AZIENDA ULSS 9 TREVISO

ACCREDITATION CANADA
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Diagnosi psicologica differenziale tra sindromi organiche e funzionali

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Diagnosi

Disturbi psichici di origine organica:
quelli per cui è possibile evidenziare una lesione (es. afasia da incidente vascolare, sindrome o depressione da tumore del lobo frontale)
Disturbi psichici funzionali:
quelli per i quali non è possibile evidenziare un correlato organico (gran parte della psicopatologia compresa nel DSM-IV)

Con l'avvento delle tecniche di neuroimmagine il quadro si è complicato (es. atrofia/ disfunzione dell'ippocampo nel PTSD, alterazioni funzionali del lobo frontale sx nella depressione)

Diagnosi

DESCRITTIVA
Rilevazione dei sintomi cognitivi e di personalità presenti e classificazione secondo criteri condivisi (in particolare DSM-IV)
DI SEDE
Rilevazione della sede della lesione anatomica e/o funzionale associata ai sintomi
DI NATURA
Individuazione della condizione patologica riconducibile a cause note che possono aver determinato il disturbo (i disturbi psichici hanno un'origine multifattoriale)
FUNZIONALE
Esprime le conseguenze di un disturbo sul funzionamento della persona in uno o più settori (da quello scolastico a questioni come l'imputabilità)

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Chronic abdominal pain in children

Subcommittee on Chronic Abdominal Pain

ABSTRACT. Chronic abdominal pain, defined as longlasting intermittent or constant abdominal pain, is a common pediatric problem encountered by primary care physicians, medical subspecialists, and surgical specialists.
Chronic abdominal pain in children is **usually functional**, that is, without objective evidence of an underlying organic disorder.
The subcommittee examined the diagnostic and therapeutic value of a medical and **psychological history,** diagnostic tests, and pharmacologic and **behavioral therapy.**
The presence of alarm symptoms or signs (such as weight loss, gastrointestinal bleeding, persistent fever, chronic severe diarrhea, and significant vomiting) **is associated with a higher prevalence of organic disease.**
There was insufficient evidence to state that the nature of the abdominal pain or the presence of associated symptoms (such as anorexia, nausea, headache, and joint pain) can discriminate between functional and organic disorders.
Although children with chronic abdominal pain and their parents are more often anxious or depressed, the presence of anxiety, depression, behavior problems, or recent negative life events does not distinguish between functional and organic abdominal pain. Most children who are brought to the primary care physician's office for chronic abdominal pain are unlikely to require diagnostic testing. Pediatric studies of therapeutic interventions were examined and found to be limited or inconclusive.
Pediatrics **2005;115:370–381.**

Vulnerabilità e stressor

Adverse early life experiences contribuite to the formation of dysfunctional attitudes incorporated within cognitive structures, labeled cognitive schemas
(COGNITIVE VULNERABILITY)
When activated by daily life events, the schemas produce an attentional bias, negatively biased interpretations, and mild depressive symptoms
(COGNITIVE REACTIVITY)

A.T. Beck, 2008

Controllo della vulnerabilità

British Journal of Clinical Psychology (2005), 44, 1–14

The British Psychological Society
www.bpsjournals.co.uk

Thought suppression and cognitive vulnerability to depression

Willem Van der Does*
Leiden University, Leiden, The Netherlands

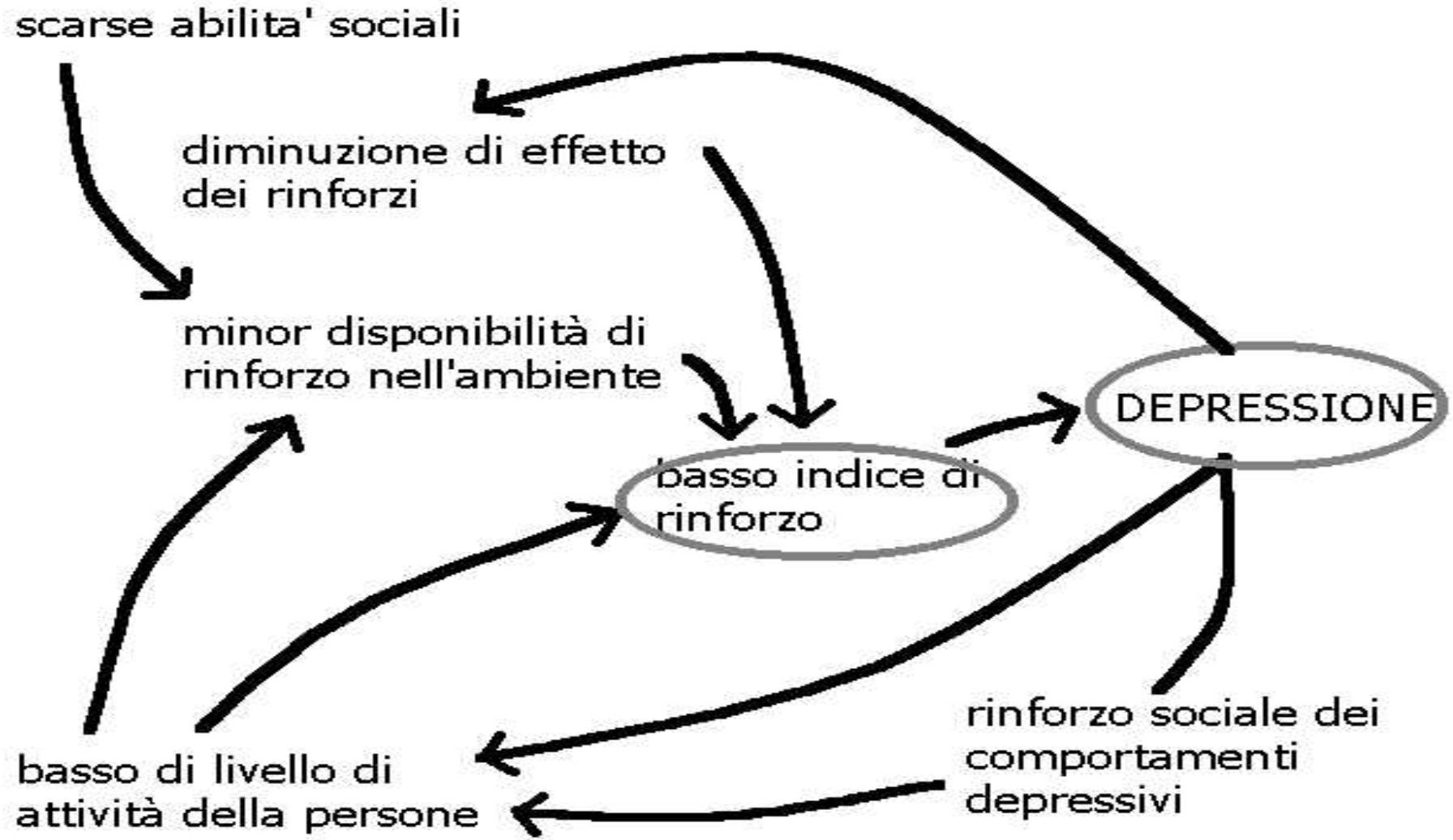
Objectives. Cognitive reactivity (CR) has been defined as the relative ease with which maladaptive cognitions or cognitive styles are triggered by mild (non-pathological) mood fluctuations. CR has been found to predict relapse of depression (Segal, Gemar & Williams, 1999). This study compared different measures of CR, and also investigated the role of thought suppression as a possible mechanism underlying CR.

