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Psychiatric evolution of a group of workers in the aluminium industry

Fatma Moussa; Akmal Moustafa; Fadia Zyada and Dalia Abd El Hamid

Objective

The aim of the study was to assess cognitive function, depression, anxiety and personality changes in workers in the aluminum industry

Participants and methods

A cross-sectional study was carried out on 50 workers employed in General Metal Company", which manufactures aluminium . Fifty individuals with no history of occupational exposure to aluminium were randomly selected from relatives of patients attending the occupational exposure to aluminium were randomly selected from relatives of patients attending the outpatient clinic of industrial medicine in Ksar Al Ainin hospital to form a control group. Both groups were matched for age and sex. All of the examined individuals were subjected to clinical, laboratory and environmental examinations that included aluminium and copper dust measurement, noise measurement and heat measurement . the workers were diagnosed according to the ICD-10 research diagnostic criteria. Both groups were subjected to different neuropsychological tests that included the Mini Mental State Examination (MMSE); the Hamilton Depression Rating Scale (HDRS); the Hamilton Anxiety Rating Scale (HARS); the Eysenck Personality Questionnaire (EPQ) and the Wechsler Memory Scale (WMS)

Results

The results showed that serum and urinary aluminium levels were higher in the exposed group when compared with the control group (nonexposed), with highly statistically significant differences. However; there was no statistically significant difference between the group with respect to serum copper. There were statistically significant differences between them in all subtests of the WMS (information; orientation; Logical memory ; digit span and associate learning) except with respect to mental control. Most cases were within the normal range of values according to MMSE; but there was a statistically significant difference. There was a statistically significant difference between the exposed and control individuals as regards all subscales of the EPQ (psychotism, neurotism, extroversion, lying and criminality).

Seven per cent of workers had severe depression; 11% had moderate depression and 25% had mild depression in the

exposed group; whereas 20% had mild depression in the control group. There was statistically significant difference between the exposed and control group with respect to depression. Six per cent of workers in the exposed group had severe anxiety; whereas 30 and 34% had mild and moderate anxiety levels, respectively. There was a highly statistically significant difference between the exposed and control groups with respect to anxiety. There was statistically significant negative correlations between serum and urinary aluminium level and the information, logical memory and digit span subtests of the WMS. Serum copper shows no significant correlations with all subtests of Wechsler Memory Scale (WMS). The increase in serum and urinary aluminium levels led to a decrease in the scores of MMSE (a negative correlation, which was statistically significant). In contrast, serum copper showed no statistically significant correlation with the scores on MMSE. There was no statistically significant correlation between metal levels in the exposed group (serum aluminium, urinary aluminium and serum copper) and any of the parameters of the Eysnek personality test; apart from criminality, which seemed to have a statistically significant positive correlation with serum aluminium level. There was a statistically significant positive correlation between serum aluminium and HDRS, whereas there was no statistically significant correlation between urinary aluminium and serum copper with HARS. There was a statistically significant positive correlation between serum aluminium and the HARS. With respect to urinary aluminium and serum copper; there was no statistically significant correlation with the HARS.

Conclusion

The study showed that exposed workers in the aluminium industry are suffering from cognitive decline; memory affection; depression, anxiety and personality changes. Proper monitoring and improved hazard control are strongly recommended.

▪ Risk Factors for depressive disorders among patients attending outpatient clinics of Assiut University Hospitals

Wageeh A.N. Hassan; Ahmed M.M. Hany, Alaa M. Darwish
Khaled A. Mohammed; Hosam E. Khalifa and Ahmed A. Abdel-Rahman

Background

Depression is common mental health problem observed frequently in general medical setting

Aim

The aim of this study was to identify possible demographic and clinical risk factors for depressive disorders among patients attending outpatient clinical of Assiut University Hospitals

Methods

A cross-sectional study was conducted during a 1 year period from 1 June 2006 to 31 May 2007, 2304 patients aged 15 years and above were screened for depression using the Beck Depression Inventory. Patients who scored 4 or more were further evaluated through a psychiatric sheet especially prepared for the present work.

Psychiatric diagnosis of patients was based on the Diagnostic and Statistical Manual of Mental Disorders, 4th ed-text revision criteria. Medical/surgical diagnoses were confirmed by appropriate investigations; and information about the possible risk factors were obtained. Patients were also screened using the suicidality sheet and scored using the Sheehan Disability Scale.

