with mental illness. Mortality and morbidity from physical illness was high in patients treated in institutions and in the community and in many instances physical illness was not recognized by the patients or the health authorities. The project will start with a review of evidence published in scientific literature and continue with the assembly of information from other sources. It is expected that it will result in guidelines and specific suggestions concerning the improvement of care for people with mental illness.