



المؤتمر الدولي الثاني
لجمعية أطباء الأمراض النفسية الأردنية

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(Towards Better Mental Health)

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1

Innovations relevant to the pathogenesis of Schizophrenia

Prof. Ahmed Okasha
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Nowadays, we still have a scientific scotomata regarding the aetiology and risk factors of Schizophrenia. The presentation will deal with ten innovative studies about schizophrenia, namely season of birth, childhood motor delay, autoimmune disorders and infections, trauma leading to stress and psychosis focusing on migration.

Furthermore, the genome- wide association which does bigger lead to better results, and the possibility of intervention for risk groups. Theory of mind explaining social cognition, psychopathology and neurocognition and training through metacognition training in schizophrenia will be discussed. The use of intranasal oxytocin to treat social cognitive deficits, hormones especially estrogens in the treatment of schizophrenia will be clarified.

Lastly, Dopamine as a marker for psychosis especially in psychosis risk syndrome mentioned in DSMV will be evaluated.

2

Cultural Adaptation of Globalized Psychiatry

(The interface between global and local worlds)
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The management of psychiatric disorder includes all aspects of dealing with mental ill health at the levels of prophylaxis, establishment of diagnosis and therapy. Culture has an input at all these levels.

Traditional families are more emotionally committed to their members and hence more able to prevent and compensate the effects of parental loss and mental disability. Members of traditional families develop group superegos and perpetuate the collective authority and responsibility of family elders to take decisions for healthy and sick members alike e.g. decisions on hospitalization of insightless patients, arranging marriages and fore-care and after-care of patients. Intergenerational conflict within traditional families has never been demonstrated to have pathogenic effects though it increases the likelihood of help seeking from professionals outside the family.

Knowledge of contents and limits of culturally shared supernatural beliefs is essential for all therapists in order to define illness onset and subsequent recovery. Western models of doctor expectations and goals of treatment have to be adapted to Patients' culturally conditioned expectations of greater dependence on therapists and interdependence in relation to others rather than individual independence. Establishment of a healthy therapist-patient relationship based on mutual trust is the common denominator of both professional and traditional therapies. The difference however, is that the former try to undo patients' projections on supernatural agents which the latter reinforce.

3

Globalization and Mental Health

Prof. Tarek A. Okasha
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Globalization affects psychiatry in three main ways: through its effect on the forms of individual and collective identity, through the impact of economic inequalities on mental health, and through the shaping and dissemination of psychiatric knowledge itself.

Checks and balances regarding globalization are needed to promote environmental and social sustainability, effective international peacekeeping, a narrowing of the technological and social gap between rich and poor, the need for higher standards of health and nutrition, a common understanding of human rights and values, and the safeguarding of cultural identity in an increasingly homogeneous world.

Globalization has led to the marginalization and further impoverishment of many developing countries. Globalization integrates cultures and technology, connecting people everywhere. “Globalization is seen by some as a force for social change, which it will help to close the gap between the rich and the poor, the industrialized north and the developing south”

Due to changes in information technologies, traditions began to lose their importance world-wide, and the fundamentals of our “self” perception and feeling started to shake. In traditional populations, the self-feeling and the ego-identity is preserved by stability of roles and status of individuals within the society. With the loss of traditions, the “self-feeling” and the “ego-identity” has to be reconstructed.

The prevalence of mental disorder is closely related to social, economic and cultural conditions. When we combine all the previously mentioned changes in information technologies, we can easily say that the shape and content of mental disorders, and consequently of psychological and psycho-therapeutical treatments will undergo serious changes.

Socially responsible mental health professionals should lead the way in indicating how the improper use of globalization may have significant adverse effects on mental health. Our input will significantly contribute to the development and implementation of sound mental policies worldwide.

The presentation will discuss the details of the expected changes in mental health because of globalization regarding mental health services, expenditure on health, research, mental health policies, ethics and human rights.

4

Globalization, migration and Mental Health

Prof. Driss Moussaoui- Morocco
President, World Association for Social Psychiatry

Two main anthropological characteristics of human beings existed from the very beginning: being social and being nomad, exploring new possibilities and exchanging with other groups. Hence, globalization is not a new phenomenon. The difference between the past and the present time is the extraordinary acceleration of exchanges among societies of persons and, almost instantly, with ideas and knowledge. More than 3 billion people travel by plane every year, and all instantaneous information is available on-line in real time.

Hartmut Rosa, the German sociologist, hypothesizes that the acceleration of time (more things done in a unit of time, multi-tasking) may explain the increase of prevalence of depression worldwide, because more and more individuals freeze time, and frozen time is in fact depression from the phenomenological point of view (Cf. Minkowski, Binswanger, Tellenbach). Another interesting feature of globalization is the increase of migrants, all societies becoming in reality and virtually cultural melting-pots. Why is it that some groups of migrants have a higher prevalence of psychosis and not others? Is the “social defeat” hypothesis a valid one?

Last but not least, a universal trend is urbanization and its corollary, higher prevalence of mental disorders. The reasons for that must be studied by mental health workers: poverty, substance abuse, violence, anomie, malnutrition, among others. Response to such psychopathological challenges must also be psycho-social.

5

Transcultural Psychiatry

Prof. Malek Bajbouj-Germany

Emotional competencies and affective disorders share common basic neuronal mechanisms. However, individual differences of behavioral and psychopathological signature are strongly shaped by cultural influences. In this presentation, we compare four different clinical syndromes in Western societies and the Arab world each exemplifying a dysfunction of a distinct emotional capability comprising affective disorders with a prominent mood disturbance, anxiety disorders with fear dysregulation, autism with a prominent communication dysfunction, and borderline personality disorder as an example of emotional instability.

6

Qatar Addiction Treatment and Rehabilitation Centre: A new concept and model for a comprehensive integrated health and social care service

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The Supreme Council of Health of Qatar has approved the establishment of the Qatar Addiction Treatment and Rehabilitation Centre (QATRC). As WHO Consultant I completed an assignment to develop the case of need and the requirements for health and social care provision of services for people with addictions in early 2010. This was followed by a series of stakeholders' consultation workshops which were concluded in mid 2011. Concurrently several meetings with the architects and public construction department were concluded in late 2011 with the design of the Centre. The approved design is a large construction which includes facilities for outpatients, day care and residential care units for acute treatment, recovery and social rehabilitation with supported housing unit (half-way house) and special units for women, adolescents and patients with dual diagnosis of mental illness and substance misuse and a secure unit for people referred from the criminal justice system. QATRC vision is to be an internationally recognized centre of excellence for providing comprehensive healthcare and social care, teaching and training and research for the benefit of people with substance misuse. The national strategic plan for addictions has been developed in line with Qatar National Health and Mental Health Strategies and aims to provide a comprehensive and integrated health and social care service that is community based and integrated cross all sectors including services provided in primary and specialist medical and mental health services. QATRC will be launched and become operational in mid-2014. Meanwhile strategic and operational plans are under development for the delivery of services. One of the most challenging objectives is the workforce development plan to deliver the skilled human resources to deliver QATRC vision and mission and meet the care needs of the people of Qatar.

7

Rehabilitation program (using psychodrama) for post-traumatic stress disorders among youth attending secondary school

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Psychodrama is a form of therapy which explores thoughts and actions, reflecting the problems of people. It is a group working method, in which each person becomes a therapist's agent for others in the psychodrama group. (Developed by Jacob L. Moreno.).

In psychodrama, participants explore internal conflicts through acting out their emotions and interpersonal interactions on stage. A given psychodrama session (typically 90 minutes to 2 hours) focuses principally on a single participant, known as the protagonist. Protagonists examine their relationships by interacting with the other actors and the leader, known as the director. This is done using specific techniques, including doubling, role reversals, mirrors, soliloquy, and sociometry.

The following program was implemented to understand the thoughts of the students through their drawing, writing and their acting in a drama they wrote and act themselves during their proper lessons in the school, aiming at understanding, treating and rehabilitating student using the available resources in each school which has been ignored to some extent, those are the educational psychologist, art teacher, sport teacher and the teacher of Arabic language who are regarded as a treasure. These resources are available within the normal staff of each school and do not cost the government any extra budget...

Conclusion

At the end all agree that being depressed and keep mourning will affect their academic progress, and make them paralyzed. Instead they agree to work hard and succeed to be in the future an effective and member in the society serving the IRAQI'S and helping them in facing the consequences of occupation.

This activity in addition to the ventilation of feeling, frustrations, anger and hope, it facilitated the communications between the students and their teachers and help them to deal with most of the obstacles they faces in dealing with the students, in addition the students find this school activity attracting and encourage them to attend school regularly and study hard.

8

Prevalence of probable substance abuse/dependence problem among mentally ill patients and its co morbidity with mental disorders

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Royal Medical Services of Jordan (RMS), -Jordan

Objective: The study examined the nature and prevalence of probable substance abuse/dependence problem among mentally ill patients and its co morbidity with other mental disorders.

Method: This is a descriptive survey study; the data was collected from patients who were investigated in the psychiatry out patient's clinic of Princes Ayesha medical complex, the study samples n=133 subjects, with mental disorders rather than probable substance abuse/dependence problem. Each person was individually interviewed by a fully structured face to face interview of the DSM- IV clinical version (Diagnostic and Statistical Manual of Mental Disorders fourth version) by a trained psychiatrist, and the patients were investigated using the urine screen for illicit drugs.

Results: Based on the analysis of the content tools, they revealed sixty subjects (44.1%) satisfied the DSM-IV clinical version criteria for probable substance abuse/dependence problem. It was more common in males. GAD (Generalized Anxiety Disorder) and MDD (Major Depressive Disorder) were the common co morbidity disorders (28.3%, 23.3%) of all subjects with mental disorders. Intermittent explosive disorder was the least co morbidity presentation of (1.6%).

Conclusion: Probable substance abuse/dependence problem is a common presentation among mentally ill patients. It was common presentation among males. GAD and MDD are the common co morbidity disorders.

9

Substance use and Relapse: a Tough battle

Dr. Soheir H. ElGhonemy

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Member of International Society of Addiction Medicine (ISAM)

Trainer Approved by NCFLD

Objectives: Relapse rates vary depending on the substance being abused, but most run fairly high. Understanding that addiction is a chronic problem can help patients to stay in treatment and better handle temptation. Patients who are relapse prone can be identified through relapse predictors that could be identified and are culturally colored.

Methods: This study is designed as prospective study, 60 patients were included selected from inpatient unit and outpatient clinic in Institute of Psychiatry, Ain Shams University, Cairo, Egypt, fulfilling the diagnosis of substance use disorder according to DSM IV classification and subdivided into 2 groups: (A) Relapse group who still fulfilling criteria of dependence at time of assessment and (B) Abstinent group who is abstinent for at least 6 months. Both groups were assessed by semistructured psychiatric interview sheet and were subjected to: Addiction severity index (ASI), Life events assessment by: Social Readjustment Rating Scale (SRRS), Religious Orientation Scale (ROS); with its two forms (A) for Moslems and (B) for Christians, Structured Clinical Interview for DSM IV (SCID); both SCID I and SCID II were used.