Design and methods. Participants included 24 previously depressed, and 24 never depressed individuals who underwent a mood induction. They also completed a questionnaire designed to measure CR (LEIDS; Van der Does, 2002a), and participated in the scrambled sentences task (SST). The SST was designed to uncover thought suppression tendencies, and has been shown to discriminate between never depressed and previously depressed samples.

Results. LEIDS scores were higher for previously depressed than for never depressed individuals. However, CR as measured with the mood induction did not distinguish between these groups. The LEIDS was correlated with the results of the SST and with self-report measures of thought suppression.

Conclusion. Active suppression of unwanted thoughts may be involved in the apparent inactive state of depressive cognitions during remission.

Depressione – modello psicopatologico di Lewinshon



Terapia Interpersonale

Fase iniziale

Inventario interpersonale – analisi di tutte le relazioni (passate ma soprattutto presenti) significative

- Frequenza e modalità
- Aspettative reciproche
- Aspetti soddisfacenti e insoddisfacenti della relazione
- Modalità per migliorare la relazione

Terapia Interpersonale

Fase iniziale del trattamento

Esame per aree dei problemi interpersonali

- Reazioni eccessive a perdite
- Conflitti interpersonali con il partner, i figli, gli amici, i colleghi di lavoro...
- Transizioni di ruolo e cambiamenti
- Deficit interpersonali, solitudine e isolamento sociale
- Individuazione dell'area (o delle due aree) da trattare e contratto terapeutico

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Caso con Disturbo d'ansia generalizzato e Disturbo dell'Alimentazione NAS

Fattori di rischio: perdita precoce del padre; cura ormonale per infertilità per 4 anni; gravidanze difficili con parto cesareo d'urgenza, pretermine, con rischio di vita per sé e per il nascituro durante la prima gravidanza.

Fattori precipitanti: morte della madre (2001) e della suocera (2002), figure entrambe significative per la paziente; sospetto mieloma del marito (2002).

Fattori di mantenimento: preoccupazione per le ristrettezze economiche, difficoltà organizzative e di gestione dei figli; figlio maggiore iperattivo, oppositivo-provocatorio; preoccupazione per la salute del marito; sovrappeso.

Fattori di protezione: assenza di disturbi sull'asse II, buon funzionamento intellettivo.

Fattori situazionali come predittori di esito positivo: funzionamento globale non particolarmente patologico, ottima relazione matrimoniale.

