single Jordanian males were asked to fill in a questionnaire that is specially designed. With complete confidentiality, screening sexual knowledge and awareness and the desire to improve this knowledge. The attitude towards sexual matters and practice were evaluated and sexual behavior as well as sexual preference was elicited. The results are discussed in the light of the literature in the field, and cross cultural differences. There was clearly poor knowledge and vague attitude and contradictory behavior.

TAKRITI Adnan

**Family Violence And Psychiatric Disorders**

*Authors:* Adnan Takriti - Arab Journal Of Psychiatric, Teyseer Ahmad - King Hussein Medical Center

**Summary:** This prospective study aims at evaluating family violence amongst outpatient psychiatric sample. A semi-structured interview was developed including relevant material regarding abuse, demographic and psychosocial history. The interview includes information on the type and severity of abuse, risk factors in the family including perpetrators and victims personalities, psychosocial and cultural factors that tend to abuse. The sample consisted of 100 consecutive psychiatric out patients who were subjected to family violence was screened in the years 2002-2003 the sample were males and females (30/70) age range 6-62( including 15 children) they were of differently cultural and social economical strata. the study showed the presence of risk factors in the families that exhibited violence. In addition cultural and economical factors played roles. the victims were mostly females and children who sustained both physical and psychological harm. The main psychiatric disorders associated with family violence were Anxiety disorders (including posttraumatic stress disorders), mood disorders (unipolar y bipolar) and psychotic disorders including schizophrenia. Sexual dysfunction such as erectile dysfunction in the male may lead to humiliation inflicted by wife. Also, sadism is a cause of physical violence. Personality's disorders (including borderline personality disorders and antisocial personality disorder) are also associated with family violence. Perpetrators were characterized by impulsivity, low intelectual function, psychopathic traits and poor socioeconomics status. Violence of various forms could be the cause and/ or effect of psychiatric disorders. So a vicious circle is created as a consequence of the disorder. While violence stands as a causative factor, it could be the result of Psychiatric disorder. Conclusion: focus on violence is of prime importance in evaluating psychiatric disorders. Preventive measures must be taken to curb it.

TAKRITI Rachel

**The Influence Of Religion On Self-Esteem In Christian, Hindu And Muslim Children**

*Authors:* Rachel Takriti - Sheffield Hallam University

**Summary:** This poster reports a study of 360 Christian, Hindu and Muslim children living in the UK aged between 5 years and 11 years 9 months. Semi-structured interviews were used incorporating a wide range of age-appropriate measures such as...
TAKRITI Yahya

* Randomised Controlled Trials In The Arab World

Authors: Yahya Takriti, Clive Adams, Hany El-Sayeh - Leeds Mental Health NHS Trust

Summary: This paper reports an on-line literature search of randomised controlled trials conducted in the Arab world. A literature search was conducted in December 2003 and repeated in May 2004. On-line databases including MEDLINE, EMBASE, ArabPsyNet, PsychInfo and PsTi were used to conduct the search. The report demonstrates a paucity of randomised controlled trials conducted in the Arab world available on-line. This issue is explored in relation to possible underlying causes with the aim of improving future research activity in the region.

AL-NAJJAR Musaed

* Self-Esteem And State-Trait Anxiety In Relation To Drug Misuse In Kuwait

Authors: Musaed Al-Najjar - Kuwait Police

Summary: This study was designed to document knowledge about Kuwaiti drug users and to investigate whether or not there is an association between their poor self-concept and high level of anxiety. One hundred and seven incarcerated drug users, 107 individuals serving prison terms for offenses other than drug use, and 107 'normal' individuals were included in this study. The Arabic version of Rosenberg's Self-esteem scale and Spielberger's State-Trait Anxiety Inventory were used to measure the subjects' self-esteem and state-trait anxiety respectively. The results documented revealed that there is a relationship between levels of self-esteem and anxiety in Kuwaiti drug use behavior.

ALZAYED Adel

* Annual Treated Psychopathological Morbidity, Demographic And Diagnostic Features

Authors: Adel Alzayed - Ministry Of Health Kuwait

Summary: Despite extensive studies on the epidemiology of mental disorders and advances in the treatment of these conditions, there is paucity of detailed information concerning the characteristics of psychiatric patients and how treatments are administered in routine psychiatric practice. This 2002 observational study collected information of 1532 patients on demographic, diagnostic, clinical, and treatment characteristics. Nine hundred and sixty (62.7%) were men. Nine hundred and eighteen (59.9%) were Kuwaitis. The most common diagnostic category (30.3%) was depression, followed by adjustment disorder (8.6%), schizophrenia (8.5%), acute psychotic episode (7.9%), learning disabilities (6.8%), and anxiety (5.0%). Non-Kuwaitis were more often given the diagnosis of schizophrenia/acute-psychotic episode (25%), compared to Kuwaitis (10.5%). Patients received a mean of 2.83 psychotherapeutic medications. Three hundred and ninety seven required admission (25.9%), where as (74.1%) were treated as out patients.

EID Salah

* Mental Health Literacy Among Kuwaiti Population

Authors: Salah Eid, Adel Alzayed - Ministry Of Health Kuwait

Summary: Background: Mental health literacy has been defined as the public knowledge and beliefs about mental disorders, enhancing the ability to recognize specific disorders. Aim: Firstly to determine the degree of recognition and understanding of schizophrenia and depression in Kuwait 2003. Secondly, to measure the public attitudes towards various helpers, medical professions, and various treatment modalities. Method: Three hundred and nine Kuwaiti citizens were interviewed face to face by one of the authors. Results: The depressive vignette was correctly recognized by (25.8%). In all (56.6%) mentioned a category within the mental health sphere, where as (45.4%) did not consider any mental health problem. The schizophrenia vignette was correctly recognized by (3.9%), and further (16.2%) recognized the condition as depressive episode. Generally 53.2% mentioned a category within the mental health sphere. 10.4% considered the condition as a possession by evil spirit. In both vignettes a low proportion of the responders considered general practitioners as helpful (25.2% & 11.7% respectively). On the other hand, family members and close friends were highly rated in both vignettes.

MAGRABI Magrabi

* The Epidemiology Of Parasuicide In Kuwait

Authors: Magrabi Magrabi, Adel Alzayed, Salah Eid - Kuwait Ministry Of Health

Summary: The objective of this study is to examine some of the characteristics of deliberate self harm (DSH) in Kuwait, and to calculate rates of DSH. The method involved examining all patients admitted to any of the main six general hospitals in Kuwait, which covers all the five health sectors, due to DSH (drug over dose, self injury, and all other types of deliberate self harm), over a period of six months. The examination involved structured interview conducted by one of the research team. The results indicated that 46.2% of the subjects were Kuwaitis. The most frequent method (74%) of DSH was drug over dose. The peak age group was 15-24 years of age. Female consisted 68% of the cases. 18.3% of the cases required admission to psychiatric hospital; 25% had made previous DSH; 45% had committed the DSH due to situational crisis; 6.7% due to personality disorders; and 20.2% due to depression. The conclusion is that DSH presents a significant health problem and a cost burden on health care system.
**LEBANON**

**FAYYAD John**

### Is ADHD A Universal Disorder?

**Chairperson:** John Fayyad - St George University Hospital, Beirut

**Summary:** Objective: the purpose of this symposium is to examine the universality of Attention Deficit Hyperactivity Disorder (ADHD) in both its biologic and epidemiologic aspects. Methods: Speakers will present biologic, epidemiologic and cultural aspects of ADHD. Results: Dr. P. Jensen will present neurobiologic findings in population of children, adolescents, and adults with ADHD. Dr. R. Kessler will introduce the World Mental Health Surveys, a worldwide epidemiologic study where ADHD is one of the disorders examined. The impact of ADHD in childhood and adolescence on functioning in adulthood will be examined. Dr. L. Rhode will present clinical aspects of ADHD in a population from several Latin American countries. Dr. Fayyad will present a case study. Results: Dr. Jensen will present neurobiologic findings in a population of children, adolescents, and adults with ADHD. Dr. Kessler will introduce the World Mental Health Surveys, a worldwide epidemiologic study where ADHD is one of the disorders examined. The impact of ADHD in childhood and adolescence on functioning in adulthood will be examined. Dr. Rhode will present clinical aspects of ADHD in a population from several Latin American countries. Dr. Fayyad will present a case study.

**Authors:** John Fayyad - St George University Hospital, Faculty of Medicine, Balamand University, Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Elie Karam - St George University Hospital, Faculty of Medicine, Balamand University, Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Zeina Mneimneh - Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Soumana Nasser - Lebanese American University, Byblos, Lebanon

### ADHD in Lebanon: Clinical Profile and Beyond.

**Authors:** John Fayyad - St George University Hospital, Faculty of Medicine, Balamand University, Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Elie Karam - St George University Hospital, Faculty of Medicine, Balamand University, Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Zeina Mneimneh - Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, John Fayyad - St George University Hospital, School Of Medicine, Balamand University, Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Antouine Pelissolo - Department Of Psychiatry, National Center For Mental Health, Beirut, Lebanon.

**Summary:** Objective: The purpose of this presentation is to examine the profile of ADHD in Lebanon and the region for several years to come. Method: All cases meeting criteria for ADHD in a clinical setting over a period of 2 years were examined. Detailed information on ADHD symptoms, comorbid conditions, family history, risk factors, and treatment with medication were obtained. Results: Data on the clinical profile of ADHD in this population will be presented as well as outcome of a 2 years naturalistic follow-up. The World Mental Health Surveys in Lebanon will be introduced with a specific focus on ADHD in childhood and adulthood. Conclusions: The clinical profile of ADHD among Lebanese children and adolescents from a clinical Lebanon that in the scientific literature. National data on ADHD will serve to highlight the impact and burden of this disorder on a national level, raising the need for early identification and treatment.

**Authors:** John Fayyad - St George University Hospital, Faculty of Medicine, Balamand University, Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Elie Karam - St George University Hospital, School Of Medicine, Balamand University, Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Zeina Mneimneh - Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, John Fayyad - St George University Hospital, School Of Medicine, Balamand University, Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Antouine Pelissolo - Department Of Psychiatry, National Center For Mental Health, Beirut, Lebanon.

**Summary:** Objective: To highlight findings from the L.E.B.A.N.O.N -World Mental Health study conduct by IDRAC as part of a WHO/HARVARD University initiative. Results pertaining to prevalence, treatment and burden of mental health disorders in Lebanon, the only Arab-speaking country participating so far, will be presented with emphasis on policy implications. Methods: A groundbreaking mental health database was constructed including information about various mental health disorders: Depression, Anxiety, Substance Use, ADHD.... In addition, information on the burden of mental health disorders, their associated factors and treatment was also collected. The L.E.B.A.N.O.N-WMH was carried on through face-to-face interviews using the Arabic WMH-CIDI. The sample consisted of 2856 households representing all Lebanon selected using a stratified multi-stage probability random sample design without replacement. Results: National rates of mental health disorders, their burden, and associated factors will be presented. Initial results reveal that Lebanon has the highest rate of anxiety disorders among the participating developing countries (China, Columbia, Mexico, Nigeria, Ukraine) and most developed countries. Mood disorders in Lebanon were also found to be among the highest rates reported worldwide. Conclusions: The L.E.B.A.N.O.N-WMH study shows so far that the impact of mental health disorders in the Middle East is pronounced and should not be neglected. These findings provide an essential guideline for any treatment policy to be implemented in Lebanon and the region for several years to come.

**KARAM Elie**

### The Lebanon-WMH Study: Highlights On Mental Health Disorders In Lebanon

**Authors:** Elie Karam - St George University Hospital, School Of Medicine, Balamand University, Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Zeina Mneimneh - Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Soumana Nasser - Lebanese American University, Byblos, Lebanon

**Summary:** Objective: The purpose of this symposium is to examine the profile of ADHD in a Middle - Eastern population. Method: All cases meeting criteria for ADHD in a clinical setting over a period of 2 years were examined. Detailed information on ADHD symptoms, comorbid conditions, family history, risk factors, and treatment with medication was obtained. Results: Data on the clinical profile of ADHD in this population will be presented as well as outcome of a 2 years naturalistic follow-up. The World Mental Health Surveys in Lebanon will be introduced with a specific focus on ADHD in childhood and adulthood. Conclusions: The clinical profile of ADHD among Lebanese children and adolescents from a clinical Lebanon that in the scientific literature. National data on ADHD will serve to highlight the impact and burden of this disorder on a national level, raising the need for early identification and treatment.

**Authors:** Elie Karam - St George University Hospital, School Of Medicine, Balamand University, Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Zeina Mneimneh - Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Soumana Nasser - Lebanese American University, Byblos, Lebanon, John Fayyad - St George University Hospital, School Of Medicine, Balamand University, Institute for Development Research and Applied Care (IDRAC), Beirut, Lebanon, Antouine Pelissolo - Department Of Psychiatry, National Center For Mental Health, Beirut, Lebanon.

**Summary:** Objective: To highlight findings from the L.E.B.A.N.O.N -World Mental Health study conduct by IDRAC as part of a WHO/HARVARD University initiative. Results pertaining to prevalence, treatment and burden of mental health disorders in Lebanon, the only Arab-speaking country participating so far, will be presented with emphasis on policy implications. Methods: A groundbreaking mental health database was constructed including information about various mental health disorders: Depression, Anxiety, Substance Use, ADHD.... In addition, information on the burden of mental health disorders, their associated factors and treatment was also collected. The L.E.B.A.N.O.N-WMH was carried on through face-to-face interviews using the Arabic WMH-CIDI. The sample consisted of 2856 households representing all Lebanon selected using a stratified multi-stage probability random sample design without replacement. Results: National rates of mental health disorders, their burden, and associated factors will be presented. Initial results reveal that Lebanon has the highest rate of anxiety disorders among the participating developing countries (China, Columbia, Mexico, Nigeria, Ukraine) and most developed countries. Mood disorders in Lebanon were also found to be among the highest rates reported worldwide. Conclusions: The L.E.B.A.N.O.N-WMH study shows so far that the impact of mental health disorders in the Middle East is pronounced and should not be neglected. These findings provide an essential guideline for any treatment policy to be implemented in Lebanon and the region for several years to come.

**NAJA Wadih J.**

### Schizophrenia Guidelines: The Perspective From Lebanon

**Authors:** Elie Karam - Beirut, Lebanon

**Summary:** Lebanon is a multi-cultural republic with various religious groups and various systems of education on the undergraduate and graduate levels. Mental Health specialists typically have trained either in the US/Italy/UK or Canada or a combination of the above. A few, a small minority did All their training only in Lebanon. It would first seem difficult to Reconcile the different positions relative to schizophrenia guidelines because of the diversity of backgrounds. We address this issue from its different dimensions in our attempt to contribute to the adaptional demands of guidelines recommendations. An attempt to get the opinions of all psychiatrists in Lebanon (who have different educational backgrounds) regarding the schizophrenia guidelines will hopefully materialize during the Spring of 2005, the data of which will be presented during this symposium.

**Authors:** Wadih J. Naja - Bnanes Hospital, Dehr El Sawa, Lebanon, Antouine Pelissolo - Department Of Psychiatry.
Epilepsy and Psychosis

Authors: Sami Richa - Psychiatric Hospital of the Cross, Lebanon

Summary: The aim is to study the characteristics of post-ictal and inter-ictal psychosis: epidemiology, clinical presentation, course of disease, risk factors, and treatment. 25% of epileptic psychosis is post-ictal. Post-ictal psychosis is defined by an acute (few hours to three weeks) psychosis with delusions and hallucinations, beginning after few hours to one week following a seizure. It usually begins 10 to 15 years after onset of epilepsy and has a recurrence course with full remission. Risk factors are severity and frequency of seizures. Treatment is based on good control of epilepsy with antipsychotics during the psychosis. Intert-ictal psychosis has a chronic course mimicking Schizophrenia (Schizophrenia like syndrom), occurring 10 to 15 years after onset of epilepsy. Risk factors are temporal epilepsy, epilepsy surgery. Treatment is based on antipsychotics having the least lowering seizure threshold. Comorbidity between psychosis and epilepsy is a major concern for psychiatrists and neurologists because of a great prevalence of psychosis in epilepsy. More studies are needed to determine the clinical, paraclinical and therapeutical criterias for better standardized management.

Suicidality and Substance Abuse Among Patients With Schizophrenia

Authors: Mohamed Agoub - Ibn Rushd University Psychiatric Centre; UFR Biological Psychiatry and Neurosciences, Faculty of medicine of Casablanca, Souraya Dohmi - Ibn Rushd University Psychiatric Centre, Souaad Helzy - Ibn Rushd University Psychiatric Centre, Driss Moussaoui - Ibn Rushd University Psychiatric Centre, Omar Battas - Ibn Rushd University Psychiatric Centre; UFR Biological Psychiatry and Neurosciences, Faculty of medicine of Casablanca

Summary: Objective: The aim of the study was to assess the level of impulsivity among schizophrenic patients in comparison to non-psychiatric controls. Methods: The Arabic version of the Barratt Impulsivity Scale (BIS-11) was used to assess the impulsivity among schizophrenic patients and controls. The PANSS and the EGF scales were used among schizophrenic patients Results: A sample of 45 patients and 45 controls were enrolled in the study. The mean age was 32.0 years (SD=7.7). The mean age onset of illness was 24.2 years. The average total score of the BIS among patients was 70.8, and 19.1 on the cognitive, 22.9 on behavioural loss of control and 28.8 on nonplanning dimensions. Scores were higher among schizophrenic patients than controls. A significant correlation was found between BIS scores and age at first hospitalisation, total duration of hospitalisation during the previous year and the positive dimension of the PANSS. There was no correlation between scores of the BIS and the EGF scale. Conclusion: This study shows that high levels of impulsivity were found among schizophrenic patients. This aspect should be present in the global evaluation of patients with schizophrenia.

Assessment Of Impulsivity Among Patients With Schizophrenia

Authors: Mohamed Agoub - Ibn Rushd University Psychiatric Centre; UFR Biological Psychiatry and Neurosciences, Faculty of medicine of Casablanca, Souraya Dohmi - Ibn Rushd University Psychiatric Centre, Souaad Helzy - Ibn Rushd University Psychiatric Centre, Driss Moussaoui - Ibn Rushd University Psychiatric Centre, Omar Battas - Ibn Rushd University Psychiatric Centre; UFR Biological Psychiatry and Neurosciences, Faculty of medicine of Casablanca

Summary: Objective: The aim of the study was to assess the prevalence of suicidality among a sample of patients with schizophrenia and the comorbidity with substance abuse. Method: One hundred forty-five schizophrenic inpatients were recruited in the Ibn Rushd University Psychiatric Centre Casablanca. "Suicidality, "substance abuse/dependence" and "alcohol abuse/dependence" modules of the Mini International Neuropsychiatric Interview (MINI) was used to assess respectively the suicidality and substance and alcohol abuse/dependence. Results: The lifetime prevalence suicide attempts were 20% and the onemonth prevalence was 7.6%. A current suicide risk according to the suicidality module of the MINI was present among 49.7% of patients and the risk was high in 11.7% of cases. A diagnosis of substance abuse or dependence was retrieved among 49.7% of patients and an alcohol abuse or dependence among 26.2%. Alcohol and substance abusing patients had more suicidal ideation than non-abusing group (OR=2.8) Conclusion: Comorbidity between alcohol/substance abuse and suicidal ideation was common. It will be taken into account during the evaluation and the management of schizophrenic patients.

Post Traumatic Stress Disorder In Survivors Of Agadir Earthquake (Morocco) In 1960

Authors: Soumia Berrada, Souad Douab, Imane Tazi, Driss Moussaoui, Nadja Kadri - University Psychiatric Center

Summary: The lifetime prevalence suicide attempts were 20% and the onemonth prevalence was 7.6%. A current suicide risk according to the suicidality module of the MINI was present among 49.7% of patients and the risk was high in 11.7% of cases. A diagnosis of substance abuse or dependence was retrieved among 49.7% of patients and an alcohol abuse or dependence among 26.2%. Alcohol and substance abusing patients had more suicidal ideation than non-abusing group (OR=2.8) Conclusion: Comorbidity between alcohol/substance abuse and suicidal ideation was common. It will be taken into account during the evaluation and the management of schizophrenic patients.

Assessment Of Impulsivity Among Patients With Schizophrenia

Authors: Mohamed Agoub - Ibn Rushd University Psychiatric Centre; UFR Biological Psychiatry and Neurosciences, Faculty of medicine of Casablanca, Souraya Dohmi - Ibn Rushd University Psychiatric Centre, Souaad Helzy - Ibn Rushd University Psychiatric Centre, Driss Moussaoui - Ibn Rushd University Psychiatric Centre, Omar Battas - Ibn Rushd University Psychiatric Centre; UFR Biological Psychiatry and Neurosciences, Faculty of medicine of Casablanca

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**Summary:** Agadir witnessed an earthquake on February 1960. The objective of this study was the assessment of posttraumatic stress disorder at the time of the disaster and currently among survivors. Two groups, matched by gender and age were included: A group (G1) of 80 earthquake survivors ad a control group (G2) with 80 people who experienced accidental events other than the earthquake. All interviews were conducted face to face. The instruments used were a questionnaire inquiring about sociodemographic data and The Posttraumatic Stress Diagnosis Scale-Edna Foa-1995. Results: The mean age was respectively for G1 and G2 57.40±6.68 years and 56.46±6.94 years. After the traumatic events and retrospectively, survivors from the earthquake had statistically more PTSD than G2 (38.8% vs. 20%). At the moment of the study, prevalence of PTSD between the two groups was not significantly different: 10% for the survivors of the earthquake vs. 7.5% for G2 while the dates of trauma were different. Forty years later, socioprofessional life of the survivors was still disturbed. Conclusion: 40 years later, survivors are in need of care and care to overcome symptoms of PTSD. It might be needed to establish preventive measures for people victims of disasters.