Results: Regarding sociodemographic background; educational level, employment, as well as socioeconomic state were all highly significantly lower in the relapsing group. However, there was no significance regarding duration or main substance of abuse between the two groups. Also, there was no significant difference between the two groups as regards axis I and II comorbidities according to DSM-IV. However, low internal religiosity was significantly protective against relapse. In addition, drug, psychiatry and legal profiles by ASI were the most important predictors in this study that should be considered when evaluating patients suffering from substance use disorder.

Conclusion: These results suggest that considering these significant predictive factors for relapse can help to predict patients more prone to relapse and thus, helping in protecting against the occurrence of rapid relapse with more promising outcomes and good prognosis.

Reference:

Relapse Predictors in Egyptian Substance Use Disorder Patients, 2005

Lotaief F, Assad T, Essawy H, Haroun El Rasheed A, El Ghonemy S

Being the generation living in the 21st century, we occupy a special position in human history in that we have witnesses an unprecedented and unparalleled growth in our understanding and knowledge of the world around us and the life on the planet. While we bask in the glory, let us not forget that there are some important questions that remain embarrassingly unanswered. Most conspicuous of those questions is one that is central to the field of Psychiatry, i.e., "What is the mind?" Nevertheless, Psychiatrists have brazenly avoided or ignored this question due to a learned lack of enthusiasm. Given the historic inability to achieve a consensus about anything pertaining to the mind, not to mention the inevitable criticism and/or ostracism that relentlessly pursue anybody who takes a stand regarding this controversial issue. Psychiatrists did not want to open that can of worms, we simply hoped that if you manage to keep the can closed, the worms would suffocate and die and we never have to face the uncomfortable question again.

We believed that just as we had avoided the definition of mental illness, we would be successful in evading the definition of the mind. However, in the last several decades, human life has transformed so much that we are faced with a relatively new concept- mental health, which also needs to be defined. The list keeps growing and our silence has been deafening. While our understanding of the human brain, behavior and neurosciences has grown exponentially, the task of describing/defining the mind has been increasing. Our willful indifference and tactical retreat from this tough question is not helping us one bit. Increasingly, we are telling ourselves that any definition of mind or mental health is not even a possibility, let alone plausibility. Let me highlight the importance of this issue in my topic. In my experience as a clinical and teaching psychiatrist for the last 30 years the available definition and description of the mind and mental health are minimally beneficial in educating medical students, psychiatry residents and mental health professionals like nurses and paramedics. The definitions are too broad/loose for educating the mental health professionals who are often left without any working definition of the mind and mental

health to understand psychiatric patients and approach them in a comprehensive manner. They are also unable to understand scientific literature and interpret it properly. Conversely, authorities of scientific manuscripts use the term interchangeably adding to the confusion. The existing definition gives room for much misunderstanding and misspeaking of terms. Inevitably, it allows personal bias to creep in leading to exploitation of the field by ideologists operating through non medical objectives. Psychiatrists also are unable to explain to the patients about mind or mental health. Worse, psychiatrists offer different/contrasting or rarely contradicting explanations leaving the public to assume that the psychiatrists do not know any more than the others about the mind. Such attitudes are widely prevalent and contribute to the pre existing stigma. This also stalls the progress in the attempt to increase mental health awareness.

In a sense, our delay in defining the core operational entity in our profession, the mind or mental health has not been beneficial. Is it possible to identify sanity from insanity? Usually, psychiatrists conclude by continually asking themselves if the patient has Schizophrenia or depression and thereby arrive at a diagnosis of mental illness. Instead, if the psychiatrists ask themselves if the patient is mentally healthy or does hearing a voice make a patient mentally unhealthy, i.e. the line of thinking rooted in identifying mental health and not mental illness. So, it is critically important that clinical evaluation, training and education in Psychiatry should start with mental health, moving to mental illness and not the other way around.

To define mental health, we have to first define mind which historically has been a daunting undertaking. Let us take a look at the history and development of the concept of mind which clearly says that it is very hard to define the mind and there has been no consensus. Why is this issue so controversial?

There are several reasons. So, what am I trying to conceptualize? Through centuries of indoctrination and linguistic idiosyncrasies, we are hard wired to think in a certain way when the words "mind" or "psyche" are used consciously or unconsciously. Therefore, I would like to deliberately avoid using the terms "mind" or "psyche"

Let me paraphrase my objectives. I am not trying to conceptualize the mind /psyche as the world has known it. I am trying to conceptualize the part of the human self that is the subject of interest in scientific study triggered by deviant human phenomena only for the purpose of producing medical relief to alleviate human suffering. I will baptize it by a term unused in contemporary Western literature in order to sever any connections/relations to what has already been philosophized for the mind/psyche and willfully exclude any preexisting assumptions about it. I choose the word "**Manas**" for this. My talk will cover in detail about this.

11

Mental health and religious behavior Among University Students in Khartoum

DR ABDALLA ABDELRAHMAN

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The Objective of this study is to determine mental health status and its relationship with religious behavior among students in different governmental universities in Khartoum.

Four hundred sixty six male and female students were selected from 3 universities.

-A semi structured questionnaire, a Mental Health scale and Religious Behavior scales were used.

-Different Statistical Processes were employed

Results: Main Findings included the following

The vast majority of students of both sexes showed positive mental health status.

There are statistically significant differences in the mental health status in relation to gender. There were no differences in mental health status between students in the scientific and art branch specializations.

Students in junior classes showed no statistically significant differences in Mental Health compared to their senior classes' colleagues

There is no statistically significant association between the mental health status and age in the study
subjects: There is the statistically significant correlation between the mental Health and the religious behaviors of the students.

There is statistically significant correlation between gender, level of religious behavior and Mental Health status among the students of both sexes.

In conclusion religious behavior significantly affects the mental health status of male and female students in different study specializations and all levels of university *education*

12

Post-traumatic Stress Disorder (PTSD): *An Iraqi Perspective*

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PTSD is an anxiety related disorder that occurs to people exposed to life-threatening traumatic events. It was officially identified after the Vietnam War and included in DSM-III as a stress disorder. In recent years, there has been increasing attention paid to the long-term impact of traumatic events on the biopsychosocial functioning of exposed people, and furthermore, the link between trauma and occurrence of other mental disorders, in particular anxiety and mood disorders. However, mental health surveys in different countries reported variable prevalence rates of mental abnormalities with significant link to various psychosocial adversities and exposure to trauma.

In the years 2006 - 2007 Iraq has undertaken a mental health survey for the first time to provide evidence-based data about the prevalence of mental health problems and mental health of Iraqi people. The survey provides an initial indicator of life-time prevalence, and 12 months and 30 days prevalence rates alongside the experience of trauma. The "Composite International Diagnostic Interview (CIDI), Version 3" was used by trained interviewers as a diagnostic tool for the assessment of mental disorders. The survey demonstrated that 3.59% of population suffered from PTSD lifetime, 1.63% twelve month time, and 0.52% thirty day time with a significant difference between men and women, age groups, and several other socio-demographic variables. Moreover, the overall lifetime exposure to traumatic events, according to the survey was 56.02% of the study population for "any trauma" and 48.16% for "war related trauma". In the lifetime and twelve month prevalence rate of these disorders "cases" had significant higher exposure to trauma, 74.78% for "cases" and 64.95% for "non cases".

In conclusion, Iraqis have suffered more than any other people from decades of war, sanctions and violence, which is still continuing, but despite the massive exposure to traumatic events, the prevalence of PTSD and other mental disorders is relatively low. Some probable underlying reasons for this shall be pointed out

13

The role of the inpatient mental health nurse in facilitating patient adherence to medication regimen (Medication Education)

Dr. Fatma Mahmoud Elemary
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Ain Shams University

Non-adherence is defined as failure to enter a treatment program, premature termination of therapy and incomplete implementation of instructions including prescriptions. However, Non-adherence to medication regimen is associated with relapse of psychiatric symptoms and readmission to inpatient mental health services. Therefore, in assisting with the delivery of mental health services for clients with chronic illness, nurses' specific professional skills play an important role. Whereas, an active relationship between the nurse and the clients involves teaching clients and family members about mental illness, medication regimens, and methods for coping with day-to-day living and crises that arise as well as promoting healthy behavior and attitude toward improving their drug adherence.

14

Arab Culture, mental health, and classification

Dr. Nasser Loza
Director, the Behman Hospital, Cairo, Egypt

Arab approaches to the classification of mental disorders have tended to reflect the sociopolitical attitudes prevalent at the time. A national identity of Arab, Islamic culture dominated in the Nasserite socialist movement of the fifties and sixties. The Egyptian Classification of Mental Disorders, published by the Egyptian Psychiatric Association in 1968, was a symbol of intellectual independence that went along with prevalent political views of the times. Following normalization of political relations with the West in the eighties and nineties, many Arab countries experienced a need to integrate into international culture. It was no longer necessary for Arab professionals to separate their practices from the rest of the world, and numerous Arab professionals participated on the drafting of ICD-10.

The ICD-10—like the DSM-IV—was based on a relatively Universalist approach in which all expressions of mental and behavioral disorders throughout the world are viewed as functionally equivalent reflections of the same underlying pathophysiology.

The Middle East is currently undergoing rapid and dramatic change, including political movements that have put an end to their dictatorships and have promoted democracy. The liberation of Arab people from those ideologies is likely to usher in an era of identity searching. It may take time, but ultimately Arab societies will have to find a comfort zone between identifying with their Arab past and being part of the global world we live in. Arab mental health professionals will have a role to play in these newly liberated societies, highlighting both Arab individuality in the way we express our inner conflicts, but also our commonalities with the rest of the world. How the ICD-11 classification of mental and behavioral disorders can accommodate both of these perspectives represents a challenge to WHO, but also to the Arab researchers, clinicians, and mental health service users who now hope to have the opportunity to participate in its development.

15

The state of science in mental and behavioural disorders in the Arab region

Dr. Walid Sarhan

Consultant psychiatrist –Amman-Jordan

Medical research in Arab countries is in need of dramatic improvement. Indexed papers from the Arab world represent only a tiny percentage of world production. Research on mental health and psychiatry has been a particularly low priority, in spite of the enormous contribution of mental and behavioural disorders to global disease burden and disability.

These weaknesses are connected to major infrastructure problems. Spending on science and health in the region is far less than the global average, even in wealthier countries. Higher education is not internationally competitive, and is insufficient to produce the required number of researchers. Research centres that do exist have a poor record of cooperation, often having stronger links to countries outside the region—particularly the United States—than with one another.

Recently, there has been renewed interest in many Arab countries in reinvigorating science and technology and higher education, with the launch of a number of initiatives to support education and research. A handful of countries have approved plans to allocate more resources to research and development, including Egypt, Tunisia and Qatar.

More organized scientific policy in the region is needed, with proper leveraging of financial and human resources. Mental health is a severely neglected area, and a number of global developments suggest that now is the time to advance this agenda. Collaboration with the World Health Organization on the ICD revision provides a unique opportunity to highlight the distinctiveness of Arab experience, perspectives, and expertise, to increase the visibility of Arab mental health scientists, and to develop the next generation of scientists and practitioners.

