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agitation, insomnia, auditory hallucinations, persecutory and megalomania delusions, spatial and temporal disorientation, leading to a direct admission to a psychiatric unit.

**Method:** Literature review derived from the MEDLINE and PUBMED database.

**Results:** This disease may present as virtually any psychiatric disorder, including personality disorder, depression, mania, psychosis, delirium and dementia. The authors suggest criteria for screening and stress that a specific treponemal test should be used because of their higher sensitivity. Treatment should consist of penicillin plus psychotropics for any psychiatric symptoms secondary to or concurrent with neurosyphilis.

**Conclusion:** The authors recommend that clinicians have a high index of suspicion of neurosyphilis, which may have an exclusively psychiatric presentation rather than medical or neurological symptoms.

**References:** Sobhan, T. (2004), Three Cases of psychiatric Manifestations of Neurosyphilis, *Psychiatric Services*, 55:830-832; Brown, D. (2003), Diagnosis and Management of Neurosyphilis, *Am Fam Physician*, 68:283-90.; Gastal, F. (1999), Tratamento Etiológico em Neurosífilis: o modelo da neurosífilis, *Rev Bras Psiquiatr*, 21(1), Ritchie, M (1998), Neurosyphilis: Considerations for a Psychiatrist, *Priory Lodge Education*.

### P-30-04

#### Assessing the new graduate, physician, job stressful factors during transition period in teaching centers and affiliated hospital of Ardabil, Medical Sciences University, 2005-2006

Zahra Tazakori

Ardabil, Iran

Z. Hashempour, P. Molavi

**Introduction:** In process of transition or transfer from student role to qualified physician in the medical university is one of the high lighted stressful periods. Pressure of work, especially in terms of medical education that student have preparing for beginning the work & doing professional knowledge & skills were have the most stressful. In the other manner, the impending graduation and the transition to increased levels of responsibility were high lighted as particular stressful periods. Medical student have passed many of transition periods in there graduation time. Transition between physiopathology and preclinical, preclinical and clinical training, and clinical training to beginning work. Most of new graduate physician because of exposure to new and unknown situation and position be involved in stress at the six month of beginning the work. A perceived lack of support from the medical school and responsible also appeared to add the new graduates physician stress level. Therefore it is necessary to recognize effects of transition process on the new graduate physician and the stressful job experiences in the transition period from student role to employment to decrease new graduates stress.

**Method:** This survey is a descriptive study in which job stress full factors of new graduate physician during transition period has been assessed the date were collected by using a questionnaire including 4 section. Target population consisted of all of new graduates placed at the end of first six month of work, the sample size was as population and consists of 62 peoples and census was used in sampling method. Data analysis was done using descriptive statistic (frequency, percent, mean, and std-error).

**Results:** The finding of this study indicated that many of new graduate physician in the transit period had undesirable supportive stressful factors (61.2%) as well, high level of individual(58%) and caring stressful factors(53.2%). From the supportive stressful factors point of view, not implementation of orientation programs in the first job from the responsible with (14.5%) and the chance of partnership in the determines from the responsible with (29 %) were the least of supportive stressful factors. From the individual stressful factors need to new skills with (40.3%), exposure to the new situation & position and responsibilities with (22.6%) reported as the most stressful factors. From the caring Stressful factors, caring the patients in the critical position and during patients with (29%) and awarding the patients and their family with (22.6%) were the most important caring stressful factors. Also in spite of the most of physician (54.8%) had a little management stressful factors, the heavy bulk of work with(51.6%) and incongruity between condition of work setting and what learned in education course with(22.6%) identified as highest stressful events.

**Conclusion:** The finding of this study indicated that supportive, individual & management factors was the stressful factors of new graduates physician in the first six month of work. Therefore explaining and orientation the new educate physician with real situations of work setting is necessary.

### P-30-05

#### Mental health research capacity in Latin America and the Caribbean: Focus on basic sciences

Carla Gallo

Universidad Cayetano Heredia, Lab Investigacion y Desarrollo, Lima, Peru

Fabian Fiestas, Giovanni Poletti, Denise Razzouk, Jair Mari, Ines

Bustamante, Silvana Sarabia, Abel Sagastegui, Guido Mazzotti

**Introduction:** Basic sciences (BSci) - along with epidemiological and clinical research- are a key element in efforts to improve mental health conditions across the world. This study aims to evaluate the BSci research capacity for mental health and related disciplines, currently existing in Latin American and the Caribbean (LAC) countries. This is part of a larger initiative of the Global Forum for Health Research aimed at mapping a roster of actors and research agendas in low- and middle income countries, traditionally unable to efficiently respond to health challenges with local research data based- policies and interventions

**Method:** A questionnaire/survey was sent to 2664 researchers and stakeholders identified by a mapping process through publication databases (1993-2003), internet searches of institutions, and snowball sampling. We received response of 463 researchers and 119 stakeholders, from 15 of 30 countries in the region.