**BOUAOULI LOUBNA**

**Protective Effect of the Oestrogen against Schizophrenia?**

**Authors:** Loubna Bouhouali, Youssef El Hamaoui, Zineb Iraqi, Souad Helzy, Kaotar Halty, Driss Moussaoui, Omar Battas - University Psychiatric Center Ibn Rushd Casablanca

**Summary:** The aim of this work was to study the correlation between the age of menarche and the age at the onset of schizophrenia and its clinical dimensions. Methods: one hundred and forty patients accepted to participate in this study. The diagnosis of schizophrenia was established according to DSM-IV criteria. The intensity of clinical symptoms was evaluated by the Positive And Negative Syndrome Scale. The impact on social and professional functioning was measured by the Global Assessment Functioning scale. Results: There was no correlation between the age of menarche and the age at the onset of schizophrenia. In addition, there was no relation between the age of menarche and various clinical dimensions of schizophrenia and degree of social functioning. Conclusion: These controversial findings when compared to literature could be explained by a methodological variability. Nevertheless, this request further longitudinal studies.

**DORHMI SORAYA**

**Sexuality And Ramadan**

**Authors:** Soraya Dorhmi, Soumia Berrada, Loubna Maaloum, Driss Moussaqui, Nadia Kadri - Ibn Rushd University Psychiatric Centre During Ramadan, Muslims abstain from food, drink and sex from sunrise to sunset.

**Summary:** One hundred persons were studied during Ramadan 2003 to determine the effect of fasting on their sexual behaviour (frequency, quality), and the prevalence of sexual dysfunction during this period versus (vs.) non Ramadan period. The criteria of sexual dysfunction were those of DSM IV classification. Data were collected one week before, the first and the fourth week during Ramadan. The mean age was 34, 79 years + 8, 29, 82.8% were married. The frequency of sexual intercourse was 2 to 3 times per week at 56% before ramadan whereas it was 29% to the fourth week of this month. Fourteen per cent are unsatisfied about their sexual life during Ramadan. Sixteen per cent didn’t have any sexual activity during all the fasting month. Prevalence of sexual dysfunction collected during usual period versus (vs.) fourth week of ramadan was following: erectile dysfunction 6% vs. 6%, ejaculatory dysfunction 11% vs. 17%, sexual aversion 5% vs. 11%, dyspareunia 3% vs. 6%. Results suggest a decrease of quality and frequency of sexual intercourse at Ramadan. On the other hand, prevalence of sexual dysfunction increased.

**The Gambler In Morocco**

**Authors:** Soumia Berrada, Linda Rachidi, Samir El Graoui, Adil Zemmouri, Driss Moussaoui, Omar Battas - University Psychiatric Center

**Summary:** Objectives: The purpose of this study was to determine the sociodemographic profile of gamblers and to assess the prevalence of pathological gamblers in this sample. Methods: Two hundred men were recruited in public gambling sites. The instrument used was a heteroquestionnaire, inquiring about socio demographic characteristics and data on games practised. The SOGS (South Oaks Gambling Screen) was an instrument used for diagnosis of pathological gamblers. Results: Mean age of the sample was 42.3 ± 10.70 years, 64% were married and 46.5% had secondary school level, 23.5% had professional activity. The monthly income is lower than 2 000 Moroccan Dirhams (220 $) for 24.5% of gamblers. The interview took psychiatric treatment in 8% of cases and 11.5% had legal history. The horseracing, greyhounds and the lotto were played respectively by 91%, 60% and 23.5% of the sample. Persons had begun to gamble since an average of 10.37 years + 9.49. Fifty trees per cent suffered from pathological gambling following SOGS’s scores. Conclusion: In a high-risk group, the prevalence of pathological gambling is elevated. In Morocco a Muslim country, pathological gambling becomes a real problem as in the western countries. The implications of these results will be discussed.

**Assessment Of Burden Of Care Among Relatives Of Patients With Schizophrenia**

**Authors:** Soraya Dorhmi - Ibn Rushd University Psychiatric Center

**Summary:** The Gambler In Morocco

**Written Media And Stigma**

**Authors:** Soumia Berrada, Meryem El Yazagi, Driss Moussaoui, Nadia Kadri - University Psychiatric Center

**Summary:** The goal of the study was to explore the nature of messages conveyed by Moroccan written media during 2 years (2002-2003). The newspapers explored were the most read by Moroccans public: tree daily, two weekly and two magazines in French. Exploration was performed via internet and followed two steps: quantitative one: 11600 papers were explored and qualitative one with the analysis of the form of each paper: title with its aspect, colour, site, size, text location, texture, colour, photo, iconography...On the other hand, the analysis of the content: what messages are conveyed through the paper? Only 56 articles (0.0048%) talked about the mental illness, 0.02% of papers used the term schizophrenia as a metaphor word, 0.12% of them describe mental ill patient as aggressive or unforeseeable. Hence, Moroccan written media give rare information about mental illness; they are silent towards it and talk about it only in case of violence or crime. The question is: is it an other face of stigma which has a pernicious and bad effect on mental patients and their families or it is ignorance and lack of sensitization of journalists and other media professionals which lead to a such result?
Centre, Casablanca, Morocco, Mohamed Agoub - Ibn Rushd University Psychiatric Centre, Casablanca, Morocco; UFR Biological Psychiatry and Neurosciences, Casablanca, Morocco, Souaad Helzy - Ibn Rushd University Psychiatric Centre, Casablanca, Morocco, Driss Moussaoui - Ibn Rushd University Psychiatric Centre, Casablanca, Morocco, Omar Battas - Ibn Rushd University Psychiatric Centre, Casablanca, Morocco; UFR Biological Psychiatry and Neurosciences, Casablanca, Morocco

Summary: Objective: the aim of the present study was to assess the burden of care experienced by relatives of patients suffering from schizophrenia and domains of distress. Methods: The “perceived family burden scale” in its Arabic version was used to assess the burden of care. The instrument is a self-report questionnaire which measures behaviours and distress generated among relatives. Results: Forty-five relatives of patients with schizophrenia were interviewed. All patients were male. Behaviours more frequently reported by relatives were: patient uses abusive language (84.4%), looks fearful (62.2%), and refuses medicines (80.0%). Behaviours inducing highest distress among relatives were: patient harasses others (62.3%), threatens violence (62.3%), and uses abusive language (60.0%). Conclusion: Schizophrenia is a mental illness that causes a great burden of care and distress among relatives of patients. In this sample, relatives worried most about positive symptoms. The participation of families in Morocco, like other developing countries, is essential in the care of schizophrenic patients and this aspect of expressed emotion is important.

EL HAMAOUI Youssef

Vulnerability To Schizophrenia In First Degree Relatives


Summary: The first objective of this study was to confirm that patients with schizophrenia and their healthy siblings share the same deficit in the executive functions when compared to healthy controls. The second objective was to study the relationship between the performances on Wisconsin Card Sorting Test (WCST) and the duration and the intensity of clinical symptoms. Methods: Ninety subjects accepted to participate in this study. The sample was divided into 3 groups of 30 subjects: group of patients with schizophrenia, group of their healthy siblings, and control group. The intensity of psychotic symptoms was evaluated by the PANSS, and the impact of illness on social and professional functioning was measured by the GAF scale. The performances on WCST were assessed for all the three groups. Results: The patients with schizophrenia and their siblings reported significant lower performance on the WCST than controls. The cognitive deficit in the patients group was greater than the one in the other groups. The siblings group reported an intermediate cognitive performance between patients and controls. In addition, there was no correlation between performance on WCST and other variables in particular age, gender, education level, duration of illness, treatment, and mean scores in PANSS and GAF scales. Conclusion: These results suggest that the performance on WCST could be a marker of vulnerability to schizophrenia. To confirm this hypothesis, longitudinal studies are necessary.

EL MOUDDANE Abdelaziz

Depression And Suicide Behavior

Authors: Abdelaziz El Mouddene, Fatima Asri, Karima Maaroifi, Imane Tazi - Service De Psychiatrie CHU Mohammed VI Marrakech Morocco

Summary: Objective: of this study is to determine the prevalence of suicidal behaviour at the depressive patients, and the factors which can increase this behaviour. Method: For it we chose a sample of 100 depressed topics consults to the academic psychiatric service of Marrakech Results: The middle age was 38.5 ± 10, the women presented 83% of the patients, 38% were illiterate and 59% were married We noted prevalence of the suicidal intentions (37%) and of suicide attempt (15%) at the depressed topics. Among the encouraging factors the passage to the suicidal act: the family and personal history of suicidal attempt and depression, the domestic conflicts, unfavourable events of life and the serious somatic affections. The suicidal risk was raised more at the melancholic patients (37%). The most frequent depressive symptoms were: sadness mood (100%), psychomotor slowing (77%), the anhedonia (92%), the somatic complaints (91%), the insomnia (89%) and the anorexia (78%). Conclusion: These results permitted us to deduct that suicidal conducts are frequent in the depressed patients, and that it would be necessary to look for them by a meticulous cross-examination and to treat them correctly.

EL MOUDDANE Abdelaziz

Quality Of Life Of The Schizophrenics Patients

Authors: Abdelaziz El Mouddene, Fatima Asri, Karima Maaroifi, Fatima Asri - Service De Psychiatrie CHU Mohammed VI Marrakech Morocco

Summary: Objective: the aim of this survey is to value quality of life of schizophrenic patient and to identify some socio demographics factors influencing this quality of life Method: We present you the exploratory results of 60 patients (the survey is always in progress). The included patients are the consulting schizophrenic patients to emergencies of Psychiatric unit, CHU MOHAMED VI Marrakech. The tool of assessment is Scale of Functional and Socio - Emotional Repercussion (RFS) and questionnaire exploring data socio demographics and Hamilton Depression Scale (HDS) Results: We present you the primary result of this survey. The middle age is of 30 years ± 8 years, 88.3% are masculine sex, 33.9% had a family history of schizophrenia, and in 18.6% the disease beginning with brief psychotic acute 81.4% are unmarried. The disease started 4 years before the patient consult A violent behaviour during the 7 last days was recovered at 45 patients, Patients managed to do activities of life daily in the majority of cases, but were incapable to take other people cares or to have a difficult physical activity More of the patient half were isolated of their setting, and were very irritable with others 50% didn't have intimate friends and more of the three quarters returned less than 1 times visits to the family or friends by month. 77.2% had not had of sexual activities the last 6 months. 86% stopped their activity because of their illness Patients valued their dissatisfaction healthy state in more of 40% Conclusion: The quality of life is a very important concept, it value more and more in the developed countries in order to especially determine the...
level of patient improvement specially those suffering of chronic pathologies. This concept is unfortunately very little valued at the schizophrenic patients in developing countries.

EL YAZAJI Meriem

**Relationship Of Depression To Diabetes Types I And II**
Authors : Meriem El Yazaji, Sanaa Maftouh, Zineb Heimer, Driss Moussaouai, Omar Battas - Ibn Ruchd University Psychiatry Center

Summary: Objective: The aim of this study to evaluate the relationship between depression and diabetes and its impact on the evolution and therapeutic observance of diabetes. Methods: One hundred diabetic patients had been recruited in the endocrinical service. The diagnosis of depression was based of DSMIV criteria. The severity of depression symptoms was evaluated using Hamilton Depression Scale. Results: More than 70 % of diabetic's patients had depression in our sample and it's was twice higher for diabetic patients with complication than those without. For type I diabetes, depression had appeared after diabetes while for type II diabetes, the depression precede the diabetes development. For the diabetic patients with depression we found significant perturbation in glycaemia equilibrium than in those without depression. For more than 80% of diabetic patients, the depression diagnosis was not detected. For less than 20% of diabetic patients with depression were without treatment. Conclusion: We must detected the depression symptoms and to start taking care of it early because of the negative impact on evolution of diabetes.

**Impact Of Cannabis Use Disorders In Schizophrenia**
Authors : Meriem El Yazaji, linda rachidi, driss Moussaouai, Omar Battas - Ibn Ruchd University Psychiatry Center

Summary: Objective: The aim of this study to assess the impact of cannabis abuse disorders in schizophrenia. Methods: Two groups were carried: the first group (30 schizophrenic patients without cannabis abuse), the second group (30 schizophrenic patients with cannabis abuse. All patients were hospitalized. The diagnosis was based on DSM IV Criteria. The severity of positive and negative schizophrenic symptomatology was evaluated with the Positive and Negative Syndrome Scale (PANSS). Level of functioning was rated using Global Assessment of Functioning (GAF). Results: Age at psychiatric treatment was 23 years in the first group and 21 years in the second group. Illness duration was of 12.7 years in the first group and 11.6 in the second group. Higher PANSS total and PANSS positive scores in the second group than in the first one (80.64/ 72.75; 23.04/ 18.87), The mean GAF score was higher in the first group than in the second (50/42).
Conclusion: Cannabis use disorder had a negative impact on symptoms clinics of schizophrenia, the evolution of the illness and on the global schizophrenic patient working.

HAIMEUR Zineb

**Characteristics Of Recurrent Depression**
Authors : Zineb Haimeur, Soumnia Berrada, Sanaa Maftouh, Driss Moussaouai, Nadia Kadi - Ibn Rushd University Psychiatric Center

Summary: The aim of the current study is to explore the Moroccan recurrent depressive patients and to seek about associated factors. Methods: One hundred depressive patients, according DSM IV criteria, were included. Instruments were a hetero-questionnaire inquiring about sociodemographic characteristics, the Mini International Neuropsychiatry Interview (M.I.N.I.), the Hamilton depression rating scale (HDRS), Hamilton anxiety scale (HAS) and the Paykel inventory for life events. Results: The mean age of the sample was 39.5 ±11.4 years, 62% were women, 49 % were married, 52 % had no professional activity, 41% had familial psychiatric history and 68% had stressing life events during the last year before depression. The means scores of HAS and HDRS scales were successively 31±8.047 and 23.5 ± 6.6. Concerning substance abuse, 29% were nicotine addicted, 16% were alcoholic, 11% were cannabis addicted. The mean life time number of episodes was 4 ± 2 with a 23±19.8 month interval, 14 % had attempt suicide, 9% were delirious, 8% had sensorial hallucinations, 39% had melancholy, 17% were hospitalized during the last episode and 63% were treated by tricyclic. Conclusion: Being a female, belonging to low social class, and suffering from stressing life events appear to be parameters that determine the recurring depression.

**Case Report Of Factitious Disorders: Peri-Anal Ulceration**
Authors : Zineb Haimeur - Ibn Rushd University Psychiatric Center, Soumnia Berrada - Ibn Rushd University Psychiatric Center, Kenza El Ghari - Dermatology and venerology center, Hakima Lakhdar - Dermatology and venerology center, Driss Moussaouai - Ibn Rushd University Psychiatric Center, Nadia Kadi - Ibn Rushd University Psychiatric Center

Summary: Self-produced symptoms and a chronic course, sometimes with severe complications characterize factitious disorders. We are reporting a pathomimia case as an extended peri-anal ulceration. It concerns a 53 years old, married woman without children, hospitalized in the dermatological service for peri-anal ulcerated layers progressing for more than one month. The clinical examination found a large painless ulceration, 10 centimeters of diameter, with clear limits, in the anal canal perimeter, extended in intra-vaginal. The patient had a complementary check up: rectoscope was normal, biopsy showed a nonspecific chronic inflammatory aspect, bacteriological removal, procto- parasitological exam of feces, serology of syphilis and HIV was negative, tuberculosis intradermo-reaction was at 6mm. The radiological check up didn't show any abnormality. The diagnosis of pathomimia had been short-listed. The patient had been seen twice in the psychiatric service. A psychotherapy followup was considered but the patient vanished. She continued consulting the dermatological service. After six months of symptomatic treatment, the lesion had almost disappeared. This clinical case is interesting considering the unusual localization and the extension of the lesion. It shows the difficulty of psychiatric follow up. Patients are not able to accept the psychiatric side of this pathology. The recurrence is highly expected.

**Suicidality And Recurrent Depression**
Authors : Zineb Haimeur, Soumnia Berrada, Sanaa Maftouh, Driss Moussaouai, Nadia Kadi - Ibn Rushd University Psychiatric Center

Summary: Objective: The aim of the current study was to identify the profile of suicidality among recurrent depressive patients. Methods: One hundred depressive patients, according DSM IV criteria, were included in the University Psychiatric Center.
Center of Casablanca. Instruments were a hetero-questionnaire inquiring about socio demographic characteristics, the Mini International Neuropsychiatry Interview (M.I.N.I), the Hamilton depression rating scale (HDRS), Hamilton anxiety scale (HAS) and the Paykel inventory for life events. Results: Forty two percent of the sample had suicidal thoughts and 14% attempted suicide with a mean of 2.45±1.50 attempts. Suicidal attempters had an mean age of 37.14 ±9.23 with an equal gender ratio, 57.1% had a primary school level and, 30.8% were divorced, 57.1 % had a low economic level, 10% had distressing life events and 3% were alcoholics. Means scores of HAS and HDRS scales were respectively 31±8.047 and 23, 5 ± 6.6.Thirty six percent were hospitalized, 56% had a comorbid psychotic episode with depression. Conclusion: The associated sociodemographic and care variables should be seriously considered in assessing and preventing suicidality in these vulnerable patients.

**Assessment Of Insight In Schizophrenic Patients**

**Authors:** Souaad HELZY - University Psychiatric Centre Ibn Rushd, Casablanca, Morocco, Mohamed AGOUB - University Psychiatric Centre Ibn Rushd, Casablanca, Morocco, Ufr Biological Psychiatry And Neurosciences, Faculty Of Medicine, Casablanca, Morocco, Soraya DORHM - University Psychiatric Centre Ibn Rushd, Casablanca, Morocco, Driss MOUSSAOUI - University Psychiatric Centre Ibn Rushd, Casablanca, Morocco, Omar BATTAS - University Psychiatric Centre Ibn Rushd, Casablanca, Morocco, Ufr Biological Psychiatry And Neurosciences, Faculty Of Medicine, Casablanca, Morocco

**Summary:** Objective: the aim of the study is to evaluate the insight in a sample of schizophrenic patients. Methods: Forty-five male patients with schizophrenia were recruited in the Ibn Rushd University Psychiatric Centre of in Casablanca. Schizophrenia diagnosis was done according to DSM-IV criteria. The negative and positive symptoms intensity was evaluated by the PANSS scale. The impact of professional and social functioning was assessed by the GAF scale. The Schedule for Assessing Insight (SAI) was used to evaluate the insight. Results: the mean age of the patients was 32.2 years, 93.3% bachelors. The total score of the SAI was 7.6. The average score of the three dimensions was: 1.2 for the compliance with treatment, 2.3 recognition of illness, 3.2 for re-labeling of psychotic phenomena. A significant correlation was found between the re-labeling of psychosis phenomena’s dimension and the total score of the PANSS, the total period of hospitalisations, the existence of a mood dimension and the GAF score. Conclusions: the level of the insight in the schizophrenic patients was low in this study. The lack of insight was associated with a worse clinical and a functional prognosis.

**Depression of Men With Erectile Dysfunction(ED).**

**Authors:** Souaad Helzy - University Psychiatric Centre Ibn Rushd Casablanca, Soumia Berrada - University Psychiatric Centre Ibn Rushd Casablanca, Loubna Bouhaouli - University Psychiatric Centre Ibn Rushd Casablanca, Zineb Iraqi, Driss Moussaoui, Omar Battas

**Summary:** Objective: The aim of this study was to examine the relation between parental age and risk of schizophrenia in the offsprings. Methods: Three hundreds subjects accepted to participate in this study. They were distributed in two groups: group of schizophrenic patients (n=200) and control group (n=100). The diagnosis of schizophrenia was made according to DSM-IV criteria using the Mini International Neuro-psychiatric Interview. All subjects full-filled a preestablished questionnaire, which explore a socio-demographic data and informations about the parental age. The intensity of symptoms was evaluated by the Positive and Negative Syndrome Scale (PANSS), the professional and the social functioning was explored by the Global Assessment of Functioning scale (GAF). Results: The paternal age in the patients group was 36.2 years versus 34.7 years in the control group (p=0.28), whereas the maternal age in the patients group was 26.8 years versus 25.6 years in the control group (p=0.39). Otherwise, there was no correlation between the parental age in one hand, and the clinical symptoms and socio-professional functioning in the other hand.
marital status, disease, and drugs, in addition to sexual activity. A structured psychiatric interview was done for all subjects using the Mini International Neuropsychiatric Interview (MINI). Hamilton Depression Rating Scale (HDRS) and Hamilton Anxiety Rating Scale (HARS) explored depression and anxiety respectively. Results: The mean age was 56.2 years, 90% were married and 66% were jobless. Concerning sexual activity, 62.5% of the interviewed were unsatisfied. In the six past months, 50% had less than the desired sexual intercourse frequency and 12.5% reported that they have any orgasm. The mean age of onset of this disorder was 37.8 months and 37.5% have consumed traditional herbal medicines. Concerning psychiatric disorders, we found that 10% had depression with high intensity in 20% of cases and 14% had anxiety. Conclusions: The ED act negatively on sexual life and can lead to psychiatric disorders such as depression and anxiety.

**Houda Hjiej**

**NEUROLEPTIC MALIGNANT SYNDROME**

*Authors*: Houda Hjiej - Ibn Ruchd University Psychiatry Center, Casablanca, Morocco

*Summary*: The objectives of this study were to evaluate the frequency of the neuroleptic malignant syndrome, and to determine other probable factors of risks. It is a prospective study during one year. Twelve patients out of the 358 hospitalised in the University Psychiatric Center of Casablanca during this period answered criteria DSM IV of the neuroleptic malignant syndrome, the frequency are estimated at 3.3%. Two thirds of the patients were male, the average age was 24 years and the pathology that was most frequently found among these patients was schizophrenia in 41.7% of cases. The association between Haloperidol, chlorpromazine and Levomepronazine was accused at the origin of half of the cases of the SMN and 33.3% of the patients with NMS were received neuroleptics with delayed action (decanoate of fluphenazine). The symptomatology of the malignant syndrome was declared on average 24 to 72 hours after the set up of the medication. In 41.7% of the cases the symptoms disappeared one week after we stopped the neuroleptics. Four patients had required the transfer to the intensive care unit, where they stay approximately 10 days; however no case of death was followed from there. The rate of the malignant syndromd found in our sample is higher than the average values reported by the literature. The use of traditional neuroleptics and the multiple associations of them seem to be the factor of principal risk, but other factors can be accused.