16

Voices from the Arab Region:

Proposals for the Classification of Mental Disorders in ICD-11

Dr. Brigitte Houry

Arab Regional Center for Research, Training and Policy Making in Mental Health
Department of Psychiatry
American University of Beirut Medical Center

The ICD profoundly affects mental health programs and services, but has historically been dominated by Western perspectives. The Arab region, with its unique cultural patterns and concepts of mental health and mental illness, has been underrepresented. In collaboration with WHO, the Arab Regional Centre for Research, Training, and Policy Making on Mental Health is leading the development of proposals for changes to the ICD in diagnostic areas of concern to Arab mental health in terms of cultural relevance and applicability.

Issues related to culture, family, gender, religion, and the region's political tensions affect Arab conceptualizations of mental disorders, and in turn will influence the use and utility of the ICD-11. For example, the ICD-11 conceptualization of stress-related disorders should be strongly influenced by Arab experience due to our long history of political instability and violence. Relevant considerations include whether the trauma relates to a single event or is chronic, whether it is experienced individually or as part of a group, and prolonged exposure to traumatic events among children. With respect to mood disorders, the classification must consider the importance of predominantly somatic presentations of depression and emotional distress, which may also affect course and management. Similarly, in the area of eating disorders, the cardinal symptom of presenting distress is predominantly characterized with subjective complaints of epigastric pain or gastritis, which is consonant with the observation that, within Arab culture, the idiom through which distress is expressed often involves somatic metaphors. In the area of sexual disorders, current classification systems risk overpathologizing problems related to sexual activity that are common, and even normal, among individuals in traditional Arab cultures.

How Arab psychologists take up these issues will shape their roles as opinion leaders within their own communities and also affect future generations of professionals and mental health programs throughout the region.

17

Towards ICD-11:

WHO Field Studies on Clinicians' Conceptualizations of Mental Disorders

Dr. Geoffrey Reed

Department of Mental Health and Substance Abuse
World Health Organization

The World Health Organization Department of Mental Health and Substance Abuse has been conducting an active program of field studies and international surveys as a part of developing the ICD-11 classification of mental and behavioural disorders. A key priority for WHO is that the ICD-11 serve as a more effective tool for reducing the global disease burden of mental and behavioural disorders. In support of this objective, a major goal of the revision is to improve the classification's clinical utility.

To provide relevant information on clinical utility, WHO has worked to assess the perspectives of practicing clinicians throughout the world. Two global field studies have been conducted regarding how clinicians conceptualize the relationships among mental disorders based on their clinical experience. The first study included 1371 psychiatrists and psychologists from 64 countries, and used a paired comparisons methodology. The second study used a 'folk taxonomy' method, and was administered with 517 psychiatrists and psychologists in Brazil, China, India, Japan, Mexico, Nigeria, Spain, and the USA.

Highly similar results were obtained across two large international studies using different methodologies. Clinicians' conceptualizations are rational and highly stable, regardless of country, language, profession, and country income level. Differences between clinicians' judgments and classification system are not due to idiosyncratic clinician error, but rather to systematic differences. The presentation will discuss how empirical data on clinician judgments are contributing to the development of a new and more clinically useful classification of mental disorders, without sacrificing validity.

18

النسوي النسوي في الثقافة العربية العلاج
د. عصمت حوسو

Feminist Psychotherapy in Arab Culture

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تهدف هذه الدراسة إلى تقديم نبذة تاريخية عن النموذج النسوي في العلاج النفسي والاجتماعي وكيفية تطوره وطرق تطبيقه وأهدافه ومدى مساهمة النسوية وتحقيق العدالة الجندرية في تطوير هذا النموذج في العلاج النفسي. ثم إعطائه صبغة عربية بما يتناسب والإطار الثقافي الاجتماعي السائد في الثقافة العربية. كما وتهدف إلى التعرف على مدى تطبيق هذا النموذج في العلاج النفسي في العالم العربي. وذلك من خلال الاعتماد على مصادر البيانات الثانوية بمراجعة الأدب النظري المرتبط في موضوع هذه الدراسة بشكل مباشر أو غير مباشر بالإضافة إلى مصادر البيانات الأولية. ستجيب الورقة على التساؤلات التالية :-

1. ما هو العلاج النسوي ؟
2. ما هي العلاقة بين العلاج النسوي والنسوية ؟
3. كيف يحقق العلاج النسوي أهدافه في إحداث التغيير الاجتماعي في بعض الحالات المرضية ؟
4. هل يستخدم نموذج العلاج النسوي في العالم العربي؟
5. كيف يمكن أن نساهم في إعطاء النموذج النسوي في العلاج النفسي صبغة عربية متوافقة مع الثقافة السائدة ؟

19

الإضطرابات النفسية المصاحبة للدورة الشهرية

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ملخص: نقدم في هذه المداخلة، و بعد عرض سريع لماهية هذا الاضطراب ، إلى نتائج الدراسة الميدانية التي قمنا بها لواقع هذا الاضطراب عند المرأة العربية، و قد تم ذلك انطلاقاً من " استبيان تحري الأعراض النفسية و الجسدية للاضطرابات النفسية المرتبطة بالدورة الشهرية" ، المنزل على " شبكة العلوم النفسية العربية" منذ سنة 2003، وقد كانت استجابات لإجرائه 742 امرأة على مدى كامل تسع سنوات

بعد عرضنا لأهم أعراضه و نسبة انتشاره حسب العمر و حسب مظاهره السريرية (اضطراب الزملة السابقة للدورة الشهرية، اضطراب خلل الوجدان السابق للدورة الشهرية). تبين لنا الارتفاع الكبير لنسبة هذا الاضطراب لدى المرأة العربية في مختلف مظاهره، إلا أن نسبة المظهر الجسم منه تبقى متدني، ورغم الانتشار الواسع لهذا الاضطراب في المنطقة العربية، إلا أنه لا يحظى بما يستحقه من اهتمام سواء على مستوى المرأة التي تعاني أعراضه أو على مستوى تقديم خدمات الرعاية المختصة له

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دور الأخصائيين النفسيين في ثورات ربيع العرب

(دراسة تطبيقية)

أ.د. قاسم حسين صالح

رئيس الجمعية النفسية العراقية

انعام هادي حسن

عضو الجمعية النفسية العراقية

(خلاصة)

- أهداف الدراسة: تتحدد مشكلة الدراسة بالإجابة عن هذا السؤال:
هل ينبغي أن يكون للأطباء النفسيين وأساتذة علم النفس دور، من منظور اختصاصاتهم، في تحليل الثورات العربية التي بدأت من تونس، أم ينبغي أن يبتعدوا عنها وينصرفوا إلى عملهم المهني والأكاديمي؟
وعليه فإن الدراسة الحالية تسعى إلى تحقيق الآتي:
- 1. الكشف عن موقف الأطباء النفسيين والاختصاصيين بعلم النفس من الأحداث التي شهدتها تونس ومصر والبلدان العربية الأخرى، ما إذا كان ينبغي أن يكون لهم دور في تحليلها بقراءات سيكولوجية، أم النأي بعيداً عنها والانصراف إلى اختصاصهم المهني والأكاديمي.
- 2. معرفة رأي المفكرين والمثقفين بشأن دور الأخصائيين النفسيين في تحليل ثورات العرب في تونس ومصر والبلدان الأخرى من منظور العلوم النفسية في تحليل التحولات الاجتماعية.
- 3. المقارنة بين مواقف الفئات الثلاث: الأطباء النفسيين، وخبراء علم النفس، والمفكرين والمثقفين.
- 4. الكشف عن موقف الأطباء النفسيين والاختصاصيين بعلم النفس بخصوص مساهمة الشبكة العربية للعلوم النفسية في تقديم قراءات سيكولوجية للأحداث السياسية والاجتماعية التي شهدتها الساحة العربية، أم ابتعادها عن ذلك والالتزام بنشر الموضوعات العلمية فقط.

• حدود الدراسة:
تحدد الدراسة الحالية بعينة من الأطباء النفسيين وأساتذة علم النفس ومفكرين ومتقنين من اختصاصات مختلفة جرى استطلاع آرائهم عبر الإنترنت) بين آذار وحزيران 2011.
إجراءات الدراسة

• الأداة:
تم تصميم استبانته من (25) فقرة بين ايجابية وسلبية، أخذت أفكارها من (استطلاع رأي) قدم لعشرة من الأطباء والأخصائيين النفسيين، ومن كتابات تمثل مواقف متنوعة بخصوص الموضوع، روعي في صياغتها ان تكون بصيغة المتكلم وقابلة لتفسير واحد، واعتمدت طريقة (ليكرت Likart) بوضع مقياس ثلاثي أمام كل فقرة (موافق، غير موافق، لا رأي لي).

• عينة الدراسة:
تألفت عينة الدراسة من (103) فردا بواقع (27) طبيبا نفسيا و(46)خبيرا بعلم النفس، و(30) مفكرا ومتقنا من (15) بلدا عربيا وستة بلدان أجنبية يقيم فيها أخصائيون نفسيون عرب.

*نتائج الدراسة:
توصلت الدراسة إلى عدة نتائج في ضوء الأهداف التي حددتها، وخرجت بعدد من المقترحات والتوصيات.

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Prevalence and risk factors of post traumatic stress disorder in Mosul city

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Iraq

SUMMARY

Context: Repression and sanctions have led to human suffering all over Iraq and resulted in a high prevalence of PTSD (Post-Traumatic Stress Disorder) symptoms.

Objectives: To estimate the prevalence of symptoms of PTSD, estimate the rate of exposure to traumatic events and identify resources used for emotional support.

Methods: A cross-sectional multi-cluster sample survey of 424 respondents aged 18 years and older, conducted in Mosul city from 1st March 2007 till 31st august 2007. 159 households were surveyed.

Main Outcome Measures: The Post Traumatic Stress Disorder Symptoms and Trauma events were measured by the Iraqi version of Harvard Trauma Questionnaire, Coping mechanism and emotional support through a locally informed questionnaire.

Results: During the past 27 years (97.96%) of respondents reported experienced at least 4 trauma events, (26.14%) reported experienced between 5-10 trauma events and (17.51%) experienced more than 10 trauma events. The most common trauma events experienced by respondents were when their homes were searched by military forces while they were present there, witnessing murder and murder of family members. the prevalence of respondents with symptoms of PTSD was (25.88%). PTSD symptoms were higher among women than men but the difference did not reach statistical significance (p value > 0.05). Rates of symptoms were high with higher numbers of traumatic events experienced. Religion and the family help were the main resources for emotional support.

Conclusions: In this mental health survey in Mosul city, prevalence of symptoms of PTSD was high. This finding suggests the need for donors and health care planner, and the need for trained mental health care professionals.

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A study of the effect of oral contraceptive pill on neuropsychological function

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Background: The study of the effect of menstrual cycle phase on neuropsychological function has relevance to the conduct of cognitive studies of pre-menopausal women as well as to age-related memory impairment, given declining estrogen levels post-menopausal. Previous findings of menstrual cycle effects

on executive function (EF) and working memory (WM) have been inconsistent. Studying subjects who are stable on an oral contraceptive pill (OCP) has the advantage of cycle regularity and fewer potentially confounding effects of mood variability. This study aimed to examine the effect of OCP phase on components of EF and WM.