Disfunzione cortico-limbica nella depressione

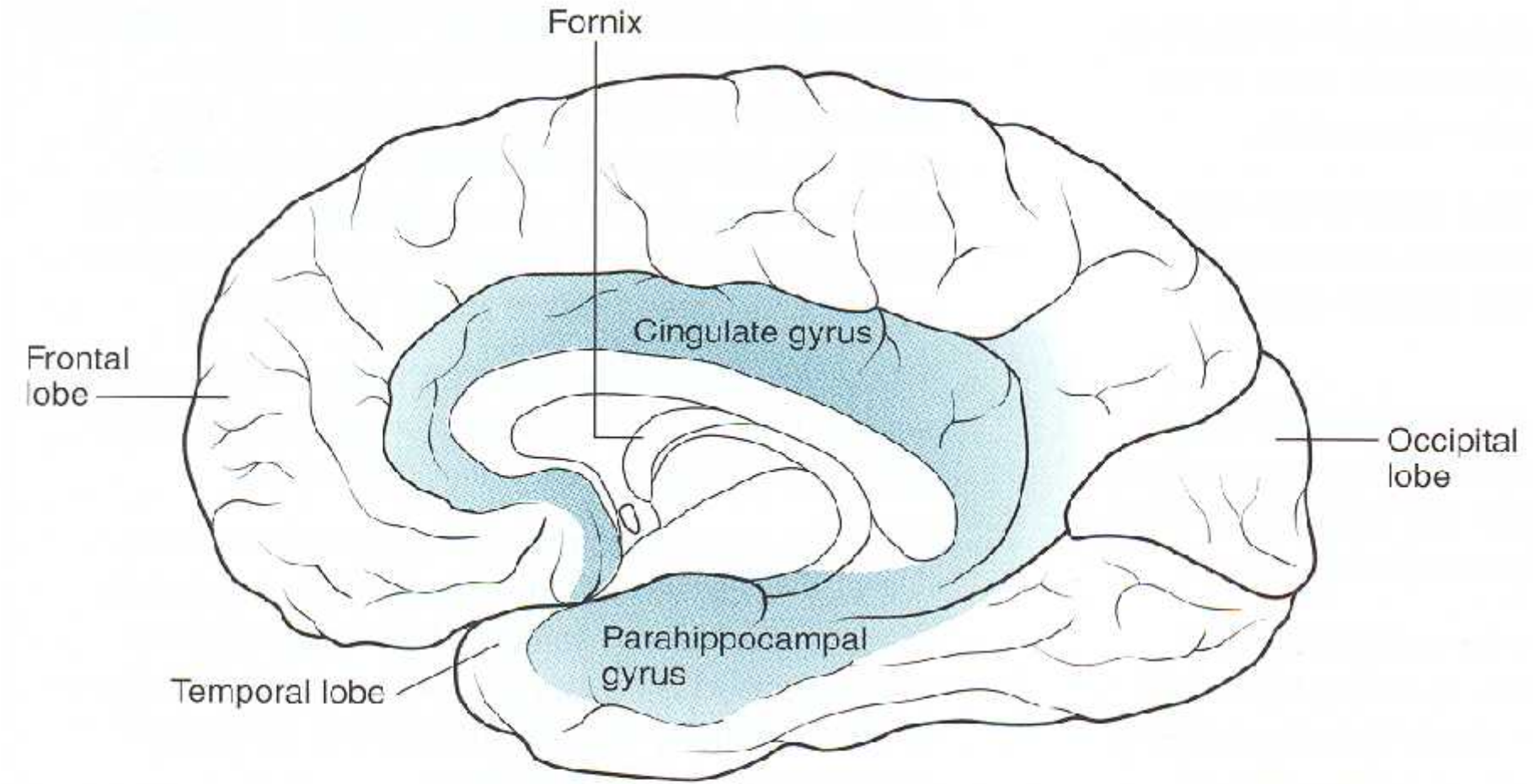
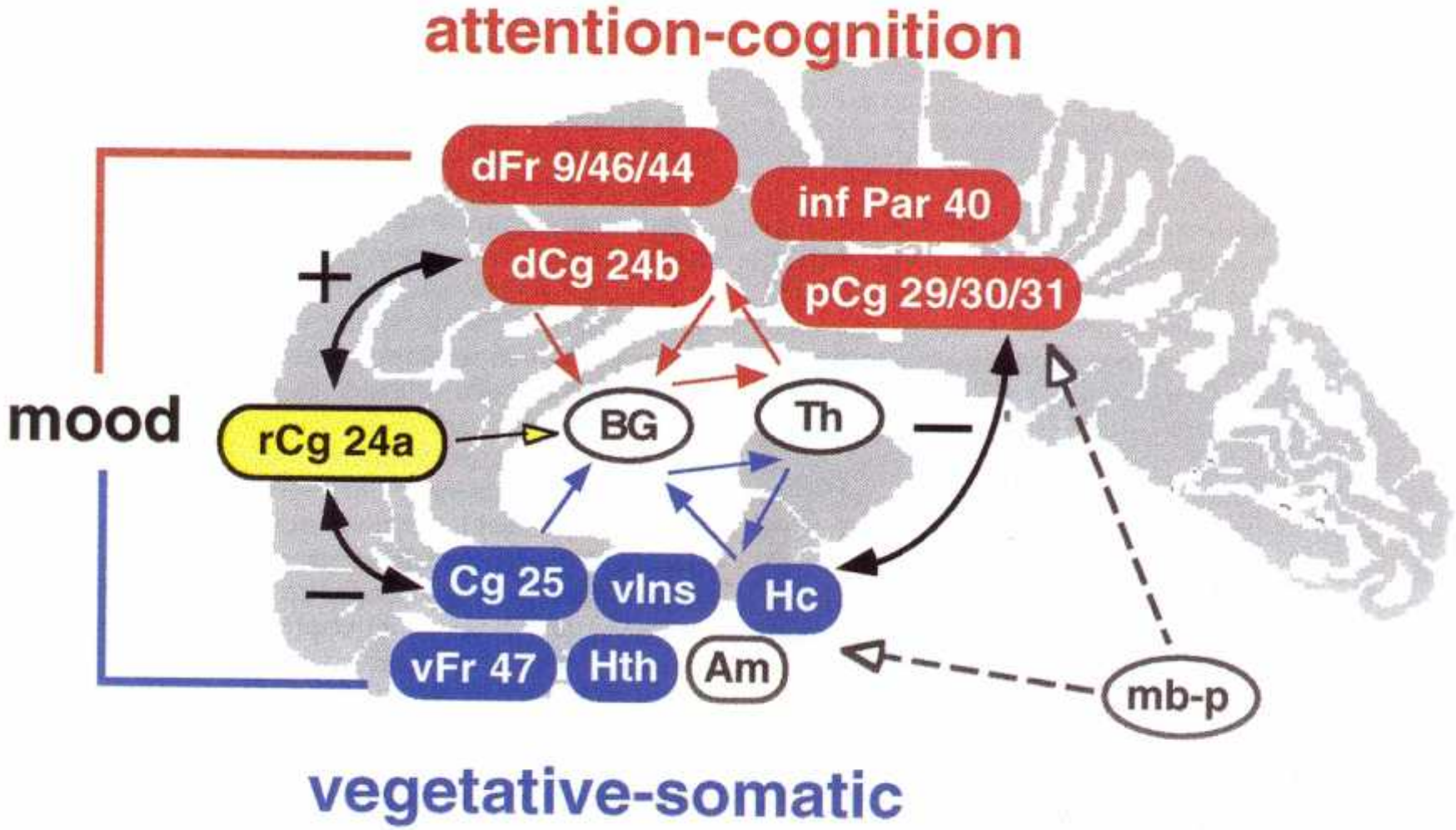


