FC01.08

Comorbidity of posttraumatic stress disorder and depression

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Comorbidity of posttraumatic stress disorder (PTSD) and depression offers the possibility to explore broad spectrum of interaction of mood and anxiety disorders in several domains: in the domain of clinical presentation, as well as in the treatment effectiveness and in the domain of pathophysiology of the two disorders.

The aim of the paper is to determine characteristics of the clinical presentation of the comorbid PTSD and depression.

Method: 60 patients were assessed by means of the following intruments: SCID for DSM-IV, CAPS-DX, MADRS and HAMD. The data were analyzed using the methods of descriptive statistics and of corellational and regressional analyses.

Results pointed out that comorbidity of depression and PTSD is associated with higher intensity of intrusive symptom cluster, especially with flash-backs and intrusive thoughts distinctive to either PTSD or to depression, with broader spectrum of emotional and mood experiences and with more patient suffering. The results of corellational analysis pointed out to the group of symptoms which were distinctive for depression. The results of the regressional analysis pointed onto possible connection of illness course and its severity.

Conclusion: Analysis of the clinical presentation and of complex spectrum of interactions of the depression and PTSD inclusively enabled better understanding of symptoms presented by the patients, choice of the more effective treatment strategies and shed some light onto possible mechanisms of the human reactivity to extreme traumatic experiences.

FC01.09

Diabetes and depression: The impact of fluoxetine on glycemic control

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The coexistence of depression and diabetes has serious implications for self care and long term outcomes. Fluoxetine a SSRI antidepressant has hypoglycemic anorectic effects and potentially cause weight loss proportional to the degree of inial obesity. We studied the prevalence and severity of depression and the impact of its treatment with Fluoxetine on weight and glycemic control in poorly controlled depressed type 2 diabetics in an outpatient clinic in Mosul.

Forty eight type 2 diabetic patients with depression from a total of 180 diabetics seen from Jan - Sep/2003 were treated with Fluoxetine 20-40 mg daily for 12 weeks.

The prevalence of depression in type 2 diabetics is (32.22%). A significant difference was found between the mean weight, meam FBG at inclusion and 12 weeks post Fluoxetine, $P < 0.001$. HbA1c results available only for 28 patients and showed significant drop from a mean value of 8.8% to 7.9% after 12 weeks, $P < 0.001$.

Depression is common in diabetics and should be treated, preferably with SSRIs. A high index of suspicion is needed and should be considered among the risks that contribute to poor control. The future diabetic management guidelines should include routine screening for and treatment, of depression. Further larger studies seem worthwhile.

Monday, 19 March 2007
PR02. PRESIDENTIAL SYMPOSIUM ON ETHICS IN PSYCHIATRY

PR02.01

Ethical aspects of evidence based medicine (EBM)

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The ethical reasons for being conversant with EBM can be divided into clinical and economic aspects, each of which has ethical aspects which will be discussed. These arguments are well known, and relatively non-controversial. But there are also strong ethical arguments for not practicing EBM all the time, and this paradox will also be discussed.

All medical procedures have both specific and non-specific effects: dummy medicines can relieve severe post-operative pain, and dummy operations can relieve both cardiac pain and epilepsy. In mental health, these effects are well known, albeit difficult to quantify. Our most potent weapon in doing so is the randomised controlled trial (RCT), and ethical aspects of such trials will be touched upon.

We are left with problems of mental disorders where the supposed beneficial effects of an active drug – we will give the example of anti-depressants – is entirely non-specific. What are the ethical aspects of prescribing potentially toxic drugs for conditions where they have no specific effect? This is a major problem in both specialist mental health care and above all, in general medical care – where the bulk of antidepressants and sedatives are prescribed. There are major ethical problems here, which will be discussed.

PR02.02

Ethics of art therapy and use of patient-produced art

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The great revolution of bioethics has been the incorporation of the principle of autonomy to the ethical model and parts from the assumption of recognizing human beings as autonomous beings. A paternalistic, authoritarian ethics has been substituted by ethics of autonomy.

Some specific requirements are needed so that an informed consent can be achieved: competence and ability of the patient to understand and willingness to decide.

The WPA has made different Declarations specifying Psychiatric Ethics. Art Therapy has developed a specific set of ethical standards. The role of art making in therapy poses unique ethical dilemmas and concerns for therapists such as:

Confidentiability: Art expressions must be recognized as confidential communications. Permission to display, exhibit, publish or share art expressions must be obtained from either the patient or in the case of a child, the parent or guard.

Ownership: The patient owns the art created in art therapy.

The artwork of the patient, especially the plastic artwork is used sometimes with artistic and commercial aims, which raises ethical and even legal problems.

There is a large background institutional or private exhibitions of the so-called psychopathological art.

The work created by the patient belongs to him and only the patient/author of the artwork can, in principle, decides over its use.

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