Methods: 23 healthy women aged 18-40 years, who are stable on a standard strength estrogen containing OCP (mean duration 28.0 months) undertook neuropsychological tests at weeks 2 (while on active OCP) and 4 (on inactive OCP) of their cycle. Tasks tapped separate executive processes (Miyake et al., 2000): the Trail Making Test (shifting), Stroop (inhibition), Self-Ordered Pointing Task (SOPT) (WM monitoring); as well as those intended to tap WM slave systems (Baddeley and Hitch, 1974): forward digit span (phonological loop) and CANTAB spatial span (visuo-spatial sketchpad). Assessors were blind to cycle stage.

Results: There was no significant difference in Beck Depressive Inventory score or state anxiety between cycle phases. There was significantly better performance on the SOPT (increased mean level achieved: 8.4 vs. 6.9; $p < 0.05$; decreased total errors: 8.6 vs. 12.4; $p < 0.05$) and Trail Making Test (Trail B time: 48.9 vs. 52.8s; $p < 0.05$) at week 2 compared to week 4. There was no significant effect of OCP phase on Stroop, forward digit span or spatial span.

Conclusions: These results are consistent with a selective positive effect of estrogen on specific fractions of executive processes (set-shifting and WM monitoring) without effects on inhibition or WM slave systems.

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Caring For Those Who Care: Combating Compassion Fatigue

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The new advancements in health care services worldwide places increased demands on health care workers to perform maximally and they should therefore, be aware of factors that will enhance such performance. Compassion fatigue and vicarious trauma are important to recognize, screen for and manage for the wellbeing of both the worker and the health care organization. Compassion fatigue is defined as the negative changes that happen to health care and humanitarian workers over time as they witness other people's suffering and need. Over time this process can lead to changes in the worker's psychological, physical, and spiritual well-being. Feeling deeply committed and responsible can contribute to the process of compassion fatigue and vicarious trauma. This can lead to very high or even unrealistic expectations which eventually contribute to feeling burdened, overwhelmed, and perhaps hopeless. Risk factors include personal, situational and cultural factors. Risk factors include factors related to patients, workers, and work settings. Assessment instruments and methods are available for identification and management which include; awareness of the manifestations and impact, balance between work versus other personal life needs and connections with other people and with spiritual self. Based on the literature, this animated presentation will enlist some recommendations for both individuals and organizations to prevent the risks and to maximize the well beings of its member workers.

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Sleep Patterns in Post-Traumatic Disorder Patients:

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Member of International Society of Addiction Medicine (ISAM)

Trainer Approved by NCFLD

Background: Although sleep disturbance is considered a hallmark of posttraumatic stress disorder (PTSD), objective evidence for sleep disturbance in patients with PTSD has been equivocal. A growing body of

evidence shows that disturbed sleep is more than a secondary symptom of PTSD; it seems to be a core feature. **Objectives:** To explore the subjective and objective sleep disturbance in PTSD patients and interrelationship between severity of PTSD and sleep disturbances. **Methods:** The study designed as case control –cross sectional study, 20 patients fulfilling criteria of PTSD according to DSM-IV were recruited from outpatient psychiatric clinics of Institute of Psychiatry- Ain Shams University. Patients were selected irrespective to their sex, aged 18-45 years and didn't receive psychotropic medication two weeks before conducting the study. Those with axis- comorbidity or any concurrent medical or neurological diseases were excluded. Patients group was matched with control group including 10 healthy volunteers matched for age, sex, social standard selected from employees of Institute of Psychiatry- Ain Shams University. All patients were subjected to: 1). General medical and neurological examination, 2). Structured Clinical Interview for DSM-IV axis I (SCID-I), 3). PTSD checklist (PCL), 4). Standardized Sleep Questionnaire (SSQ) and 5). Polysomnography (PSG) overnight. Control group completed general health questionnaire (GHQ) to exclude any psychiatric comorbidity and was subjected to physical examination, SCID-I (non patient version), SSQ and PSG. **Results:** Statistical analysis of the data was conducted. Case group was found suffering from initial insomnia, interrupted sleep in addition they experienced night mares and sleep talking. Regarding sleep latency, sleep efficiency and arousal index marked affection in case group. The study showed that there was a significant increase in both stage I and II NREM sleep while stage III and IV were significantly decreased in patients with PTSD then their healthy counterparts. When we compared the two groups as regards REM sleep parameters, respiratory variables of sleep including hypoapnea, respiratory disturbance index, and desaturation index between both groups, we didn't find any significant statistical differences. However, apnea index and periodic leg movements were significantly higher in the PTSD group. **Conclusion:** Our study showed that patients with PTSD had disturbed sleep profile characterized by changes affecting NREM sleep parameters with no marked correlation to the severity of PTSD. Thus sleep hygiene counseling should be included in all treatment programs for PTSD patients.

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أرابسينات " نحو تواصل وتواصل عربي للعلوم النفسية
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نقدم في هذه الورشة قراءة لواقع العلوم النفسية في الوطن العربي من خلال ما حققته شبكة العلوم النفسية العربية:

- التواصل بين الزملاء من خلال قائمة المراسلات
 - تأسيس قاعدة بيانات الأبحاث العربية
 - تأسيس قاعدة بيانات الإصدارات العربية
 - المعجم الشبكي التفاعلي
 - الكتاب الإلكتروني للشبكة
 - المجلة الإلكترونية للشبكة
 - تأسيس قاعدة بيانات الأطروحات الجامعية
 - التعريف الفوري بالمؤتمرات العربية
 - عرض برامج و أنشطة الجمعيات
 - تأسيس منتدى الحوار بين أهل الإختصاص
 - تأسيس قاعدة بيانات الوظائف النفسية العربية
- بعد حوالي 10 سنوات من انطلاق الشبكة، تساؤلات في حاجة إلى إجابة :
- إلى أي مدى وفقتنا في تحقيق الأهداف التي رسمت منذ بداية هذا المشروع الأكاديمي
 - ما هي المعوقات التي اعترضتنا
 - هل وفقت الشبكة في تحقيق التواصل بين الزملاء
 - إلى أي مدى كان تفاعل الزملاء معها.
- ما هو مستقبل مثل هذه المبادرات الفردية و إلى أي مدى تستطيع مواصلة أداء رسالتها:
- في غياب العمل المؤسساتي (الجمعياتي، الأكاديمي، الجامعي، مراكز الأبحاث...) التي تتكفل بمثل هذه المشاريع الأكاديمية الكبرى
 - إلى أي مدى تستطيع المبادرات الفردية لوحدها تحمل عبء هذا العمل المتطلب لإمكانات بشرية و مادية تتجاوز بكثير إمكانات الأشخاص رغم قصورها و محدودية إمكاناتها

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A review of the evidence-based treatment of depression in bipolar affective disorder

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Bipolar disorder is one of the leading causes of disability worldwide, due to its high prevalence, morbidity and mortality. When symptomatic, around 60% of the time for bipolar I disorder patients and 95% of the time for bipolar II disorder patients, symptoms are depressive. However the management of depressive episodes in the context of bipolar disorder can be a matter of clinical conundrum.

The use of selective serotonin reuptake inhibitor (SSRI) antidepressants in combination with an antimanic treatment such as lithium or an antipsychotic has been recommended by the National Institute for Health and Clinical Excellence (NICE) in 2006 based on a meta-analysis of four randomized controlled trials (RCTs) in bipolar depression, which included older antidepressants not in routine use today. Since the publication of the NICE guidelines, the two largest RCTs of the use of antidepressants in bipolar disorder have found them to be ineffective, although some experts continue to suggest their use. To date, there are three treatments that have evidence of efficacy in bipolar depression shown in RCTs of reasonable size. These are Lamotrigine, quetiapine monotherapy and olanzapine plus fluoxetine.

Novel clinically useable biomarkers that indicate whether or not a patient would respond to a certain medication, such as quetiapine are currently being developed to help aid clinical decision making by practitioners and patients.

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Bipolar Disorder; a Receptacle for Psychotropics

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Secretary for Scientific Meetings

In recent years, much progress has been made in the diagnosis and treatment of schizophrenia and depression. Bipolar disorder however remains frequently misunderstood, leading to inconsistent diagnosis and treatment.

Recent studies showed that with broadening of diagnostic criteria to include the whole spectrum of bipolar disorder a prevalence range of 3.0 –8.8% higher than is commonly believed. Bipolar disorder is under diagnosed and frequently misdiagnosed.

Patients impaired insight into mania, failure to involve family members in the diagnostic process and inadequate understanding by clinicians of manic symptoms are some reasons for the under diagnosis.

This presentation will discuss the available treatment strategies for bipolar disorder, with the primary therapeutic objective in treating acute mania, acute depression, prevent recurrence through maintenance therapy and efficacy across a broad range of clinical presentations (e.g. rapid cycling , mixed mania). The present armamentarium mood stabilizers agents are a) lithium b) Anticonvulsant drugs c) Benzodiazepines d) First Generation Antipsychotics e) Second Generation Antipsychotics f) Dopamine stabilizing agents.

Pharmacotherapy and psychosocial intervention in the management of Bipolar disorder will be discussed during this presentation.

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The Role of Atypical Antipsychotics in Maintenance Management of Bipolar Disorder.

Dr. Mohamad Habashneh.-Jordan

Atypical antipsychotics are increasingly used for treatment of Bipolar Affective disorder. Maintenance is always the main concern in clinical practice. Seemingly evidence based data came from recent European studies show promising results in this regard.

This paper will focus on the evidence of the effectiveness of atypical antipsychotics in the treatment of the different phases of bipolar disorder. Quetiapine XR namely, emerges as an effective agent for the short and long treatment of BD.

Supported by AstraZeneca

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Effects of fluoxetine on sex hormonal levels in depressed male patients

Imad A.J Thanoon , Ashraf Hashim Ahmed ,
Basil Mohamed Ali Alchalabi

Objective: This study was conducted to assess the effect of fixed dose fluoxetine monotherapy in depressed male patients on serum levels of testosterone, prolactin, follicular stimulating hormone (FSH), luteinizing hormone (LH) and estradiol.

Subject and methods: Twenty male patients with depression on 20 mg/day fluoxetine monotherapy and 20 apparently healthy male taken as a control group, were included in this study, Serum hormonal levels of testosterone prolactin FHS, LH and estradiol were assessed in both patients on fluoxetine therapy and control group , using special kits for each hormonal assay with the ad of Gamma Counter .

Results: There were no significant differences in levels of testosterone, prolactin, FSH , LH and estradiol between depressed male patients on fluoxetine therapy and controls .