**Results:** Two hundred sixty-two out of 2653 PsycInfo or PubMed indexed mental health publications were related to BSci. Only 9 LAC countries had mental health publications in this area. One out of four researchers in mental health in the region -mostly psychiatrists (54%) and neurologists (14%) - had formal training in BSci research methods. About 40% of them declared to have technical support in neurosciences and/or BSci research in their institutions. Barely 10% of the research projects in the past 5 years had a BSci approach. Most (45%) were local, but 35% were done in collaboration with developed countries, being funded mainly by NGOs or foundations (28%). The main motivations for research in BSci were personal interest (28%), and burden of disease (26%). BSci research was not considered a priority by most (60%) researchers or stakeholders.

**Conclusion:** BSci research in mental health is not a priority in the region. There is a need to redefine the role of BSci in mental health research, establishing agendas and setting priorities based on local necessities.

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### P-30-06

#### Latin-American psychiatrist profile

Rodrigo Nel Córdoba

CISNE, Psychiatry, Bogot- D.C., Colombia

Ismael Salazar, Juan Fernando Cano, Ricardo Cendales, Marcela Alzate,

Ana Olarte, Liliana Gonzalez, Claudia Vanegas

**Introduction:** The Professionals in charge of mental health are identified as a high risk group in terms of laboral stress, Chronic Fatigue Syndrome, and psychiatric disorders. The psychiatrist's Professional satisfaction can influence the quality of the psychiatric services. Objective: To describe the professional satisfaction of the psychiatrist affiliated to the Psychiatric National Societies in 19 Latin-American countries (Argentina, Bolivia, Brasil, Colombia, Costa Rica, Cuba, Republica Dominicana, Ecuador, Chile, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Peru, Panama, Paraguay, Uruguay, Venezuela).



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**Method:** A probabilistic sample (Stratificated random sample) of the associated psychiatrists in every one of the 19 participants countries; To the psychiatrist selected in the sample was requested to fill up an electronic questionnaire which look-for some aspects related with personal and laboral issues.

**Results:** In the eleven countries with answers rate above 70%, 887 psychiatrist were polled; in the others countries 405 psychiatrist were polled. the average age was 48,2 years; the average experience was 18,2 years, 63,8% were male and 97,4% of the polled were exercising its practice at present. Most of polled declared themselves satisfied with their quality of life level (70,8%), a slight bigger percentaje declared themselves satisfied with the daily task of the psychiatrist practice (86,4%); nevertheless, 35,3% declared being not satisfied with the incomes obtained from its practice.

**Conclusion:** The factors which associated more with dissatisfaction in the psychiatrists quality of life were: The sensation of shortage of the incomes obtained from its practice in order to satisfy their needs (OR 8,2), to have an income below two thousand dollars (O.R. 2,26), to have short holidays period, to have prolonged working days, and attending a high number of patients in a daily working day.

**References:** Haas JS. Physician discontent: a barometer of change and need for intervention. *Journal of General Internal Medicine* 2001;16:496-497. Thomsen S, Soares J, Nolan P, Dallender J, Arnetz B. Feelings of professional fulfillment and exhaustion in mental health personnel: the importance of organizational and individual factors. *Psychotherapy and Psychosomatics* 1999; 68:157-164. Looney JG, Harding RK, Blotcky MJ, Bamhart FD. Psychiatrists' transition from training to career: stress and mastery. *Atij J Psychiatry* 1980;137:32-6. Prosser D, Johnson S, Kuipers E, Szmukler G, Bebbington P, Thomicroft G. Mental health, "bumout" and job satisfaction among hospital and comunity-based mental health staff. *Br J Psychiatry* 1996; 169:334-7.

### P-30-07

#### Migraine and psychopathology

Kittie Dhoine

*Vincent van Gogh Institute, RCG Venray, Netherlands*  
W. Mulleners, W. M. A. Verhoeven, S. Tuinier

**Introduction:** Migraine is known for many centuries and can be highly invalidating. The prevalence of this condition for female and male is estimated to be 15% and 5% respectively. The pathophysiology implies the so called "cortical spreading depression" which consists of a wave of neuronal and glial depolarization moving slowly over the cortex. This phenomenon is accompanied by a brief and dramatic increase of regional cerebral blood perfusion, followed by hypoperfusion. These events lead to a stimulation of the ipsilateral trigeminal nerve. Substantial evidence shows an association between migraine and psychopathology, especially anxiety- and mood disorders, including panic disorder, depressive states and bipolar affective disorder.