Figure 15–1. The limbic lobe. This ring of tissue (limbus) encircles the upper brain stem and consists of evolutionarily older forms of cortex. It comprises the cingulate and parahippocampal gyri as well as deeper structures such as the hippocampus and amygdala.

Ipotesi della Mayberg (1997)



Distinzione psicologico/ biologico

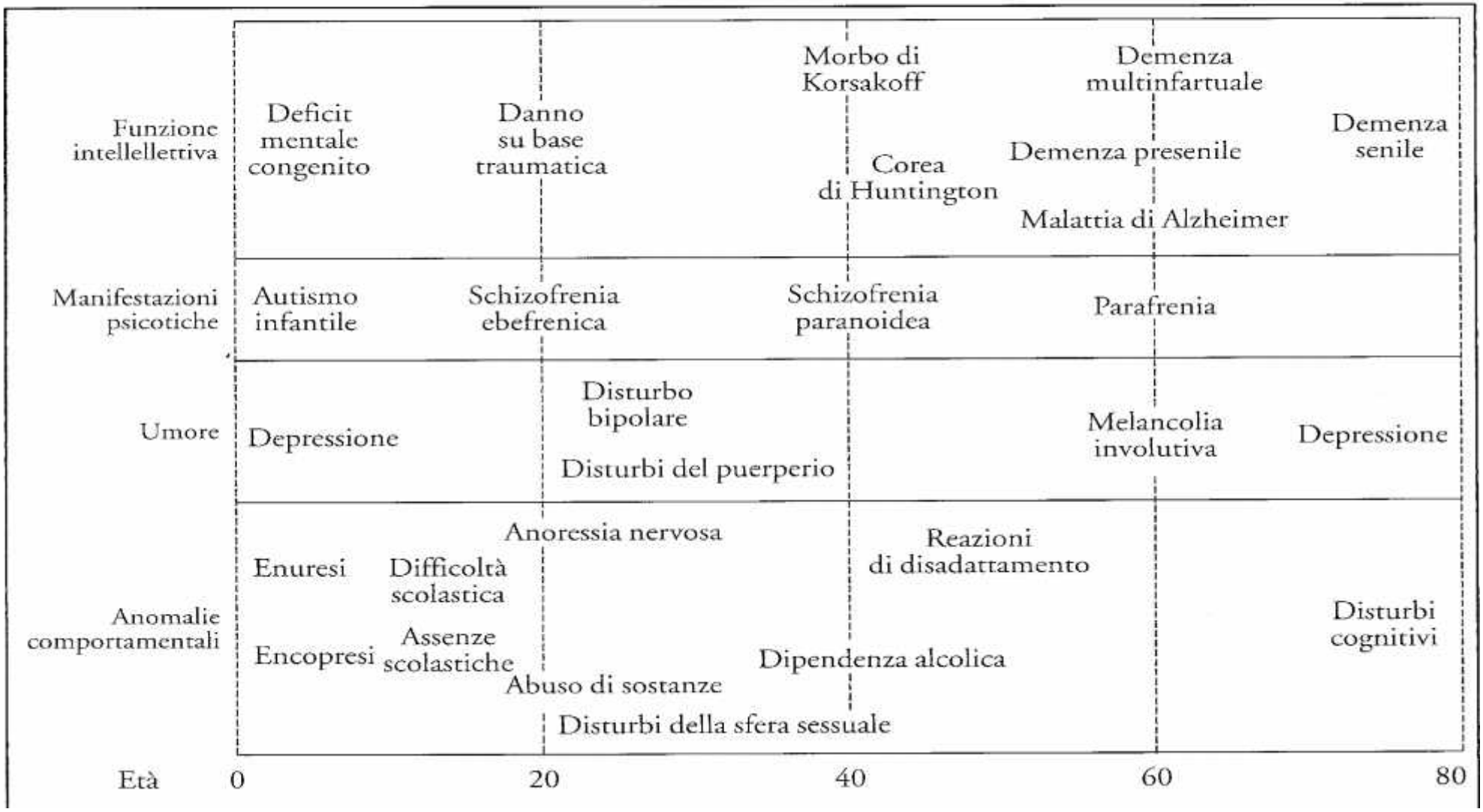
"With advances in the neurosciences, and especially in imaging techniques, we demonstrate that psychotherapy is a powerful intervention that affects the brain…
Documentation of these changes may go a long way toward removing the stigma currently attached to psychotherapy. While there was a time when psychotherapy was thought to be the appropriate treatment for 'psychologically based' disorders, and medication was considered the treatment of choice for 'biologically based' disorders, this distinction is now becoming increasingly specious." (Gabbard, 1996)

Fattori di rischio per la depressione post partum

Predittore (Beck 2001)	N. totale di soggetti	Grandezza dell'effetto
Stress legato alla cura del bambino	789	0,46
Precedente Depressione Post Partum	2305	0,45
Ansia prenatale	428	0,45
Scarso Supporto sociale	2692	0,41
Eventi di vita stressanti	2324	0,40
Rapporto di coppia	1554	0,39
Precedente storia di depressione	991	0,39
Temperamento del bambino	1056	0,34
Maternity blues	643	0,31
Status maritale	580	0,25
Status socioeconomico	1732	0.22
Gravidanza non desiderata	1199	0,16

Età di insorgenza

Fig. 22 - Età di insorgenza dei vari Disturbi Psichiatrici.
L'esordio dei diversi disturbi psichiatrici può essere collocato in diverse aree di età.