Conclusion: Fluoxetine therapy in a dose of 20 mg/day can be considered as a safe antidepressant drug on serum levels of testosterone, prolactin, FSH, LH and estradiol

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Prevalence and sociodemographic correlates of premenstrual dysphoric disorder in the Gulf city of Al – Ain – United Arab Emirates

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Objectives: This is an epidemiologic survey of the prevalence and impact of premenstrual dysphoric disorder (PMDD) among adult women attending the primary care clinics in the gulf city of Al-Ain in the United Arab Emirates (UAE). **Subjects:** Five hundred and eight (n=508) women in their reproductive years were selected at random from 5 clinics and were administered two screening instruments for PMDD

Results: The prevalence of severe forms of PMDD was 4.3% . Moderately severe cases were 8.1%. There was significant association between the disorder (PMDD) and several socio-demographic factors. There was no statistical difference in prevalence of the disorder between UAE national and expatriates. The degree of resulting disability was assessed using the Sheehan Disability Scale (SDS). Logistic regression analysis revealed a significant association between the presence of the disorder and four specific life stressors reported over the past 12 months. **Conclusion:** The prevalence of PMDD is consistent with the reported international rates and is higher among the highly educated and single. UAE nationals report less disability in association with the disorder. There was a strong association between major past life stressors in those women with the disorder compared with those without. These points to a specific biologic vulnerability that requires further study. The study also suggests co-morbidity with other psychiatric conditions.

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**Dental Phobia among patients attending for
Teeth extraction surgery.**

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Objective: This investigation was conducted to quantitate the anxiety associated with third molar extraction among patients attending the oral surgery clinic and to compare the measured anxiety before and after extraction and between men and women.

Material and Methods: The psychological test, State-Trait Anxiety Inventory (STAI) was given to 60 patients undergoing third molar extraction. The patients completed the test on the first examination (day 1), immediately before the extraction (day 2), and the day after the extraction (day 3).

Results: Results showed remarkable reduction in state anxiety scores (mainly stage 1V and V) on day 3 compared to the mean scores for days 1 and 2 although the difference between days 1 and 2 was not significant.

There are no significant changes in the trait anxiety stages among days 1, 2, and 3.

Women showed more anxiety state on day 2 than men.

Conclusions: State anxiety was more relevant than personality-related trait anxiety throughout teeth extraction, both of which can be quantitatively measured using the STAI. Understanding the nature of such anxiety would aid oral maxillofacial surgeons' efforts to improve patient care.

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Psychiatric aspects of polygamy in Jordan

Dr. Wael Samara MD. - Jordan

Polygamy in the form of polygyny is practiced in Arab and Islamic countries including Jordan, the attitude towards polygamy in these countries varies between men and women, and sometimes from one country to another according to cultural beliefs, in a survey that covered 200 men and 200 women in Jordan over 18 years of age, the difference in the attitude of both sexes was clear. The effect of polygamy on psychiatric morbidity was discussed, and the clinical experience in psychiatric consultation presented. Men, senior wives and junior wives reasons for consultations are discussed. With the conclusion that polygamy is a very complicated social phenomenon that needs to be taken in consideration by the mental health professional, as it could be a contributing factor in psychiatric morbidity.

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A Continuum Paradigm of psychopathology: Narcissism as the core contract in mental illness

Dr. Nasri Jacir

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This presentation proposes that the Narcissistic Spectrum Personality Questionnaire (NSPQ) developed based on Lowen's (1985) definition of Narcissism as the "denial of the true self," may potentially provide the framework for designing a measurement tool to assess psychiatric disorders on a continuum. In this design Attention-Deficit/Hyperactivity Disorder (ADHD) and Bipolar Disorder were selected to be placed on this continuum to support that both disorders are similar in their psychodynamic underpinnings. It is proposed that a longitudinal study be conducted with ADHD and Bipolar participants who will be randomly assigned to three groups, a) *actual drug*, b) *active placebo* (that mimics the side effects of the drug), and c) *inert placebo* (merely a sugar pill). The NSPQ scores are expected to decrease with time for all groups and significantly less so for participants receiving the inert placebo. Such findings may suggest that the side effects of drugs render a psychodynamically punishing insult to the participant resulting in their improvement. Specifically, this study will help elucidate the psychological impact of placebo, therefore, unraveling a possible explanation to the long sought question of why placebos are almost as effective as drugs. Participants will be able to see narcissism on a continuum that includes a range of pathological elements and will be challenged with the idea that categorical diagnoses can be looked at on this new continuum theory. Participants will also be challenged with a new idea that medications work by a psychological mechanism, namely, reducing the narcissistic load.

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Teaching Ethics in Psychiatry

Prof. Driss Moussaoui

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Ethics should be taught longitudinally across all stages and disciplines in medicine and in psychiatry. The experience of the Casablanca centre will be presented, highlighting a number of characteristics:

- The teaching should begin by implementing a number of practical measures to improve human rights of the patients;
- Theoretical teaching is based upon a number of classic philosophical texts on ethics, as well as on the WPA Madrid Declaration and its appended guidelines;
- The teaching should be highly interactive, based on actual cases, preferably known to everyone in the institution;
- The teacher must be the first to explain his/her own ethical dilemmas in daily practice, to encourage the students perceiving their own mistakes;
- The evaluation of the teaching is multiple, and might be based upon a research study conducted by the student under supervision;
- One of the main goals of such teaching is to improve the daily practice of the whole clinical team.

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Suicidality: Assessment and Pharmacological Treatment

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Presentation Abstract: Clinicians may be familiar with the epidemiology of suicide and its increased rates in many psychiatric disorders. However they are often less aware of the recent changes expected of them both clinically and legally in the need for much more precise assessment, monitoring and documentation of suicidality. Since this is a leading cause of death directly related to psychiatric disorders, it is of central importance and a topic of increasing attention and concern. Our understanding of suicidality is undergoing some significant changes. The implications of these revisions in our understanding are not widely known by practitioners. The aim of this lecture is to demonstrate how rating scales and structured interviews may be used to assess, monitor and document suicidality before and during treatment with psychiatric medications and to be familiar with the medications that may and may not impact suicidality.

Learning Objectives:

Following this presentation, participants will be:

- Better able to assess suicidality in clinical settings in ways that will protect their patients
 - Better able to assess suicidality in a clinical setting in a way that will improve their medico-legal protection
 - Be familiar with suicidality rating scales used in research studies and in clinical practice with their strengths and limitations
 - Better able to understand the Boxed Warnings from regulatory agencies with many psychiatric medications, the data supporting these warnings and the associated recommendations to clinicians for suicidality monitoring
 - Be aware of which medications are not approved to treat suicidality and the data supporting the anti-suicidality properties of any psychiatric medications.
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Stability of temperament in the general and clinical population

ELIE G. KARAM, MD
Professor and Head, Department of Psychiatry and Clinical Psychology

The Temperament Evaluation of Memphis Pisa Paris and San Diego Auto-questionnaire (TEMPS-A) (Akiskal et al., 2005) has been validated as part of Lebanese Evaluation of the Burden of Ailments and Needs Of the Nation (LEBANON), a national cohort study. The suitability of TEMPS-A administration on the general population was tested by the Institute for Development, Research, Advocacy and Applied Care (IDRAAC) (Karam et al., 2007). Another study on a clinical population was done in Saint George University Medical Center (SGH) and the Medical Institute for Neuropsychological Disorders (MIND), a sister institution of IDRAAC. A sample of 89 outpatients filled the TEMPS-A at baseline and follow up. The stability of each temperament score was tested for each patient with possible risk factors such as patient's age, gender, time between baseline and follow up, improvement of disorder(s) and number of diagnosis. Results of both studies will be presented suggesting not only the suitability of TEMPS-A for epidemiological studies but also what appears to be a relatively robust stability improvement in the temperament scores in a clinical setting.

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Adopting a holistic approach to patient care; Physical Health Screening in Bipolar Disorder.

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Objectives: This lecture outlines the cost to the individual and society of physical health considerations in Bipolar Disorder, along with a review of the international guidelines and consensus statements for monitoring cardiovascular and metabolic risk in this population. A practical health screening model illustrates how a monitoring system can be set up for this population from the initial stages of defining the clinical investigations to further refinement of the programme including lifestyle interventions.

Method: Given the particular challenges faced in the assessment and management of Bipolar Disorder, this lecture outlines the broad evidence to date in the field of physical health considerations in Bipolar Disorder compared to other mental illnesses and the requirements for screening in this population with reference to the available evidence including international guidelines and consensus statements.

Results: The lecture will demonstrate the need for increased awareness of the physical considerations in Bipolar Disorder, the requirement for proper screening, intervention and medical follow up to ensure the best outcomes for this patient population.

Conclusions: Lack of awareness of the physical health consideration in the population with Bipolar Disorder has led to worse outcomes resulting in both a personal cost and also high societal economic burden in this area. Bipolar Disorder presents with specific challenges in terms of the disease itself, the lifestyle and treatment regimes. This lecture demonstrates the growing evidence base and experience in this area emphasising the importance of early detection of physical health problems by adopting a person centered holistic approach to care including proper screening and healthy lifestyle interventions to improve outcomes and quality of life for people living with this condition.

Psychiatric morbidity across perinatal period in a sample of Egyptian women

Dina Ibrahim, Zainab Bishrya, Ahmed Saada, Osama Salehb, Gihan El-Nahasa and Mona El -Sheikha
Egypt

Introduction: Pregnancy and puerperium are universal events that face the majority of women in the reproductive age all around the world, during which major biological, hormonal, and psychological events occur .This study was conducted to verify the hypothesis and investigate)i (psychiatric morbidity in the perinatal period and its comparison with controls) .ii (Is there difference in the psychiatric state across the four perinatal periods?

Patients and methods: Accordingly, a study was conducted on 105 women who were pregnant or in the postpartum period .They were selected from the outpatient clinic of Obstetrics and Gynecology Hospital in the Ain Shams University .Control non pregnant women were also selected .They were subjected to Mini International Neuropsychiatric Interview -Plus, Beck Depression Inventory, State-Trait Anxiety Inventory, and Edinburgh Postnatal Depression Scale.

Results: Our study revealed that the prevalence of psychiatric disorders during the first and second trimesters of pregnancy was not significantly different in comparison with controls .However, it is much higher than controls during the third trimester with slight decrease in the postpartum period .The most common diagnosis that was found is adjustment disorder all through pregnancy .There were no significant differences between psychiatric morbidity across the perinatal period.

Conclusion: We can conclude that women are vulnerable to psychiatric morbidity in the perinatal period especially in the third trimester and they have high depressive and anxiety states.

Arab Culture and Mental Health Care

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This selective review describes recent literature and the authors' experience with mental illness and mental health care, and the impact of cultural transformation on mental health in some Arab Islamic cultures, particularly in Egypt, Qatar and Kuwait. Traditional extended Arab families provide a structure for their members that may sometimes prevent and or compensate for the effects of parental loss and mental disability. The role of traditional families in the care of members and in medical decision making is discussed. The impact of cultural change on Arab culture is also examined, as is the effect of intergenerational conflict in traditional families.