**Zineb Iraqi**

**OBSESSIVE AND COMPULSIVE SYMPTOMS IN SCHIZOPHRENIA**

*Authors*: Zineb Iraqi - University Psychiatric Center Ibn Rushd, Meryem El Yazaji - University Psychiatric Center Ibn Rushd, Houda Hjiej - University Psychiatric Center Ibn Rushd, Driss Moussaoui - University Psychiatric Center Ibn Rushd, Omar Battas - University Psychiatric Center Ibn Rushd

*Summary*: The aim of this study was to evaluate the prevalence of obsessive and compulsive symptoms of schizophrenic patients. Methods: one hundred patients with schizophrenia have accepted to participate to the survey. The diagnosis was based on DSM-IV Criteria. The severity of positive and negative schizophrenic symptoms was evaluated with the Positive and Negative Syndrome Scale (PANSS). Obsessive and compulsive symptoms were evaluated by the Yale Brown Obsessive Compulsive Scale (Y-BOCS). Results: the mean age of the sample was 31 years and 83% male. The mean of the duration of illness was 7 years. All of patients were treated by neuroleptics at the moment of the evaluation. The subtype of schizophrenia predominant was paranoid (75%). 8.4% had an obsessive compulsive symptoms (score higher than 16). Aggressive and Contamination Obsessions were predominant Conclusion: obsessive and compulsive symptoms are frequent in schizophrenic patients and they have a negative impact of the evolution of schizophrenia.

**DEPRESSION IN MOTHERS OF SCHIZOPHRENIC PATIENTS**

*Authors*: Zineb Iraqi - University Psychiatric Center Ibn Rushd

*Summary*: The aim of this study was to evaluate the prevalence of depressive disorder in mothers of schizophrenic patients, and its correlation to patient features notably clinical dimensions and social functioning. Methods: one hundred patients with schizophrenia have accepted to participate in this survey. The psychiatric diagnosis was done according to DSMIV criteria using a structured psychiatric interview MINI. In mothers, the intensity of depression and of anxiety were measured by the Hamilton Depression Rating Scale (HDRS) and the Hamilton Anxiety Rating Scale (HARS). The Positive And Negative Syndrome Scale (PANSS) was used to evaluate different clinical dimensions. The patients verbal and physical aggressive behaviour was evaluated by the Overt Aggressivity Scale (OAS). The mothers’ and the patients’ functioning was measured by the Global Assessment Functioning Scale (GAF). Results: Our preliminary results showed a high rate of depressive disorder and anxiety compared to general population. Mothers depression was strongly bound to aggressive behaviour. There was no relation between depression and PANSS and GAF scores.

**GENERAL PUBLIC PERCEPTION OF SCHIZOPHRENIA VS DEPRESSION**

*Authors*: Z. Iraqi, S. Berrada, D. Moussaoui, N. Kadri - Ibn Rushd Psychiatric University Center, Casablanca, Morocco

*Summary*: Mental illnesses are the most stigmatising conditions, with exposing various forms of exclusion and stigma for those suffering from them. The main purpose of this study was to examine the perception of schizophrenia and depression in general population. This survey (N=615) was conducted, in Casablanca, Morocco, to explore public attitude towards mental illness, especially schizophrenia and depression using an heteroquestionnary (64 items). Male gender was 48.8%, mean age was 34,27± 12,26, 25,7% of the sample have university graduates and 22.6% have a mentally ill relative. The word "depression" referred to all mental accident in 44.6% of cases. Reported causes were: conflicts (22.1%), emotional impact (18,9%) and substances use (17,1%). Thirthy per cent (30,9%) of the sample didn’t know the meaning of the word "Schizophrenia". Its reported causes were mainly brain damage (35,1%), substances use (19,5%), and conflicts (10,7%). People felt distrust against depressed people in 33,7% and against schizophrenic patients in 50,1%. Seventy seven per cent (77,1%) of the sample reported that depressed people aren’t able to work vs 96,6% regarding schizophrenic patients. The idea of marrying their child with depressed patient was refused in 72.7% of cases and with schizophrenic patients in 96.6%. These results will be discussed and compared to international data.

**Anabysnet eJournal**

N°8 - October - November - December 2005
Cognitive Behaviour Therapy of Obsessive Compulsive Disorder

Chairperson: Nadia Kadri - Faculté Of Medecine, Casablanca, Morocco; Kasablanca, Morocco; Nadia Kadri - Faculté Of Medecine, Casablanca. Morocco, Jamal Chiboub - Association Marocaine de thérapie cognitive-comportementale

Summary: Background: OCD are a prevalent anxious disorder which disturbs patient in their social, occupational functioning and quality of life. CBT is a psychotherapy which was found to be the most efficient for the treatment of anxiety disorders. Following a review of the theory, treatment strategies for obsessions will be discussed and demonstrated with clinical examples, role play and group exercises. Participants are encouraged to bring clinical examples to the workshop for analysis. Learning Objectives: You will learn about background theoretical and empiricalk work that Produced specific assessment, the case conceptualization and the relevant cognitive and Behavioral treatment.

Women's Well-Being From A Woman's Perspective

Authors: Nadia Kadri - Faculté Of Medecine, Casablanca, Morocco

Summary: Sexuality is a complex process coordinated by neurological, vascular and endocrine systems. It incorporates family, societal, and religious beliefs and interpersonal relationships. This presentation will focus on studies conducted in the aim to explore: sexual behavior (representative sample of Casablanca population n=700), sexual dysfunction (n=644), prevalence of abuse during childhood, effect of breast removal on sexuality (prospective study on 100 patients), effect of menopause on sexuality (comparative study between Moroccan and Tunisian samples n=200), pregnancy and sexuality (follow up study in primary health care n=100) and Ramadan and sexuality among healthy fasting people.

Sexuality of Patients Hospitalized In Psychiatry

Authors: Hassan Kisra - Arrazi Hospital

Summary: Introduction: Little is known about sexual problems among patients with psychiatric disorders. This paper reports the finding of a survey of 75 women with psychiatric illness to give information about sexual function in this population. Methods and patients: Female patients who had been admitted to the psychiatric hospital were asked about sexual experience, sexual dysfunction and their sexual attitude. Those who were too disturbed to be interviewed or who refused to be included were excluded. 75 patients were included. Results: The majority of patients have an important sexual desire and sexual satisfaction desire. 50 patients had experienced sexuality. The half of them has an experience out of the links of marriage. The majority of patients who had experienced sexuality suffered from dysfunction in at least one criterion. The highest incidence of dysfunction was in orgasm satisfaction. The current illnesses were associated to the onset or the aggravation of sexual dysfunctions. 93,3 % thought that sexuality is taboo. Conclusion The survey illustrated that sexual dysfunction amongst female psychiatric patients is a significant problem. Furthermore there is still a taboo on sexuality.

Assessing Relapse-Predictive Factors In Schizophrenia

Authors: Hassan Kisra, Mehdi Paes - Moroccan Society Of Psychiatry

Summary: This is a cohort study looking at patients with the diagnosis DSM IV of schizophrenia who have been hospitalized at least twice at Ar-razi Hospital (salé, Morocco), and assessing relapse factors through the clinical charts and files. The preliminary results show many significant relapse risk factors such as treatment non compliance due to side effects of antipsychotic, low economic status and poor clinical follow up. Another significant risk factor in our context is cannabis use. Finally, poor rehabilitation on the family, social and professional level contributes to relapse.

Mini-Mental State Examination Among Patients With Schizophrenia

Authors: Hassan Kisra - .Arrazi Hospital

Summary: Mini-Mental State Examination (MMSE) was studied very little among patients with schizophrenia. The objective of this work is to evaluate the place of the MMSE among schizophrenic patients. It acts of a cross-sectional study which will concern 50 schizophrenic patients and a group controls of 50 nonschizophrenic patients. The evaluation will be done using a version of the translated MMSE and to validate in Moroccan population.

Depression In Parkinson Disease

Authors: Karima Maaroufi, Abdelaziz El Moudene, Fatima Asri, Imane Tazi - Servise De Psychiatrie CHU Mohammed VI Marrakech Morocco

Summary: Objective: The aim of the study was to evaluate the frequency of depression in patients with Parkinson’s disease. Method: We have recruited 53 patients followed for Parkinson’s disease during two years. Diagnosis of depression was accorded to ICD10 criteria and evaluated by Hamilton Depression scale. Results: 35 males and 18 females aged 36-80 years (mean age 60 years), only 15% of patients have a job, two patients was already treated for depression. Depression was diagnosed in 26 patients (49,1%), it was light in 6 patients (23,1%), middle in 14 patients (53,8%), and heavy in 6 patients (23,1%). 15 patients have dysthymia . Conclusion: Depression is important and common non motor feature of Parkinson disease that is associated with significant disability and a negative impact on quality of life. The physician should remain vigilant for symptoms of depression as they may be mistaken for the progression of Parkinson’s disease itself.

Psychiatric Aspects Of Male Genital Self Mutilation:Two Cases Report

Authors: Karima Maaroufi - Chu Mohammed VI Service De Psychiatrie, Abdel Aziz El Mouddene - Chu Mohammed VI Service De Psychiatrie, Fatima Asri - Chu Mohammed VI Service De Psychiatrie, Imane Tazi - Chu Mohammed VI Service De Psychiatrie, Mohamed Gabsi - Chu Mohammed VI Service d’urologie, Abdessamad El Haouss - Chu Mohammed VI Service d’urologie, Mohamed Boukhari - Chu Mohammed VI
Service d'urologie, Zakaria Dahami - Chu Mohammed VI Service d'urologie, Ismaël Sarf - Chu Mohammed VI Service d'urologie

**Summary:** Self-mutilation of the genitals in man is a rare phenomenon mainly occurring in young males. The importance of conflicts about the male role Genital self-mutilation has been a religious practice since ancient roman times. Roman priests regarded this custom as "a supreme sacrifice of sexual life in favor of the emotion to the highest known good". Cases of genital self-mutilation are rare. In the early 1960s Blacker and Wong uncovered 40 cases worldwide since the turn of the century. They can masques the psychiatry pathology as schizophrenia, delirious depression.

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### Thumb Self Mutilation One Case Report

**Authors:** Karima Maaroufi - Service De Psychiatrie CHU Mohammed VI Marrakech Morocco, Imane Tazi - Service De Psychiatrie CHU Mohammed VI Marrakech Morocco, Abdelaziz El moudden - Service De Psychiatrie CHU Mohammed VI Marrakech Morocco, Fatima Asri - Service De Psychiatrie CHU Mohammed VI Marrakech Morocco, Said Aziz - service de traumatou, Imade Abkari - service de traumatou, Boukhar Esadki - service de traumatou orthopedie CHU Med VI Marrakech, Morocco

**Summary:** Self-mutilation in is described as the: §deliberate destruction or alteration of body tissue, without conscious suicidal intention", has been performed by individuals throughout history. Genital self-mutilation has been a religious practice since ancient roman times. Self-mutilation can interest all organs especially: genital, hand and eyes, this form was described as a mystic delirium in schizophrenia. In the literature we have found several case reports:

- Self-inflicted stab wound of abdomen with spoon.
- Self-mutilation ear.
- Self-inflicted omental injury.
- Bilateral self-nucleation of eyes.

We report a case of a 51 years old man, without a psychiatric history, admitted with agitation and self-mutilation (he has bitten his thumb), after stabilization of his state, psychiatric conversation revealed a long history (29 years) of auditory and visual hallucination, and since 2 months kinesthetic hallucination he thought that his thumb was haunted so he bites it to get rid of.

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**Gender And Depression**

**Authors:** Sanaa Maftouh, Soumia Berrada, Fatiha Manoudi, Driss Moussaoui, Nadia Kadi - Ibn Rushd University Psychiatry Center

**Summary:** The aim is to establish a comparative study of the characteristics of the depression, the psychosocial factors and the life events associated with depression between women and men. Methods: One hundred (N=100) depressive patients (31.5 years + 11 vs. 41 years + 17 ). Married women made more depression than married men (54.8% vs. 40.5%). Men of the sample suffer from alcoholism more than women (35% vs. 3.5%). The life events which are the most frequently found among women were marital conflicts (21.7%) and death (21.7%), whereas men were more sensitive to professional problems (21.5%) and financial (19%). Conclusion: Depression profile seems to be an important factor for prevention and treatment.

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**Moroccan Patients With Schizophrenia And Stigmatisation**

**Authors:** Sanaa Maftouh, Soumia Berrada, Fathia Manoudi, Driss Moussaoui, Nadia Kadi - Ibn Rushd University Psychiatry Center

**Summary:** Objectives: To evaluate stigma on Moroccan patients with schizophrenia Method: heteroquestionnaire with seven sections were filled up by patients with the help of post graduates in psychiatry. One hundred patients were recruited. Results: Mean age of the sample was 34.39 + 8.27 years, 77% were single and 56% had paranoid schizophrenia. Only 17% of them knew about the disorder. More than sixty per cent and 23% had respectively bad relationship with mothers and fathers. Financial support was provided by families in 77% of cases; 17% had a professional activity. Patients reported that friends left them because of their illness in 58% of cases. Professionally active ones suffer from disturbed relationship with colleagues in 45.5% of cases. They were advice to stop medications in 24% of the cases, mostly by a family member (11%) or a friend (13%). Conclusion: Moroccan patients with schizophrenia suffer from stigma and from burden of the illness despite the fact that traditional societies are supposed to be more supportive to the weak and the sick.

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**Right To The Diagnosis And Information**

**Authors:** Khadija McHichi Alami, Meriem Elyazaji, Driss Moussaoui - Ibn Roschd University Psychiatry Center

**Summary:** Objective: To determine knowledge about diagnosis of mental disorders and its impact on compliance with the treatment. Method: the sample made up of 100. A hétéro questionnaire comprising 3 sections: 1- caracteristic sociodemographic, 2-knowledge about the diagnosis and information and impact on compliance with the treatment. Results: The average age 33.34, 70% were single; the duration of illness was more than 10 years in 22% of the sample. In this study 22% knew their diagnosis after 1 to 5 years, 60% did not know the diagnosis. Among them 40% did not adhere to their treatment and 20% had evil to manage their disease. Conclusion: It is up to the therapeutist to provide a maximum of information to the patient on the disease, the treatment and the possible evolutions, only guarantors of a good observance of the treatment with a good quality of life.

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**Nervous Pregnancy: Case Report**

**Authors:** Khadija McHichi Alami, Meriem Elyazaji, Nadia Kadi - University Psychiatric Center Ibn Rushd Casablanca

**Summary:** We report the case of a woman of 49 years old, menopause since 5 years and which currently presents a nervous pregnancy. She was married since the age of 21 years and which presented an antecedent of nervous pregnancy at the age of 27 years. The patient presents symptoms identical to those of a true pregnancy (stop of the menstruations, nauseas, and increase in the volume of the abdomen). A complete...
assessment was made to eliminate dysfunction from the ovaries. In this case we should look for the origins of this disturbance, analyze them, and start a therapy in order to prevent relapse risks.

**Adolescent Violence: Sociodemographic And Psychiatric Profile**

*Authors*: Khadja McHichi Alami, Linda Rachidi, Meriem ElYazaji, Kawtar Halty, Samir Elgnaoui, Omar Battas - University Psychiatric Center Ibnou Ruschd Casablanca Morocco

*Summary*: The aim of study is to find the sociodemographic and psychiatric profile of young Moroccans involved in criminal violence. It concerned a sample of 23 adolescents. Transversal study realised in the youths correction centre. The scales used are the MINI for DSMIV and the Overt Aggression Scale of Yudofsky (OAS). The mean age was 19.6 years old, 95% with urban origin, 8.7% are illiterate, 91.3% under twelve years of studies. Mean length of incarceration is 2 years. Psychiatric diagnosis: Major depressive episode (41.7%), alcohol dependence (25%), OAS: maximal score (=26) 25% of cases. The OAS scores are higher when aggression is against others and subjects. The link was statistically positive between violence intensity with substance dependence, presence of psychiatric disorder and presence of personal and family judicial antecedents. The youth's violent behaviour is a part of their marginal behaviour repertory. The prevention strategy must take into consideration these behaviours as a whole.

**MOUSSAOUI Driss**

*Psychotic Disorders In The Arab World: A Review Of Epidemiologic Studies*

*Authors*: Driss Moussaoui - Ibn Rushd University Psychiatric Center, Casablanca, Morocco, Nayla Moufarrej - Institute For Development Research And Applied Care (IDRAC), Beirut, Lebanon, Rim Saab - Institute For Development Research And Applied Care (IDRAC), Beirut, Lebanon, Elie Karam - St George University Hospital, School Of Medicine, Balamand University, Institute For Development Research And Applied Care (IDRAC), Beirut, Lebanon, Zeina Mneimneh - Institute For Development Research And Applied Care (IDRAC), Beirut, Lebanon

*Summary*: Objective: To review all epidemiologic studies published on Psychotic Disorders in the Arab World and that are pertaining to prevalence, gender differences, marital status differences, age of onset, burden, treatment, support and comorbidity. Methods: Published Studies focusing on Psychotic Disorders in the Arab World from 1929 until 2004 were gathered using search engines such as PubMed, PsycINFO, OVID, and Arabpsynet. An additional search was conducted on an electronic database compiled by IDRAC (first and second editions) and that includes published mental health studies in the Arab world from 1966 to 2002. Only studies pertaining to the topics mentioned above and that cover large populations or areas will be presented. Results: Only a handful of epidemiologic studies were conducted on psychotic disorders/symptoms (i.e. Al Ain, Morocco, L.E.B.A.N.O.N. – WMH) in the general population. The majority of the studies were conducted among clinical samples, assessing the prevalence of psychotic disorders or the existing comorbidities of psychosis with other psychiatric disorders (i.e. substance abuse...). Others studies focused on tardive dyskinesia, abnormal movements in never medicated schizophrenic patients, neuroleptic malignant syndrome, and on the neurocognitive deficits of schizophrenic patients (abnormal eye movements and Wisconsin card sorting test). The results of these studies and others will be presented. It should be noted that in the Arab World, the role of the patient’s family is essential in the long term treatment and rehabilitation and should be taken into consideration in future research. Conclusions: Few efforts so far have been allocated to assess the epidemiology of Psychotic Disorders in national representative samples in the Arab World. Such studies are of great importance and are very much needed.

**The Core Competencies For The Psychiatrist In The Future- The Situation In Africa**

*Authors*: Driss Moussaoui - Ibn Rushd University Psychiatric Center. Morocco

*Summary*: The general psychiatrist main task is to diagnose and treat mental disorders. S/he has also other tasks: contribute to the prevention of mental disorders and the promotion of mental health. This needs the development of a good network with other mental health and health professionals (liaison psychiatry), an alliance with the relatives of mental patients, and the opening to the community, especially through NGOs. One of the main handicaps of psychiatry in developing countries, especially Africa, is the appalling lack of human and financial resources. The training of psychiatrists should teach ways of raising funds from various sources of the community, and the optimal use of the existing resources. Another aspect is the high prevalence of organic disorders leading to psychiatric symptoms and disorders. A good training in neurology and in general medicine is an important aspect of this training.

**Ethical Issues Related To Information Technology**

*Authors*: Driss Moussaoui - Chairman, WPA Standing Committee On Ethics

*Summary*: Information technology revolutionized the life of people at the end of the XXth century, and will do so even more during the current one. More information available does not mean better information. For instance, many of the webpages on Internet convey erroneous or misleading information about health and mental health; in the “junk e-mail”, there are thousands of proposals of psychotropic medications available without medical prescription, not to mention pornography which could be accessible to children. Doctors and psychiatrists must be aware that Internet is an open-air media, and that no
Art Works Of Mentally Ill Patients: Ethical Issues

Authors: D. Moussaoui - Ibn Rushd University Psychiatric Centre, Casablanca, Morocco Chair, WPA Ethics Committee

Summary: This is a biased question, which is loaded with stigma towards the mentally ill patients. Who would dare to ask: to whom belongs the shirt of the mentally ill patient, or his house? The answer is simple for patients who are followed in an ambulatory way. It is a slightly different matter for hospitalised patients. Even in prisons, and in most countries of the world, prisoners are the owners of their artistic productions, and sometimes, they can sell them. In all instances, the answer to the question is simple and crystal clear: the works of mentally ill patients belong to them, unless they accept to yield his rights to the institution or to a person. When the patients are discharged, they generally leave their artistic or handicraft productions in the hospital, which contribute usually to decorate the arttherapy unit or the many walls of the institution. What should be very clear in the mind of the mentally ill patient is that, whenever he or she wishes to have the works done in the hospital back, they should be able to do so, without any difficulty nor negative impact on their treatment. This is why it is important to identify clearly the author and the date of each work, with a title, whenever possible. In case of publication, it is obvious that a written consent should be sought, and if a financial gain is expected, to divide it in a fair way between all contributors. The traditional treatments are based in the use of rituals which are performed by the “santirekus” (the healers). The objective of these treatments is to refuse the curses by use of special sentences like “diáosunà seuretako isan bijik”. The amulets ("kutunek") and special procedures to melt tin can be used in the course of these magic rituals.

The Declaration of Madrid, Where Do We Go From Here?

Authors: Julio Arboleda-Florez - Department of Psychiatry, Queen’s University, Canada, Driss Moussaoui - Ibrn Rushd University Psychiatric Centre, Casablanca, Morocco Chair, WPA Ethics Committee

Summary: Ethical obligations impose on psychiatrists a commitment to excellence in their clinical and research activities, but they go beyond the application of utilitarian mantras and deontological “you must not’s.” Scientific excellence involves more than reciting the marketing slogans of new medications or claiming research breakthroughs when the role of the clinician-researcher has been peripheral and confined to collecting data on a few patients, and to go around preaching ethics while holding larceny in the heart or mischief in the mind involving patients or colleagues is to mimic Aristotle’s “ignorant.” The Madrid Declaration has tried to bring these realities into focus, but its central import has been diluted into a myriad of situations requiring ethical reasoning at the individual level. While morals may be learned at an early age, ethics has to be taught along general principles from which standards of conduct in the specific circumstance could be derived. This presentation will attempt to reason a new ethics deal for psychiatrists between passively being obliged to be good and actively being an ethics doer.