MODELLO STRESS-VULNERABILITA'

(Zubin e Spring, 1977, Neuchterlein e Dawson, 1984)

VULNERABILITA': suscettibilità o predisposizione individuale a sviluppare il disturbo (probabilità empirica di svilupparlo)
- è un tratto relativamente stabile della persona
risulta dall'azione e dall'interazione reciproca dei suoi fattori di rischio genetici, biologici, psicologici e psico-sociali

UN EPISODIO SCHIZOFRENICO SI VERIFICA SE, E SOLO SE, UNA PERSONA PREDISPOSTA AL DISTURBO SI CONFRONTA CON RICHIESTE AMBIENTALI ECCESSIVE RISPETTO ALLE SUE ABILITA' DI COPING

Presenza di fattori di vulnerabilità/ rischio

Molecular Psychiatry (1999) 4, 163–172

ORIGINAL RESEARCH ARTICLE

Environment and vulnerability to major psychiatric illness: a case control study of early parental loss in major depression, bipolar disorder and schizophrenia

O Agid[1,2], B Shapira[2,3], J Zislin[3], M Ritsner[4], B Hanin[5], H Murad[6], T Troudart[5], M Bloch[1], U Heresco-Levy[2,3] and B Lerer[1,2]

[1]Biological Psychiatry Laboratory, Dept of Psychiatry, Hadassah – Hebrew University Medical Center; [2]Dept of Psychiatry, Hebrew University – Hadassah Medical School; [3]Herzog Hospital; [4]Talbieh Hospital; [5]Eitanim – Kfar Shaul Mental Health Center; [6]Dept of Statistics, Hebrew University, Jerusalem, Israel

The current focus on identifying genes which predispose to psychiatric illness sharpens the need to identify environmental factors which interact with genetic predisposition and thus contribute to the multifactorial causation of these disorders. One such factor may be early parental loss (EPL). The putative relationship between early environmental stressors such as parental loss and psychopathology in adult life has intrigued psychiatrists for most of this century. We report a case control study in which rates of EPL, due to parental death or permanent separation before the age of 17 years were evaluated in patients with major depression (MD), bipolar disorder (BPD) and schizophrenia (SCZ), compared to individually matched, healthy control subjects (MD-Control, 79 pairs; BPD-Control, 79 pairs; SCZ-Control, 76 pairs). Loss of parent during childhood significantly increased the likelihood of developing MD during adult life (OR = 3.8, $P = 0.001$). The effect of loss due to permanent separation ($P = 0.008$) was more striking than loss due to death, as was loss before the age of 9 years (OR = 11.0, $P = 0.003$) compared to later childhood and adolescence. The overall rate of EPL was also increased in BPD (OR = 2.6, $P = 0.048$) but there were no significant findings in any of the subcategories of loss. A significantly increased rate of EPL was observed in schizophrenia patients (OR = 3.9, $P = 0.01$), particularly before the age of 9 years (OR = 4.3, $P = 0.01$). Compari-

Quando trattare le persone con sintomi prodromici della schizofrenia?

Sintomi psicotici attenuati e transitori

Sintomi o segni compatibili con prodromi

Fattori di rischio di tratto (familiarità per disturbi psicotici, disturbo schizotipico e schizoide di personalità, anomalie della struttura cerebrale, anomalie del funzionamento cognitivo)

Fattori di rischio di stato (stato mentale a rischio e deterioramento del funzionamento globale > 1 mese)

Fattori di rischio aggiuntivo (età 16-30 anni)

TASSO DI TRANSIZIONE ALLA PSICOSI 30-40%

Risposta al trattamento

Phase model of outcome / expected treatment response model (Howard e al, 1993)

Il miglior predittore di successo è la riduzione della sintomatologia entro le prime 12 sedute; il miglior predittore di insuccesso è la mancata riduzione della sintomatologia nelle prime 12 sedute

Malattie fisiche e depressione

Malattie neurologiche che danneggiano specifiche aree cerebrali
Mal. di Parkinson, Sclerosi multipla, Corea di Huntington, Mal. di Alzheimer, Mal. cerebrovascolare

Endocrinopatie
Ipo- e Iper-tiroidismo, Morbo di Addison, Morbo di Cushing, Ipopituitarismo, Diabete senile

Patologie infettive
Epatite, Paralisi progressiva (lue terziaria), AIDS

Thyroid hormones affect recovery from depression during antidepressant treatment

Chi-Un Pae, MD, PhD, Laura Mandelli, MD, Changsu Han, MD, PhD,
Byung-Joo Ham, MD, PhD, Prakash S. Masand, MD, Ashwin A. Patkar, MD,
David C. Steffens, MD, Diana De Ronchi, MD and Alessandro Serretti, MD, PhD