Mental Health and Polygamy: The Syrian Case

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The term polygamy is a Greek word meaning “the practice of multiple marriages”; this term used in the related areas of social anthropology, sociobiology, and sociology. In the last decade we have witnessed a growing body of knowledge around the world which examines the psychosocial and familial impact of polygamy on women, children and husbands. Some of these studies were conducted in Middle Eastern countries such as Egypt, Jordan, Palestine, Kuwait, and UAE and so on. To the best of my knowledge, the present study is the first to investigate and compare the psychological symptomatology, self-esteem and life satisfaction of women in polygamous and monogamous relationships in Aleppo (Halab) Syria. A reliable

sample of 276 household women is studied: 163 first (senior) wives in polygamous marriages and 113 wives in monogamous marriages. The following research instruments are deployed: the Symptoms Checklist (SCL-90), the Rosenberg self-esteem (SE) scale and both the Diener, Emmons, Larsen, and Griffin Life Satisfaction (SWLS) and socio-demographic scales. Findings reveal that senior wives in polygamous marriages experience lower self-esteem, less life satisfaction and more mental health symptomatology than women in their monogamous marriages. Many of the mental health symptoms were different; noteworthy were elevated somatization, depression, hostility and psychoticism, in addition to higher scores on the general severity index (GSI). These findings are best understood through consideration of the socio-cultural and economic realities facing these women. Implications for mental health practice, policy and further research are discussed.

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Role of psychiatric services in the time of Arab revolutions

Dr. Ghada Alkholy- Egypt

Introduction: In medicine, specialties are usually classified according to type of body organs, gender, and/or age. In psychiatry the case is very unique; we are working with the brain as an organ in its higher functions and with the human as a whole in all ages and both genders. Accordingly, we are concerned with the thinking (mind), emotions, and behavior of the humanity.

The current Arab revolutions are unique in its nature in the Arab history. It is the first time for the Arab people to highlight issues like freedom, justice, and dignity in the absence of foreign occupation. In other words, these revolutions are concerned with the "human being"!

Headlines

- The role of the psychiatric team as a human resource team.
 - The role of the psychiatric team in the quality of life of the Arab citizen.
 - The role of the psychiatric team in upgrading of the quality of the Arab citizen.
 - The role of the psychiatric team in education.
 - The role of the psychiatric team in research especially concerned with the changing personality of the Arab citizen.
 - The role of the psychiatric team in the political life
 - The role of the psychiatric team in supporting people at the time of revolution.
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Measurement Based Care: Can the Use of Scales and Structured interviews Change the Course of Treatment?

David V Sheehan MD MBA
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Presentation Abstract: Validated rating scales and structured diagnostic interviews are commonly used in research to aid in the diagnosis and assessment of severity of psychiatric disorders and to provide a framework for measuring response and remission. Structured diagnostic interviews provide precisely worded clinical guidance to help elicit and operationalize the DSM IV and ICD-10 criteria. Rating scales have been developed to provide both clinicians and patients with a means of measuring symptoms and functional impairment and to track change in these outcomes over time. Despite this, their integration into clinical practice is variable even though there are benefits to such measurement-based care. The aim of this presentation is to demonstrate how rating scales and structured diagnostic interviews can be effectively used to assess and monitor treatment outcomes in depression, as well as measuring impairment in religious life. A model for the computerization of such a diagnosis and treatment outcome system in Arabic will be shown live. This may help healthcare facilities and group practices in the Arab world to develop large computerized databases to quality control, systematize and improve diagnosis and treatment outcome tracking.

Learning Objectives:

Following this presentation, participants will be better able to:

- Appreciate the extent to which rating scales are used in clinical practice by a sample of their peers, and discuss the major sources of objection to the use of rating scales and structured diagnostic interviews (if they are not being used)
 - Outline the rationale for using rating scales for depression and their value in treating patients and bringing about more positive outcomes
 - Capture attributes such as functional impairment, suicidality, religiosity using rating scales to enhance treatment outcome and improve functionality
 - Utilize rating scales in order to effectively identify and implement specific treatment options that address residual symptoms
 - Demonstrate the use of select rating scales and structured diagnostic interviews
 - Utilize structured diagnostic interviews in order to improve diagnostic precision and to develop computerized databases in health care facilities
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Measurement Based Care: The Use of the Arabic Versions of the MINI and the SDS in clinical practice, education and research?

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United Arab Emirates University

Presentation Abstract: The use of structured diagnostic interviews and scales for measurement of functioning can yield many benefits. The utility of such measures are becoming diverse and of increasing importance especially in the new outcome-based era.

First, the utility of structured diagnostic interviews depends on the likely short term and long term benefits. The use of these formal measures in clinical practice and research can improve the collection, synthesis and reporting of information in comparison to the usual clinical examination. We have updated the most current version of the MINI 6 into Arabic and are working on its computerization; this could be helpful to improve accuracy in clinical diagnosis and treatment outcome tracking; and for building databases for both clinical quality control and for research in the Arab world. Also, in education of students and training of residents, such measures ensure that relevant topics are covered and that the quantification of symptoms are categorized based on the diagnostic classification and provides trainees with consistency in the assessment of their patients.

Second, the rating scales have also been developed to provide both clinicians and patients with a means of measuring functional impairment and to track change in these outcomes over time. Functioning scales can be effectively used to measure patient attributes on the different domains of functioning. This includes functionality at work/school, home/domestic, family / social and spirituality/religiosity domains. We have updated the latest version of Arabic SDS.

The specific use of the Arabic Version of both the mini International Neuropsychiatric Interview (MINI) and the Sheehan Disability Scale (SDS) will be demonstrated. This is useful as a tool for measuring mental health practice outcome in healthcare facilities and group practices in the Arab world.

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The World Federation for Mental Health: Building its constituency in the East Mediterranean Region for improving care and the lives of the mentally ill and their families

Prof. Mohammed T Abou-Saleh, Chief Executive Officer, Qatar Addiction Treatment and Rehabilitation Centre, Aspetar, Doha, Qatar and Professor of Psychiatry, St George's, University of London, London, UK and Vice-President of the WFMH for Constituency Building and the East Mediterranean Region
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The World Federation for Mental Health (WFMH) is an international membership organization founded in 1948 to advance, among all peoples and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of mental health. The Federation, through its members and contacts in more than 100 countries on six continents including the East Mediterranean Region, has responded to international mental health crises through its role as the only worldwide grassroots advocacy and public education organization in the mental health field. Its organizational and individual membership includes mental health workers of all disciplines, consumers of mental health services, family members, and concerned citizens. The organization's broad and diverse membership makes possible collaboration among governments and non-governmental organizations to advance the cause of mental health services, research, and policy advocacy worldwide. The presentation will introduce the WFMH current work program and initiatives with the aim of building its constituency in the East Mediterranean Region to advance the Mental Health agenda as outlined in the World Health Organization Mental Health Atlas 2011 and establish links with governmental and non-governmental organizations and contribute to their efforts to achieve country objectives for improving the lives of the mentally ill and their families.

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WFMH Collaborative Project with the Diabetes and Depression Dialogue (DDD)

DDD Project: Adopting a Holistic Approach in the Management of Diabetes and Depression.

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Objectives: This project is part of the Diabetes and Depression Dialogue initiative (DDD) carried out by a group of international and national non-governmental organisations including the World Federation for Mental Health (WFMH) demonstrating our longstanding commitment to promote a holistic approach to patient care and wellbeing. This key international programme describes the advancement and implementation of a person-centered approach to treat the whole person with these common co-morbid conditions. The lecture will include a brief review of the recently completed associated project the DDD "African Nurse Training Programme" which focuses on the mobilisation of the nursing workforce to recognise and manage Diabetes and Depression in 5 countries in Africa.

Method: This project is an international collaborative effort to address problems related to the commonly coexisting conditions of Diabetes and Depression. This lecture will review the recent work of this group by first highlighting the importance of early screening and diagnosis of Depression in those with Diabetes and examine the practical steps to prevent and manage Diabetes through lifestyle changes and effective interventions. The lecture will also outline the planning, implementation and evaluation of the DDD African Project.

Results: The lecture will demonstrate the need to increase awareness of these co-morbid conditions and highlights the importance of screening to ensure early diagnosis and adherence with treatment intervention.

Conclusions: Poor detection of Depression and Diabetes and the resulting poor care and adherence to treatment are major challenges to the care of these common co-morbid conditions. Hence the DDD initiative aims at playing an important role in increasing awareness in this area of co-morbidity. The lecture highlights the growing evidence base and experience in this area, emphasising the importance of early detection of these co-morbid disorders, adherence to treatment programmes and healthy lifestyle interventions to improve outcomes and quality of life for people living with these co-morbid diseases.

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Attitudes toward Help-Seeking among Middle Eastern Students and Their Cultural Belief about Mental Health Problems

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This study is the first to use identical data collection processes and instruments in Egypt, Kuwait, Palestine, and the Palestinian Arab 48 communities (Israel) to examine help-seeking behaviors and attitudes towards perceived cultural beliefs about mental health problems. Data is based on a survey sample of 716 undergraduate students in the four countries: 61 percent female and 39 percent male. Results indicate that respondents within these various countries vary in terms of recognition of personal need, beliefs about mental health problems (i.e. stigmatization), and the use of traditional healing methods versus modern approaches to psychiatric therapy. These variances were often related to differences in nationality, gender and level of education. The conclusion discusses differences between the respondents' expectations and the prevailing mental health service provision and delivery.

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The Eclipse of a Cultural Bound Syndrome

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A culture bound neurotic syndrome was described in 1975 in women who failed to satisfy the socially approved monorole of females in Arabian Gulf communities i.e. marriage and mothering. Though the syndrome was bound to, and conditioned by, culturally-shared social expectations it was not limited to the boundaries of the culture in which it was described (El-Islam 1975). The syndrome, which consisted of chronic somatizations, was most likely to be encountered in illiterate women, who were unmarried or who had infertile marriages. The somatic symptoms elicited a lot of care from relatives, who reversed the causal sequence of events by attributing the women's failure to get married or to have children to their physical ailments.

With the introduction of psychiatric services in the early 1970's, the psychogenic nature of the syndrome was recognized. Also, the expansion of education services for women allowed them to have socially accepted multirole in their communities. During the 1990's the syndrome became a rarity.

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Study of Brain Single Photon Emission Computed Tomography in a Sample of Egyptian Autistic Male versus Female Children

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Introduction: Autism statistics show that four times as many boys as girls are diagnosed with the disorder. There are several theories as to why autism in boys appears to be more prevalent than autism in girls. These theories involve both genetic factors and differences in how each gender displays symptoms.

Aim of the study: was to examine and compare the brain SPECT changes and differences between males and females children with autism.

Subjects and methods: Thirty (30) children with autism spectrum disorder (10 girls and 20 boys) were assessed through brain imaging using Tc-99m (HMPAO).

Results: Comparing male to female groups, bilateral superior frontal region showed high significant hypoperfusion among female group more than male group, regarding both mean brain count and mean

cerebellar count/pixel, yet, other brain regions, showed no significant difference between male and female groups with more affection of the left hemisphere than the right side.

Conclusion: the whole brain regions of autistic children showed hypoperfusion with more affection of the left side. Also there were significant hypoperfusion in superior frontal region in females in comparison to males.

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Neuropsychology in the Courtroom: What Mental Health Professionals Need to Know!