Guidelines On Schizophrenia In French Speaking Countries; Their Relevance For Developing Ones

Authors: Driss Moussaoui - Ibn Rushd University Psychiatric Centre, Casablanca, Morocco

Summary: The value of guidelines has been demonstrated for the betterment of health services. Their introduction in French-speaking countries is, however, relatively recent, with the exception of Quebec, Canada. The guidelines on schizophrenia developed in industrialized countries have to be adapted to some extent to developing countries. For example, the importance of the role of families is not enough highlighted, as well as the lack of human and institutional resources. There is nothing about whom to hospitalize when many schizophrenic patients are to be hospitalized with only one or two beds available for such hospitalization. Psychiatry in the private sector is much nearer to the European standards than the public sector. From the clinical point of view, mood disorders and organic conditions of the CNS can be challenging to obtain a correct diagnosis of schizophrenia. This is why, while psychiatrists from developing countries should be aware of guidelines from industrialized ones, it is advised to develop guidelines in non-industrialized countries or groups of such countries. It is the best way not only to improve the quality of care, but also to boost research in this field in these countries.
**Assessing Relapse-Predictive Factors In Schizophrenia**

**Authors**: Abderrazak Ouanass - Arrazi Hospital

**Summary**: This is a cohort study looking at patients with the diagnosis DSM IV of schizophrenia who have been hospitalized at least twice at Ar-razi Hospital (sale, Morocco), and assessing relapse factors through the clinical charts and files. The preliminary results show many significant relapse risk factors such as treatment non compliance due to side effects of antipsychotic, low economic status and poor clinical follow up. Another significant risk factor in our context is the heterogeneity of factors linked with relapse.

**Mental Health Services In Morocco**

**Authors**: Mahdi Paesi - Hospital Psychiatrique Al Razi, Sale, Morocco

**Summary**: Morocco, a country with an area of 720 850 Km2 is located North West of Africa between the Mediterranean Sea, the Atlantic Ocean and the Sahara. It shares borders with Algeria to the east and Mauritania to the south; it is a democratic parliamentary monarchy. Administratively, the country is divided into “Wilayas” and provinces. It counts 16 great regions and 68 provinces. The Wilaya is divided in prefectures, which are further divided into municipalities. The population of Morocco was estimated at about 30 million in 1995. The population is very young: 40.5% under 15 year. Urbanization has considerably developed during the last two decades, to such an extent that the urban population amounted to 52.6% of the total population in 1995. In parallel, the country has experienced dramatic and rapid economic, social and political changes. Back in 1973, a short, medium and long-term program was set up around three axes:

1. The promotion of a psychiatry taking into consideration the social and cultural aspects as well as the possibilities of the country and averting any action that would encourage or perpetuate the stigma afflicting mental health.
2. The promotion of a psychiatry focusing in priority on outpatient and family-based programs, which required a priority investment in training of specialised medical and para medical staff.
3. The implementation of small psychiatric units within general hospitals, which would ultimately cover the whole country.

Enormous progress has been made over the last decades. There are currently more than 300 psychiatrists, 800 psychiatric nurses and 75 psychologists. There are also about 2000 psychiatric beds within small psychiatric hospitals on wards integrated in general hospitals. However, there are still gaps regarding the child and adolescent psychiatry, programs for the elderly and drug addicts, as well as programs for the prevention and promotion of mental health. Although Morocco is facing up to many difficulties like any other developing country with so many public health priorities to deal with, it has made since the beginning pertinent choices and taken appropriate options taking into account its social and economic characteristics. Mental health field is consistently developing. Many projects have already been achieved while some others are about to be realized in the near future or are in the process of elaboration. All this has been facilitated by the existing consensus among all the professionals working in different sectors of mental health in Morocco. We are all well aware that we are currently in the process of setting up tools for the formation of qualified personnel and that we are still a long way to go before we could meet all the needs of mental health in our country and for all its population. But that is our goal and it is our challenge. The goal of this paper is to give an overview on what has been done and also on what could be done in the future.

**Psychopathological Evaluation Of Cancer Patients In The Oncology Clinic At CHU Hospital (Rabat-Salé)**

**Authors**: Fatima Omari - Arrazi Hospital

**Summary**: The link between psychiatry disorder and cancer illness is recognized. Furthermore, cancer patients are subject to some psychiatric disorders. The aim of our study is a psychopathologic evaluation of cancer patients in oncology clinic at CHU Hospital (Rabat-Sale). The MINI is used as diagnostic tool. The results are discussed via the literature review.

**Sexuality And Mental Illness In Morocco**

**Authors**: Linda Rachidi, Soumia Berrada, Sanaa Maftouh, Fatima Manoudi, Driss Moussaoui, Nadia Kadri - Ibn Roshd Psychiatric Center Tarak Ibn Ziad

**Summary**: Objective: to explore sexual dysfunction of patients with mental illness. Methods: The criteria of sexual dysfunction were those of DSM IV classification. Seventy patients have been recruited and men represented 65.7% of the sample. Results: The mean age was 31.63 years +9.02. A large number of sexual problems were reported and in 72.1% of cases. More than half of the sample didn’t have any sexual partner in the 6 months preceding the survey. The mean time of sexual intercourse (without preliminary) was 12.97 min±6.90. Data of sexual dysfunction collected were as following: 37.1% achieved orgasm before illness vs. 5.7% after; 91.7% had a decrease of their sexual desire and 12.9% had a sexual aversion that started after illness in 77.8% of cases. For men, 17.1% had erectile dysfunction with 93.3% after illness and 17.1% had ejaculation dysfunction. Ninety per cent of patients having sexual dysfunction thought that it is secondary to the illness. Conclusion: An important decrease of sexuality was noticed among mental illness patients. The sexuality should be evaluated carefully to the first consultation and regularly during the follow-up.

**Attitude Of Medical Students To Psychiatry**

**Authors**: Linda Rachidi, Mohamed Agoub, Fatima Manoudi, Driss Moussaoui, Omar Battas - Ibn Roshd Psychiatric Center Tarak Ibn Ziad

**Summary**: This study presents the results of an investigation conducted in the medical faculty of the University of Marrakech to determine the attitude of students towards psychiatry. The sample consists of 91 medical students. The results show that 80% of students have a positive attitude towards psychiatry. Conclusion: Medical students have a positive attitude towards psychiatry.
Summary: Objective: The aim of our study was to assess the opinion of medical students about psychiatry. Method: A cross sectional study was conducted in the Ibn Rushd University psychiatric Center among fifth-year medical students before their psychiartic clearshp. A self-questionnaire was used inquiring about socio demographic characteristics, opinion and attitude towards psychiatry. Result: a hundred fifty four students were participated to the survey. 20 % of them considered psychiatry more biological and did not care to personnel life of patients. The proportion of students who considered the possibility of specializing in psychiatry was 66.7% and for 39.5 %, the family’s students did not agree with them to specialize in psychiatry. 41.4% of students estimated that psychiatry was less prestigious than another specialty and 37% found that the psychiatry teaching they received was insufficient. Conclusion: Attitude to psychiatry among medical Students will be a key factor in determining their choice of psychiatry and their practice and attitude toward mental patients.

The Violent and Illegal Behavior Of Mental Patients

Authors: Linda Rachidi, Meriem El Yazaji, Sanaa Maftoul, Driss Moussaoui, Omar Battas - Ibn Rushd Psychiatric Center
Tarik Ibn Ziad

Summary: Objective: To determine the clinical characteristics, circumstances and motivations of schizophrenic patients who commits a homicide. Method: Our study was conducted in psychiatric hospital of Tit Mellil strictly reserved for men. Instruments used:
- A questionnaire inquiring about sociodémographic characteristics, substance abuse, personal and family history.
- DSM IV criteria for schizophrenia diagnosis.
- Positive and Negative Syndrome Scale.
- Social Dysfunction And Aggression Scale.
- Global assessment of Functioning Scale.

Results: Seventeen patients with schizophrenia were included 8 patients with homicide and 9 patients with homicide attempts. 23.5% of our patients had judicial past-history, and 76.5% had a past-history of verbal or physical violence. Moreover, 100% of patients had stopped treatment before the illegal behavior. Conflict was the cause of the act committed in 47.1% delusion in 35.3%. 45.4% of acts mere committed against a fist degree family member and familial psychiatric past-history was found in 29.4% of patients. Conclusion: All our patients had stopped treatment before the illegal behavior, so that we must educated patients and their families for the compliance to the treatment.

Relapse Delay After Antipsychotic Treatment Stopping In Patients With Schizophrenia

Authors: Fatima Zohra Sekkat - Arrazi Hospital

Summary: In our clinical practice, we daily receive schizophrenic patients in relapse after a spontaneous stopping of antipsychotic treatment. The principal aim of our study is evaluating duration between treatment stopping and symptomatic reactivation in schizophrenic patients. The study has been concerning 100 schizophrenic patients hospitalized in the Psychiatric University Hospital of Rabat (Morocco), after a relapse of their disorder by spontaneous stopping of antipsychotic treatment. The work has been done with a hetero- questionnary from patients and their families. These questionnary collects patients’ socio-demographic characteristics, clinical informations about their disease and its course, the relapse delay informations about the treatment, its observance and its stopping.

Levothyroxine - Induced Acute Mania One Case Report

Authors: Imane Tazi, karima Maarouf, Abdelaziz El mouneden, Fatima Asri - Service De Psychiatrie CHU Mohammed VI Marrakech Morocco

Summary: Recent functional brain imaging studies using positron emission tomography (PET) with [(18)F]-fluorodeoxyglucose demonstrated that thyroid hormone treatment with levothyroxine affects regional brain metabolism in patients with hypothyroidism and bipolar disorder. We report a case of levothyroxine –induced acute mania Women 16 years old, no family or personal history of mood disorders The illness seems to go back at 8 days after treatment with levothyroxine for thyroid nodule with hypothyroidy The patient became euphoric, insomnia, logorrhoea, disjointed a lot of plans, irritable, aggressiveness The patient has was declared retiring after improvement and consistent in ambulatory during 2 years then lost of view. 1 month ago come back in the same picture, the patient has was put under neuroleptiques with carbamazepine.

Mass Media And Mental Health Prevention

Authors: Mekki Touhami, Driss Mousaoui - Centre Psychiatrique Universitaire IBU

Summary: Can Mass media play a role in mental health prevention? What are the advantages and drawbacks, dangers of using these means of communication in this field? The author raises some general points of reflection. give comments and Conclude on certain recommendations. Communication is in "the heart of every act of prevention" essentially mental health where expression, interpersonal exchange are the mean characteristic features of psychological expression as well as therapeutic technics
- media is now in " the heart of every daily life's citizen"
- psychiatry has "started conquering the heart of Media"
- mass media can be the best medium to promote mental health if they make mental disorders look less dramatic and banal so as not to stigmatize the mental patients as well as those who take care of them. The massage should rather be pertinent, simple, clear ans easy to understand and assimilate. The mass
media workers must require minimal scientific knowledge synthesis within the field of health education. A clear and precise strategy concerning the use of these means in mental health prevention is precious. In this paper. The author give some examples of difficulties, constraints, limits and a approach of the impact of articles concerning mental health published in several Moroccan news papers and magazines in 2004 during successive for mouths.

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**Drug Abuse in Casablanca: For A Good Prevention**

**Authors:** Mekki Touhami, Driss Moussaoui - Centre Psychiatrique Universitaire Ibn Rochd, Casablanca, Morocco

**Summary:** Morocco follows the international trend in the field of drug addition. The situation in Casablanca. The largest Moroccan city is no difference. For better strategy of prevention. We developed several educational actions: sensitizing younsters, teachers, educators, health professionals. NGOs....

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**The Role Of Psychiatric In The Fight Against Torture**

**Authors:** Eyad Sarraj - Gaza Community Mental Health Programme, GCMHP /

**Summary:** Choosing selective internship in psychiatry in Alexandria was an introduction for human rights of mental patients. It was in the same time that Israel has occupied Palestinian land and introduced torture. Palestine has thus become a place where torture is endemic since the Israeli occupation started in 1967. Both the Israeli military machine and the Palestinian Security forces use torture in violent and brutal forms systematically and as a routine part of interrogations despite the intense condemnations coming from internal or international communities. In 1990, I founded the Gaza Community Mental Health Programme to care for the vast number of victims of Israeli torture. At that time I was the only psychiatrist for the Gaza strip of one million people. Training of new cadres was instrumental in the birth of young generations of mental health professionals tuned with respect for human dignity and basic rights. It is them today who carry the mission of public education and training of the Palestinian security forces in human rights.

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**Effect Of Occupation On Mental Health Of Palestinians**

**Authors:** Eyad El Sarraj - Psychiatrist, Gaza, Palestine

**Summary:** The state of mental health in Gaza is bound up in a combination of factors so interlinked that it is difficult to consider their effects separately. Behind the specific traumatic upheavals of the past decades (1948 uprooting, 1967 war, occupation, the

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**Palestine**

**ALARJA Nahida**

**Death Anxiety in Palestinians**

**Authors:** Nahida Alarja - AlQuds University, Taisir Abdallah - AlQuds University

**Summary:** The aim of this study is to explore the level of death anxiety of Palestinians living in the city of Beit Jala. Village AlKader, And Aida refugee camp in Bethlehem Area. The researcher used AbdElKhalek scale 1996. To answer the hypothesis, the researcher calculated the frequencies, the standard deviations, the percentages, the mean and median, as well as the one way analysis of variance, the t-test and Tukey test to verify the sources of variances. Male and female Palestinians attained lower DAS mean scores than Arab counterparts. Male Palestinians attained lower DSA mean scores than female.

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**EL SARRAJ Eyad**

**Children Of Palestine Across Generations**

**Authors:** Eyad El Sarraj - Palestinian Territories

**Summary:** Palestinian uprooting in 1948 from their homes and villages in Palestine has left an inner focus of fear and helplessness. In 1967 Palestinians were to be overcome by Israeli military victory which rendered them living under Israeli occupation since then. In 1987 a popular uprising erupted in the West Bank and Gaza Strip against the Israeli occupation. This uprising was to be known as the "Intifada", and children who were in the forefront were given the name of "children of the stone." In September 2000 a new uprising was ignited following the infamous Sharon visit the Al Aqsa Mosque in Jerusalem. The Al Aqsa Intifada was from its first days a military confrontation between Palestinian militants and the Israeli Army. Thousands were killed, many more thousands injured. Most children living in the Occupied Palestinian Territory (OPT) have directly experienced physical or psychological violence or they may have witnessed violence directed towards their families and friends. These experiences occurred in the specific historical context of Palestine, and were resonant with the uprooting of their families from their country in 1948. The author will discuss Palestinian children across generations with emphasis on relation to trauma, mothers and suicide bombing in the context of peace and violence. The author will venture out to the future of Palestine and its children.
of the first Intifada, Al-Aqsa Intifada, etc.) Lies the amalgamation of the stressors, frustrations and humiliations present in everyday life in Gaza and the effect that this constant tension and frustration has on the mental health of its population. Trauma in Gaza is ongoing and is both direct and indirect. Direct trauma refers to the episodes of organized violence during the first and present Intifada. Indirect trauma refers to the long-term consequences of the direct trauma. The Palestinian Human Rights Information Centre estimates that during the period of the first Intifada (from December 9, 1987, to December 31, 1993), Palestinians suffered 130,472 injuries and 1,282 deaths, and of which 332 were deaths of children. Among these victims are those who were shot, beaten, tear gassed, or burned to the extent that they are suffering from permanent disability. Approximately 57,000 Palestinians were arrested, many of whom were subjected to systematic physical and psychological torture. Records show that over 481 were deported, and 2,532 had their house demolished during the first Intifada. The psychosocial and financial costs for the affected families in terms of medical and psychosocial care, loss of productive time, chronic disability, loss of function, and loss of life and property were enormous. Most children living in the Occupied Palestinian Territory (OPT) have directly experienced physical or psychological violence or have witnessed this violence directed towards their families and friends. Also, it is important to note that the atmosphere of political violence creates a state of disorganization inside the Palestinian family. Especially frightening is the fact that parents are unable to protect their children and are perceived to be helpless victims by their own children. The image of a young boy being shot at and killed while his father stands and screams to stop the storm of bullets has a lasting impact on viewers, especially children. After three years of reduced military violence, the children who had responded actively to that violence suffered less from post-traumatic stress disorder (PTSD) and emotional disorders than the passive children. Conversely, in the midst of Intifada violence, these active children had showed the highest levels of psychological symptoms. The result thus confirms that children's political activity serves different mental health functions in acutely dangerous conditions than in safe ones. Children's responses to danger and life-threat include anxiety, somatization and withdrawal symptoms and, especially among younger children, regression to the earlier stages of development and clinging to parents. Family's ties are considered one of the most important protectors of the child mental health in war conditions. The results of a recent study indicate that both children and their mothers are suffering from various psychological symptoms and that direct exposure to trauma as well as witnessing trauma constitute traumatic experiences. These results confirm that the population of Palestinian children and their mothers has a high prevalence of both types of trauma (exposure and witnessing). 55.1% of the children in the hot or confronted areas, while in the community or far areas the percentage was 32%, suffered from severe PTSD.

**Displacement And Exile: The Effects Of Israeli Occupation**

*Authors*: Ghada Karmi - General Practitioner, Ramallah, Palestine

*Summary*: The Israeli occupation of Palestine began in 1948. This is a fact frequently overlooked today in the post-Oslo period where the emphasis is on the 1967 occupation. The original occupation by the Jews, later Israelis, caused a large exodus of Palestinians in 1948, which led to the refugee problem unresolved since then. While the emphasis was understandably at the time and subsequently on the physical effects of this forced migration - life in the refugee camps, international aid, refugee settlement etc - the psychological effects of displacement have received less attention. This was however a reality that underpinned the experiences of those who were exiled from their homeland, most especially among the better-to-do sectors of the Palestinian population, which found a refuge outside. The majority ended up in Arab countries, where the rupture of culture and identity did not have the same effects as in the cases of those who went to non-Arab countries. In such cases, the gap in cultural, linguistic and political identity between Palestinian exiles and the host society had subtle but profound effects. These were not simply the effects on all migrants to a new society, but there were an additional component of feelings of injustice and the perpetuation of the conflict made these feelings impossible to set aside. The reactions of exiles in this situation varied from denial to resentment and a need to find resolution. The Israeli occupation of 1948 Palestine also had considerable psychological effects on the minority of original inhabitants who stayed behind in the new Israel. They were subjected to a changing environment which turned their understanding of their world upside down and presented them with a new regime that neither respected nor admired their history, experiences or culture. Though common to all foreign occupations, there was to this occupation a unique component: namely, that the occupiers enjoyed the support and legitimacy of the international community. In consequence, the Palestinians faced an experience of denial of their cultural and political existence that was ignored as invalid. Reactions to this reality have been varied, as might be expected, from acquiescence in the new inferior status to defiance to admiration for the conquerors. Exploring this area would form a fascinating study. This paper, however, is chiefly concerned with the effects of displacement on those who took refuge in the West. The contrast between their native culture and the Western society they lived in was large and unbridgeable for the first generation. But it was exacerbated by the prevailing Western view of Israel as a pioneering state with admirable qualities. Therefore, this presented the paradox of having to accommodate the experience of personal suffering and loss with the rejection of that experience as valid. The effects of this situation are subtle and not easily described, not least because the exiles themselves found it difficult to articulate them. There were phases to this problem. At first, survival played the largest role with the need to be educated and/or find occupations. The second phase was a building phase in which exiles consolidated their efforts into something more permanent. The third phase was one of confusion and search for a valid way of fighting for a cause that was still very much alive and refused to allow it to be forgotten. Running through all this, however, was the background sense of displacement and loss. The paper analyzed this phenomenon with reference to specific case studies.

**Prevalence Of PTSD Among Palestinian Children In The Gaza Strip**

*Authors*: Samir Quota

*Summary*: This research study aimed to get acquainted with the prevalence of PTSD, and other psychological suffering among Palestinian children living under severe conditions during theWar of Displacement and Exile in the Gaza Strip.
last four and half years of the Al-Aqsa Intifada. The sample consists of 717 children whom age ranged between 8-19 years. The group excluded those with previous mental health problems. In this research, trauma scale, PTSD scale, the Child Posttraumatic Stress Index, the Children's PTSD-symptoms had been used as tools. The results indicated that 43.4% of the children started to develop acute PTSD symptoms that need psychological intervention, while 44.4% of them suffered from moderate level of PTSD symptoms. Also the results showed that the most prevalent types of trauma exposure for children are for those who had witnessed funerals (97%), witnessed shooting (76.2%), saw injured or dead who were not relatives (75.9%), and saw family members injured (31.1%) or killed (23.5).

Authors: Iyad Zaqout - Gaza Community Mental Health Programme, GCMHP

Summary: The Palestinian experience in treating torture survivors after years of imprisonment in the Israeli Deten-tion centres and prisons is very peculiar. Palestinian prisoners are subject to continuous and organised violence from the date of arrest to the time of release. Various forms of torture are documented and the prisoners are left suffering for a long time from the inevitable consequences of humiliation. Upon release they are confronted with the more traumatising reality, many of them feel that their struggle against the occupation proved worthless creating an overwhelming feeling of frustration and anger. While the society treats them as HEROS they are victims nevertheless the process of victimisation is suppressed keeping the image of the veteran. They identify with the new position and stay suffering wordlessly leading to sweep-ing symptoms and grievance. When help is offered the heightened stigma hinders them from the therapists. In my paper I will tackle this phenomenon and describe some research and clinical work that helped me help these weird victims.

Authors: Iyad Zaqout - Gaza Community Mental Health Programme, GCMHP

Summary: The Palestinian community has been suffering from many traumatic events for the last 70 years. From the trauma of displacement to the occupation. The last 5 years are marked with more violent incidents of the second uprising where the death and mass destruction colors the picture of the everyday life of Palestinians. These incidents are not passing without sequela. They are rendering a large sector of the community suffering from PTSD, Depression, as well as other disorders. The cycle of the trauma involved almost every Palestinian. In my paper I will review the accumulated knowledge research in the area has provided to us regarding the psychological effects of the continuing violence. Then I shall overview strategies and techniques used to overcome these effects, both on the individual and gross levels. Ending up with an overall evaluation of this experience.