Results

Depression was found in 202 patients, representing 8.8% of the entire sample. Depression was significantly higher among female patients, highly educated and literate individuals, nonworking male patients and among divorced/ widowed/ separated individuals. Patients with malignancy, disfiguring conditions, autoimmune conditions, renal diseases, and hepatic diseases were at a higher risk of developing depressive disorders. Patients with malignancy, disfiguring conditions, autoimmune conditions, renal diseases, and hepatic diseases were at a higher risk of developing depressive disorders. Patients with two or more medical/surgical conditions were at a high risk of developing depressive disorders (25.9 and 17.1%, respectively). Depressive disorders were significantly high among patients on dialysis (42.9%), radiotherapy (40%), chemotherapy (38.5%), steroids (28.9%), interferon (25%), and digoxin (21.9%). Depressive disorders were more prevalent among patients with a duration of medical illness of 24 months or more. The degree of impairment is significantly higher among patients with moderate and severe depression, particularly in patients having severe depression with psychotic features. Suicidality is significantly higher among patients with severe depression, particularly among patients having severe depression with psychotic features.

Conclusion

Patients attending outpatient clinics might be at a high risk for depressive disorders especially those with certain medical conditions, with more than two medical diseases and receiving specific treatment modalities. These patients need close psychiatric attention for early detection of depressive disorders and proper management.

▪ Psychiatric assessment of children with constitutional obesity

Mohamed Nasreldin, Amany A. Abdou, Hannan H. El Shinnawy
Tamer Ahmed Goueli, Dalila A. Ebaba and Abeer Atef

Objectives

To determine the psychiatric disorders that accompany pediatric obesity and to compare boys and girls in terms of the presence of these disorders

Methods

This is a descriptive outpatient study. The study sample included 52 overweight youngsters (26 girls and 26 boys) who presented to the endocrinology clinic in Abo-elrish pediatric hospital with increased body weight. The endocrinal profile revealed no abnormality and it was established as constitutional obesity. The following tools were applied: the anxiety Scale for children, the Depression Scale for Children, and the Self-Concept Scale and Behavioral Checklist for Children. Weight and height were measured and the adjusted BMI was calculated

Results

Eight (15.4%) of the children were depressed, 16 (30.8%) were moderately anxious; and 10 (19.2%) were highly anxious. Twenty-four (46.2%) of the children had a low self-concept and 28 (53.8%) had a positive self-concept. The entire sample of children had an eating disorder. Comparative results of boys and girls showed that all girls were in the primary stage, whereas the boys were distributed throughout the stages of education. Four (15.4%) of them were highly anxious. Six (23.1%) of the girls had moderate anxiety and another six (23.1%) were highly anxious.

Sixteen (61.5%) of the girls had a low self-concept, whereas only eight (30.8%) of the boys had a low self-concept with a statistical significance (P= 0.050). Eight (30.8%) boys and girls had a withdrawal problem. Eight (30.8%) boys had anxiety/depression and only four (15.4%) girls had anxiety/depression.

Conclusion

Low self-concept and eating disorders compensated for the absence of the other psychiatric comorbidities; especially depression and anxiety.

▪ Psychoeducational program for breast cancer survivors, effect on cancer- related fatigue and quality of life

Mohamad Ezzat Amin Arafa and Mohamad Hassan

Objectives

To assess the efficacy of the psychoeducational program in alleviating cancer-related fatigue and mood symptoms; and improving quality of life of breast cancer survivors.

Methods

A prospective follow-up case-control study was carried out between June and December 2010 . Eighty patients were randomly selected from among women who had recently completed their treatments for breast cancer at the outpatient clinic in the Department of Clinical Oncology. Cairo University (Egypt), they were divided into group A, which received the program, and group B, the waiting control group.

Karnofsky Performance Scale was used to exclude physical disability. Assessment was carried out twice, at weeks 0 and 4 , using Hospital Anxiety and Depression Scale (HADS), Health-Related Quality of life-Short Form (HRQL-SF) 36 and Multidimensional Fatigue Symptom Inventory-Short Form (MFSI-SF). The psychiatric diagnosis was made according to the Diagnostic and Statistical Manual of Psychiatric Disorders, 4th ed; Text Revised criteria.

Results

There was a non significant difference between both groups in terms of sociodemographic or medical data, and the mean scores of HADS, HRQL-SF 36 and MFSI-DF at week 0. there was a significant difference between both the groups in terms of the mean scores of HADS, HRQL- SF 36, and MFSI-SF at week 4. there was a significant difference between the mean scores of HADS, HRQL-SF 36 and MFSI-SF in group A before after the intervention

Conclusion

Fatigue is a major problem in the majority of breast cancer patients after therapy. A psychoeducational program improves various aspects of patients physical emotional, and quality of life

▪ Assessment of the psychiatric symptoms and the adaptive functions in a sample of patients with multiple sclerosis

Hanan El-Shinnawy; Tamer Goueli and M. Naser

Background

Psychiatric comorbidity has been and should continue to be major concern in the treatment of chronic neurological disorders . the identification of patients at risk for developing psychiatric disorders is important for prophylaxis. The treatment of such complications depends on the differentiation of psychiatric syndromes on the basis of psychology and course and the identification of specific related factors such as the role of treatment; personal factors; and psychological stress factors.

