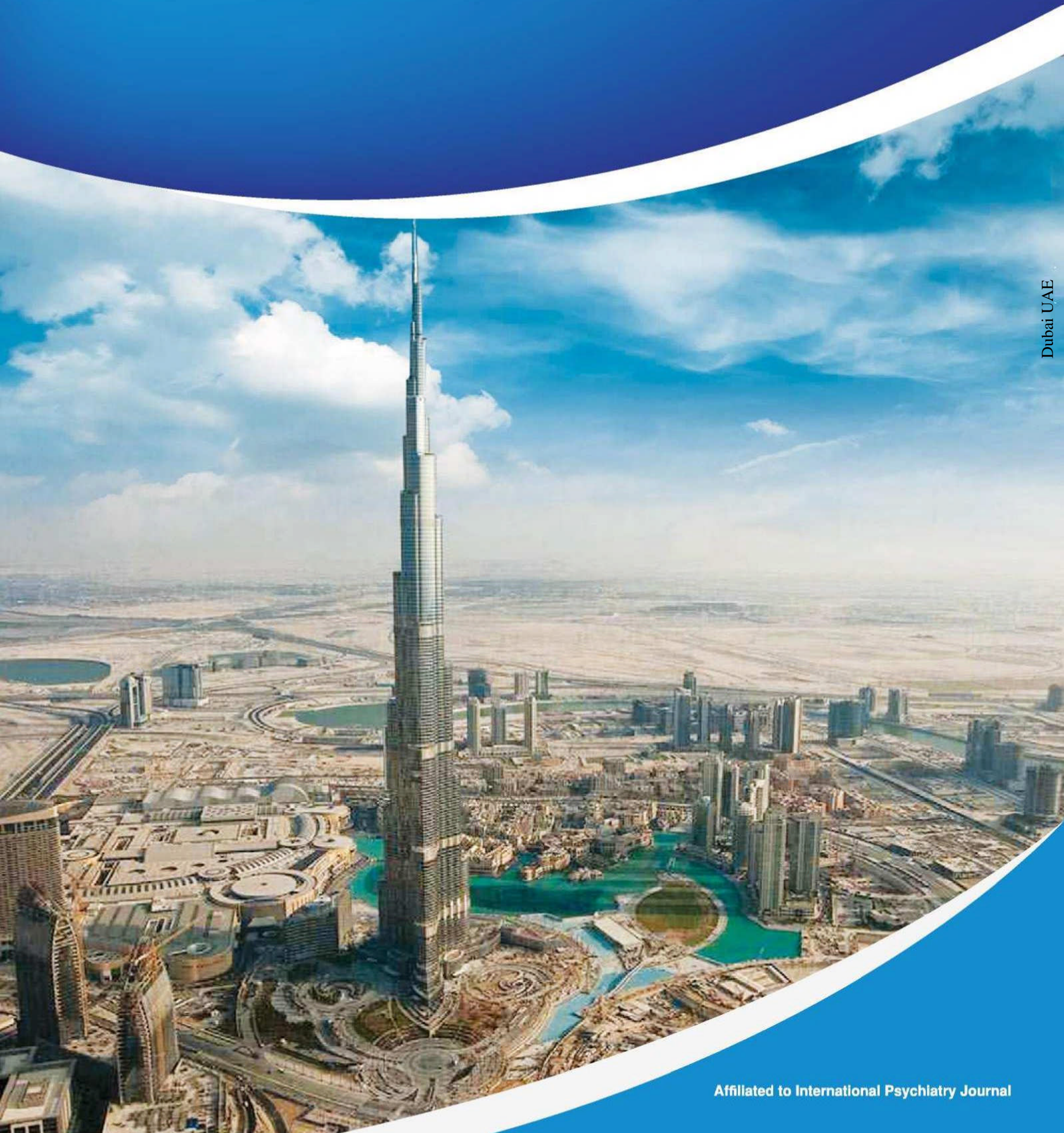




اتحاد الأطباء النفسيين العرب  
Arab Federation of Psychiatry

# The Arab Journal of Psychiatry المجلة العربية للطب النفسي

Vol. 23 No 2. November 2012  
المجلد 23، العدد الثاني، نوفمبر 2012



Dubai UAE



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### **Illustrations**

All illustration should be submitted camera-ready; line drawings/diagrams should be approximately twice the size they will appear in print.

### **Reference List**

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- Mosey AC. Occupational therapy. Configuration of a profession. New York: Raven Press, 1981.

### **Mailing Address:**

Dr. Walid Sarhan - The Chief Editor -The Arab Journal of Psychiatry  
P.O. Box 541212 Postal Code 11937 Amman – Jordan  
Tel: 00962 – 6 – 5335446 Fax: 00962 – 6 – 5349763  
Email: sarhan34@orange.jo, wsarhan34@gmail.com  
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## **Editorial Letter**

### **Dear Colleagues**

This issue will appear with the 12<sup>th</sup> pan Arab Conference on psychiatry in Dubai, an occasion that we wait for; to have all the members of the Arab Federation of psychiatrists meet and develop the federation and the Journal.

Continuous efforts to improve the Journal and indexing it are going on.

**Walid Sarhan**

**November 2012**

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## **Letter to the editor**

**Subject:** Re: prevalence and correlates of physical and sexual history in patients with schizophrenia Arab journal of psychiatry 2012, 23 (22-29).