Authors: Iyad Zaqout - Gaza Community Mental Health Programme, GCMHP

Summary: At first glance, acute grief would not seem to be a medical or psychiatric disorder in the strict sense of the word but rather a normal reaction to a distressing situation. Bereavement, or the sudden cessation of social interaction, seems to be of special interest because it is often cited among the alleged psychogenic factors in many disorders. The enormous increase in grief reactions due to Intifada casualties, furthermore, demands an evaluation of their probable effect on the mental and physical health of our population. In this paper I will present my work with a group of children who experienced loss due to Israeli Army Terroristic attacks on Gaza beginning with the traumatic experiences to the process of healing.

Authors: Iyad Zaqout - Gaza Community Mental Health Programme, GCMHP

Summary: The present study revealed a self-report questionnaire based on face-to-face interview on blood pressure. Hypertension was defined according to WHO criteria as systolic blood pressure (SBP) > 140 mmHg and/or diastolic blood pressure (DBP) < 90 mmHg. This study includes a self-report questionnaire based on face-to-face interview on anxiety, depression and stress symptoms. Results: Of the total number of patients surveyed, 42.1% were males and 57.9% females. The mean age (in years) for males versus females was (45.7 years and 41.3 years, respectively; p<0.001). Overweight and obesity is considerably higher among hypertensive subjects (p<0.001). Diabetes mellitus is significantly more common among hypertensive subjects (p<0.001). Hypertension is significantly higher among first degree relatives of hypertensive compared to healthy subjects (p<0.001). The mean and median scores are significantly higher among hypertensive compared to controls with the respect of anxiety, depression and stress. Furthermore the study suggests there is a positive correlation between hypertension and psychiatric disorders namely anxiety, depression and stress. Conclusion: The present study revealed...
that the anxiety, depression and stress are predictive risk factors for the development of hypertension. The characterization of these factors will contribute to defining more effective and specific strategies to screen for and control hypertension and cardiovascular disease (CVD).

**GAD Ehsane**

* Socio-Demographic Study Of Obsessive Compulsive Disorder In Qatar

**Authors**: Ehsane Gad - Hamad Medical Corporation

**Summary**: Objective: we dedicated our work to study the socio-demographic aspect of O.C.D. * patients seeking psychiatric treatment in our patient clinic of Hamad General Hospital for a duration of approximately five years of continuous follow-up. Method: Out of 8878 individual patients who attended the psychiatric out patient clinic of Hamad General Hospital in Qatar, during the period from August 1996 till December 2001, we reviewed a total number of 348 patients having the diagnosis of O.C.D. * (according to ICD- 10 ** Diagnostic Criteria). We divided them according to their age, sex, nationality, duration of illness, occupation and marital status. Each patient was interviewed using structured interview technique and evaluated by a psychiatrist in one session at the psychiatric out patient clinic. Result: We found that the disorder is more prevalent among non-Qatari people - 52% (Arabs 36.2% non-Arabs 15.8%) than Qatari people (48%), more common at the age groups of 31-45 yrs (44.8%), more frequent in the category that visited the out-patient clinic for a period of 1-4 yrs. (60%). We found that the married females (34.5%) are affected more than the married male patients (24.7%). It was also found that the diagnosis of O.C.D. * predominantly obsessional thoughts was 54.9% more frequent in the sample than the other diagnosis. Conclusion: In the state of Qatar, where expatriates usually outnumber Qatari people, we discovered that non-Qatari patients are affected more with O.C.D. * than the natives. Sex, marital status and occupation also proved to be important factors. From our study, in the female married group, being a housewife seems to pose a greater risk in developing Obsessive Compulsive Disorder. Predominantly obsessional thought was the most common sub-type of O.C.D. * affecting the patients in Qatar.


**SAUDI ARABIA**

**AL-HABEEB Tariq**

* Knowledge, Belief And Practice Of Faith Healers In Saudi Arabia

**Authors**: Tariq Al-Habeeb - Saudi Arabia

**Summary**: Mental health literacy of health providers, consumers and the public has many important implications in psychiatry. The author explores the psychiatric knowledge, beliefs and practice of fortyfive faith healers in Al-Qassim Area, Saudi Arabia. They were interviewed on a designed questionnaire. Faith healers showed good psychiatric knowledge with lack of mental illness stigma which was compatible with their educational level. However, theyattributed psychiatric disorders etiologically to psychosocial factors and supernatural forces. Despite strong belief in the efficacy of Holy Quran in the treatment, they more often than not refer their patients to consult mental health professionals and showed interest to work in mental health hospitals only after they receive adequate training in psychiatry. Trained faith healers may be of value in offering mental and spiritual health services to clients with mental problems, and also in destigmatizing mental illnesses.

**ALMODAYFER Omar**

* Suicide Attempts Admission In A Saudi General Hospital: 20 Years Retrospective Charts Review Study

**Authors**: Omar Almodayfer, Osaimeh Alkhair - National Guard Health Affairs

**Summary**: Introduction: Suicide and suicide attempts is a major psychiatric emergency which has been the focus of many investigation projects, it has been considered to be less frequent in the Arabic and Muslim world in comparison to the western world and less religious socially driven societies. Suicide and suicide attempts in Saudi Arabia has been increasing in the last decade without a detailed investigation in this area in the Kingdom. We have reviewed this phenomenon in our service in earlier study showing the rapid rise of the number of admissions and in this study we reviewed the individual case in details to shed more light on this issue. Methodology: This is a retrospective chart review study where we designed a detailed questionnaire and the charts were reviewed after the hospital registry of admission were pulled out using the term suicide and suicide attempts. It should be recognized that KFNGH is a general tertiary care center with 600 beds but without any inpatient facility for psychiatry. Result: 365 cases were identified for the period from January 1984 till December 2003, 88% were Saudi nationals, female to males ratio was 3.1:1. Other demographic and social variables were analyzed and reported including age, causes, psychiatric diagnosis, family issues, and medical illnesses. Conclusion will be presented also.

**Mental Health And Social Changes, Deliberate Self Harm Admissions As An Index**

**Authors**: Omar Almodayfer - National Guard Health Affairs

**Summary**: The Kingdom of Saudi Arabia is one of the vastly developing countries which has made this growing nation to change from a traditional society which have set beliefs and practices of various social, religious and general way of living to an open country with multiple challenges to the believe and practice of the society. Mental health especially in adolescents has been known to be vulnerable to many factors including the social changes and a wide variety of changes in all aspects of living. While traditional societies have been known to have excellent psychological and social coping mechanisms within its structure, it has been well observed that these mechanisms do fail when the homeostasis of the society has been challenged. In this paper we use the increasing of the deliberate self harm admissions to KFNGH in Riyadh over 10 years which went up by 500% between 1990 till 1999 as index to point the need to increase the quantity and quality of mental health services in the
kingdom to face this crisis, while proposing the social change factors; we discuss adolescent mental health within the same framework because a significant group of the subjects admitted were adolescents.

**BASSIONY Medhat**

*Stages Of Progression In Drug Involvement Across Generations In Saudi Arabia*

**Authors:** Medhat Bassiony - King Faisal Specialist Hospital & Research Center, Jeddah, Saudi Arabia 2. Faculty of Medicine, Zagazig University, Egypt

**Summary:** Objective: To investigate the stages of progression in drug involvement among adolescents and adults in Saudi Arabia. Methods: 101 consecutive male patients (91 adults & 10 adolescents) with substance abuse or dependence according to DSM-IV criteria, admitted to Al-Amal hospital in Jeddah in 2002, were included in a retrospective cross-sectional study. Results: Adolescents started using tobacco and drugs at a younger age than adults. The difference is statistically significant for drugs (14.6 ± 2.6 vs. 22.0 ± 8.3, t = 2.8; P = 0.006) but not for tobacco (14.7 ± 1.8 vs. 16.4 ± 6.5, t = -0.8; P = 0.4). Adolescents were different from adults in their progression in drug involvement in the first (Chi 2 (2) = 13; P = 0.001) and the second (Chi 2 (3) = 14.5; P = 0.002) stages, but not in the third stage (Chi 2 (3) = 0.1; P = 1.0). Conclusion: Adolescents were different from adults as regards the age of onset and sequence of progression in drug involvement. This sequence was different in Saudi Arabia from that in other cultures and this could have an implication in prevention programs.

**ERFAN Nihal M.**

*Psychiatry In Saudi Arabia: An Update*

**Authors:** Nihal M. Erfan - Department Of Psychiatry, Erfan & Bagedo Hospital, Jeddah, Saudi Arabia

**Summary:** Objective: To obtain an update on current status of psychiatric training in Saudi Arabia. Methods: Medline searches as well as contacting founders of the Saudi Psychiatric Association were employed. Results: A total of 6 years is spent in undergraduate medical training, followed by a year of internship. Funding is granted via the government, medical students receive what is equivalent to 300 USD per month, which increases to 2000-2500 USD equivalents per month during internship & residency. Postgraduate training is not obligatory & has evolved into a 4 year residency program supervised by the Saudi Board of Psychiatry only 10 years ago. During residency, both psychotherapy & ECT training are obligatory, but there are no set criteria for fulfilment of either. Exposure to pharmacotherapy is adequate. To date there are 193 Saudi psychiatrists (no data on age stratification). A total of 20 hospitals provide psychiatric care as well as 61 departments& clinics in general hospitals. Maintenance of certification is via the Saudi Council for Health Specialties, 80 credits are needed to renew a license every 3 years. Conclusions: A more detailed data base is needed & will be available once the Saudi Psychiatric Association is up & running.

**OSMAN Abdelkarim**

*Neuroleptic-Induced Tardive Dyskinesia Among Psychotic Arabs*

**Authors:** Abdelkarim Osman - King Faisal Speciality Hospital & Research Centre 2.Honorary Senior Lecturer I.O.P. London University

**Summary:** Objective: The objective is to find out the prevalence rate of tardive dyskinesia (TD) among arab psychotics who have been treated with conventional neuroleptics, and to determine any risk or protective factors which may underlie any differences. Methods: A descriptive comparative study to compare the chronic arab psychotics who have developed TD as a result of their neuroleptic treatment tho those who did not develop such complications under similar conditions. All arab psychotics who were diagnosed and treated for more than three years have been including. Results: A total of 866 patients have been identified but only 151 patients met all the incusion criteria and been finally analized risk factors. Out of the 866 patients only 51 patients (5.9%) found to have TD almost all of them with oro-facial dyskinetic movements. Another 59 patients (6.8%) developed parkinsonian disorder. Among the 151 patients who met all the inclusion criteria, only the houger doses, the lonfer duration of the treatment and the older age of the patients were found to be risk factors for such complication, (P 0.001; P 0.01; 0.P 01- Respectively).Also an important interethnic difference in the rate was found between arabs and afro-arabs, (20.9% compared tp 45,5%). However, arab patients seemed to have been takinf relatively lower doses of these medications which nonetheless, were therapeutically effective. Conclusion: The overall rates of conventional neuroleptic-incuced movements disorders among arab psychotoc were dound to be lower than reported form other parts of the world. However the rates among afro-arabs were found to be significantly higer than those found among non afro arabs.

**Beware Of Physical Medical Complications Of Heroin Addiction In Ambulatory Services**

**Authors:** Abdelkarim Osman - King Faisal Specialty Hospital & Research Centre, Jedda, Saudi Arabia

**Summary:** Physical medical Complications resulting from heroin addiction is not infrequently in Saudi Arabia almost all these patients attend the emergency rooms in the ambulatory services in the general hospitals and try to concele the causative factors. Many studies have been published in the field from Saudi Arabia, But unfortunately almost all of them have addressed only the underlying socio-cultural factors with unwarranted negligence to the otherimportant factors. We looked into the medical complications of such behavior in the kingdom while working in a general Hospital in Jeddah. 48 patients were treatedwithin only six months time in the emergency room at King Fahad General Hospital with two fatalities due to their physical complications. One with acute renal failure and amylogloburonia and the other with massive infected femoral pseuooaneurysm and pulmonary embolism. Others suffered from serious complications if not early and correctly identified and diagnosed could have resulted in unfavourable outcome.
Nowwithstanding the protective role of socio-cultural factors and in particular the good religious adherence in addictive behaviour, we think the overemphasis of these factors with little attention if at all to its medical and other important factors may prove counterproductive and may only deter these patients from coming forwards to treatment early in the course of their addiction when intervention and treatment would be more effective. Talk will highlight the other important factors and how to give more attention to such behaviour to may be the underlying pathology in such medical problems that attend the emergency rooms in the general hospitals.

**SPAIN**

**QUreshi Adil**

- **Racial Prejudice**

  **Authors**: Adil Qureshi - Servei De Psiquiatria, Hospital Universitari Vall D’Hebron, Barcelona, Spain

  **Summary**: Proconceptions are inherent in the interpretive process, and, although necessary in order to make sense of the world, they also distort reality, as is outlined in philosophical hermeneutics. Racial and ethnic prejudices function, on the one hand, to reduce complexity and thus facilitate understanding, and, on the other, given that they are produced derived from the negative stereotypes very present in a given society, not only are they inaccurate but, in the therapeutic context can be quite destructive. At the same time, racial and ethnic prejudices often operate implicitly, outside of awareness, and as such require that the therapist develop skills to understand and correct her or his own prejudices. Prejudices can negatively affect the therapeutic relationship, diagnosis, and treatment. Evidently, the primary danger is that the clinician relates to the client on the basis of her or his prejudices, rather than on the basis of individual client to who services are being provided. Treatment and diagnosis based on (unconscious) stereotypes and prejudices will clearly be of poor quality, and there is little chance of the development of a strong therapeutic relationship, recognized as key to effective psychotherapy. In the face of overt or covert racial prejudice, the obvious client response is either discontinuing treatment or withdrawal of any trust that may have existed in the therapist and in the therapeutic process. It is essential, therefore, that therapists confront and manage their own racial prejudices, a process that requires, first and foremost, recognition that they are present.

- **Epistemological And Hermeneutic Challenges In Transcultural Psychiatry**

  **Chairperson**: Adil Qureshi - Servei De Psiquiatria, Hospital Universitari Vall D’Hebron, 0 BARCELONA, SPAIN

  **Summary**: Effective mental health care with immigrants requires that service providers confront and resolve series of aspects that can essentially affect although are rarely noticed - communication and the therapeutic relationship, diagnosis, treatment planning, and therapy process and outcome. These aspects are, fundamentally, of two sorts: epistemological, related with the manner in which knowledge is structured, and hermeneutic, which is related with the interpretive filters utilized in the understanding of the other in a relational context. This symposium will explore some key elements that require attention for effective intercultural psychiatric treatment. The presumed universality of conventional psychiatric perspectives and the use and effects of medication demands deconstruction to avoid diagnostic and treatment errors. Furthermore, racial and ethnic prejudice, an over reliance on cultural explanations, and preconceptions concerning what constitutes an “adequate” acculturation process can all negatively impact the treatment process. The possible effects of these elements will be articulated and illustrated with case examples, and recommendations will be made for more effective intercultural psychiatry. Educational Objectives: At the conclusion of this presentation, the participant should be able to identify those hermeneutic and epistemological biases and errors that can negatively impact the psychiatric treatment of culturally different patients. The participant should, furthermore, be equipped in order to adjust his or her therapeutic work in order to more effectively treat patients who come from different racial and/or ethnic groups.

**SUDAN**

**Abdelrahman Abdullah**

- **Mental Health Services In Sudan**

  **Authors**: Abdullah Abdelrahman - University Of Khartoum. Sudan

  **Summary**: Sudan is the largest country in Africa with a million Square miles, 33 millions people and nine neighboring countries. As many countries in Africa Sudan suffered much from poverty, illiteracy, drought and civil war. The effects of these problems on the mental health of people are considerable. The objectives of this presentation are to high light the situation of mental Health services in the Sudan and share ideas with colleagues from other African countries in the region. Currently there is a great shortage of services, with one psychiatrist for a million populations. The majority of facilities are urban based with over 70% in the capital city Khartoum. Psychologists and psychiatric social workers are very few. Psychiatric medical assistants, act as psychiatrists in many regions. National mental health program had been established recently with a recognizable effort to improve the situation. Major areas of interest in the program include training of general practitioners, paramedical staff and teachers. Training manuals and material are in preparation. Despite many endeavors, the mental health act has not been endorsed yet. There are many constraints and health planners still need to be convinced and encouraged to put more emphasis on this issue. Mental health services at the primary health care level are an important priority. Training is crucial. With expectation of peace in the country soon, the future looks better. Mental Health in expected to improve.

**El Tahir Mohamed**

- **Autism In Developing Countries: A Charity Approach In Sudan**

  **Authors**: Mohamed El Tahir - Sudan Autism Association

**Albapsynet E-Journal**: No.8 – October -November - December 2005
SUMMARY: Autism Spectrum Disorders are recognised by practicing professionals in Sudan. However services for children and adults are scanty. This poster aims to explore the role of the Sudan Autism Association in raising awareness, planning and delivery of services and campaigning for future development of services in Sudan. The history, current state and future plans of the organisation will be presented. The role of voluntary sector is compared between the developed and developing countries.

SWEDEN

AL-BALDAWI Riyadh

* Migration, Separation And Friendship; Understanding Culture And Identity

Authors: Riyadh Al-Baldawi - Orient Health Centre, Stockholm

Summary: Cultural identity is a complicated subject. There are many factors that influence one's way to understand and relate to one's culture. My interest in culture began many years before I became a doctor. In this presentation I describe two events in my life that influenced me to work with cultural issues. The first is my separation from "David"; my best friend at secondary school in Baghdad, who belonged to the Iraqi Jewish community that had lived in Baghdad for centuries. The political situation forced him and his family to leave Iraq for Israel. Our relationship made me realize that even though we belonged to different ethnic groups and religions, it didn't prevent us from building a deep human bond that was broken by the political turmoil of that time in Iraq. The second factor that influenced my career development was my migration to Europe to attend university. This relocation forced me to accept many new values and traditions which were thoroughly different to those in my country of origin. Now, after 33 years living outside Iraq, I am not as Iraqi as I was before I left the country. But I am still regarded as an immigrant in Sweden, where I've lived for over 20 years. I consider myself more of a global citizen than an Iraqi or a Swede. This feeling may be painful, but it has helped me to work interculturally and support my immigrant patients, so they can go through these cultural changes with fewer psychological and psychosomatic sequelae.

SYRIA

ESSALI Mohamed Adib

* Hippocrates, Muslim Physicians And Continuing Medical Education

Authors: Mohamed Adib Essali - Syrian Arab Association Of Psychiatrists

Summary: The need for continuing medical education was recognized as early as the year 412 BC when Hippocrates announced the birth of his medical school and library at Kos. Hippocrates taught that "learning gives birth to knowledge, and assumption generates ignorance", and that the successful practice of medicine require "a place that suits education, devotion from young age, hard work and a lot of time". In the Medieval Age, most of the knowledge of the Greeks was lost. It was only through the transfer of Greek knowledge, including Hippocrates' medicine by Muslim scholars that this information ever got to Western Europe. Greek knowledge was first translated into Arabic and then into other languages through contact in Egypt, Syria and Persia. Greek knowledge was enhanced and expanded in Baghdad (9th and 10th centuries) and in Spain, (12th and 13th century) The past three decades have witnessed many attempts aimed at developing professional development, continuing medical education, evidence-based medicine, systematic review and patient care recommendations. This paper will summarize all above mentioned concepts, and relate them to principles proposed by Hippocrates.

TUNISIA

BOUZID Riadh

* Prodromal Symptoms Predicting Treatment Refractory In Schizophrenia

Authors: Riadh Bouzid, Latifa Ghanmi, Rym Rafrafi, Hager Chemingui, Zouhair El-Hechmi - Razi Hospital
Summary: Objective: Numerous authors studied prodromal phase of the schizophrenia and its capacity to announce psychosis, but there are not enough studies, which were interested in the relation between prodromal symptoms and treatment resistance. The purpose of this study was to determine whether there were any prodromal symptoms predicting treatment resistance in the schizophrenia. Method: It is about a retrospective study, led in August on 2004. It interested sixty outpatients (48 men and 12 women), having schizophrenia (DSM-IV) evolving for more than five years. These patients were invited to a semi-structured interview in the presence of a member of the family. Some data were completed by information supplied by the family and the study of medical records. Ten of these patients were treatment refractory. Prodromal symptoms were compared between the responder group to the treatment and that resisting. The resistance criteria were widely inspired from May and Dencker criteria, and Global Assessment of Functioning lower than 30, and pejorative evolution. Results: Four prodromal symptoms were significantly associated with refractory treatment: the substance abuse (p = 0.03), the hallucinatory attitudes (p = 0.05), the absence of mood variation (p = 0.01) and untidy hygiene (p = 0.04). The duration of the prodromal phase was not a factor associated with treatment refractory.

Antipsychotic Mean Doses In Prevention Relapses Treatment Of Schizophrenia In Tunisia

Authors: Riadh Bouzid - Sillon-Ville Nabeul Hospital, Wissam Makhlof - Razi Hospital, Latifa Ghanem - Razi Hospital, Zouhair El-Hechmi - Razi Hospital

Summary: Many researchers have studied the difference in antipsychotic doses in maintenance treatment of schizophrenia according to ethnic groups. Some authors have demonstrated that Caucasian and Afro-American people needed higher antipsychotic maintenance doses compared to the Hispanic one (Pedro Luis 1999). These comparisons between the needs of antipsychotic drug in different ethnic groups allowed modulating the maintenance treatment doses of schizophrenia, especially in trans cultural exercise. Although in north Africa the antipsychotic doses used in schizophrenia are poorly studied, the practitioners in Tunisia have the feeling that the mean neuroleptic doses in maintenance treatment of schizophrenia are lower than those for European people. The aim of this work is to report on our study of the mean antipsychotic dose of patients suffering from schizophrenia, which have been clinically stabilized for at least three months. Moreover, we study the effect of demographic, clinic, therapeutic and progress factors on these doses. This is a transversal study, which concerned all the outpatients suffering from schizophrenia (referred to as the DSM-IV) in the districts of Tunis and Nabeul, who had consultation during the month of August 2004. The mean maintenance dose was 846.14 mg +/-1106.39 mg in chlorpromazine equivalent. It is closely related to the Afro-American and Caucasian mean maintenance dose but higher than those found on Hispanic and Asiatic people (Chong My 1987). We found also that polytherapy was significantly associated with higher doses of neuroleptic, while the concomitant prescription of anxiolytic and anticonvulsivant agents decrease significantly the need of antipsychotic drug.

