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Psychopathological features of hysterical disorders arising as part of affective disorders and schizophrenia.

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Introduction: Hysterical disorders were considered separately in the context of the dynamics of the course of either endogenous affective diseases or schizophrenia, without attention to the conjugation and interaction of issues of hysterical symptoms and affective or psychotic syndromes.
Objectives: To test the psychopathological structure and provide a typology of the conjugation of hysterical symptoms with other psychopathological syndromes.
Methods: 120 patients (82 women and 38 men) with schizophrenic and affective disorders with associated hysterical symptoms were examined by a clinical psychopathological method.
Results: Three variants of conjugation were identified. In the group of hysterical disorders associated with affective diseases (37,1%) the structure and dynamics of hysterical symptoms directly influenced the developing affective phase: the low intensity of hysterical symptoms contributed to the development of an apatho-adynamic type of depression, and bright and spontaneous hysterical manifestations formed an anxious-hypochondriac type of depression. Hysterical disorders formed in the structure of the psychotic state (41,4%) influenced the nature, structure, dynamics and content of delusional, hallucinatory and paranoid disorders. "Caste" hysterical symptoms (21,4%) revealed a lack of connection with affective and psychotic states. Hysterical symptoms were characterized by persistence, stability, invariability of manifestations, long-term psychotherapeutic and psychopharmacological resistance.
Conclusions: Clinical and psychopathological analysis of endogenous mental diseases of the affective and schizophrenic spectrum, occurring with hysterical symptoms, showed that the parameter of the conjugation of hysterical symptoms with other psychopathological syndromes is prognostically significant.

Disclosure: No significant relationships.
Keywords: Hysterical disorders; conversions; depression; schizophrenia

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"Could she be a good mother?. The stigma of mental illness in motherhood. A case report.

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Introduction: Approximately 15% of pregnant women suffer from a mental illness, however only half of them accept psychopharmacological treatment. One of the reasons for refusing treatment is the stigma attached to it.An important part of functional recovery is defining identity. This identity is multifactorial and is defined by several variables, one of them being gender.Several studies on motherhood in women with mental illness define the importance of a mothering identity, providing meaning and values. We present the case of a 39-year-old woman, mother of a two-year-old child, undergoing follow-up at a psychiatric clinic for recurrent depressive episodes and a history of two suicide attempts ten years ago. Currently stable in treatment with escitalopram 10 mg and lorazepam 1 mg if necessary.The woman refers the desire to abandon treatment after realizing that she is pregnant again. Therapeutic accompaniment is decided. The social worker from the obstetric service communicates with the psychiatric service to question the woman's ability to care for a child with her psychiatric history.
Objectives: Determine the stigma of mental illness, including among healthcare workers.
Methods: The woman makes her decision with full judgment. The patient is accompanied during pregnancy without incident, with clinical stability.
Results: After delivery, the patient decides to resume psychopharmacological treatment.
Conclusions: Having a mental illness does not determine a woman's ability to be a mother. As long as it is agreed with the psychiatrist, patients have the right to make decisions about their treatment.

Disclosure: No significant relationships.
Keywords: stigma; motherhood; mental illness

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Ketamine and Electroconvulsive Therapy: Better Together?

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Introduction: Major depressive disorder (MDD) is a highly prevalent clinical condition with a leading cause of disability worldwide. The currently available therapeutic agents have important limitations regarding side effects, partial or non-responsiveness. Patients are considered to have treatment-resistant depression (TRD) if there is no effect or minimal effectiveness after receiving adequate dose-duration use of antidepressants from two different categories. For this patients, electroconvulsive therapy (ECT) can be a treatment option and new therapies appear to tackle TRD like ketamine, a dissociative anesthetic and analgesic.
Objectives: The authors elaborate a narrative literature review to understand if ketamine might enhance the antidepressant efficacy of ECT.
Methods: PubMed database searched using the terms "Electroconvulsive therapy", "ketamine" and "treatment-resistant depression".
Results: ECT is currently recommended as an end-line therapy for TRD. Memory impairment after ECT could be a consequence of indiscriminate activation or saturation of glutamate receptors during the treatment, disrupting hippocampal plasticity involved in memory. Ketamine inhibits N-methyl-d-aspartate (NMDA) receptors, while stimulating glutamate release and was proposed as an ECT adjuvant, might reduce cognitive adverse effects, time until response/ remission and inclusively improve response rates to ECT.

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