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The analgesic efficacy of ketamine-magnesium combination is influenced by the order of medication administration

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Introduction Magnesium is an endogenous voltage-dependent NMDA receptor channel blocker and ketamine is a non-competitive NMDA receptor antagonist. Magnesium may potentiate the effect of ketamine in analgesia and anaesthesia, but may also interact in an opposing manner. This study aimed at evaluating type of the interaction between magnesium sulphate and ketamine administered systemically in rats with an acute nociceptive pain (tail-immersion test).

Materials and methods Analgesic activity was assessed by tail-immersion test in male Wistar rats (200–250 g). The distal 5 cm of the tail was immersed in a warm water bath ($55 \pm 0.5^\circ\text{C}$) and the time for tail-withdrawal was measured as response latency.

Results Magnesium sulphate (2.5–30 mg/kg, s.c.) and ketamine (2.5–30 mg/kg, i.p.) administered alone did not produce any effect. However, significant antinociception (synergistic interaction) was revealed at the following doses of ketamine: magnesium sulphate of 5:5 mg/kg, 2.5:5 mg/kg and 10:5 mg/kg. The effect was not dose-dependent, and a greater response was obtained when ketamine was administered before magnesium sulphate.

Conclusions This study revealed that (1) magnesium sulphate and ketamine given alone were not effective against acute nociceptive pain in rats, but (2) a combination of both drugs resulted in synergistically inhibited nociception, (3) which occurred only at selected low doses and proportions of the medications in a combination and (4) suggested the importance of the order of drug administration.

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Labor pain management: Effect of pelvic tilt by birth ball, sacrum-perineal heat therapy, and combined use of them, a randomized controlled trial

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There are various safe non-pharmacologic methods for labor pain management, which mostly decrease suffering of mother and some of them significantly decrease pain too.

Aim To assess effect of pelvic tilt by birth ball, sacrum-perineal heat therapy and combination use of them on active phase of physiologic labor.

Method In this randomized control trial, 120 primiparous volunteer with age 18–35 years, gestational age of 38–40 weeks, in

one of hospitals of Iran university of medical sciences were randomly selected and divided in four groups: Pelvic tilt by using birth ball, sacrum perineal heat therapy, combined use of two mentioned methods and control group. Tools had 3 main parts of personal characteristic, client examination form and pain visual analogue scale (VAS). All ethical points were considered.

Results Equality of four groups had been checked before intervention. Lowest pain score first belong to pelvic tilt by birth ball then combined group and finally in heat therapy, which all were significantly less than control group. Significant decrease of pain had been seen in birth ball group and combined group during after 30 minutes intervention, but in the heat therapy group, it was seen after 60 minutes intervention (P -value < 0.05).

Conclusion All three interventions of this study had significant effect and decreased labor pain during active phase, but highest decrease was in pelvic tilt by birth ball group and its effect started after 30 minutes intervention. It is suggested that that Obstetrics and Midwives consider these safe methods for labor pain management.

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Personality and personality disorders

EV868

Gender differences in Hofstede's cultural dimensions among a Kuwaiti sample

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Introduction Hofstede's model of cultural dimensions has become the most widely accepted and most frequently cited model for cross-cultural research. His cultural dimensions included power distance index (PDI), individualism vs. collectivism (IDV), masculinity vs. femininity (MAS), uncertainty avoidance index (UAI), and long-term vs. short-term orientation (LTO).

Objective The objective of this study is to explore gender related differences in the Hofstede's five dimensions of national culture for work-related values among a sample from Kuwait.

Methods The participants were 540 first year secondary school Kuwaiti teachers (270 males: mean age = 28.95 ± 2.47 ; 270 females: mean age = 28.20 ± 2.04). The Arabic version of the Values Survey Module, VSM 08 was administered to participants. Data analysis include independent sample t -test was used to examine gender differences in Hofstede's five dimensions of national culture.

Results Internal consistency was satisfactory for the Power Distance, Individualism vs. Collectivism, Masculinity vs. Femininity, Uncertainty Avoidance, and Long-term vs. Short-term Orientation subscales respectively (Cronbach's $\alpha = 0.82, 0.84, 0.90, 0.74, 0.87$) for males and (Cronbach's $\alpha = 0.77, 0.90, 0.83, 0.80, 0.88$) for females. The results revealed significant gender differences where the males obtained a higher score than females on individualism ($t = 2.95, P < 0.002$), and masculinity ($t = 2.77, P < 0.005$), while females obtained a higher score than males on power distance ($t = 4.48, P < 0.000$), and long-term orientation ($t = 4.13, P < 0.000$).