Marital Satisfaction And Women's Health

Authors: Cheour Mejda, Ellouze Faten, Ellouze Sawssen,
Violence Against Women In Arab And Islamic Countries

Authors: Saida Douki, Fathy Nacef, Sara Ben Zineb - WPA Section On Women's Mental Health

Summary: In Arab and Islamic countries, domestic violence is not yet considered a major concern despite its increasing frequency and serious consequences. Surveys in Egypt, Palestine and Tunisia show that at least 1 out of 3 women is beaten by her husband. The indifference to this type of violence stems from attitudes that wife abuse is a private matter and, usually, a justifiable response to misbehaviour on the part of the wife. Selective excerpts from the Koran are used to prove that men who beat their wives are following God's commandments. Religious justifications, the importance of preserving the marital links, and the honour of the family, lead abusers, victims, police, and justice and health professionals to join in a conspiracy of silence rather than disclosing these offences. We shall present the results of a recent survey carried out in Tunisia among a sample of 424 married women which confirms the same observations. We shall then demonstrate that a fair reading of the holy texts in Islam shows that wife abuse, like "genital mutilation" or "honour killings" are results of culture rather than religion. Mental health providers can play a critical role in preventing violence against women by beginning to address the cultural and psychological conditions that support this kind of violence in our societies.

Women's Mental Health: Cultural, Religious And Social Issues

Authors: Saida Douki, Sara Ben Zineb, Fathy Nacef - Hospital Razi

Summary: In the Arabian communities, cultural factors, arising mainly from the subordinate position of women, influence the prevalence, pattern and management of psychiatric disorders in women. Indeed, women are at greater risk to develop many mental disorders such as depressive, somatoform, anxious, eating disorders or suicidal behaviors. We will go through a series of "cultural" risk factors such as education, work, sexuality, infertility, birth control etc... which contribute greatly to trigger mental disorders in females or to worsen their course and outcome. In conclusion, mental health providers can play a critical role by beginning to address the cultural as well as psychological conditions that create and support this threat to women's mental health.

Women's Empowerment Policy: An Opportunity For Prevention In Women's Mental Health

Authors: Saida Douki - Tunis, TUNISIA, Sarah Benzinbe - La Manouba, TUNISIA, (Fathy Nacef, Cyrine Ben Amor) - Razi Hospital - La Manouba - Tunisia

Summary: Abstract: Gender differences regarding the prevalence, the psychopathology and natural history of psychiatric disorders have become the focus of an increasingly large number of studies. Indeed, in addition to female specific disorders, women are throughout the world at greater risk to develop many mental disorders such as depressive, somatoform, anxious, eating disorders or suicidal behaviours. Furthermore, mentally ill women are more stigmatized, have less access to care and suffer from a worse social outcome. Beyond the biological factors which could underlie the morbid process, this increased vulnerability is probably related as well to psychosocial conditions.

Women's health is inextricably linked to their status in society. It benefits from equality and suffers from discrimination (WHO, 1998). Tunisia is the only country in the Arab and Islamic world where gender equality has been expressly stipulated in the Constitution, since 1959. We are going to show that a legislation empowering women provides strong protective factors with regard to women's reproductive and mental health.

Protection of women's mental health is not only a medical challenge but a cultural one which could result in the advent of a new society where health and quality of life are secured for both genders in the new millennium.

Life Time Prevalence Of Schizophrenia And Accessibility To Care In Tunisia

Authors: Zouhaïr El-Hechmi, Riadh Bouzid, Hager Chemingui, Lyes Srairi - Razi Hospital

Summary: The interest about schizophrenia life time prevalence was growing since the methods of epidemiological inquiries use standardized instruments. These studies allowed results comparison of countries having different cultural and socioeconomic characteristics. Some authors suggested that this prevalence is weak in developing countries. The purpose of this study was to determine the life time prevalence of schizophrenia in general population from a representative sample of 4989 persons by using the Composite International Composite Interview. The lifetime prevalence of schizophrenia in general population ranges from 0.30% to 0.84%. This result was not in favour of the low schizophrenia prevalence in developing countries. The high rate of patients having never acceded to medical care (60.9%) may explain the low prevalence of schizophrenia when inquiries have not been conducted in general population.

Menopause In Tunisia (1): Attitudes And Beliefs Of Tunisian Women Towards Menopause

Authors: Selma Hajri - Endocrinologue - La Marsa - Tunisia, Sarah Benzinbe - Psychiatric Department A - La Manouba - Tunisia, Fatma Ayari - Psychiatric Department A - La Manouba - Tunisia, Hayet Ouertani - Psychiatric Department A - La Manouba - Tunisia, Claude Ben Slama - Research Unit on Reproductive Endocrinology - Tunisia, Saida Douki - Psychiatric Department A - La Manouba - Tunisia

Summary: Objectives: to investigate the attitudes and beliefs towards menopause of tunisian women aged 45-64. Methods: Epidemiological transversal survey on a representative sample of 1046 tunisian women aged 45-64. Face to face interview including socio-demographic variables, questions pertaining to the subjective experience of menopause, the Women's Health Questionnaire (WHQ), the MINI (major depression and dysthymia sections), and the Hamilton scale for anxiety (HAM-A). Results: data were interpreted in the light of the social and cultural background, and compared to other studies carried out respectively in arab/muslim and western populations. Conclusions: a better understanding of women's expectations...
and experience of menopause in our particular culture, which has been going through rapid social and cultural mutations, could help offering more adapted care. Key words: menopause; attitude; culture; epidemiology.

**GADDOUR Naoufel**

* Tunisian Young Psychiatrists' Perspectives

*Authors*: Naoufel Gaddour - CHU F. Bourguiba, 5000 Monastir-Tunisia, Psychiatry Department - University Hospital Of Monastir, Tunisia

*Summary*: In spite of a relatively higher proportion of psychiatrists 1.6/1000 population in relation to the Arab psychiatrists colleagues (The highest ratio according to the WHO latest published survey, 2001). Nevertheless, Tunisian young psychiatrists face the same problems of their colleagues in Arab countries and developing ones. Stigma, poor training in psychotherapy, poor access to psychiatric medication; etc… A rather new experience in having a distinct training in Child and Adolescent Psychiatry began in 1997, and it has been reported that it did already somewhat ameliorate the management of children mental disorders. In regards to Adult psychiatry training, young psychiatrists and trainees especially have to manage inward patients with schizophrenia and bipolar disorder; and they have poorer experience with anxiety disorders, somatiform disorders and other disorders that necessitates hospitalization.

**KEBIR Oussama**

* Working Memory Correlates Of Three Symptom Dimensions In Schizophrenia


*Summary*: Objective: To examine whether working memory (WM) deficits underlie positive, negative and disorganised symptoms of schizophrenia. Methods: 18 patients with schizophrenia and age and education matched healthy controls (n=11) were studied. Symptom dimension ratings were assigned using items drawn from the positive and negative syndrome Scale (PANSS). WM was assigned using Backward/Forward Digit Spans and Short Term Visual Memory Tasks. Correlational analyses were conducted to examine whether symptom dimension scores were related to WM deficits. Results: Severity of disorganisation symptoms correlated with reduced performance on Forward and Backward Digit Spans. Severity of positive and negative symptoms was unrelated with performance on any of the measures examined. Conclusions: The results suggest the hypothesis that disorganised symptom dimension of the PANSS constitutes independent cluster, associated with verbal WM impairment.

**KLIBI Azza**

* The Validation Of A Tunisian Version Of Scale Of Life Events

*Authors*: Azza Klibi - Razi Hospital La Mannouba, Tarek Bellaj - Faculté des sciences humaines Tunis, Zouhair El-Hechmi - Razi Hospital La Mannouba

*Summary*: Introduction: Many scales have been elaborated for studying the purpose of assessing stress. These scales include the maximum of the most important events in the life of the individual. Objective: To construct a Tunisian scale for life events. Method: The sample is composed of 188 subjects from a general population (109 women and 79 men) variables sex, age, academic standards and civil status are represented in this sample. A translation of the events from the two original versions (French and English) into Arabic language. The items of the scale are a synthesis of the four scales of life events (scale of Rahe and Holmes1967, scale of Paykel 1983, scale of Amiel-Lebigre 1984 and the questionnaire of Ferreri 1985) to which twenty life events were added. The scale obtained was evaluated by a group of psychologists, sociologists and Tunisian psychiatrists in order to assess the relevance of the life events. 90 events are rated from 0 which equals nil impact of stress, to 1000, which correspond to the maximum stress. Comparisons of means were done by Pearson’s coefficient of correlation for the two variables gender and civil status. For the two variables age and academic standard the coefficient of Bravais- Pearson was used. The significant cut-point accepted is 0.5. The five most stressing events in this Tunisian population are: death of the son, death of the spouse, adultery, rape, imprisonment.

**MAHJOUB Rached**

* Pathways To Psychiatric Care In Tunisia : A Retrospective Assessment Of 18 First-Admission Patients

*Authors*: Rached Mahjoub - Psychiatric Department A - Razi Hospital - La Manouba - Tunisia, Hayet Moussa - Sociologist - Faculté des Lettres - Tunis, Fayçal Mouflaaff - Psychiatric Department A - Razi Hospital - La Manouba - Tunisia, Hayet Ouertani - Psychiatric Department A - Razi Hospital - La Manouba - Tunisia, Sarah Benzineb - Psychiatric Department A - Razi Hospital - La Manouba - Tunisia, Fethi Nacef1, Saidia Douki - Psychological Department A - Razi Hospital - La Manouba - Tunisia

*Summary*: Objectives: to investigate the various pathways to the psychiatry care in Tunisia. Design: A retrospective study. Setting: Psychiatric Department A - Razi Hospital - La Manouba - Tunisia.

*Method*: The study covered 18 patients from January 1998 to December 2000. Inclusion criteria: patients aged 18 years old and above, followed up in the Psychiatry Department A - Razi Hospital - La Manouba - Tunisia. Exclusion criteria: patients aged less than 18 years old, followed in the Psychosomatic Department A - Razi Hospital - La Manouba - Tunisia. Results: The pathways investigated were: by themselves, from the family, by the general practitioner, by the local social worker, by the commune, by the general practitioner and the commune, by the local social worker and the commune, by the general practitioner and the local social worker, by the commune and the local social worker, by the commune and the psychologist. Conclusion: The various pathways investigated can be considered as serious delays in the psychiatric care in Tunisia.
care in Tunisian patients with major mental disorders. To point to some key issues contributing to the delayed access to specialized treatment. Methods: semi-directive interview of 18 first admission patients and their family. The interview assessed the whole period ranging from the identification of earliest psychiatric signs and symptoms, to the first specialized contact. Results: the main hindering factors were: scarce and inadequate assessment and referral by non-psychiatric physicians, particularly GPs. Deficient education of the community members and patients’ family about mental disorders and the existing care settings. 3. Considerable stigma attached to mental disorder, psychiatrists and psychiatric care. 4. The causal attributions of illness to external factors (e.g. poverty, unemployment) and the belief that psychiatric care will not improve the situation. Conclusions: the authors suggest the following recommendations: 1. Persist in the education of GPs for improving detection and referral, as it is stated by the National Program for Mental Health. 2. Focus on the information and education of all the potential participants in these pathways (family, teachers, legal representatives,) by using all the available media. 3. Advocate a greater commitment of family members within the therapeutic alliance. 4. Improve and implement the patient-physician dialog, especially regarding understandable and culturally adapted explanations about the causes of illness and its treatment.

- **The Prevalence And Correlates Of Premenstrual Syndrome (PMS) And Premenstrual Dysphoric Disorder (PMDD) In A Primary Care Sample In Tunisia**

**Authors:** Rachid Mahjoub, Sarah Benzineb, Saidou Douki - Psychiatric Department A - Razi Hospital - La Manouba - Tunisia

**Summary:** Background: It is now widely recognized that menstrual cycle-related symptoms, especially PMS and PMDD, are frequent among women of reproductive age. Moreover, the burden of PMS/PMDD is estimated to be similar to that of dysthymic disorder, and not much lower than that of major depression. Objectives: to investigate the prevalence of premenstrual symptoms and PMDD in a sample of Tunisian women. Methods: 1158 women of reproductive age were interviewed in primary care settings. DSM-IV criteria for PMDD were applied (except for criterion number 4). Results: The women were divided in three groups: without PMS/PMDD group, PMS group, and PMDD group. The profile of each group was examined and the three groups compared, in correlation to sociodemographic variables. Conclusions: PMDD is frequent among Tunisian women of reproductive age and it has a significant social, professional and familial negative impact. An alarming finding is the underrecognition of PMDD, as almost no woman did seek medical help for this illness.

**RAFRAFI Rym**

- **Course And Outcome Of Schizophrenia In Tunisia**

**Authors:** Rym Rafrafi, Zouhair El-Hechmi, latifa Ghanmi, Chokri Besbes, Riadh Bouzid - Razi Hospital La Manouba - Tunisia

**Summary:** Background: Previous reports suggest that the outcome of schizophrenia may be better in developing countries. In industrialized ones, the outcome is good in 25% of patients and severe in 25%. Objective: To assess the course and outcome of schizophrenia in Tunisian patients and to identify prognostic indicators. Methods: All the outpatients during August 2004 fulfilling DSM-VI criteria for schizophrenia since at least five years were interviewed with their families. Medical records were reviewed. The following measures were administered: the Global Assessment of Functioning (GAF), the Clinical Global Impressions, the Scale of the Assessment of Positive Symptoms and the Scale of the Assessment of Negative Symptoms. Informed consent was obtained from 60 patients and 57 families. Results: The mean age was 39 years and the mean follow-up was 14 years (from 5 to 45 years). There were six basic patterns of course who ringed from a single episode with complete remission in one case to a continuous and severe illness in 12 patients. Thus the course was good in 8.3%, severe in 41.7% and intermediate in 50%. GAF scores follow-up showed that the major impairment occurs within two years. Later improvement is possible but the course globally plateaus after five years. Premorbid social isolation, low GAF scores prior the first episode and language delay were found to be statistically related to a severe outcome. Parental consanguinity and family history of schizophrenia were rare when the course was not severe.

**UAE**

**EL-ADL Mamdouh**

- **Stigma Of Mental Illness: Views Of The Public In An Arabic Culture**

**Authors:** Mamdouh EL-Adl - Northamptonshire Healthcare NHS Trust, UK, T Balhaj - Ministry Of Defence, UAE

**Summary:** Background: Stigmatisation is the process of marking individuals out for community sanction on the basis of some unacceptable deviation from the norm (Goffman, 1963). Stigma of mental illness is a recognised problem, which adversely affects individuals who suffer mental illness and probably their families. Sartorius (1998) believes that stigma of mental illness (SMI) and discrimination against psychiatric patients are the greatest remaining barriers to improving quality of life of sufferers. In 1998, The Royal College of Psychiatrists launched a five-year campaign, “Changing Minds” aimed at reducing SMI (Crisp et al, 2000). The Arabic culture and Muslim religion are strongly against stigmatisation. However, most of the studies about SMI have been conducted in western culture. This survey aims to study public views and experience of SMI in an Arabic culture.

**Aims:**
1. To study public views & experience of SMI in an Arabic culture.
2. To explore public opinion regarding organising local campaigns to combat SMI.

**Method:** A questionnaire of 9 questions developed by Dr EL-Adl & Dr Balhaj was circulated to a sample of the public in UAE. Main results:
1. Response rate 83.3% (1200 Questionnaires were circulated, 1000 received).
2. 28.2% of responders believed that SMI is a problem in our society and 6.8% disagreed.
3. Majority of responders believed that risk of stigma is highest in case of HIV followed by mental illness & mental retardation. Individuals suffering from blindness, deafness & mutism are at lower risk.
4. Individuals suffering from HIV and mental illness (MI) are less likely to receive public support & sympathy while individuals suffering from blindness, deafness & physical disability are more likely to receive public support & sympathy.

**Mamdouh EL-Adl - Northamptonshire Healthcare NHS Trust, UK, T Balhaj - Ministry Of Defence, UAE**
5.40.3% believed that females suffering from MI are at higher risk of stigma than males while 45.6% believed that there is no difference. 6.56.3% believed that families of individuals suffering from MI suffer stigma than males while 45.6% believed that there is no difference. 7.60% believed that SMI should not be tolerated. 8.92.6% agreed that campaign to support individuals suffering from MI is needed and 94.7% agreed that campaign to improve public awareness of MI is required. Conclusion: The study results indicate that SMI is a problem in our society and affect the sufferers & their families. Individuals suffering from HIV & mental illness are at highest risk of stigma. Campaigns to support sufferers, improve public awareness of mental illness & combat stigma are needed.

**ELSABBAYH Medhat**

**Quality Of Life Of Schizophrenic And Mood Disorder Patients, Role Of Day Center**

**Authors:** Medhat Elsabbay, Adel Sadek, Elzin A. Omara, Hisham A. Ramy - Psychiatry Hospital Abu Dhabi, Abu Dhabi, UAE

**Summary:** Objective: Study designed to test that psychosocial day center program will improve outcome and quality of life of schizophrenic, bipolar I disorder, or major depression patients. Subjects and Methods: 58 patients from outpatient clinic related to 59 patients attending day center of Abu Dhabi Psychiatry Hospital. They were diagnosed using SCID IV. We used the suitable objective scale for each diagnosis and PCASEE QOL Questionnaire. Then the patients continued their program. Results: Statistical analysis of the data showed that:

- a) Major depression: Showed significant improvement in the study group in affective problems, cognitive problems, ego problems, physical problems, social dysfunction.
- b) Bipolar I: Showed significant improvement in the study group in ego problems, social dysfunction, and total quality of life score.
- c) Schizophrenia: Showed significant improvement in the study group in cognitive problems, and social dysfunction and significant improvement in GAF scores and BPRS Scale.

Conclusion: Results confirms the role of day center has in improving the quality of life of the chronic mental patients both subjectively and objectively.

**MEGUID Ahmed Sherif**

**Temporal Tumor Presenting With Panic Attacks And Agoraphobia: A Case Report And Review**

**Authors:** Ahmed Sherif Meguid - Faculty Of Medicine & Health Sciences, United Arab Emirates University

**Summary:** There have been many reports of temporal lobe seizures presenting with variable psychiatric manifestations including anxiety and panic and brain tumors presenting with multiple psychiatric symptoms, but very few reports of temporal lobe tumors with initial presentation of panic attacks and agoraphobia without apparent seizure activity. A case of a middle aged patient diagnosed and treated for panic disorder and agoraphobia for 2 years before he was discovered to have temporal lobe glioblastoma multiforme is presented. A literature review of cases of temporal tumors initially presenting with panic attacks is also presented. Implications for work up and diagnosis of older patients presenting with panic attacks are discussed.

**Arabic Translation Of The Mini International Neuropsychiatric Interview (MINI).**

**Authors:** Ossama Osman - United Arab Emirates University-Faculty Of Medicine, Farouk El Sendiony - American University in Cairo, Elizabeth Coker - American University in Cairo, Lotfy El Sherbiny - Alexandria Psychiatric Center

**Summary:** Culture and religion influence both patients and clinicians. For patients, culture and religion influence several aspects of mental illness, including how the patients manifest their disorders, their coping style, their motivation to seek treatment and the available support systems. Religion promotes healthy cognitions thru belief and represents a strong predictor of life satisfaction. Similarly, the clinician’s culture and religion influence diagnosis, treatment and service delivery. The western culture of medicine which stresses “the primacy of human body in disease” has strongly influenced the mental health practices worldwide since the 19th century. Therefore, it is believed that most mental health professionals share a worldwide culture which at times could be biased towards their patients. The striking disparities in cultural and religious beliefs between patients and clinicians may lead to mistrust. Mistrust of mental health services is a major factor preventing patients from seeking treatment. These concerns about clinicians’ bias and stereotyping of patients can contribute to the stigma. Stigma was described by the U.S. Surgeon General as “the most formidable obstacle to future progress in the arena of mental illness and health”. This contributes to the array of negative attitudes and beliefs which motivate the public to fear, reject, avoid and discriminate against people with mental illness. In response to societal stigma, people with mental problems may internalize negative public attitudes and become embarrassed that they often hide symptoms and fail to seek treatment. Stigma also diminishes their opportunities in life which leads to demoralization, and greater sense of isolation and pessimism. Stigma against family members frequently, fragments family relations and diminishes marriage and economic opportunities for other family members. The speaker will discuss strategies to minimize mistrust by patients of mental health professionals and will suggest methods to lower societal stigma against people with mental illness. This is discussed in light of the Mental Health Report of the U.S. Surgeon General on culture, race and ethnicity.
concepts. 2) Reconciliation of forward translations was performed by a third speaker of the Arabic language who is familiar with multiple dialects who was not involved in the forward translations. 3) Back translation of the reconciled version form the Arabic to the English language was performed and was followed by an independent review and proof reading by a bilingual expert. 5) Pilot testing with patient population was conducted. Results: The MINI is translated to the Arabic language. Its initial pilot testing was successfully conducted and will be presented. Conclusion: The MINI is now available in a culturally sensitive Arabic version that is useful for clinical diagnostic interviews and for Neuropsychiatric Research. It is also very useful for educators as a standardized method for Medical students and Residents to develop their diagnostic skills in psychiatry.

**SHEEHAN David**

- **On The Computerization Of Diagnostic Evaluations In Psychiatry**
  - **Authors:** David Sheehan - University Of South Florida College Of Medicine, Osassa Osman - U.A.E University Faculty of Medicine, Kathy Harnett Sheehan - University Of South Florida College Of Medicine, Ahmed Elbehebey - Egyptian Ministries of Health, Hanan ElMarghany - Egyptian Ministries of Health, Mohamed Ghanem - Ain Shams University-Faculty of Medicine
  - **Summary:** The validity and reliability of structured diagnostic interviews in psychiatry suggests that they are effective tools for diagnostic assessment in research, clinical and educational settings. However, they are sometimes difficult to navigate on paper. Clinicians need to calculate the diagnostic algorithm for each module. This causes delays and leads to errors during paper administration. Such repetitive tasks involving calculations are done more accurately by computers. To improve the accuracy in capturing data during structured diagnostic interviews, we computerized the Mini International Neuropsychiatric Interview (MINI). It can be used on desktop, laptop or on Tablet PCs. This eMINI program has now evolved into an electronic data capture system that is used in multi-centered clinical trials to capture all the research diagnostic and treatment outcome data. This improves the accuracy, the completeness and the speed of data acquisition and permits the data to be analyzed immediately after the last patient’s data is collected, bypassing the cost and time lost in data entry by hand. The use of this program will be demonstrated live using a Tablet PC during this presentation. Demonstration copies of the program will be made available to attendees. The application and future directions of this program will be reviewed.