Aim

To study the various psychological; psychosocial and sociodemographic variables that may affect the development of psychiatric impairment in patients with multiple sclerosis

METHODS

In total, 90 successive patients with multiple sclerosis were interviewed on the experience of illness and were assessed using the Defense Style Questionnaire, symptom checklist (SCL), and Self-Efficacy Questionnaires

Results

Patients had interpersonal sensitivity , followed by obsession, depression, somatization, phobic anxiety, paranoid ideation, hostility, and the least psychoticism on the symptom checklist,

(a) Patients scored the highest on pseudo altruism and the lowest on displacement in the Defense style Questionnaire, and

(b) Women had significantly higher scores on some SCL90 subscales and on somatization, interpersonal sensitivity, depression, anxiety, hostility, and phobic anxiety subscales.

Conclusion

Patients with multiple sclerosis have to cope with a wide range of problems and develop coping defensives styles. Patients worried the most about low self-efficacy, especially those with an early age of onset. Patients who considered their illness as severe and who also had lowest self-efficacy scores had not only the worst pathology as evident from the highest SCL90 total, specially depression and interpersonal sensitivity scores, but also the worst coping in terms of their defense style, as in autistic fantasy and passive aggression

▪ Epidemiological study of depressive disorders among patients attending outpatient clinics of Assiut University Hospitals

Wageeh A. N. Hassan, Ahmed L. . Hany , Alaa M. Darwish; Khaled A Mohammed; Hosam E. Khalifa and Ahmed A. Abdel-Rahman

Background

Depression is a common mental health problem, seen Frequently in general setting. Primary care physicians are more likely to see patients with depression with any other disorder, except hypertension

Aim

To estimate the percentage of depressive disorder among patients attending outpatient clinics of Assiut University Hospitals.

Methods

A cross-sectional study was carried out during a 1- year period from 1 June 2006 to 31 May 2007 ; 2034 individuals 15 years of age and older were screened for depression using the Beck Depression inventory. Patients who scored 4 or more were further evaluated using a psychiatric sheet especially prepared for the present work. the psychiatric diagnosis of patients was made on the basis of the DSM-IV-TR criteria.

Results

Depression was found in 202 patients , representing 8.8% of the entire sample, with 167 patients (82.7%) classified as having major depressive disorders, 28 patients (13.9%) with depressive disorder NOS; 26 patients (12.9%) with minor

depression two patients (1%) with postpartum depression, five patients (2.5%) with dysthymic disorder, and finally two patients with bipolar disorder, depressive episode. Depression was found to be significantly higher among female patients, highly educated, literate individuals, nonworking men, and among divorced/widowed/separated individuals. Depressive disorders were also significantly higher among patients with certain medical conditions (e.g. malignancy, disfiguring condition, autoimmune conditions, renal diseases, and hepatic diseases, and hepatic diseases).

Conclusion

Depression is a common mental health problem, seen frequently in general medical settings, and necessitates close psychiatric attention and management

▪ Schizophrenia resistance : is there a difference?

Mamdoh El Gamal; Maha ELTaybani and Seham Fathi

Background

Schizophrenia is a chronic disease of the body and mind affects 1% of the population. About one-fifth to one-third of all patients with schizophrenia do not respond adequately to drug treatment and that have been consistent over time. Definitions of this group have long been hampered by a lack of consistency with confusion with chronicity. Clozapine has shown superior efficacy and this has been replicated consistently

Aim and objectives

Because of the high prevalence, importance, and inconsistency of schizophrenia resistance, the current study aimed to

- examine the differences between resistant and nonresistant schizophrenic groups in chronic long-stay patients.
- Study the clinical profile of the Clozapine-resistant group in comparison with others, and finally
- Determine the predictors of resistant schizophrenia

