the score of AQ do present in a different range in Egyptian students not dissimilar from the british and the Japaneses studies.

The autistic traits have been positively correlated to psychological distress as expressed by the score of GHQ.

Conclusion: the conclusion of the study suggests that the AQ is a potentially useful tool to assess autistic traits in highly functioning individuals in Egyptian students. Tracing such individuals can be of significant addition to clinical assessment methods which would enrich our Knowledge of human behaviour.

Abstract

Introduction: The advances in the concept of Autism are among the most significant developments in the recent history of psychiatry. Psychiatric literature in the Arab world needs to put more emphasis and to encourage the local research in this area. This pilot study is adopting the wider concepts of the Autistic Spectrum Quotient Questionnaire (AQ) to the psychiatric literature in the Arab World. The questionnaire has been translated to Arabic and used on Egyptian participants. The questionnaire could not be formally validated as this beyong the scope of this pilot study. The study has also been designed to find out if highly functioning Egyptian students could have some “autistic traits” and if these traits are of any clinical significance.

Aims: This study aims to introduce a new questionnaire i.e. The Autistic Spectrum Quotient Questionnaire (AQ) to the psychiatric literature in the Arab World. The questionnaire has been translated to Arabic and used on Egyptian participants. The questionnaire could not be formally validated as this beyong the scope of this pilot study. The study has also been designed to find out if highly functioning Egyptian students could have some “autistic traits” and if these traits are of any clinical significance.

Method: 202 students from different colleges at Zagazig University in Egypt have fully completed the Autistic Spectrum Quotient Questionnaire (AQ). The students have also completed the Arabic version of the General Health Questionnaire (GHQ) as a measure of any associated psychological distresses.

Results: The average Autistic- Spectrum Quotient (AQ) total score is 22.72 (SD 4.44) Which followed normal distribution. The General health Questionnaire (GHQ) average total score is 34.43 (SD 13.9). A positive correlation has been found between the AQ total scores and GHQ total scores (Person’s correlation one laited test: P= 0.036). Result suggest that autistic traits as expressed by

Papers / مقالات وأبحاث

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- A Family study of Panic disorder in Iraq: Numan S. Ali, Abdulmuhsein
- Life events, Co-morbidity Disorders and physical illnesses: Hamdy F Moselhy and H Abdalla
- Psychosocial Aspects of Diabetes in Children and Adolescents: Fatima Al-Haider
- Ibn Sina, and law book, Part II: Walid sarhan
- Psychiatric literature in the Arab World: Omaima A Daoud, Mick Loughren, K Mansour, Abdulshafi Khashba
- The Autistic Spectrum Quotient Questionnaire (AQ) to the psychiatric literature in the Arab World: Omaima A Daoud, Mick Loughren, K Mansour, Abdulshafi Khashba
- The advances in the concept of Autism are among the most significant developments in the recent history of psychiatry: Omaima A Daoud, Mick Loughren, K Mansour, Abdulshafi Khashba
- Precipitating Factors Relating to Onset of Medically Unexplained Paressis and Anesthesia: Mohammad Zaubi
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Content / المحتوى

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Review Article / مراجعة مقالات

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- The Autistic Spectrum Quotient Questionnaire (AQ) to the psychiatric literature in the Arab World
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Summary / الملاحظات

- The advances in the concept of Autism are among the most significant developments in the recent history of psychiatry
- Precipitating Factors Relating to Onset of Medically Unexplained Paressis and Anesthesia
- Arabic version of the General Health Questionnaire (GHQ) average total score is 34.43 (SD 13.9). A positive correlation has been found between the AQ total scores and GHQ total scores (Person’s correlation one laited test: P= 0.036). Result suggest that autistic traits as expressed by

Arabpsynet Journal: No 12- Autumn 2006
Life events, Co-morbidity of Psychiatric Disorders and Physical Illnesses: A review of the Literature/ Hamdy F Moselhy and Amal H Abdalla

Abstract

Objective: The view that co-morbidity of life events, psychiatric disorders and physical illnesses enjoys considerable support by a number of older and recent contributing factors, new approaches and research difficulties, which are of particular interest for planning more effective preventive and treatment strategies.

Method: studies were identified by means of computerized and manual searches.

Results: high rates of co-morbidity suggest that life events, psychiatric disorders, and physical illnesses are functionally related to one another.

Conclusion: inclusion of patients with co-morbid life events, psychiatric be critical for development of effective treatment for this severely symptomatic patient's population.

Key words: Co-morbidity, Life events, physical, psychiatric disorders.

Life events, co-morbidity of psychiatric disorders and physical illnesses: A review of the literature.
Children and Adolescents
diabetes to exist. The psychosocial component and subsequent
school attendance and achievement.

Management should include psychosocial assessment of
disruptive behavioral disorders. Their siblings and families are
psychiatric co-morbidity can result in difficult clinical course of
diabetes or not, and whether there are psychosocial
consequences of diabetes or not.

Method: Reviewing the available and relevant published
articles, from 1990 to 2005.

Results: Psychosocial factors could precipitate the onset of
diabetes and may influence the timing of symptoms
presentation. Stress and family problems may effect children and
adolescents compliance with diabetic regimen leading to more
medical, psychological and social complications. Presence of
psychiatric co-morbidity can result in difficult clinical course of
diabetes.

Diabetes can affect children negatively at different phases of
development from infancy to adolescence. Diabetic children
have rates of depression, anxiety, adjustment disorders and
disruptive behavioral disorders. Their siblings and families are
affected negatively as well.

Management should include psychosocial assessment of
diabetic children and adolescents and their families, diabetic
education, individual psychotherapy, family counseling,
management of psychiatric co-morbidity and issues related to
school attendance and achievement.

Conclusion: Links between psychosocial factors and
diabetes to exist. The psychosocial component and subsequent
rehabilitation.

Key Word: Medically unexplained symptoms (MUS), Chronic
Fatigue syndrome (CFS), Diagnostic and Statistical Manual
(DSMIV),

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