**SHEEHAN Kathy Harnett**

- **Validation And Reliability Of The MINI In English And French**
  - **Authors:** Kathy Harnett Sheehan - University of South Florida College of Medicine, Osama Osman - U.A.E University Faculty of Medicine, David Sheehan - University of South Florida College of Medicine, Ahmed Elbehebey - Egyptian Ministry of Health, Hanan ElMerghany - Egyptian Ministry of Health, Mohamed Ghanem - Ain-Shams University-Faculty of Medicine
  - **Summary:** Objective: The Mini-International Neuropsychiatric Interview (MINI) was developed in the U.S. and France as a short structured diagnostic interview that could serve as an alternative to the longer SCID and CIDI for DSMIV and ICD-10 diagnoses. The goal of this study was to evaluate the validity and reliability of the MINI in relation to the SCID-P and CIDI in English and French. Method: Six hundred and thirty-six patients (330 in the U.S. and 306 in France) participated in the study. At the U.S. site, all patients were administered the MINI followed by the SCID. At the French site, all patients were administered the MINI followed by the CIDI. At each site a subset of 40 patients were administered both the SCID and the CIDI. Another subset of 40 patients at each site were administered the MINI by independent raters to assess interrater reliability. In addition, a subset of 40 patients at each site were administered the MINI twice to evaluate retest reliability. Results: The results of the analysis indicated very good concordance of MINI diagnoses with SCID and CIDI diagnoses. Inter-rater and retest reliability were high and the MINI was found to take 50-70% less time to administer compared to the SCID and the CIDI. Conclusions: The MINI is a short, valid and reliable structured interview for use in clinical and research settings.

**ABOU-SALEH Mohammed**

- **Prevention Of Hepatitis C**
  - **Authors:** Mohammed Abou-Saleh - St. George's Hospital Medical School, London, UK
  - **Summary:** Viral Hepatitis C infection is now a global public health problem, and has been considered one of the major challenges in the third millennium. The hepatitis C virus is a leading cause of chronic liver disease in the general population, with an overall prevalence in the USA of 1.8% and of 9.5% in the UK. Approximately 3% of the world populations are infected with HCV, representing 170 million chronic carriers at risk of developing serious complications, and more than 5 million carriers in Europe alone. Injecting drug use is the main route of transmission, mediated by the sharing of injection equipment, especially needles and syringes but also spoons, cotton filters and other paraphernalia. Major health policy developments to combat drug misuse have emphasised the need for intensive action to prevent new infections, reduce levels of undiagnosed infection and provide better and more co-ordinated pathways of care. Testing for Hepatitis C Virus (HCV) is not carried out as frequently as necessary even in treatment and community settings by injecting drug users (IDUs), who are at a high risk for HCV. One of the major obstacles to testing is the conventional blood testing procedure. We have conducted studies on the effectiveness of prevention counselling in IDUs who were seronegative for HCV and studied the impact of the provision of the innovation of the Dried Blood Spot (DBS) testing as an alternative to routine blood testing in IDUs. We have demonstrated the effectiveness of prevention counselling and treatment in preventing HCV in seronegative IDUs who showed an annual incidence of 13% as compared to an incidence of 42% in IDUs who were not receiving treatment. Provision of the DBS in community treatment setting has increased the rate of testing by five fold. Moreover HCV testing in NGOs and prison where no testing was done before has enabled the development of HCV treatment pathways. Screening for HCV with pre- and post-test counselling is a critical factor and is effective in preventing HCV particularly when complimented with prevention counselling in treatment settings.

- **Dual Diagnosis: Assessment Within A Psychosocial Context**
  - **Authors:** Mohammed Abou-Saleh - St George's Hospital Medical School, University Of London, London, UK
Summary: The common occurrence of the co-morbid substance misuse and other psychiatric disorders has challenged the diagnostic and therapeutic skills of professionals concerned with the care of patients with these dual disorders. Advances in assessment techniques and diagnostic practice have informed the treatment of comorbidity and improved its outcome. The evidence for the reliability and validity of screening and assessment instruments will be reviewed for optimal diagnosis and management within a psychosocial context.

**Anxiety Disorders In The Arab World: A Review Of Epidemiologic Studies**

**Authors:** Mohammed Abou-Saleh - George’s Hospital Medical School, London, UK, Nayla Moufarrej - For Development Research And Applied Care (IDRAC), Beirut, Lebanon, Cosette Meaiky - (IDRAC), Beirut, Lebanon, Mariana Salamoun - Institute For Development Research And Applied Care (IDRAC), Beirut, Lebanon, Elie Karam - St George University Hospital, School Of Medicine, Balamand University, (IDRAC), Beirut, Lebanon, Zeina Mneimneh - 6Institute For Development Research And Applied Care (IDRAC), Beirut, Lebanon

**Summary:** Objective: To review all epidemiologic studies published on anxiety disorders in the Arab World and that are pertaining to prevalence, assessment, gender differences, marital status differences, age of onset, burden, treatment, and comorbidity of anxiety disorders with other mental health disorders. Methods: Published Studies on anxiety disorders in the Arab World from 1966 until 2004 were gathered using search engines such as PubMed, PsycINFO, OVID, and Arabpsynet. An additional search was conducted on an electronic database compiled by IDRAC (first and second editions) and that included published mental health studies in the Arab world from 1966 to 2002. Only studies pertaining to the topics mentioned above were selected and will be the subject of this presentation. Results: National based studies on Anxiety Disorders are scarce in the Arab World. Most of the published epidemiologic studies we could find were conducted among community samples selected from specific cities (i.e. Al Ain, UAE) or geographical areas, primary health care patients and university students. The L.E.B.A.N.O.N. - WMH conducted by IDRAC in association with Mneimneh - 6Institute For Development Research And Applied Care (IDRAC), Beirut, Lebanon

**The Use And Safety Of Electroconvulsive Therapy**

**Chairperson:** Mohammed Abou-Saleh - St. George’s Hospital Medical School, London, UNITED KINGDOM, Mohammed Abou-Saleh, Yiannis Papakostas, Ioannis Zervas, George Christoudoulou, Tarek Okasha

**Summary:** The purpose of this workshop is to review the evidence base for the effectiveness and safety of electroconvulsive therapy in the treatment of severe depression and other psychiatric disorders. Presentations will cover the WPA position statement and focus on its practice including its risks, administration ethical and practical consideration.

**Psychoendocrineimmuneologay Of Depression**

**Chairperson:** Mohammed Abou-Saleh - St. George’s Hospital Medical School, LONDON, UNITED KINGDOM

**Summary:** In this symposium reviews will be provided on recent advances in the study of immune aspects of depression and schizophrenia. Speakers will explore the neuroimmune mechanisms involved in the pathogenesis of these disorders and the implications for their treatment. The clinical relevance of experimental studies on the effect of pro-inflammatory cytokines on neurotransmitter function and behaviour will be exposed. Reviews will evaluate the immunological basis of depression and schizophrenia. This will be complemented with new knowledge on deficits in n-3 fatty acid metabolism as a causal factor in these disorders. Finally, the clinical efficacy of COX2 inhibitors in the treatment of depression and schizophrenia will be reviewed.

**Sleep Disturbance In Psychiatric Disorders**

**Authors:** S. V. Argyropoulos - Psychopharmacology Unit, University Of Bristol, UK, G. Papadimitriou - Athens University Medical School, Department Of Psychiatry, Athens, Greece, T. Paparrigopoulos - Athens University Medical School, Department Of Psychiatry, Athens, Greece, Tarek Asaad - Ain Shams University, Institute Of Psychiatry, Cairo, Egypt

**Summary:** The DSM-IV-TR and ICD-10 classifications include sleep disturbance as a characteristic symptom among the diagnostic criteria for several psychiatric disorders, including major depression, generalized anxiety disorder, and posttraumatic stress disorder. In general, there are no pathognomonic polysomnographic findings for any mental disorder; however, overall sleep patterns for specific disorders can be identified, while refined automated sleep EEG analysis has yielded some interesting results that offer an insight into their pathophysiological mechanisms. Patients with affective disorders have been more extensively studied in the sleep laboratory than any other group of psychiatric patients and they have been shown to present with the most profound, widespread, and stable sleep abnormalities, either in unipolar or bipolar depression. Furthermore, longitudinal studies as well as family studies suggest that some sleep aberrations in affective disorders may be a trait characteristic of these disorders. Regarding the various anxiety disorders (i.e. panic disorder, generalized anxiety disorder, obsessive compulsive disorder, posttraumatic stress disorder), although subjective complaints are quite frequent, sleep laboratory studies have not documented a well-defined divergence from normal sleep patterns. However, in such cases alleviation of sleep difficulties is an essential part of the treatment regimen. Finally, sleep in schizophrenia is often disturbed to an extent similar to that observed in affective disorders; it has been suggested that these sleep problems reflect the underlying dysregulation of the dopaminergic system or that of other neurotransmitter systems, such as the GABAergic system. Several clinical and neurobiological correlates of these sleep aberrations have been reported.
**First Episode Psychosis: Primary Care Experience And Implications To Service Development**

**Authors:** Mamdouh EL-Adl, John Burke, Karen Little - Northamptonshire Healthcare NHS Trust, UK.

**Summary:** Aim: To study Primary Care Experience prior to developing Early Intervention In Psychosis Service (EIP). To strengthen the interface with Primary Care. Background: First episode psychosis studies show that average time between onset of symptoms & first effective treatment is often one year or more. This long duration is undesirable. Early treatment helps minimise risks & reduce sufferings. Most GPs see 1-2 new people with first episode psychosis/year. It is important to find out the local Primary Care experience of early stage psychosis before developing Northamptonshire EIP Service.

**Method:** Confidential questionnaire sent to 284 GPs. Main results: Response rate: 43%. 43% of responders refer early stage psychosis cases only if they request/accept. 74% agreed that EIP is needed, 21% did not know & 4% did not agree. If there is EIP: 87% would use, 11% did not know & 2% would not. 63% welcome having Mental Health Clinic in their surgery & 17% refused. Likely causes of delayed referral to specialist service: disengagement, stigma, service is difficult to access/inappropriate, poor knowledge about mental illness & unclear diagnosis. Conclusion: EIP Service developers can benefit considerably from PrimaryCare experience. A novel approach is needed. Anti-stigma campaign is important.

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**Tobacco Addiction And Health**

**Chairperson:** A Hamid Ghodse - International Centre For Drug Policy, London, United Kingdom

**Summary:** Spurred by the WHO and other major national and international organizations, a global effort has been launched to reduce the prevalence of tobacco and its related harms. The Symposium will be an update on state-of-the-art strategies to counteract the effect of tobacco on various arenas.

**Educational Objectives:**
- Awareness of the impact of tobacco as a major public health problem.
- Awareness of main tobacco reduction strategies.

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**Biological Psychiatry & Psychopharmacology, Ethical Issues In Biological Psychiatry And Psychopharmacology Research**

**Authors:** A Hamid Ghodse - International Centre For Drug Policy, St. George's Hospital Medical School, London, UK

**Summary:** Over the past several years, questions have been raised about the ethics of some aspects of studies on biological psychiatry and psychopharmacological research. Ethical considerations play an important part in any research particularly when involving human subjects and this includes the clinical evaluation of psychotropic drugs. Ethical aspects are particularly complex when investigating mental disorders because obtaining proper informed consent may be affected by the illness. Research on biological aspects of psychiatric conditions and psychopharmacological studies has to attend to a number of additional ethical considerations due to the specific vulnerability of the patient populations. However, clinical trials of drugs and other treatments are firmly established as the most important tools in the assessment of overall patient care. Both the choice of best treatment for mental disorders and the development of new ones can be achieved through proper systematic medical experimentation involving human subjects. Ethical considerations of course are not static, but evolve with time and public perception, and change with place and culture. However, certain issues are fundamental and universal in scope. The Helsinki Declaration adopted by the World Medical Association in 1964 (modified in 1975) and WHO International Guidelines (1982), and other guidelines and regulations will be discussed at the Workshop. Issues such as informed consent, capacity to consent, use of placebo, research during pregnancy and in committees and research governance will be examined.

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**Reduction In Tobacco Addiction**

**Authors:** Hamid Ghodse - International Centre For Drug Policy, St. George's Hospital Medical School, London, UK

**Summary:** Smoking affects us all. It is a major cause death and disability, with 5 million smokers worldwide dying prematurely each year, and a significantly higher risk of developing heart disease or lung cancer among those who live with them. For every nation, smoking also costs us dearly in terms of national resources. In the UK alone, the National Health Service currently spends £1.5 billion a year treating diseases caused by smoking. It is clear, therefore, that investment in a structure of smoking cessation promotion and support is a worldwide priority. Hospital based services can play an important part in this support structure, as thousands of people pass through our services each year, either as inpatients or as out-patients. Importantly, they will come to hospital with their health on their mind, and more open to changing their lifestyle for the better. They may also be required to temporarily stop smoking in order to facilitate their care; a compulsory abstinence which, with the right support and advice, can become a permanent one. This support should not be confined to general medical patients. People living with a mental illness may represent a particularly vulnerable group in terms of the effects of smoking. Smoking rates are at least twice as high among mental health patients as in the general population, and there is evidence that they are often not reached by mainstream smoking cessation services. The Reduction in Tobacco Addiction (RETAD) Programme, based in the UK, is implementing smoking cessation programmes within three UK NHS hospital settings, including a mental health trust. At the centre of the RETAD work is a project that is training clinical staff in hospital settings to deliver both brief and more intensive smoking cessation interventions. The effects are evaluated within a randomised controlled trial. And the experiences of implementing the programme in both general and psychiatric settings are being collated into a service delivery toolkit. This toolkit will serve as a guide for those wishing to implement similar programmes in the future. Other work around the RETAD Programme is focused on reviewing previous evidence of smoking cessation interventions within psychiatric patient populations, as well as work examining the effects, and current implementation, of no smoking policies in hospital settings.

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**Smoking affects us all. It is a major cause death and disability, with 5 million smokers worldwide dying prematurely each year, and a significantly higher risk of developing heart disease or lung cancer among those who live with them. For every nation, smoking also costs us dearly in terms of national resources. In the UK alone, the National Health Service currently spends £1.5 billion a year treating diseases caused by smoking. It is clear, therefore, that investment in a structure of smoking cessation promotion and support is a worldwide priority. Hospital based services can play an important part in this support structure, as thousands of people pass through our services each year, either as inpatients or as out-patients. Importantly, they will come to hospital with their health on their mind, and more open to changing their lifestyle for the better. They may also be required to temporarily stop smoking in order to facilitate their care; a compulsory abstinence which, with the right support and advice, can become a permanent one. This support should not be confined to general medical patients. People living with a mental illness may represent a particularly vulnerable group in terms of the effects of smoking. Smoking rates are at least twice as high among mental health patients as in the general population, and there is evidence that they are often not reached by mainstream smoking cessation services. The Reduction in Tobacco Addiction (RETAD) Programme, based in the UK, is implementing smoking cessation programmes within three UK NHS hospital settings, including a mental health trust. At the centre of the RETAD work is a project that is training clinical staff in hospital settings to deliver both brief and more intensive smoking cessation interventions. The effects are evaluated within a randomised controlled trial. And the experiences of implementing the programme in both general and psychiatric settings are being collated into a service delivery toolkit. This toolkit will serve as a guide for those wishing to implement similar programmes in the future. Other work around the RETAD Programme is focused on reviewing previous evidence of smoking cessation interventions within psychiatric patient populations, as well as work examining the effects, and current implementation, of no smoking policies in hospital settings.
PTSD Among Afghan Refugees In UK

Summary: Introduction/Hypothesis. PTSD is a frequent phenomenon among refugees from countries such as Afghanistan. Methods. Fifty refugees from Afghanistan (33 men, 17 women) underwent SCID interview for PTSD (administered in their native language). Sociodemographic data were collected with respect to their age at the time of escape, number of years in the UK, and educational level as well as brief ratings (via a 3 point scale with 1=not satisfied, 2= somewhat satisfied, 3= definitely satisfied) of their satisfaction with life in the UK with respect to their present occupation, personal safety, available health care, food, and local entertainment (UK style or Afghan style). All refugees were asked if they have nightmares about the circumstances of their escape from Afghanistan. Results. More than half (54%) of these refugees met the PTSD criteria. The PTSD diagnosis was unrelated to age, gender, and education. Those with PTSD diagnosis significantly more frequently reported nightmares with escape themes and were less often satisfied with their present occupation and with the local entertainment (Pearson rs ranging from .28 to .45, p<.05, 2-tailed). Conclusions/Discussion. Refugees with PTSD symptoms were less satisfied with their life in the host country.

Establishing Links With Overseas Divisions Of The UK Royal College Of Psychiatrists For Improving Mental Health

Summary: Royal College of Psychiatrists, UK have established 6 overseas Division in 2004 with an objective of establishing links with its members and fellows who are settled outside UK. In addition to establishing contacts with its members, this effort is mainly aimed to increase the collaboration with other mental health professionals of these countries for coordinating international activities. This includes teaching, training, research and service provisions. This symposium will focus on the aims and objectives of the newly established Divisions and would include presentations from the respective Divisions about their activities and future planning. It is hoped that deliberations of this symposium will formulate recommendations for strengthening future links among the College Divisions and other international organisations like WPA.

Reporting Of Child Sexual Abuse Among Adult Patients With Clinical Depression

Summary: Objective: to identify the phenomenon of child sexual abuse among adult patients with clinical depression and to compare the characteristics of those who had or not had such an abuse in early life.

Method: Design of the study: A cross-sectional study
Setting: Dept of Psychiatry, Hamdard University Hospital in Karachi, Pakistan
Participants: all the adult in and out-patients of clinical depression who were referred to the Dept. from Jan 01, 2000 to December 31, 2001
Inclusion criteria: age 18 yrs and above; fulfill ICD-10 criteria for depression, episode or recurrent; provided informed consent
Exclusion criteria: age below 18 yrs; not provided consent; found in a state of intoxication or having a limitation of comprehension and expression research tools: one to one structured interview supplemented by standard psychiatric history and case note anlysis
Main outcome measures: Characteristics of abuse, characteristics of depression, childhood enviornment and psychiatric co-morbidity
Results - 79 out of 194 reported sexual abuse in childhood;
— Out of which 69.71% were females
— The predominant type of reported sexual abuse was ‘contact type’ (79.01%) with the known perpetrator in all the cases
— 28.20% reported recurrent or repeated abuse while 72.70% reported associated physical abuse.
— The majority suffered it while in age group 11 - 15
— Those who abused were having an earlier onset of depression, more recurrent nature of illness, having more number of admissions, more reported attempts of suicide; they were also having high co-morbidity for anxiety disorders (46.21%) and for substance dependence (41.20%). Conclusion: Childhood sexual abuse appears to be associated with experiencing depression of more severe type with an early onset in adulthood.
Summary: The Middle East Division of the College has developed over the years from a proposed Chapter in 1991 to formal Group in 1998 and a Division in 2005. This gradual process has carefully taken into consideration the wishes of Members and Fellows in the region and the College’s wish to maintain and develop its international position. The result is a series of Meetings, conferences and collaboration in the area of training, holding local exams and many other fields. This presentation will aim at discussing this process explaining future plans and discussing needs.

MAHMOUD Ahmed

Antipsychotic Drugs And Sexual Dysfunctions

Authors: Ahmed Mahmoud - Mental Health Unit, Leighton Hospital, UK, Karen P Hayhurst - School of Psychiatry & Behavioural Sciences, Manchester University, UK, Shôn W Lewis - School of Psychiatry & Behavioural Sciences, Manchester University, UK

Summary: Patients treated with antipsychotic drugs continue to have sexual lives despite the nature of their illness. Sexuality, sexual relationships and sexual functioning are all important quality-of-life issues for these patients. The lecture provides a simple as well as comprehensive review to the topic of the secret sexual side effects of antipsychotic drugs in the areas of their prevalence, development’s mechanisms, diagnosis and management

Aims:
1. To appreciate the common prevalence of such problems in the field of the treatment with antipsychotic drugs.
2. To understand the mechanisms of their development.
3. To understand the implications of the problems on the overall care plan for those patients.

Objectives:
1. To be able to avoid the development of these problems in clinical practice.
2. To be able to investigate them and diagnose the problems confidently.
3. To be able to manage such problems competently.

Sexual function is an important aspect of human experience and may significantly contribute to quality of life. For patients with schizophrenia, the impact of the antipsychotics drugs on sexual function is an area to be researched. The aim of this study is to test the following hypotheses: Sexual dysfunction in schizophrenic patients is less prevalent with atypical antipsychotic drugs than with conventional antipsychotic drugs and sexual dysfunction contributes to reduce quality of life in patients with schizophrenia. It is a randomised trial comparing sexual functions and the quality of life in a sample of 42 patients with DSM-4 diagnosis of schizophrenia of both sex (males and females) and aged between 18 - 65, using the derogates interview for sexual function (self-report version) and the quality of life scale before and 12 weeks after the change in medication from the conventional antipsychotics to eitherconventional or atypical antipsychotic Preliminary results are encouraging as there is significant increase the derogates interview and the quality of life scale in both groups so fare.