**Dear Sir,**

This was a very carefully designed study, and in my opinion it corrects a popular misconception regarding a correlation between sexual abuse and the later development of schizophrenia. The results - as stated in the next paragraph - are consistent with my own findings. To quote their findings directly:

“Our findings around the lack of significant association of previous exposure to abuse with psychotic symptoms replicated previous reports.<sup>15,43,44</sup> On the contrary, it contradicts previous studies that reported significant associations of abuse with positive symptoms and lowered functioning in patients with schizophrenia.<sup>7,41</sup> This finding deserves special consideration since it suggests that sexual and physical abuse alone did not show influence over clinical picture or disability in our study. These two kinds of trauma are likely to affect children later in life in relation to other traumas such as emotional and physical neglect and emotional abuse, which is not measured in this study.”

Yes. Other studies immediately search for and "find" a correlation between early sex abuse and the later development of schizophrenia, but the original presumption is incorrect. The age of origin of schizophrenia is in the first 18 months of life, schizoaffective disorder is 19-21 months, bipolar hypomania peaks at 22 months, the remainder of the psychotic depressions up to 24 months, and non-psychotic depressions between 24 and 34 months.

There could be co-morbidity, in that other kinds of infant separation traumas at an early age could be associated with abuse at a later age, etc.

What people do not realize is that more overwhelming than war trauma to a soldier is separation from mother to a baby, because, for as long as mammals have populated the earth, separation from mother has meant death. Then years or decades later, instead of a loud noise precipitating the flashback, it is separation or rejection from some other "most important person" (husband, wife, girlfriend, boyfriend) which precipitates the initial step back in time, and instead of combat reality and behavior it is infant reality and behavior that we see.

My earlier studies began in 1966 - and extended over a course of about 20 years. Patients who were on average 20 years old at that time, had mothers who spent 5 days in the hospital following delivery of the next baby -which was overwhelming to the older child. The first two studies were sequential and therefore cumulative. Thirteen with schizophrenia or psychotic depression were traumatized prior to 24 months and 14 with non-psychotic depression were traumatized between 24 and 34 months. That's one over two to the 27<sup>th</sup> power, or one chance in 134,217,728 by chance alone. An unbelievable number! But PTSD cannot occur without original trauma, and I just happened to identify a trauma for which we knew the exact age when it occurred. Further calculations revealed an estimate of about one chance in 50 that another trauma would have been responsible for the origin of the disorder.

My work further supports the above referenced article in that it reveals twelve precise parallels between posttraumatic stress disorder from adult life and post-traumatic stress disorder from infancy (schizophrenia, depression), and it reveals, for the first time, the derivation of the precursors of schizophrenia, the negative symptoms of schizophrenia and the derivation of the positive symptoms of schizophrenia.

**Clancy D. McKenzie, MD**

**USA**

**Dear Editor**

**Re: The prevalence of mental health symptoms among outpatients in the UAE**

I was happy to read this article but I have my own reservations about the method and even some of the results.

This study, considering the small number of subjects, can only be considered a pilot one and only a first step before doing a much larger study. However, there is some originality in the way it was conducted.

I believe that using and elaborating on the several standardized assessment instrument used in this study would prove useful particularly for junior mental health care professionals.

Some of the results were rather unexpected and unusual e.g. the very high prevalence of PTSD (42.9%) in a country not known to have suffered from wars or disasters. Even research from Iraq, a country which has suffered from several wars has not reached that level of prevalence.

Another problem is the high prevalence of Alcohol. This is likely to cause selection bias and diagnosis problems.

A third problem is the fact that all participants have had at least 3 sessions of psychological therapy. This is also likely to affect the presentation of symptoms and diagnoses.

However, in spite of all that I believe this study is a useful one and empowers research in UAE.

**Dr. Ali Alqam**

**Amman-jordan**

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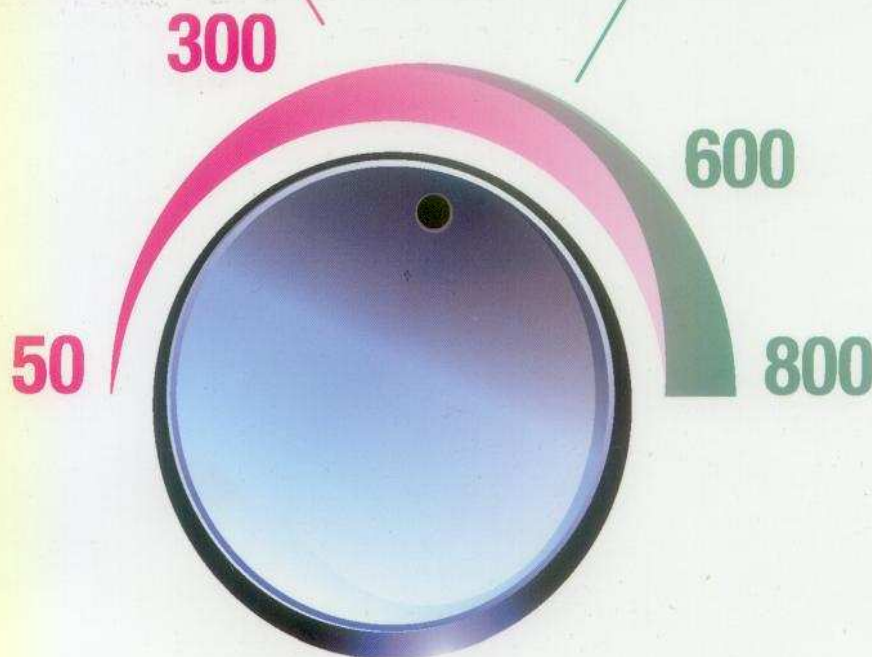


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