Methods

This was a retrospective and cross-sectional study of 95 patients with chronic schizophrenia or schizoaffective disorder; admitted in long-stay hospital wards at the Psychological Medicine Hospital (Kuwait). They were interviewed by Structured Clinical Interview for DSM-IV and diagnosed according to the Diagnostic and Statistical Manual of Mental Illness, 4th ed. Criteria. Patients were assessed by the Brief Psychiatric Rating Scale (BPRS); Positive and Negative Syndrome Scale (PANSS); Clinical Global Impression Severity (CGIS) scale, and Mini-Mental State Examination. Sociodemographics, clinical characteristics, and the history of treatment were determined. Schizophrenia resistance was formulated according to modified Kane's criteria, which include the following: BPRS score of at least 45; two or more of positive symptoms score of at least 4 (suspiciousness, hallucinatory behavior, conceptual disorganization, and unusual thoughts); CGIS score of at least 4 (moderate to extremely ill); previous failure on two antipsychotic trials of different categories of the full therapeutic range (> 1000 mg of chlorpromazine equivalent) and for at least 3-6 months' duration, and finally; no preceding good function for at least 2.5 years in the last 5 years.

Results

Thirty-six patients fulfilled the criteria of schizophrenia resistance (37.8%). There was a significant shift in the drug regimen prescribed, with the prescription of more atypical antipsychotics, especially clozapine, with repeated failure of previous drug was in the only significant difference between the resistant and the nonresistant group was in the psychopathological severity, indicated by higher scores on PANSS, and CGIS scores.

Age younger than 40 years and early onset age of schizophrenia (<20 years) were powerful predictors for schizophrenia resistance; other sociodemographic and clinical characteristics lacked significant predictive value.

Conclusion and recommendation

Younger age early-onset schizophrenia are considered poor prognostic factors. Early aggressive management of schizophrenia may help eliminate chronicity as well as resistance. Research on the biological predisposition for schizophrenia resistance including the clozapine resistance group is required.

▪ Impact of a diet rich in n-3 fatty acids on Alzheimer's disease

Abeer M .Eissa; Azza O.L. Saleh; Zeinab A. Abdel-Aal; Manal M. Anwar and Maysa A. Samy

Background

Alzheimer's disease (AD) is a progressive neurodegenerative disease. The potential effect of nutrition on development of AD has become a topic of increasing scientific and public interest. High intakes of saturated and trans-unsaturated (hydrogenated) fats were positively associated with increased risk for AD, whereas intakes of polyunsaturated and monounsaturated fats were protective against cognitive decline in the elderly. Would foods rich in these fatty acids delay cognitive decline in elderly people who are vulnerable to AD?

Objectives

The aim of this study was to measure the concentration of plasma fatty acids docosahexaenoic acid (DHA) and eicosapentaenoic (EPA) in patients with AD and study the relationship between foods rich in these fatty acids and severity of cognitive decline

Methods

A total of 62 individuals were screened for cognitive decline using the mini-mental status examination test and were diagnosed with AD using the Diagnostic and Statistical Manual of Mental Disorders; 4th ed; diagnostic criteria. Data on nutrition were obtained and blood samples were withdrawn to determine the plasma levels of the fatty acids EPA and DHA.

Results

Patients with late-onset AD have significantly higher intake of food and food supplements containing both fatty acids

Conclusion

High intake of food and food supplements rich in EPA and DHA fatty acids may delay the onset of AD.

Assessment of mental health and quality of life in patients with a coronary artery bypass graft

Samia Abd El Rahman, Mohamed Ezzat Amin and Ahmed El Dayan

Objectives

To assess mental state (depression, anxiety, and cognition) and quality of life (QOL) in patients with a coronary artery bypass (CABG)

Participations and methods

Three groups were included : one case group (30 individuals who had CABG) and two control group (60 individuals divided into subgroups) : control group 1 included 30 patients who had coronary artery disease (CAD) and control group 2 included 30 healthy individuals. Patients diagnosed with CAD, patients who had undergone a CABG surgery; and patients who had undergone a successful operation without postsurgical complications were included after a period of 2 months following surgery. Patients with medical conditions that might affect cognition; patients in acute medical distress; and patients with previous psychiatric illness were excluded. All groups were assessed using the following tools: the Mental State

Examination; the Hospital Anxiety and Depression Scale (HADS); the Medical Outcomes Survey Short Form 36-item questionnaire (MOS SF-36), and the Present State Examination (PSE) for the Diagnostic and Statistical Manual of Mental Disorders , 4th ed. (DSM IV).

Results

There was a nonsignificant difference in age; marital status, sex, and education between patients and the two control groups. Patients with CADs had more severe depression and anxiety than the other two groups, with a significant difference in the depressive scale of the HADS or DSM IV diagnoses. Patients with CADs showed the worst QOL in all groups; with a significant difference in all items of MOS SF-36; except for physical functioning and role emotional functioning

Conclusion

Patients with CADs experience more depression and anxiety than normal individuals. The CABG operation has a beneficial effect in decreasing depression and anxiety and improving

QOL in patients with CADs.

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