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General preconditions of formation of ''psychosomatic symptom complexes'' in cardiovascular diseases

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Objective: To study preconditions of formation of psychosomatic symptom complexes in cardiovascular diseases.

Methods: We have examined 832 patients (361 male and 471 female, age 49,5±6,4 years) of Borderline States Department with AH (700 persons), IHD (132 persons) and mental disorders of neurotic and affective level. Interrelationship of somatic, mental, psychosocial factors has been studied by methods of system statistical analysis.

Results: In 40,8% of cases rationale of patients with AH and IHD to consult a psychiatrist was subjective non-satisfaction with his/her condition (p=0,001). Women were fixed on psychotraumatizing situation: life events, interpersonal relations, everyday factors. They perceived themselves as severe ill, experienced anxiety, depressed mood, suicidal ideation, tearfulness. Men recognized themselves as ''nervous'' or ''somatic'' patients or denied the illness as a whole (anosognostic reaction). They were characterized by fear of death, inclination to ideas of self-humiliation or self-guilt. Significant psychotraumatizing factors were medical (presence of somatic disease) and working ones.

Mental disorders in patients with HI, IHD were accompanied by somatovegetative symptoms: insomnias (86,7%; p=0.002), paresthesias (88,6%; p=0,002), inner palpitation (77,1%; p=0,001), a lump in the throat (56,6%; p=0,001), hyperventilation disturbances (41,9%; p=0,001), heart beating (29,4%; p=0,001), skin itch (15,4%; p=0,046), dysuria (10,7%; p=0,001), dysphagia (3,1%; p=0,028). Alalgical ''masks'': cephalgias (92,9%; p=0,001), abdomenalgias (64,7%; p=0,012), cardialgias (60,1%; p=0,001), arthralgias (36,8%; p=0,001). Emotional lability (78,4%; p=0,037), irritability (73,9%; p=0,001), anxiousness (54,2%; p=0,001), paroxysms of fear of death (21%; p=0,001.

Conclusions: Variability and polymorphism of extracardial symptom complicates recognition, differential diagnosis and therapy of cardiovascular diseases.

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Psychotropic drugs in pregnancy and lactation. Clinical aspects

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This presentation is focused to analyse the safety of SSRIs and mood stabilisers in pregnancy and breastfeeding in order to reduce the risks associated with pre- and postnatal exposure to both classes of psychotropic drugs.

SSRIs

Recent literature information seems to suggest that SSRIs as group, sertraline, and, especially, paroxetine, may be associated with an increased risk of fetal malformations (cardiovascular anomalies, prevalently).

Moreover, exposure to such agents late in pregnancy is associated with an increased risk of inducing neonatal complications.

Further, the repercussions of SSRI exposure through placenta on the infant's neuropsychological development remain substantially unknown.

On the other hand, only sporadic case-reports have described unwanted reactions (of low degree of severity, however) in infants breastfed by mothers who were treated with SSRIs during lactation.

(1) Classic and emergent mood stabilizers

Classic mood stabilizers have been associated with an increased risk of fetal major malformations.

As regards atypical antipsychotics, available data are still insufficient to confirm or exclude an intrinsic teratogenic potential.(2) Conversely, information on lamotrigine seems to be quite reassuring.

Placental exposure to valproate is also associated with impaired neurodevelopmental outcomes.

Finally, all mood stabilising agents show too limited data for suggesting their safe use in lactation.

References:

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Physical health monitoring of patients on antipsychotics: An out patient clinic audit

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Purpose: To improve the quality of physical health care of patients on antipsychotics.

The second purpose of our study was to look at the administrative and clinical issues that hinders physical health assessment in outpatient clinics.

Background: Severe mental illness (SMI) is associated with high risk of physical co-morbidity and mortality and as such is a major public health concern.

Methodology: Current guidelines are described, and adherence to the standards is audited

Retrospective case note audit.

New patients seen in the outpatient Clinic between January 06 – August 06 and were prescribed antipsychotics were included in the study.

Results: The audit included 30 patients, seen in the Collingwood Court Outpatient clinic between February 06 – August 06. The majority of patients were male (59%) and were between the age group 30 – 49.Depression was the main diagnosis (10 patients) closely followed by Bipolar Affective Disorder & Psychosis. Out of the 30 Patients, no patient had complete base line investigation. Only 13(43%) patients has some investigation and of this only 10 (33%) had the results recorded in the notes. In around 50% of the patients there was request made to the GP for this investigations but no further corresponded from the GP or any records of this being done was noted in the notes. No patients has BMI or BP monitoring done at any time

Conclusions: This audit identifies shortcoming in physical health monitoring and possible reasons.

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Plasma levels of medicated psychiatric patients requiring hospitalization

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