Aims: The aim of the present study was to evaluate whether thyroid hormonal changes during menopause may affect the development and the course of major depressive disorder.
Methods: Thirty-nine female patients (*n* = 17 in premenopause; *n* = 22 in post-menopause) with major depressive disorder based on Diagnostic Statistical Manual of Mental Disorders (4th edition) criteria and who were euthyroid and not on hormonal replacement therapy, participated in a prospective, 6-week, open-label naturalistic study. The Hamilton Depression Rating Scale-17 item, the Montgomery-Åsberg Depression Rating Scale, the Clinical Global Impression scale and the Cognitive Failure Questionnaire were administered at baseline, week 1, week 3, and week 6. Levels of thyroid stimulating hormone, total thyroxine and total triiodothyronine were collected at baseline visit.
Results: In the whole sample, particularly in pre-menopausal women, levels of thyroid stimulating hormone-potential markers of subclinical hypothyroidism were correlated with those of less severe but more resistant depressive form. Conversely, total thyroxine levels were correlated with a more severe depression, but high levels of this hormone favored the response to antidepressants. Overall, a diagnosis of subclinical hypothyroidism was associated with a poor response to antidepressant treatment. Finally, total triiodothyronine levels were associated with better cognitive functioning, though they did not influence improvement occurring with recovery.
Conclusions: **Our study suggests that thyroid hormones may have an impact on severity and efficacy of antidepressant treatment**. However, our result should be considered with caution and merely as a suggestion due to some methodological limitations. Hence further studies are required to better ascertain the role of thyroid hormones in depression after menopause.

Therapeutic Options for Treatment-Resistant Depression

Richard C. Shelton, Olawale Osuntokun, Alexandra N. Heinloth and Sara A. Corya

Abstract Treatment-resistant depression (TRD) presents major challenges for both patients and clinicians. There is no universally accepted definition of TRD, but results from the US National Institute of Mental Health's (NIMH) STAR*D (Sequenced Treatment Alternatives to Relieve Depression) programme indicate that after the failure of two treatment trials, the chances of remission decrease significantly.

Several pharmacological and nonpharmacological treatments for TRD may be considered when optimized (adequate dose and duration) therapy has not produced a successful outcome and a patient is classified as resistant to treatment. Nonpharmacological strategies include psychotherapy (often in conjunction with pharmacotherapy), electroconvulsive therapy and vagus nerve stimulation. The US FDA recently approved vagus nerve stimulation as adjunctive therapy (after four prior treatment failures); however, its benefits are seen only after prolonged (up to 1 year) use. Other nonpharmacological options, such as repetitive transcranial stimulation, deep brain stimulation or psychosurgery, remain experimental and are not widely available.

Pharmacological treatments of TRD can be grouped in two main categories: 'switching' or 'combining'. In the first, treatment is switched within and between classes of compounds. The benefits of switching include avoidance of polypharmacy, a narrower range of treatment-emergent adverse events and lower costs. An inherent disadvantage of any switching strategy is that partial treatment responses resulting from the initial treatment might be lost by its discontinuation in favour of another medication trial. Monotherapy switches have also been shown to have limited effectiveness in achieving remission.

The advantage of combination strategies is the potential to build upon achieved improvements; they are generally recommended if partial response was achieved with the current treatment trial. Various non-antidepressant augmenting agents, such as lithium and thyroid hormones, are well studied, although not commonly used. There is also evidence of efficacy and increasing use of atypical antipsychotics in combination with antidepressants, for example, olanzapine in combination with fluoxetine (OFC) or augmentation with aripiprazole. The disadvantages of a combination strategy include multiple medications, a broader range of treatment-emergent adverse events and higher costs.

Psychiatry and Clinical Neurosciences 2009; **63**: 305–313

Attacchi di panico e prolasso mitralico

Il prolasso mitralico

E’ una condizione abbastanza comune, che colpisce soprattutto le donne ed, in alcune forme, può essere anche ereditario. Il prolasso mitralico è stato associato a diversi sintomi, fra cui dolore al petto, affanno, debolezza, **e forse anche attacchi di panico**. L’insufficienza mitralica è il problema cardiaco più comunemente associato al prolasso: di solito è di grado lieve, ma può progredire. In una percentuale molto piccola di pazienti, il prolasso mitralico è stato associato con disturbi del ritmo, infezioni della valvola, ictus, e, molto raramente, morte improvvisa (probabilmente per una causa aritmica). E’ importante sottolineare che la stragrande maggioranza dei pazienti con prolasso mitralico, hanno una normale aspettativa di vita e non hanno problemi di carattere medico a lungo termine. La diagnosi si fa di solito durante una visita medica: l’ecocardiogramma viene impiegato per confermare la diagnosi e stabilire il grado di insufficienza mitralica. I pazienti senza insufficienza mitralica, disturbi dl ritmo, o altre patologie associate e comunque con un cuore normale, sono da considerare a basso rischio per problemi a distanza.

Attacchi di panico e livelli ematici di trigliceridi e HDL

Brief Communication

Serum Lipid Concentrations in Obsessive–Compulsive Disorder Patients With and Without Panic Attacks

Mehmet Yucel Agargun, MD[1], Haluk Dulger, MD, PhD[2], Rifat Inci, MD[3], Hayrettin Kara, MD[1], Omer Akil Ozer, MD[4], Mehmet Ramazan Sekeroglu, PhD[5], Lutfullah Besiroglu, MD[4]

Objective: To examine serum lipid levels in patients with obsessive–compulsive disorder (OCD) and to test whether panic symptoms affect lipid concentrations in OCD patients.

Methods: We assessed 33 OCD patients and 33 healthy control subjects matched for sex and age.