**Method:** In a first study the prevalence of migraine in psychiatric outpatients was investigated. Migraine was diagnosed according to the guidelines of the International Headache Society. A group of consecutively recruited outpatients (n=95), 27 (female:8; male:9) who met the diagnostic criteria was collected.

**Results:** From the 27 patients who met the criteria for migraine, 16 were given a diagnosis of a mood disorder and 4 of an anxiety disorder. In the remaining 7 patients, various psychiatric diagnoses were established.

**Conclusion:** These findings corroborate the comorbidity of migraine in psychiatric disorders. Moreover, they stress the importance of complete neuropsychiatric examination. Finally, the comorbidity of psychiatric disorders and migraine warrants a well tailored pharmacological strategy because of possible interactions. Subsequently a second study was designed aimed to investigate both the relevance of a structured collaboration between neurologists and psychiatrists in neurological outpatients with migraine and the psychiatric comorbidity in patients referred primarily to the neurologist.

### P-30-08

#### Liaison psychiatry: Achieving quality through education

Gordana Rubesa

*Clinical Hospital Center Rijek, Psychiatry Clinic, Rijeka, Croatia*  
Helena Svesko-Visentin, Jasna Grkovic, Tamara Tic-Bacic, Sandra Blazevic-Zelic

**Introduction:** Interventions in liaison psychiatry are predominantly patient directed, and also can be directed towards crisis (coping strategies), or situations themselves, and aimed at helping medical staff. Our intention was the education of medical staff trough experience in Balint groups and expanding their emotional capacities, performing detection and improving their conscious and unconscious attitudes towards patients.

**Method:** In our research 98 nurses and 317 severely ill patients from four Clinics in Clinical Hospital Centre Rijeka were included. Experimental group consisted of nurses with one year experience in Balint group (N=62), and control group consisted of nurses with no similar experience (N=36). They were all tested before the research, and retested three months after the termination of one year Balint group. We performed the following tests: Questionnaire of conscious attitudes, MANSAs - Quality of life test, STAI- Spielberg test for anxiety, Semantic differential, Beck's depression scale, Coping strategies style questionnaire.

**Results:** We found statistically relevant changes in attitudes at medical staff (nurses) included in education and with experience in Balint groups. We found changes in unconscious attitudes: evaluation ( $p < 0.02$ ) and potentation ( $p < 0.04$ ). We also found lower levels of anxiety ( $p < 0.005$ ) and depression ( $p < 0.01$ ), and higher satisfaction in quality of life ( $p < 0.009$ ). Among the nurses from control group we did not find statistically significant differences between first and second testing. Education of nurses resulted in significant changes in unconscious attitudes towards the patients: activation ( $p < 0.001$ ) and potentation ( $p < 0.001$ ); and statistically significant increase in development of emotionally directed coping strategies in stress ( $p < 0.001$ ).

**Conclusion:** Participation of nurses in Balint groups created significant changes in understanding severely ill patient. It also increased working performance in medical staff and their quality of life. Indirectly, it changed unconscious attitudes in patients towards their illness, and it also changed their use of coping strategies.

### P-30-09

#### A study on morbidity pattern of patients attending psychiatric opd, medical college, Vadodara, India

Mohsin Shaikh

*M.s.Univ. Medic. Colleg, Baroda Prevent. & Social Med., Kapadwanj, India*

Dr. Mohsin G. Shaikh, Dr. Jayshree K. Rathod

**Introduction:** WHO data: On global burden of disease Mental illnesses accounts for over 15 percent of the total burden of disease. Disability caused by major depression ranked second only to ischemic heart disease in magnitude of disease burden. INDIA - Urban morbidity is 3.5 % higher than the Rural India has a high rate of suicides - 89,000 persons committed suicide in 1995, increasing to 96,000 in 1997 and 104,000 in 1998, which is a 25% increase over the previous year (WHO 2001b). To find out the common psychiatric disorders among patients attending psychiatry OPD and also to study the role of factors like age, sex, education and occupation, marital status and various precipitating factors on mental health status of the patients. Study Design: Cross Sectional Study.

**Methods:** A total of 200 patients were studied in a period of two months (Aug-Sept '05). Patients attending psychiatry OPD were examined with the help of a trained psychiatrist. Information regarding the patients was taken using pre-designed structured proforma. Diagnosis was made by trained psychiatrist based on ICD-10 classification in regard to DSM IV criteria. Settings: Psychiatry OPD of SSG Hospital, Vadodara.