Dr. M. K. Hamza, PhD, LP, PA

Chief Neuropsychologist- The Neurobehavioral Clinic
Professor, Lamar University

1. What is Forensic Neuropsychology?
 2. Neuropsychological Evaluation: The Forensic Applications.
 3. Answering the key issue: how the individual is functioning, and/or will function (future predicted behaviors) in everyday life?
 4. To investigate an individual's functional capacity or mental competency.
 5. The Agent: Shifting roles from a 'helping agent' to an 'uncover-the-truth agent'.
 6. Drawing a broad generalization from currently existing, limited procedure(s): The challenge!
 7. Assessment of credibility: Can we detect malingering?
 8. The Clinical Judgment: The Complex Process of Integration of multi-facets information.
 9. The Expert Witness in the Court: What not to do!
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Depression among adults with diabetes in Jordan: risk factors and relationship to blood sugar control

Dr. Rasmieh M. Al-Amer-Jordan

Abstract

Objectives: The aims of this study were to estimate the prevalence of undiagnosed depression among adults with diabetes mellitus in Jordan and to determine the factors that may indicate the presence of depression and to examine the relationship between depression and blood sugar control among Jordanian subjects with diabetes.

Methods: A systemic random sample of 649 type 1 and type 2 diabetic patients aged 18–75 years was selected during the period from July 2009 to January 2010. A prestructured questionnaire was used for collecting the information about sociodemographic data and clinical characteristics. Depression was evaluated using the Patients' Health Questionnaire-8 (PHQ-8). A PHQ-8 score ≥ 10 has been recommended as a cutoff point for depression. Self-care management behaviors and barrier to adherence were collected. Weights and heights were measured. Glycated hemoglobin was abstracted from each patient directly after the interview.

Result: Of the 649, 128 (19.7) have depression according to the PHQ-8 scores. According to the multivariate analysis, females are more likely to develop depression than males with [odds ratio (OR), 1.91; $P=0.01$] and low-educated people versus educated people (OR, 3.09; $P\leq 0.02$). Being on insulin treatment also has a significant association with depression (OR, 3.31; $P=0.001$). Not following eating plans as recommended by dietitians, lacking self-monitoring blood glucose and increased barriers to adherence scale scores were also associated with depression among the subjects with diabetes.

Conclusion: The prevalence of depression among Jordanian subjects with type 1 and type 2 diabetes is high compared with some developed countries. This was associated with gender, educational level, insulin treatment, low self-management behaviors and increased barriers to adherence. This result shows the urgent

need to include the routine screening of depression during outpatient visit, which might help prevention, early detection and management of depression.

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Characteristics of interpersonal violence from Al – Ain Trauma Registry

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Background: An estimated 520 000 people were killed in 2001 as a result of interpersonal violence (IV) worldwide, a rate of 8.8 per 100 000 population. The cost of IV in the United States reaches up to 3.3% of the gross domestic product. We aimed to study all IV trauma patients who were admitted to Al-Ain Hospital so as to further understand this phenomenon.

Patients and methods: We studied the socio-demographic and clinical characteristics of seventy six (76) patients with intentional injury, a subset from Al-Ain trauma registry data which were collected prospectively over 3 years and analyzed with the PASW Statistics version 18, SPSS Inc.

Results: An estimated annual injury hospitalization of Interpersonal Violence in Al-Ain city was 6.8/100 000 population. Nearly 50% (n= 35) were in the age group of (30-44 years). 44.8% were injured in the context of domestic violence. Most were males 86.8% (n=66), and half (50%) were married. More than half 56% (n=43) were from the Indian subcontinent. Almost 50% (n=44) arrived to the hospital by private cars, 21 % (n=16) arrived by police cars and 19% (n=14) by ambulance. About 56% (n=43) had head, face and neck injuries. Half of the patients (n=38) were injured in the street. More than 80% had blunt trauma, and only 19% (n=3) had bullet injuries. The mean (SD) hospital stay was 8 (14) days. The median ISS score for the patients was 2 (Range 1-25). Almost all patients were admitted to the general ward 97% (n= 74) while less than 3% (n=2) were admitted to the ICU with no reported deaths.

Conclusions: Majority of patients in this study had minor body injuries. Nevertheless; the psychological impact may be major. This highlights the need to develop suitable mental health services in support of victims of interpersonal violence.

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Depression in primary care patients with chronic physical illness In Jordan University Hospital (JUH)

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By the year 2020, depression is expected to be the first source of the global burden of disease on community health and currently the 1st in 15 - 45 age groups. Despite its heavy disease burden, depression is often, Almost half of all depressed individuals in primary health care setting fail to receive a diagnosis of depression from their primary care physicians and in Jordan the rate is very much higher, subsequently depression is an underdiagnosed and under treated common health problem .

Depressed patients present substantial rates of co-morbidity with chronic medical diseases. Understanding the connection between them becomes of utmost importance for providing quality and holistic health care and for reducing the cost of care.

Purpose of the study:

- To find the prevalence of depression in patients attending primary care clinics in JUH.
- To find out any associations of depression with certain chronic physical diseases.

Material and Method:

- A group 407 patients who attended the primary care clinics in JUH between 1st of October and 31st of December 2011 and fit the inclusion criteria constituted the research sample.
- All patients fill in a self-administered questionnaire of two sections one involve social data, the second the type of health problem the patient is suffering from. the patient also filled in Beck Depression Inventory II (BDI II)

Results: Prevalence of depression in the sample was 45.5%

More results and recommendations will be discussed.

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Prescribing Errors in Psychiatry: the Jordan perspective

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AIMS AND METHOD

Studying prescribing errors in secondary care is a relatively new topic, and even in its infancy when psychiatric patients are the study population. Prescribing errors in psychiatry have not been a topic of study in Jordan generally, and at the Royal Medical Services' Hospitals particularly. The main aim of this study is to estimate the prevalence of prescribing errors in the Psychiatric Department at the Royal Medical Services.

RESULTS: One thousand and fifty prescriptions were written for patients during the study period, of which one hundred and thirteen intervention forms (10.8%) were completed. Thirty eight (34%) interventions were clerical errors, forty seven (42%) clinical errors, and sixteen (14%) related to other problems. In 11 (10%) cases, a potentially serious error was intercepted.

CLINICAL IMPLICATIONS: Prescribing errors are a common problem in mental health sector. Several preventive measures could be adopted to reduce these errors.

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“What are the treatment options for optimum long-term patient outcomes?”

Andreas Schreiner, Germany

Ensuring patients adhere with their medication remains a considerable challenge in the treatment of schizophrenia.^{1,2} Antipsychotic treatments must balance effective symptom control and adequate tolerability if patients are to remain on medication over the long term and achieve optimum outcomes.²

The sustained delivery and transparency of partial or non-adherence afforded by long-acting injectable (LAI) antipsychotics are features that distinguish them from other treatment options available for people with schizophrenia.³ However, depot or LAI antipsychotics have long been regarded by many psychiatrists as old-fashioned and stigmatizing^{4,5} and, as a result, physicians often do not inform their patients of LAIs as a treatment option or recommend switching to an LAI.⁶ The emergence of second-generation antipsychotic (SGA) LAIs at the beginning of the 21st century^{7,8} has provided psychiatrists with more options for the treatment of patients with schizophrenia. Additionally, recent data have challenged the established perceptions of psychiatrists regarding the efficacy of injectable formulations of antipsychotics. For instance, a recent meta-analysis of randomized long-term trials indicated that relapse rates for patients receiving depot or LAI antipsychotics were significantly lower than for patients receiving oral antipsychotics.⁹ Furthermore, the influence on long-term clinical outcomes, based on the improvement in remission rates and patient satisfaction, has been shown to be significantly greater for patients receiving RLAI compared with those patients on the depot first-generation antipsychotics, zuclopenthixol decanoate or fluphenazine decanoate.¹⁰

The availability of additional LAI formulations of SGAs, accompanied by evidence supporting their efficacy, impact on relapse prevention and patient functioning, suggest that this choice of treatment may play a greater part in the clinical management and help deliver improved outcomes for our patients with schizophrenia in the future.

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The neurobiology, clinical diagnosis, and current management of schizoaffective disorder.

Prof. Tawfiq Daradkeh- Jordan

Schizoaffective disorder is characterized by persistent psychosis (e.g. hallucinations, delusions), and mood episodes of depressive, manic and/or mixed types.¹ Schizoaffective disorder is a common condition with an estimated lifetime prevalence of 0.32%; approximately one third of the lifetime prevalence of schizophrenia.² Debate has however continued as to whether schizoaffective disorder is a form of schizophrenia or affective disorder, or the mid-point of a continuum between schizophrenia and bipolar disorder,³ and there remains a lack of consensus regarding both the conceptual and clinical aspects of this condition.¹ Nevertheless, Diagnostic and Statistical Manual of Mental Disorders (DSM)-based classification of psychiatric disorders identifies schizoaffective disorder as a specific clinical diagnosis,¹ and given its prevalence any clinician dealing with individuals with psychotic disorders will be required to care for patients with schizoaffective disorder.⁴

This session will comprise presentation and discussion on some of the recent neurobiological and clinical evidence underlying the differential diagnosis and treatment of schizoaffective disorder.

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Title: Mechanisms of Action of Transcranial Magnetic Stimulation for the Treatment of Depression: An update

Prof. Ziad Nahas, MD, MSCR
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American University of Beirut

Daily left prefrontal repetitive transcranial magnetic stimulation (rTMS) is an effective acute treatment for major depressive disorder (MDD)

We will review available clinical research while focusing on TMS' mechanisms of action. We will also discuss current limitations, maintenance strategies and future research developments to optimize the therapy.

Therapeutic Neuromodulation: Advances in the Treatment of Pharmacoresistant Major Depression

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Abstract

Treatment resistance is a common and disabling problem in the clinical management of major depression. For example, it is estimated that 20% to 40% of patients do not benefit from or are unable to tolerate standard treatments even after repeated treatment attempts. In addition, the large, NIMH-sponsored Sequenced Treatment Alternatives to Relieve Depression (STAR*D) Study reported that 40.1% of patients who achieved remission after failing one adequate antidepressant course experienced relapse (mean time 4.1 months) over 12 months of follow-up. Therapeutic neuromodulation embraces a range of innovative treatment approaches that involve the delivery of an electric current to a focal area of the brain. Among the well-studied of the treatment options in this new platform is Transcranial Magnetic Stimulation (TMS). TMS therapy is a noninvasive, non-systemic therapeutic device that uses MRI-strength, pulsed, magnetic fields to induce an electric current in a localized region of the cerebral cortex. When used as an antidepressant therapy, TMS produces a clinical benefit without the systemic side effects typical with oral medications and has no adverse effects on cognition. The evidence for the efficacy of TMS in the treatment of pharmacoresistant depression is substantial, spanning more than thirty controlled trials and over 2000 patients. As a result of this evidence, TMS is now an accepted standard of practice in published treatment guidelines worldwide. This session will explore the theoretical rationale for the use of therapeutic neuromodulation approaches to pharmacoresistant major depression. The preclinical and clinical evidence for the use of TMS as an antidepressant therapy will be discussed.

Antidepressant Brain Stimulation Techniques

Prof. Malek Bajbouj- Germany

Affective disorders, especially major depression, are the most common psychiatric disorders. Although well treatable, a number of patients does sufficiently respond or tolerate antidepressant pharmacotherapy. Therefore there is a need for safe and efficient alternative therapeutic strategies. Antidepressant brain stimulation techniques such as electroconvulsive therapy, magnetic seizure therapy, repetitive transcranial magnetic stimulation, Vagus nerve stimulation, and deep brain stimulation belong to these alternatives. In this article we review their mechanisms of action and summarize efficacy and adverse effects.

