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E-Poster Viewing

## Anxiety disorders and somatoform disorders

EV0006

### Can doctors apply treatment strategies for patients with bodily distress syndrome

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**Introduction.**– Patients with bodily distress syndrome (BDS) with multiple unexplainable somatic symptoms are prevalent in all medical settings and challenge the health care system in time and economically aspects. Despite that documented effective treatment for this patient group is available, doctors appear to struggle to apply these strategies both in primary and secondary care. For the individual doctor, it is essential to know and manage the patient related as well as the doctor related factors that could prevent proper treatment for this patient group.

**Objectives.**– This case report presents a 65-year-old man with multiple unexplainable symptoms, which have caused substantial consequences for the patient and for the health care system. We identify which factors related to the patient, the doctor and health care system that lead to this man's intensified condition of BDS. Furthermore, we discuss whether the involved doctors were able to follow the common treatment strategy.

**Conclusions.**– Discussion and conclusion is available after the research work.

**Disclosure of interest.**– The authors declare that they have no competing interest.

EV0009

### Obsessive-compulsive disorder with obsessive-compulsive personality disorder – A case report

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**Introduction.**– Obsessive-compulsive disorder along with anankastic personality is a diagnostic challenge for the experienced clinician too [1]. Untreated OCD and OCPD are risk factors to develop in other psychiatric problems pushing the patient to seek treatment. They do exist together and must be carefully diagnosed

and appropriately treated. Here, I present a case report of such an unusual case and its treatment.

**Objectives.**– To highlight that OCD and OCPD can co-exist and needs to be carefully teased out and a need for appropriate treatment.

**Results.**– The patient's diagnosis was carefully done and patient was successfully treated [2] with antidepressants and low-dose anti-psychotic, along with behavioural therapy to address both OCD and OCPD.

**Conclusions.**– Obsessive-compulsive disorder should be carefully teased out from Obsessive-compulsive personality so appropriate treatment can be administered.

**Disclosure of interest.**– The authors declare that they have no competing interest.

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EV0010

### Released-active drugs as a modern tool of psychiatric and neurological diseases therapy

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To date, there are many modern drugs for psychiatric and neurological diseases treatment. However, almost all of them have different side effects that limit their use in ambulatory practice. Moreover, uncontrolled long-term use of such drugs creates a high risk of mental and physical dependence.

The alternative is to use innovative released-active drugs presented on the Russian and CIS pharmaceutical markets, for example, Tenoten, Divaza, Brizantin, Kolofort and Proproten-100. The peculiarity of these drugs is that due to special manufacturing

process – the consecutive reduction of the concentration of initial drug substance (different antibodies), new structures emerge in the solution. These new structures are derivatives of the initial antibodies, but possess a different type of the activity: they retain specificity of action, however, do not neutralize their target, but modify it. This activity has been named released-activity, and the derivatives of the antibodies – released-active form of antibodies. Released-activity allows to biochemical correct the violations of integrative activity of the brain. The spectrum of pharmacological activity of the released-active drugs has been shown in the numerous experimental and clinical studies conducted in the leading research centers of Russia and Europe. For example, it was proved that released-active form of antibodies to S100 protein has anxiolytic, antidepressant, anti-stress, anti-aggressive, nootropic (anti-amnesic, neuro-protective) and neuro-trophic activities without sedative and muscle relaxant effects and any type of dependence.

Thus, application of innovative market-proven released-active drugs could be considered as a modern effective and safe tool of psychiatric and neurological diseases pharmacotherapy.

*Disclosure of interest.*– The authors declare that they have no competing interest.

EV0012

### **Emotional disturbances in anxiety disorders patients**

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It was inspected 136 patients with anxiety disorders (AD). The inspected were divided into 3 groups according to heading of ICD-10: 35 patients with panic disorder (PD) (episodic paroxysmal disorder (EPD)), 34 patients with generalised anxiety disorder (of GAD) and 67 patients with the mixed anxiously-depressed disorder (of MADD). For EPD pathognomyc is predominance of paroxysmal somatic-vegetative and emotional violations on a background the high indexes of personality anxiety and in relation to the normal indexes of reactive alarm. For GAD more inherent connections of permanent and paroxysmal somatic-vegetative and emotional violations are on a background the high indexes of reactive alarm and in relation to normal-personality anxiety. For MADD inherent interference connection of both clinical and pathopsychological displays. From data of methodology of Spilberger scale in most patients there was a high level of reactive alarm in all three groups. From data, got by methodology of K. Leongard, considerable predominance of anxious type was determined for all patients. On the basis the got results, by us reasonable and worked out system of psychotherapy and psychocorrection of sick EPD, GAD and MADD, built on the systems and multilevel principles. The base method of realization of medic-psychologic rehabilitation of sick GAD and MADD, was group psychotherapy. The decline of general level of anxiety, internal anxiety was attained in most patients. On the whole considerable improvement it was attained in 72% patients of I group, in 68% patients of II group and in 78% patients of III group. *Disclosure of interest.*– The authors declare that they have no competing interest.

EV0013

### **Body-centric healing of extreme trauma**

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*Introduction.*– The Extreme Abuse Survey report on endritual-abuse.org (run by US Clinical Psychologist Dr Ellen Lacter) outlines numerous extreme offences and complex trauma symptoms. Traditional Psychiatry and Psychology, often failing to acknowledge the formation of dissociative disorders by neglect and abuse in early childhood, have little to offer. Energy oriented approaches (e.g. Kurz & Fecht, 2016) provide an alternative. Drawing on the unique experiences of a survivor of extreme abuse, this paper outlines a body-centric healing method.

*Objectives.*– The presentation provides a personal perspective on abuse and symptoms experienced as well as healing.

*Aims.*– The aim of this presentation is to disseminate information about the impact of extreme offending on mental health and survivor-informed techniques for healing.

*Methods.*– Release of traumatic memories triggered a period of self-reflection and self-healing that resulted in a technique that could potentially benefit others.

*Results.*– The method consists of focusing one's awareness on the physical body, and from there locating and healing wounds in the energy body until the energy body is repaired, and health is restored. There are seven umbrella elements: self-care, self-monitoring and recording, caring for your word, caring for your actions, a strong intention for self-healing, arranging your life so that you can heal, and persistence. There are seven detailed stages of the process.

*Conclusion.*– This self-healing approach was an isolated individual's solution for dealing with the debilitating somatoform dissociation caused by trauma. It is referenced with published literature, other survivors' accounts, and catalogues anomalous autobiographical phenomenological experiences.

*Disclosure of interest.*– The authors declare that they have no competing interest.

EV0014

### **The prevalence of adult separation anxiety disorder in outpatient clinic in Egypt**

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*Background.*– Prevalence of adult separation anxiety disorder (ASAD) is still under estimated, and its risk factor is unclear.

*Aim of the work.*– This study aimed to assess the prevalence and risk factor associated with ASAD in psychiatric outpatient clinic.

*Methods.*– Four hundred and ten patients diagnosed with any anxiety disorders according to DSM-V. We assess their sociodemographic data, Hamilton for depression, Hamilton for anxiety and the Separation Anxiety Symptom Inventory).

*Results.*– Patients with social phobia show higher prevalence of ASAD and this co-morbid was elevated in female than male. Early separation anxiety scores but this association was unique in females only. ASAD was also co-morbid with depression and low educational level.

*Conclusions.*– Prevalence of ASAD is under estimated and clinicians diagnose it as another anxiety disorder especially social anxiety or depression.

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