Results: OCD patients had higher low-density lipoprotein, very-low-density lipoprotein, and tryglyceride levels, but lower high-density lipoprotein levels, than normal control subjects. We also found that only OCD patients with panic attacks had higher serum lipid concentrations, compared with normal control subjects. Serum lipid levels of pure OCD patients did not differ from control values.

Conclusion: These findings suggest that high serum lipid concentrations are related to panic anxiety rather than other symptoms of the illness.

Depressione e osteoporosi negli anziani

INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY
Int J Geriatr Psychiatry 2008; **23**: 1119–1126.
Published online 6 May 2008 in Wiley InterScience
(www.interscience.wiley.com) **DOI**: 10.1002/gps.2037

Association of depressive symptoms with bone mineral density in older men: A population-based study

Alice Laudisio[1]*, Emanuele Marzetti[2], Alberto Cocchi[1], Roberto Bernabei[1] and Giuseppe Zuccalà[1]

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[2]*Department of Aging and Geriatrics, College of Medicine, University of Florida, Division of Biology of Aging, Institute on Aging, Biochemistry of Aging Laboratory, Gainesville, FL, USA*

SUMMARY

Objective Thirty percent of hip fractures occur in men; nevertheless, the determinants of osteoporosis in men are unclear.
Methods We assessed the association of ultrasound-derived bone mineral density (UD-BMD) with depressive symptoms in a population-based study. We assessed the association of 30-item Geriatric Depression Scale (GDS) score with the ultrasound-derived T-score, *Z*-score, and Stiffness index in all 306 subjects aged 75+ living in Tuscania (Italy).
Results In multivariable linear regression analysis, GDS was associated among men with the ultrasound-derived *T*-score ($\beta = -0.09$; 95% CI $= -0.15$ to -0.03; $p = 0.003$), *Z*-score ($\beta = -0.07$; 95% CI $= -0.13$ to -0.01; $p = 0.032$), and the Stiffness index ($\beta = -0.90$; 95% CI $= -1.64$ to -0.16; $p = 0.018$) after adjusting for potential confounders. No significant associations were observed in women. In linear discriminant analysis, the GDS score cutoff that best predicted osteoporosis was ≥19. Participants with mild to severe depressive symptoms had threefold increased probability of having an ultrasound-derived *T*-score < -2.5.
Conclusions Depressive symptoms are independently associated with all UD-BMD parameters. As depression is a common feature among older populations, and because subjects with depression are infrequent users of preventive services, older men with depression should be prompted to undergo screening for osteoporosis. Conversely, assessment for depression should be performed in older men with diagnosis of osteoporosis.

Mikkelsen RL, Middelboe T, Pisinger C, Stage K.

Anxiety and depression in patients with chronic obstructive pulmonary disease (COPD). A review.
Nord J Psychiatry 2004;58:65_/70.

A review of the literature revealed high comorbidity of chronic obstructive pulmonary disease (COPD) and states of anxiety and depression, indicative of excess, psychiatric morbidity in COPD. The existing studies point to a prevalence of clinical significant symptoms of depression and anxiety amounting to around 50%. The prevalence of panic disorder and major depression in COPD patients is correspondingly markedly increased compared to the general population. **Pathogenetic mechanisms remain unclear but both psychological and organic factors seem to play a role.** The clinical and social implications are severe and the concurrent psychiatric disorders may lead to increased morbidity and impaired quality of life. Furthermore, the risk of missing the proper diagnosis and treatment of a concurrent psychiatric complication is evident when COPD patients are treated in medical clinics. **Until now only few intervention studies have been conducted, but results suggest that treatment of concurrent psychiatric disorder leads to improvement in the physical as well as the psychological state of the patient.**

Dopamine receptor D3 genotype association with greater acute positive symptom remission with olanzapine therapy