Sexual functioning among adolescents with Down syndrome: A cry from Amman

Dahoud Raddad, Mostafa Amr, Zayed Zayed, Mohamed Deba, Moussa Hassan , Naim Hasan

Presenting author: Mohamed Deba
 Amman-Jordan

Background: In recent years, there is increased interest in sexuality among teenagers Down syndrome (DS). However, psychiatric research among this population in the Arab region is relatively scanty in comparison with the western world.

Aims: This is a cross sectional study to explore the demographic characteristics and the sexual profile among 23 adolescents with DS attending the outpatient psychiatric clinics of a tertiary care hospital in Amman, Jordan

Method: The participants were examined using a semi structured questionnaire for collection of demographic and data regarding sexual development and functioning. **Results:** The mean age of the sample was 13.6 years, 70% males; in an evaluation of self-care skills, 42 % took showers, 63% performed their physiological needs, 77% intimate hygiene and 36% oral hygiene without help. 48% of the teenagers masturbated, 33% on a daily basis, 78 % in private, and 22% in a public location. 82% found themselves

attractive and 33% would not change anything in their appearance. Their pubertal development was normal and they were satisfied with their body image with future perspectives of living a normal life of getting married and having children.

Conclusion: We found that they presented normal development in the exercise of their sexuality, but with difficulties in adjustment and sexual functioning. Psychiatrists should be particularly vigilant about sexual behavior in adolescents with DS.

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**Personal and Social Function
In Schizophrenia**

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Schizophrenia is a chronic debilitating disorder that impacts on a patient's quality of life. Cognitive impairment is a progressive tenure of the disorder which is usually linked with poor management and noncompliance to treatment and negligence of social functioning with its different domains. The Paper discusses various assessment tools of social functioning and gives emphasis on personal and social performance scale (PSP). The application of PSP on chronic schizophrenic patients contributes to good the Holistic management of the disorder.

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Pharmacological treatment of PTSD

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Rate of admission among schizophrenic patients

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Background: In order to improve the outcome of schizophrenia, we must deepen our understanding of its heterogeneous aspect.

Several studies have shown that more than 50% of patients can be described as having a poor outcome, with repeated hospitalization, exacerbation of symptoms, and episodes of major mood disorders. Kraepelin original concept of dementia praecox was founded on the belief that such illnesses progressed to a state of global deterioration, or at least resulted in permanent damage to the personality.

Objectives: To determine the rate of hospital admission in relation to different variables.

Method: The study sample includes 193 schizophrenic patients attending the outpatients of Princess Basma hospital in Irbid and national mental health center in Amman / Jordan.

Results: There were no significant statistical relations between the rate of admission and the educational level , marital status , employment , and age of the patients . But there were significant relation between the types of medications and frequency of readmission. 94.12% of patients, who were treated with mixed typical(DRAs: dopamine receptor antagonists) and atypical (SDAs:serotonin and dopamine antagonist) , 48.94% of patients treated with SDAs , and 46.34% of patients treated with DRAs , were re-admitted to hospital many times .

Conclusion: Schizophrenic patients usually respond to treatment with any single antipsychotic drug , weather conventional or atypical Polypharmacy is only recommended after several failures with sequential antipsychotic Monotherapy , including consideration of clozapine and conventional antipsychotics . We recommend the use of single antipsychotic drug for the treatment of schizophrenia, rather than the combination of more than one antipsychotic.

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العلاج الروحاني في المجتمعات العراقية

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الخلفية: الاعتقاد بالتلبس أو المس.

المقدمة: مازال الكثير من المصابين باضطرابات عقلية أو نفسية في المجتمع العراقي وعلى اختلاف واقعه الاجتماعي والثقافي يزورون المعالجين الروحانيين قبل مجيئهم إلى الطبيب المختص لاعتقادهم بتأثير الجن أو السحر على الرغم من التقدم الحاصل في الوعي الصحي وفي مجالات العلاج النفسي الحديثة.

الغرض من الدراسة: دراسة مدى اعتقاد المرضى العراقيين المصابين باضطرابات عقلية أو نفسية بالأسباب الغيبية وتمسكهم بأهمية العلاج الروحاني وتأثير متغيرات الجنس، الواقع الاجتماعي، المستوى الثقافي ونوع الإصابة على نتيجة العلاج. **طريقة البحث:** سؤل عشوائيا أفراد عينة من مراجعي عيادتي الخاصة تألفت من ألف مريض تراوحت أعمارهم من 10 إلى 75 سنة، الأسئلة التالية:

1. هل زرت معالجا روحانيا قبل مجيئك إلى هنا؟
2. لماذا زرته؟ ممسوس --- مسحور --- محسود.
3. من هو؟ سيد --- شيخ --- أمام --- عراف --- أكثر من واحد.
4. ما هي الوسيلة التي استخدمها معك؟ تعزيم --- تعويذة --- اغتسال بالماء والتبخير --- الضرب بالعصا أو السوط --- العزل والتجوع.
5. هل استفدت؟ كثيرا --- قليلا --- لم استفد.

تم فرز أفراد العينة الذين اجابو بنعم راجعوا روحانيا قبل مجيئهم وعددهم 700 مريض لدراستهم حسب المتغيرات التالية:
1-الجنس 2- الواقع الاجتماعي (ريف - مدينة) 3-المستوى الثقافي (امي - يقرأ ويكتب - جامعي) 4 - نوع الإصابة بالمرض مشخصا وفق مبادئ التصنيف الأمريكي DSM4 ومدى استفادة كل واحد منهم بحالته . لتحليل النتائج تم استخدام الجداول والنسب المئوية والمقارنة الإحصائية على مستوى معنوية 0.01 < P واستخدام الأحرف للدلالة على الفروق أو التشابه.

النتائج: أن 70% من المرضى العراقيين المصابين باضطرابات نفسية راجعوا معالجا روحانيا قبل مجيئهم إلى الطبيب 71 %منهم من الرجال، 54% من الأميين 57.87% من أهل الريف. أن 57% منهم يعتقدون بالمس، 64.5% عولجوا بالتعزيم والتبخير. القليل منهم استفادوا، اغلبهم من المصابين باضطرابات عصابية.

من خلال البحث تبين أن الناس في المجتمع العراقي وبخاصة الأميون من أهل الريف ما زالوا يعتقدون بالأسباب الغيبية للإصابات النفسية وان المعالجين الروحانيين قادرين أن يخلصونهم منها، لكن ذلك لا يعني أن المتقنون في منأ عن ذلك الاعتقاد لان نسبة عالية منهم أفادوا بأنهم كانوا بالواقع قد زاروا معالجون روحانيون. يتفق ذلك مع ما أشارت إليه الدراسات السابقة إلى أن أكثر من 70 % من الناس يراجعون الروحانيين بدعوى إصابتهم بالمس.

الاستنتاج : أن الاعتقاد بالمس ودور المعالجين الروحانيين في إزالته مازال متفشيا بين المصابين باضطرابات نفسية في المجتمعات العراقية على الرغم من توفر جميع وسائل العلاج النفسي الحديثة.

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Possession States:

Cultural & Nosological Considerations

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Both current editions of the International Classifications of Diseases (ICD-10) and the Diagnostic & Statistical Manual (DSM-IV) provide clinicians with grounds to consider possession states. The ICD-10 provided a description of “Trance and Possession Disorders” (F44.3) in the main text under the F44 category of “Dissociative (Conversion) Disorder”. However, DSM-IV, in its Appendix I, has provided a

description of “Dissociative Trance Disorder” or “Possession Trance” under the category of “Dissociative Disorders Not Otherwise Specified” (300.15). The forthcoming DSM-V has proposed to include “Trance and Possession Disorder” in the main text as part of the Dissociative Identity Disorder (DID)” by mentioning “experience of possession” in criterion A of the proposed revision of DID. The rationale of such inclusion, according the DSM task force, is to “increase global utility” of “Trance and Possession Disorder”.

Despite all that, possession states are still arguably not well seated within our current nosological systems. Their current nosological status epitomize the theoretical stance that symptoms recognition, disease construction and nosological or taxonomic strategy in psychiatry reflect, and are constrained by, the cultural norms and values as well as the political, educational and economic organizations of the society in which they are entrenched.

Nevertheless, psychopathological literature has shown that the belief in demonic influence is still very common in many cultures around the world including the middle East and that there are limited evidence to suggest psychiatrists’ utilization of such nosological entities. It is argued that psychiatrists’ attitude and their own believe model regarding possession states may be hindering the health care uptake by many patients, who are in need of psychiatric help, with negative prognostic consequences on their suffering.

This presentation explores the cross-cultural views on both psychopathological and non-psychopathological forms of possession states and pays particular attention to the roots of these states in the Islamic literature. The presentation also critically appraise the validity of possession states as a nosological entity from Islamic perspectives and attempts to provide practising clinicians with a framework that consider the patient health-believe model and maximize the health care system utilization.

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Addiction is a conflict between desire and will

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Addiction is a state in which an organism engages in a compulsive behavior, even when faced with negative consequences.

This behavior is reinforcing, or rewarding. A major feature of addiction is the loss of control in limiting intake of the addictive substance.

The most recent research indicates that the brain’s reward pathway

may be even more important in the craving associated with addiction, compared to the reward itself.

Scientists have learned a great deal about the biochemical, cellular, and molecular bases of addiction; it is clear that addiction is a disease of

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Cognitive Behavior Therapy Training Project in South Africa

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Method: Strategies to effectively and efficiently disseminate and implement evidence-based addiction treatments are a priority to improve the impact of the substance abuse treatment system. This study systematically assessed the relative effectiveness and cost of 3 different approaches of disseminating and implementing cognitive behavioral therapy (CBT) knowledge and skills to addiction treatment clinicians in the Republic of South Africa (RSA) using a randomized clinical trial methodology. The study involved 143 addiction clinicians, located at 24 sites in 5 South African provinces. The 3 conditions included: 1. An in vivo dissemination and implementation (IV) approach in which clinicians received in-person training and on site coaching sessions from a master trainer who was an expert in the use of CBT for stimulant addiction; 2. A distance learning (DL) approach in which the master trainer used a video conference

platform for dissemination and coaching via teleconference; 3. A control condition (C) in which a CBT manual was given to each clinician with a 2 hour orientation to how to use the manual.

Results: IV and DL dissemination approaches resulted in superior CBT knowledge acquisition and a significantly greater quantity of CBT techniques compared to the C condition but no difference between the IV and DL conditions. During the implementation phase, the IV condition produced a significantly greater frequency of CBT technique application than the DL condition and the DL condition promoted more CBT application than the C condition. The IV condition resulted in a superior level of CBT quality than the DL and C conditions during the implementation and sustainability phases. Cost data indicated that there were major differences in the cost of delivering the 3 approaches, with IV approach costing 2 times more than the DL approach and the DL approach cost 5 times more than the C condition. Future studies of DL strategies should assess a coaching approach with a video feedback capability. As policymakers consider the challenges of disseminate and implementing EBP (evidence Based Practice), effectiveness has to be considered together with cost realities.

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