Conclusion These findings suggest that the gender differences exist for cultural dimensions, and provide insight on leadership characteristics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Differentiating between bipolar affective disorder (BD) and borderline personality disorder (BPD) – A clinical case

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Introduction Recent studies suggest that Borderline Personality Disorder (BPD) could be regarded as an affective disorder within the Bipolar Affective Disorder (BP) spectrum. This is supported by evidence suggesting a clinical/neurobiological overlap between these two disorders. The Temperament and Character Inventory Revised (TCI-R) may help differentiate between the two disorders and orientate the clinical approach, considering the evidence of the medium-term temporal stability of TCI-R in a clinical population.

Objective We present a clinical case diagnosed with BD which underwent testing using TCI-R. TCI-R orientated towards a secondary diagnosis of BPD and the case further received a course of Dialectical Behavior Therapy (DBT) which led to clinical improvement. We therefore study the usefulness of TCI-R in this clinical setting.

Aims To study whether TCI-R may help differentiate between BD and BPD in mood stabilized patients.

Method Our patient is a 52-year-old married male diagnosed with BD. Considering his clinical features of impulsivity/instability of behaviors and pathological interpersonal relationships, patient was started on individual DBT (fortnightly, 4 months). Psychotropic treatment (paroxetine 30 mg/day, lithium 1000 mg/day, aripiprazole 15 mg/day) was not modified.

Results TCI-R scores: harm avoidance (100%), novelty seeking (53%), reward dependence (20%), persistence (18%), self-directedness (1%), cooperativeness (2%) and self-transcendence (48%). After 4 months of therapy, the patient improved in distress tolerance, acceptance, behavioral activation and assertiveness.

Conclusions TCI-R is an inventory for personality traits in which character scores differ markedly between PD and non-PD patients. It is a useful tool in BPD patients orientating the clinician in the differential diagnosis and the treatment approach.

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EV872

Recurrent depression over an schizoid personality. Case report

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Introduction According to Millon, personality is a “complex pattern of psychological factors, which are mostly unconscious and express themselves automatically in almost every functional dimension of the subject”. It has been described how personality traits can modify the expression of other mental diseases, leading to confusion in diagnosis and treatment of the patient.

Method Systematic review of the literature in English (PubMed) and clinical history of the patient. Keywords: “recurrent depression disorder”; “schizoid personality”.

Objective To highlight the importance of making an accurate and detailed diagnostic formulation, in patients with both mental and personality disorders.

Case Sixty-seven-year-old woman, with many psychiatric hospitalizations, secondary to a recurrent depression disorder with psychotic symptoms and schizoid personality disorder. Both psychiatric monitoring and pharmacological treatment have been erratic. Initially, depressive episodes were considered as symptoms of her personality disorder. However, over the years, it was possible to make a more accurate diagnosis and a better treatment adjustment. In this case, lack of adherence is probably due to multiple factors, but no awareness of illness and personality disorder itself are the most important ones. This fact makes the patient less concerned about her personal care, leading to irregular treatment.

Conclusions People with schizoid, schizotypal or paranoid personality traits usually have a worse outcome, and they interfere with the functionality of the patient. This explains the importance of making an accurate and detailed diagnostic formulation, in order to benefit the course of the underlying mental disorders.

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Gut feeling

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Introduction There is growing evidence of the importance of nutrition in mental disorders. Gut microbiota, influenced by environmental factors such as diet and stress, has been proposed as one of the players on a dynamic called gut-brain axis, which is thought to have an influence on behaviour and mental health.

Objectives and aims To summarize recent evidence on the topic, and its potential role in psychiatric interventions.

Methods The authors review updated literature collected from online scientific databases.

Results The development of the brain itself has been shown to be influenced by the gut microbiome. Research demonstrates that the composition of the microbiota has influence on behaviour through neuroendocrine and other neuroactive messengers production by the bacteria within the gut lumen. Studies in germ-free animals, animals exposed to bacterial infections, probiotic supplements or antibiotic drugs suggest a role for the gut microbiota in the regulation of anxiety, mood, cognition and pain. The gut microbiome has been implicated in brain disorders including anxiety and depression, multiple sclerosis, Alzheimer's disease, Parkinson's disease, and autism.

Conclusions The treatment of mental disorders is usually based on pharmacological and psychotherapeutic interventions, and little attention is given to dietary interventions. The emerging field of research focused on the human microbiome suggests an important role for the gut microbiota in influencing brain development, behaviour and mood in humans, and points new strategies for developing novel therapeutics for mental disorders.