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Case study: Sucessful of treatment in a severe self-mutilation case

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Self-mutilation behavior (SMB) is defined as all behaviors involving deliberate infliction of direct physical harm to one's own body without any intent to die. This case report describes the successful treatment of severe SMB in a 23-year-old woman, with multiple comorbidities. The patient was admitted to the multiple impulse-control disorder outpatient unit for treatment of SMB. This patient was submitted to the SCID-I/P, SCID-II/P, Y-BOCS, DY-BOCS, and Functional Assessment of Self-Mutilation (FASM) for diagnosis of SMB as well as comorbidities. The most frequently SMB presented was skin cutting which was associated with relief of intolerable affects. Others comorbidities presented by her were Obsessive-Compulsive Disorder(OCD), Social phobia, Bulimia, and Depression Disorder(DD) with high levels of anxiety. The patient was submitted to an interdisciplinary treatment. Treatment included cognitive-behavior therapy(CBT), nutritional orientation, and psychopharmacology which begun with venlafaxine (150mg/d) followed by fluoxetine(80mg/day), and carbamazepine(400mg/day), without success. After ten months of treatment the patient was stabilized in terms of DD, bulimic behaviors, and anxiety. OCD symptoms were mild, and SMB became rare. At this time the patient was taking ziprazidone(160mg/day), sertraline(200mg/day), and topiramate(100mg/day). These medications were maintained as well as CBT, with emphasis in social skill, and problem-solving techniques. After three more months of treatment she had stopped cutting herself and the OCD symptoms disappeared.

Conclusion: the collection of treatment modalities implemented by multidisciplinary team may serve as a guide to treat severe SMB. In addition, the association of drugs with different site of action, but all for impulse control, may contribute for the efficacy observed here.

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Intervention plans - design individual action plans for each child

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Children bearing the same characteristics because of a particular syndrome can be more or less similar, but their individual profiles determine program of intervention. A single, clearly defined treatment model for a reduction of symptoms that children exhibit does not exist.

The most effective intervention method is based on designing individual action plan for each child, and therefore, it is necessary to promptly establish a correct assessment. Instead of lumping all children with a "same diagnosis" into one category, a multidimensional view is needed of child's individual characteristics.

Attention should also be paid to aspects of child's emotional behavior, social functioning and family relationships.

Diagnostic techniques used should help determine individual specificities of strong and weak traits in each child. To achieve this goal, studying child's profile, processing of sensory information, and analyzing motorics, verbal and cognitive skills, as well as observing social interaction is needed. Information gathered helps us understand a child's functional abilities and design a therapeutical program for each one.

An adequate treatment program should be based on a child's abilities and should also be able to detect spots where the abilities are insufficient in order to develop a compensatory strategy for overcoming difficulties. The goal of these treatments is utilizing a child's potential to the fullest.

Keywords: childern, interventio, action plan

P0255

Attempted suicide in bereaved individuals: The experience of a consultation-liaison psychiatric unit

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Introduction: Bereaved individuals are at high risk for suicidal behavior, a fact well-known since antiquity as indicated by the Greek myth of Aegeas, who in his grief jumped into the sea in the mistaken belief that his son, Theseus, had been slain.

Methods: We report the experience of our recently established Consultation-Liaison Psychiatric Unit in the management of bereaved patients who attempted suicide.

Results: Between December 2006 and August 2007 we accepted 36 requests for consultation with patients who had attempted suicide. Five patients (13.8%) reported the loss through death of a beloved one 3 to 22 months prior to the attempt. The most common reasons for attempted suicide were hopelessness, loneliness and meaninglessness of life, which they attributed to the bereavement. All patients had suicidal ideation for weeks or months prior to the attempt and two patients had revealed it to a close person. Only one patient had been assessed by a psychiatrist. Patients as well as their relatives reported that they considered these feelings as part of the normal grief process, even if they were prolonged or overwhelming. Two patients denied any further psychiatric intervention, one dropped out after one month's follow-up and two patients display a good outcome after a period of more than 4 months' follow-up.

Conclusion: When assessing patients in the Consultation-Liaison context, consultants should bear in mind the impact of bereavement, especially in cultures where complicated grief is easily misconstrued as a normal process than as a condition which merits psychiatric evaluation and care.

P0256

Gender identity disorders at women with organic mental disorders

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Aims: revealing of pathogenetic mechanisms of gender dysphoria at women with organic mental disorders.

Object of research: 49 women with organic mental disorders (F06, F07 in ICD-10) and sexual development disorders (F52, F64, F65, F66 in ICD-10): the basic group with gender dysphoria (28 examinees), the group of comparison without gender dysphoria (21 examinees). Middle age in the basic group was 24,9 years, in group of comparison - 22,6 years.

Methods: sexological (including the scale of gender identity disorders developed by Vvedenskij G.E., Medinskij E.V., 2006), statistical (cluster and correlation analysis).

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