WARFA Nasir

Health Service Utilisation, Geographical Mobility And Mental Health: A Quantitative And Qualitative Study Of Somali Refugees In The UK

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Summary: Background: A multidisciplinary team has used a novel research method to examine the relationships between geographical mobility, health service utilization and mental health status of Somali refugees in the UK. The concept that post migration mobility could precipitate and perpetuate mental health problems among refugees living in exile has not been explored previously in such detail. In this study, we have addressed this issue. Method: We used MINI International Neuro-psychiatric, Physical Health SF12, Demographic, Accommodation Record, Social Support Questionnaires and Client Service Receipt Inventory to interview 143 Somali refugees from conventional sites and non-conventional sites. Prior to the quantitative study, we carried out six focus groups with professional and lay Somalis to explore from an indigenous Somali perspective the meaning and concepts of geographical mobility, health service utilisation and mental health status of this group. This ensured that when these concepts were used in the later follow up quantitative study, their latent meanings and
cultural validity had already been identified. Results: The number of residential mobility was associated with a diagnosis of depression (OR= 1.31, 1 to 1.7, P= 0.05), adjusted for gender, age and location. When adjusted for duration of residency in the UK, depression was more strongly associated with the frequency of moves (OR= 1.53, 1.13 to 2.07, P=0.0007). Common mental health problems among Somali refugees include major depression current, (26%), major depression melancholic (12.1%), PTSD (14%) and current agoraphobia (11.9%). In terms of health service utilization, Unmet needs existed for many participants in physical health and psychological stress. Conclusion: it appears that continuing post-migration geographical mobility, stressful life events and unmet basic needs could impair the mental well being of mobile refugees. This work has implication for healthcare providers and other researchers, in the field of health and ethnicity, who aim to identify potential risk factors for health problems among mobile populations.

UNITED STATE OF AMERICA (USA)

AIT-DAOUD Nassima

**Matching Alcoholic Subtype To Specific Serotonergic Treatments**

**Authors**: Nassima Ait-Daoud - Department Of Psychiatry, Outpatient Clinic, START Center, The University Of Texas Health Science Center At San Antonio, Texas, USA

**Summary**: First, Dr. Ait-Daoud will build upon the previous talk and lay the foundation for her presentation by presenting new data on the relationship between age of onset, serotonin transporter polymorphism, and craving behavior, both in the natural state and following serotonin depletion studies. Essentially, this research will show that variation in craving response might be affected by polymorphic state, especially among individuals with the highest bio genetic predisposition to alcoholism. Next, Dr. Ait-Daoud will provide an update on recent studies of the efficacy of serotonergic agents for the treatment of different subtypes of alcoholism. Generally, results of these studies will support the hypothesis that serotonin- 3 receptor antagonism is more efficacious than selective serotonin receptor uptake blockade at treating those with higher familial predisposition, impulsive drive, or severity of illness. In contrast, selective serotonin reuptake receptor blockade would be more efficacious for alcoholics with lower bio-genetic predispositions to alcoholism. Finally, Dr. Ait-Daoud will integrate these presentations by providing a theoretical construct whereby pharmacological investigations in the human laboratory might provide some prediction of the likelihood of therapeutic response to ondansetron.

AMER Mona M.

**Mental Health Problems and Coping among South Asians and Middle Easterners in the U.S.**

**Authors**: Mona M. Amer - Department of Psychiatry, Yale University School Of Medicine, New Haven, CT, USA, Zeenat Khan - 2. The University Of Texas, Houston, USA

**Summary**: Objective: To identify psychiatric and psychosocial problems within these populations and specific subgroups. To describe their mental illness beliefs. To identify professional and non-professional help-seeking behaviors. Methods: As research on this topic is scant, we will review literature from diverse academic fields. We will provide data from four recent ground-breaking studies: two Muslim community mental health needs and service utilization assessments (n= 304; 459), a national study of mental health and coping among Christian and Muslim Arab Americans (n= 611), and an assessment of cultural beliefs and formal help-seeking among Muslim Arab Americans (n= 281). Results: These groups experience depression, anxiety, and trauma significantly higher than normative data. Mental health beliefs include evil eye and “jinn” possessing. Mediating factors include social support, family, and religiosity. Patterns of professional service utilization vary based on socio-demographic characteristics. Conclusions: Implications for mental health symptom prevention and culturally-responsive treatment will be provided.

ELSHEAFI Ashraf

**The Effect Of Globalization On Accurate Psychiatric Diagnosis**

**Authors**: Ashraf Elsheafi, Ronnie Swift, Leon Bernhardt, Schwartz Scott, Dunn Norma - New York Medical College, Metropolitan Hospital Center

**Summary**: While well known in eastern and middle eastern societies, khat is amphetamine-like substance that is only recently becoming known to american psychiatry. The study was done on a patient who is a middle eastern origin, who presented to our psychiatric er agitated & psychotic and was misdiagnosed as a bipolar disorder, poor response to treatment and accidental revelation led the conclusion that all of the patient’s presentation was explainable by khat use. The paper will explore with increasing globalization, immigrants bring with them aspects of their cultures often not recognized by the society of the host culture which can lead to misdiagnosis and mismanagement. The deeper level the paper will explore the delicate interaction between varying cultures within a globalize psychiatric framework. This leads to the powerful conclusion that a polychromatic approach to our awareness of psychopathology must take into account the use of customs, substances, rituals that may be outside of western scientifically-based explanation.

ELKASHEF Ahmed

**Medications In Development To Treat Addictions**

**Authors**: Ahmed Elkashef - Clinical Trials BranchDPMC, NIDA,Bethesda, MD,USA

**Summary**: Objective: As the science of addiction is becoming more understood and new neurobiological data are emerging, new medications and targets for treating addiction are being developed. The Division of pharmacotherapies at NIDA is tasked with the challenging goal of finding effective pharmacotherapies for stimulants, marijuana, and opiate dependence. Methods: An overview of the NIDA medications development program will be presented with the focus on data from selective medications with positive signals. These include medications that are already marketed for specific indication and new molecular entities that are being developed specifically for addiction. Results: Promising positive signals of efficacy have been shown for Disulfiram (Carroll et al, 2004) and Modafinil (Dackis, et al 2004) for cocaine. Lofexidine was effective in treating opiate withdrawal (NIDA 1018 study report). Nefazadone and marinol show promise for treating marijuana withdrawal symptoms (Haney et al, 2002, 2004). Conclusion: Positive signals are emerging from early clinical trials. These are being pursued or planned in larger confirmatory studies for modafinil, baclofen, disulfiram and lofexidine. Nefazadone and marinol are two promising medications for marijuana withdrawal that are worth pursuing in outpatient studies.
**Cannabis: Neurobiology And Treatment**

Chairperson: Ahmed Elkashef - Nida, BESTHEDA, USA

**Summary:** Marijuana is the most widely used illicit drug worldwide. The rising numbers of teenage users is especially alarming. This symposium will highlight the problem from many aspects. First and overview of the epidemiology worldwide with special focus on the United States, Canada, and Egypt. This will be followed by the basic neurobiology of the endogenous cannabinoid system that is comprised of receptors, signal transduction mechanisms and endogenous ligands, and the role of the endogenous cannabinoid system in reward pathways that are relevant to drug addiction will be presented. Issues related to the medical use of marijuana from scientific and advocacy aspects highlighting several challenges that face the medical profession including the prescription of a largely untested drug as to quality, safety and efficacy, the physician’s liability around prescription and supply, the potential harm to the patient-physician relationship, the advocacy roles of the courts and government, and the public perceptions of marijuana versus tobacco will be addressed afterwards. Then Data from ongoing and completed clinical human laboratory and outpatient medications studies. Educational Objectives: Marijuana is the most widely used illicit drug worldwide. The rising numbers of teenage users is especially alarming. This symposium will highlight the problem from many aspects. First and overview of the epidemiology worldwide with special focus on the United States, Canada, and Egypt. This will be followed by the basic neurobiology of the endogenous cannabinoid system that is comprised of receptors, signal transduction mechanisms and endogenous ligands, and the role of the endogenous cannabinoid system in reward pathways that are relevant to drug addiction will be presented. Issues related to the medical use of marijuana from scientific and advocacy aspects highlighting several challenges that face the medical profession including the prescription of a largely untested drug as to quality, safety and efficacy, the physician’s liability around prescription and supply, the potential harm to the patient-physician relationship, the advocacy roles of the courts and government, and the public perceptions of marijuana versus tobacco will be addressed afterwards.

**Pharmacological Treatment Of Cannabis Dependence**

**Authors:** Ahmed Elkashef

**Summary:** Objective: Cannabis is the number one illicit drug of abuse worldwide. The mainstay of treatment currently is behavioral intervention mostly in the form of relapse prevention therapies. Medications intervention has been recently sought for relief of withdrawal symptoms and to prevent relapse. This presentation will cover recently published data for medications that has been investigated for cannabis dependence. Methods: Summary of results form human lab data studies investigating he effects of marinol, nefazadone, Bupropion, and depakote on cannabis withdrawal symptoms. Data for outpatient trails of Fluoxetine and Busiprone in cannabis dependence will be also presented. The effects of the CB1 antagonist SR 141716 on cannabis subjective effects will be also presented. Results: Data suggest that marinol and nefazadone were effective in contracting most of the cannabis withdrawal symptoms in the human lab. Fluoxetine was effective in co-morbid depressed cannabis population. The CB1 antagonist successfully blocked the subjective effects of THC. Conclusions: The results suggest that nefazadone and marinol could be successful treatments for marijuana withdrawal. The CB1 antagonist needs to be studied further for relapse prevention.

**ELSAAYED Mohamed**

**Neuropsychological Functioning In Children And Adolescents With Psychotic Disorders**

**Authors:** Mohamed Elsayed - University Of North Carolina At Chapel Hill, North Carolina USA, Mansoura University, Mansoura, Egypt, Stephen Hooper - University Of North Carolina At Chapel Hill, North Carolina USA, Linmarie Sikich - University Of North Carolina At Chapel Hill, North Carolina, Jeffrey Lieberman - University Of North Carolina At Chapel Hill, North Carolina USA

**Summary:** Objectives: to compare the neuropsychological functioning of children with psychosis to normative expectations and children with schizophrenia-related to those with affective-related psychotic disorders. Methods: Fifty children and adolescents with psychotic disorders were recruited (24 had a primary affective disorder and 26 had schizophrenia). All participants were administered a neuropsychological battery measuring: Attention, Immediate Verbal Memory, Delayed Verbal Memory, Immediate Visual Memory, Delayed Visual Memory, Problem Solving, Set-Shifting, Working Memory, and Inhibition. Results: For the overall group, neuropsychological test scores fell below normative expectations, with specific deficits apparent in immediate verbal memory and problem solving. For the subgroups, multivariate procedures produced significant group differences in IQ, Attention, Immediate Visual Memory, Delayed Visual Memory, Delayed Verbal Memory, and Problem Solving. The schizophrenia group was significantly lower than the affective group on every domain. Even after controlling for IQ, group differences continued to be present on attention, memory, and executive functions. Conclusions: These findings support the presence of neurocognitive deficits in children and adolescents with psychotic disorders. They also suggest the possibility of a unique neurocognitive signature for childhood psychoses secondary to schizophrenia. These findings are consistent with emergent findings in the child and adult literature on schizophrenia.

**FAREED Ayman**

**Predictable Factors for Completion of Outpatient Detoxification and Retention in an Ongoing Treatment.**

**Authors:** Ayman Fareed - Great Plains Regional Medical Center, North Platte, NE, USA

**Summary:** Background: High rates of drop out and relapse have been reported particularly for opioid addicted patients in ambulatory detoxification settings ((1,2). Since it is widely believed that longer periods of treatment result in better outcomes (1,2) and out of a need to improve the delivery of clinical services in their ambulatory detoxification program, the VA Maryland Health Care System (VAMHCS) Substance Abuse Treatment Program implemented the following Performance Improvement project. Method: All ambulatory detoxification patients treated at the Baltimore VA between 01/10/2001 and 03/30/2001 (N=170) had their charts reviewed for primary diagnosis at time of admission, medication used for detoxification and presence or absence of psychiatric and/or.
medical co-morbidity at time of admission. Results: Patients diagnosed with alcohol dependence had higher rates of completion of outpatient detoxification and retention in ongoing outpatient treatment than patients diagnosed with opiate dependence or polysubstance dependence (83% vs 58%, 51% [P=0.004] for completion of detoxification and 81% vs 20%, 43% [P=0.005] for retention in ongoing treatment). Similarly, patients with medical and/or psychiatric co-morbidity had higher rates of completion of outpatient detoxification than did those patients without co-morbidity (70% vs 51% [P=0.02]). Patients with co-morbidity also had higher rates of starting ongoing outpatient treatment (46% vs 24% [P=0.005]). There were higher rates for completion of detoxification for opioid addicted patients treated for the first three days with Buprenorphine compared to those treated with Clonidine (83% vs 51% [P=0.05]). Conclusion: The primary diagnosis of alcohol dependence and the presence of medical and/or psychiatric co-morbidity at admission were good predictors for completion of outpatient detoxification and retention in ongoing outpatient treatment. With regard to medication used for opioid detoxification, Buprenorphine appeared superior to Clonidine.

HAMID Hamada

**Mental Health Problems and Novel Services for Middle Easterners and South Asians in the U.S. Post 9-11**

Chairperson: Hamada Hamid - New York University, USA

**Summary:** Disparities in mental health care services most often affect minority populations, and culturally-sensitive approaches have been found to improve treatment outcomes. This symposium will examine mental health care needs and innovative service strategies for two immigrant communities in the United States: Middle Eastern and South Asian. The first presentation will review the history, demographics, and immigration patterns of these groups. The impact of the World Trade Center attacks and subsequent backlash will be discussed, including acculturative stress, anxiety, and depression. The second lecture will summarize recent research on the psychiatric problems and coping strategies in these groups. Significant differences among demographic subgroups (e.g., gender, religion, generational status) will be highlighted. Factors found to buffer mental health problems include family cohesion, social support and religious coping. The final presentation will explore current cultural, linguistic, and religious barriers to mainstream service access, as well as the procedures, advantages and challenges of developing ethnic-specific mental health care clinics. A case study of the New York University South Asian Clinic will illustrate the concepts discussed throughout the symposium.

HASSAN Abdullah

**Alternative Ethnic-Specific Services for South Asians and Middle Easterners in The U.S.**

Authors: Abdullah Hassan - New York University, USA

**Summary:** Objective: To define the characteristics of ethnic-specific services. To identify the benefits, challenges, and outcomes of ethnic-specific services. To describe current services for South Asians and Middle Easterners in the U.S. Methods: A review of literature on the ethnic specific services will be provided. Multimedia, internet, phone books, and agency searches will be conducted to develop an overview of current ethnic-specific services for South Asians and Middle Easterners in America. A case study will be provided on the New York University South Asian Clinic. Results: We will review the procedures and logistical issues associated with establishing services. We highlight benefits, including reduced stigma and linguistic and cultural competence. Challenges include accessing finances, hiring trained service providers, socio-political stressors, and group unwillingness to access professional service. The unique experience of the South Asian Clinic will be illustrated, including treatment outcomes.

HSUING Robert

**New Ways Of Communication In Psychiatr**

Authors: Robert Hsuing - University of Chicago Illinois - USA, Tarek Okasha - Institute of Psychiatry Ain Shams University Cairo, Egypt, Miguel Angel Materazzi - Hospital Borda, University of Buenos Aires, Argentina, Pier Maria Furlan - San Luigi Gonzaga Hospital, University of Turin Department of Mental Health, Italy

**Summary:** Objective: we observe the new systems of communication in modern medicine, e mail, telelearning, telemedicine and even robots, focusing on their actual use and their real role in relationships and communications in psychiatry.

MANSOUR Hadar

**Association Study Of Eight Circadian Genes And Bipolar I Disorder**

Authors: Hader Mansour, Joel Wood, Travis Logue, Kodavali Chowdari, Madhulika Dayal, David Kupfer, Timothy Monk, Bernie Devlin, Vishwajit Nimgaonkar - Departments of Psychiatry and Human Genetics, University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic, Pittsburgh, Pennsylvania

**Summary:** Objectives: We hypothesize that circadian dysfunction could underlie the liability to bipolar I disorder (BD1). Our hypothesis motivated tests for association between polymorphisms of circadian genes and liability to BD1. Methods: US Caucasian patients with BD1 (DSM IV criteria), and available parents were recruited from Pittsburgh and surrounding areas (n =138 cases, 196 parents). Cord blood samples from local live births served as community based, unscreened controls (n = 180). Additional analyses were conducted among BD1 case-parent trios from the NIMH Genetics Collaborative Initiative (n = 96 cases, 192 parents), as well as US patients with schizophrenia / schizoaffective disorder (SZ/SZA, n = 331) and available parents from Pittsburgh (n = 344). We assayed 44 informative SNPs from 8 genes in these samples. Results: Modest associations with SNPs at Bmal1, TIMELESS and PERIOD3 genes were observed in the Pittsburgh BD1 sample. The associations were detected using family-based and case-control analyses, albeit with different SNPs. Associations with TIMELESS and PERIOD3 were also detected in the Pittsburgh SZ/SZA group, but not in the smaller NIMH BD1 sample. Conclusion: Thus far, evidence for association between specific SNPs at the circadian gene loci and BD1 is tentative. Additional studies using larger samples are required.

Abshysenet e Journal N°8 – October -November - December 2005
**Psychiatric Aspects Of HIV And AIDS**  
*Authors*: Farah Munir, Joseph Locala, Tatiana Falcone, Kathleen Franco, Isabel Schuermeyer - Cleveland Clinic Foundation  
**Summary**: To provide an overview of the pathophysiology of HIV-associated dementia and delirium, suggest clinical diagnostic and treatment strategies for both neuropsychiatric disorders as well as the primary psychiatric comorbidities of HIV – positive patients and to highlight important adverse effects and drug interactions seen with use of HIV medications. Abstract: Cognitive and affective disorders are common in individuals who are infected with HIV, comprising a wide spectrum; primary neuropsychopathological changes induced by HIV infection, CNS toxicity associated with illness or medications, as well as frequent comorbidities of chemical dependency, and primary mood disorders. This can be further complicated by psychosocial implications of infection with HIV, including financial burden, occupational disability and social isolation. The prevalence of cognitive impairment is estimated to be as high as 60 percent by late-stage AIDS, with a prevalence approaching 15 percent for individuals who meet criteria for dementia. An overlapping group of individuals will suffer from prominent affective symptoms in addition to these cognitive symptoms. Furthermore, the introduction of highly active retroviral therapy (HAART) is associated with a large potential for affective symptoms secondary to direct effects and are known to have numerous significant drug interactions, leaving patients even more vulnerable to delirium.

**Depression In The Medically Ill**  
*Authors*: Tatiana Falcone, Joseph Locala, Kathleen Franco, Isabel Schuermeyer, Farah Munir - Cleveland Clinic Foundation  
**Summary**: The early recognition, diagnosis and treatment of depression in the medically ill is of critical importance. Although frequently under-appreciated, depression is highly prevalent, treatable and is associated with significant morbidity and mortality. We will review the incidence and prevalence of depression among the different medical diseases and how is the impact of treatment in this diverse population. Also will review the challenge of how to most effectively diagnose depression in patients with medical illness and the different biological markers used to help with diagnosis and commonly used instruments for assessing depression in medical patients and how different medications normally used to treat medical illness can cause or make depressive symptoms worst and how you can manage all this symptoms in the medically ill patient.

**Womens Mental Health**  
*Authors*: Isabel Schuermeyer - Cleveland Clinic Foundation, Kathleen Franco - Cleveland Clinic Foundation, Joseph Locala - Cleveland Clinic Foundation, Tatiana Falcone - Cleveland Clinic Foundation, Farah Munir - Cleveland Clinic Foundation  
**Summary**: The Consultation-Liaison psychiatrist faces many challenges within the broad scope of practice. One specific area is that of women’s mental health. Consultation psychiatrists must be able to identify and treat the unique psychiatric illness found in women. Illnesses commonly treated during early adulthood include premenstrual dysphoric disorder, mood disorders during pregnancy, post-partum depression and psychosis. Psychiatric treatments can be rather challenging during pregnancy as many of our medications have not been well studied during this life event and stopping medications can result in potentially lethal consequences. Later in life, perimenopausal and postmenopausal women can suffer from mood lability, depression and psychosis. Consultation psychiatrists treat these illnesses both while women are hospitalized and as outpatient consults. While there have been great strides in researching women’s mental health issues, there is not nearly enough known about appropriate treatment. During this portion of the Consultation-Liaison overview workshop, the above topics will be discussed in detail, including diagnosis and treatment in many varied clinical situations.

**Comorbidity Among Mental Disorders**  
*Authors*: Ihsan M. Salloum - Western Psychiatric Institute And Clinic Of The University Of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, USA  
**Summary**: High frequency of comorbidity among mental disorders is well documented by studies of clinical samples and by general population surveys. The multiple and intertwined problems of co-existing conditions represent major challenge to traditional model of care. Although current diagnostic systems inherently increase the recording of multiple disorders and problems, studies have shown that many of the co-occurring conditions have prognostic significance and their presence influence treatment choices. Comorbid conditions may interact at different levels to impact on the emergence, manifestation, course, and outcome of the conditions involved. Further, unrecognised comorbidity may delay the implementation of effective treatment and results in the prolongation of morbidity, suffering and increased costs. Recognition of the prognostic significance of mental disorders comorbidity from causative and antecedent factors to consequences and outcome are essential to enhancing patients' care. This presentation will critically appraise available evidence on the prognostic significance of comorbidity among mental disorders and its relevance for enhancing clinical diagnoses and provision of adequate care.

**Post Traumatic Stress Disorder Reactions Among Yemeni Children**  
*Authors*: Muhammed Almaqrami - University Of Dhmar  
**Summary**: Post Traumatic Stress disorder Reactions among Yemeni Children Objectives: To study the impact of war traumatic experiences on mental health of children three months after the resolution of the conflict (December, 2004). Methodology: 421 school students, 12- 18 years boys and girls were selected through multistage random sampling from 8 schools at Marran and hydan district in saada Governate/Yemen (4 schools from Marran, 4 schools from Hydan areas). Measurements: The Arabic version of the Children Revised Impact of Event Scale – 13 (CRIES-13) and Self – Report version (SRQ) of the Strengths and Difficulties Questionnaire (SDQ). Results: 417 school students were participated in this study. 69.9 % of school students exhibited PTSD reactions. Girls (78.3 %) reported more PTSD reactions than boys (53 %), p = .006. Older children (15 years old and more) were showed PTSD reactions (75.7 %) more than the younger children (14 years old and less) (52.3 %), p <.001. 21 % of children have shown general psychological disturbances. The high level of PTSD reactions reflects the serious impact of war among the Yemeni children. A substantial proportion of children have shown general emotional and behavioral disturbances. These findings indicate the importance of psychosocial trauma interventions.