Objectives: To determine the prevalence of psychiatric morbidity in primary healthcare setting, primary care physician's awareness and ability to recognize psychiatric disorders and the form of management applied.

Method: 380 patients, who had visited comprehensive healthcare centers in Irbid, North Jordan, during a one month period, were assessed using the Modified General Health Questionnaire (MGHQ) after being seen by general practitioners, family physicians or internists. The physicians or internists who had examined these patients were administered the Awareness, Recognition and Management Questionnaire (MGHQ) after being seen by general practitioners, family physicians or internists. The physicians or internists who had examined these patients were administered the Awareness, Recognition and Management Questionnaire.

Results: While the prevalence of psychiatric disorders was 59.7%, primary care physicians were able to recognize only 22.5% of the psychiatrically disturbed patients. Internists were able to recognize psychiatric disorders more frequently than primary care physicians. Primary care physicians provided management to 50.9% of the psychiatric patients they recognized.

Conclusions: The study findings suggested that there is a need to improve the awareness, recognition and management of psychiatric disorders at Primary Healthcare level and that certain type of patients who attended these centers were more likely to have psychiatric problems.

Key Words: General Health Questionnaire (GHQ), Recognition, Prevalence.
Deliberate Self-Burning: The Psychosocial and Clinical Patterns among Patients Admitted to Burn Unit in King Hussein Medical Center, Jordan / Mohamed Hamdallah Al-Dabbas

Abstract: This paper studied the psychosocial characteristics and clinical patterns of 36 patients with deliberate self-burning out of total of 882 patients admitted to the Burn Unit of the Royal Jordanian Rehabilitation Center, King Hussein Medical Center, Jordan, over a 5-year period from January 2000 to December 2004.

Deliberate self-burning (DSB) represents 4% of all admissions and is more common among females (n=31) than males (n=5) with sex ratio F:M of 6:1. Half of the cases were between 20 and 30 years of age with the mean age of 30 years, all males and the majority of females (61%) were married.

The mortality rate was 79% and the median Total Body Surface Area (TBSA) burned was 60%. Forty-eight percent of patients (n=15) had previous deliberate self-burn (DSB).

Seventy-eight percent of subjects had a psychiatric diagnosis, of which the commonest diagnosis made was adjustment disorder (44%), while the other 22% were found with social, familial or marital problems. Recommendations were made for some preventive measures.

Objective: This study is aiming to evaluate the PTSD reactions among children and adolescents in a Yemeni District.

Methodology: Cross-sectional approach was adopted in this survey. School children of 12-18 years of age had been assessed using standard self-report questionnaires.

Results: The study revealed that 68% of children were suffering from post traumatic stress disorder reactions. These PTSD reactions were higher among boys and adolescents. More than 20% of children have shown also other emotional and behavioral problems.

Conclusions: Results of this survey have been showing higher rate of PTSD reactions among Yemeni children and adolescents. Trans-cultural points were discussed and recommendations were formulated.
Background: In most countries including the United Kingdom, Clozapine is licensed for the treatment of resistant schizophrenia, which is usually defined, according to Kane1989 and co-workers as failure to respond to adequate trials of 2 antipsychotics for adequate duration. According to the BNF (British National Formulary) Clozapine should be introduced if schizophrenia is inadequately controlled despite the sequential use of two or more antipsychotics, one of which is an atypical antipsychotic, each for at least 6-8 weeks.

Method: Prescribing histories were obtained from the case notes, admission and discharge summaries and prescription charts for all patients on Clozapine at Hallam Street Hospital, England, in August 2004.

Results: Fifty-six patients, 35 males and 21 females, receiving Clozapine for schizophrenia or schizoaffective disorder (WHO International Classification of diseases, ICD-10 Classification of mental Disorders) were identified. The mean age of patients was 43 ± 12 (range 16-79) years. They had been prescribed 6.5 ± 1.1 (range 2-12) antipsychotics before commencement of Clozapine.

Conclusion: There are well established pharmacological treatments for alcohol dependence including: benzodiazepines, disulfiram, thiamine, acamprosate and naltrexone. Less routinely used compounds such as mood stabilisers, serotonergic agents and other compounds with growing evidence of efficacy in the alcohol dependence have also been reviewed.

Key words: Alcohol dependence, addiction, pharmacotherapy.

Pharmacological treatments of alcohol dependence / Mudunktuwe J, Arnone D, Abou- Saleh MT

Abstract:

Objective: To review current pharmacological treatments for alcohol dependence.

Method: A comprehensive search from a range of electronic databases was conducted to identify controlled trials, systematic reviews, and guidelines that evaluated the use of pharmacological interventions in the treatment of alcohol dependence.

Result: Several compound were identified and evaluated in the review that are well established in the treatment of alcohol dependence including: benzodiazepines, disulfiram, thiamine, acamprosate and naltrexone. Less routinely used compounds such as mood stabilisers, serotonergic agents and other compounds with growing evidence of efficacy in the alcohol dependence have also been reviewed.

Key words: Alcohol dependence, addiction, pharmacotherapy.
Journals Review

... 37.13 years. Forty-seven (83.9%) patients were single, six (10.7%) married and three (5.4%) divorced. Thirty-three patients (58.9%) were Caucasian, fifteen (26.8%) Asian and eight (14.3%) Afro-Caribbean. Mean duration of illness was 13.9 years. Mean duration of Clozapine use was 4.99 years. At some point before the commencement of Clozapine, forty-six (85.2%) had received an atypical antipsychotic, all of whom but one for adequate duration and in adequate doses, forty-three (79.6%) had received oral typical antipsychotic and forty-four (81.5%) had been tried on depot antipsychotic intra-muscular injections. All patients except two had received two adequate trials of different antipsychotics prior to the commencement of Clozapine. The mean maximum theoretical delay in using Clozapine was 5.98 years. Clozapine was discontinued in five patients, due to intolerable adverse effects in 4 and poor response in 1.

Conclusion: Our study that Clozapine treatment was quite delayed for longer than is clinically desirable. It also indicates that, like in many other countries, Clozapine is underused in the UK as well. This probably reflects the costs and complexities of therapy with Clozapine.

An assessment of the use selective serotonin reuptake inhibitors in childhood and adolescent depressive disorders / Amjad Jumail'an, Charles R. Barringer

Abstract: Depression in children and adolescents warrants serious concideration. It is incumbent on clinicians to develop safe, effective treatment protocols for this painful and debilitating condition. While the use of selective serotonin re-uptake inhibitors (SSRI) in the treatment of depression is promising, it is also an area of controversy in most parts of the world. In response to the controversy and the need for treatment, this paper assesses the current status of the research and recommendations for using SSRIs. Toward this end, the paper reviews relevant literature to determine the prevalence and risks associated with major depressive disorder (MDD) among youth. The paper then summarizes the research on SSRIs and identifies which ones are safe, effective, supported by research, and approved by the medical establishment. Finally, a set of guidelines for treating youth depression is offered, one that combines approved SSRIs and psychotherapy.

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