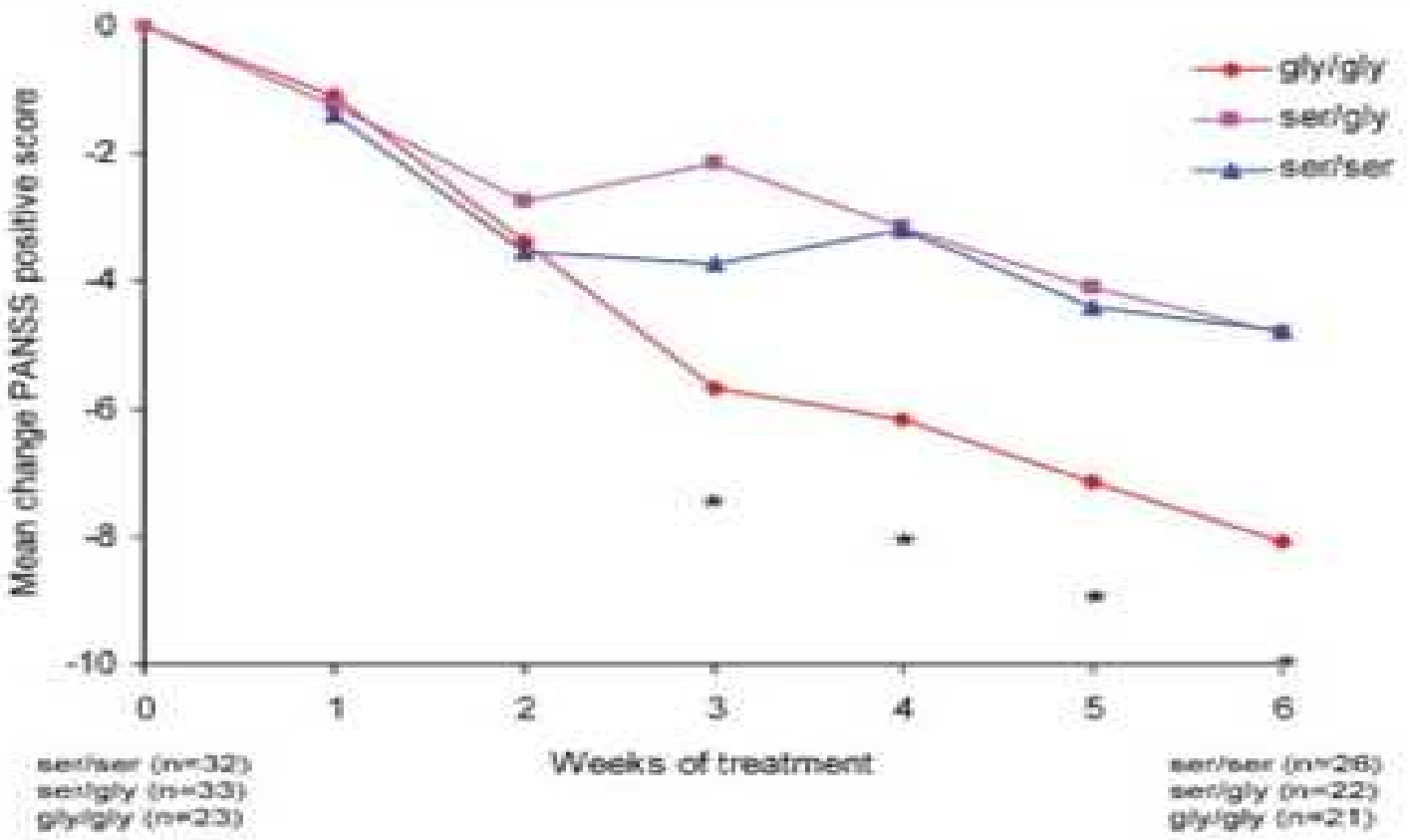


Figure 2. Weekly positive score reduction by DRD-3 ser-9-gly genotypes. Mean change from baseline to each visit. $^{*}p < 0.05$, analysis of variance at each time point

Analysis of gene expression in two large schizophrenia cohorts identifies multiple changes associated with nerve terminal function

PR Maycox1, F Kelly, A Taylor, S Bates, J Reid, R Logendra, MR Barnes, C Larminie, N Jones, M Lennon, C Davies, JJ Hagan, CA Scorer, C Angelinetta, T Akbar, S Hirsch, AM Mortimer, TRE Barnes and J de Belleroche

Schizophrenia is a severe psychiatric disorder with a world-wide prevalence of 1%. The pathophysiology of the illness is not understood, but is thought to have a strong genetic component with some environmental influences on aetiology. To gain further insight into disease mechanism, we used microarray technology to determine the expression of over 30 000 mRNA transcripts in post-mortem tissue from a brain region associated with the pathophysiology of the disease (Brodmann area 10: anterior prefrontal cortex) in 28 schizophrenic and 23 control patients. We then compared our study (Charing Cross Hospital prospective collection) with that of an independent prefrontal cortex dataset from the Harvard Brain Bank. We report the first direct comparison between two independent studies. A total of 51 gene expression changes have been identified that are common between the schizophrenia cohorts, and 49 show the same direction of disease-associated regulation. In particular, changes were observed in gene sets associated with synaptic vesicle recycling, transmitter release and cytoskeletal dynamics. This strongly suggests multiple, small but synergistic changes in gene expression that affect nerve terminal function.

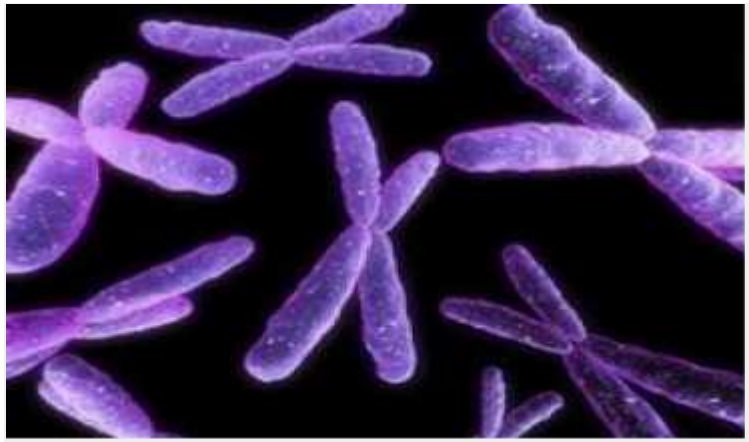
Molecular Psychiatry (2009) 14, 1083–1094

nature

Lighter sentence for murderer with 'bad genes'

Italian court reduces jail term after tests identify genes linked to violent behaviour.

Emiliano Feresin



A court in Italy has cut a prisoner's jail term because he has genes associated with aggressive behaviour.

An Italian court has cut the sentence given to a convicted murderer by a year because he has genes linked to violent behaviour — the first time that behavioural genetics has affected a sentence passed by a European court. But researchers contacted by Nature have questioned whether the decision was based on sound science.

Abdelmalek Bayout, an Algerian citizen who has lived in Italy since 1993, admitted in 2007 to stabbing and killing Walter Felipe Novoa Perez on 10 March. Perez, a Colombian living in Italy, had, according to Bayout's testimony, insulted him over the kohl eye make-up the Algerian was wearing. Bayout, a Muslim, claims he wore the make-up for religious reasons.

During the trial, Bayout's lawyer, Tania Cattarossi, asked the court to take into account that her client may have been mentally ill at the time of the murder.

"There's increasing evidence that some genes together with a particular environmental insult may predispose people to certain behaviour."