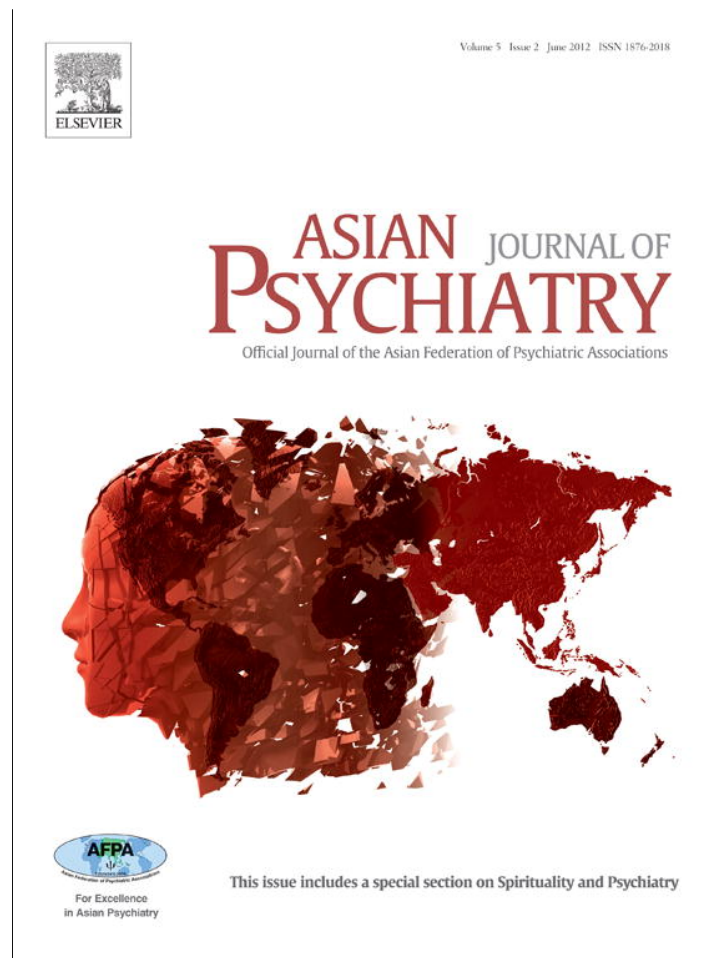


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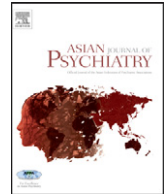
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Asian pearls

A synopsis of recent influential papers published in psychiatric journals (2010–2011) from the Arab World

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ABSTRACT

Six recent and influential papers that have appeared in the three leading psychiatry journals from the Arab region are summarized in this review. The first paper examined the prevalence of eating disorders (EDs) in rural and urban secondary school girls in Sharkia; more EDs were found among urban than rural population. The second study reported the high prevalence of Post Traumatic Stress Disorder (PTSD) in primary school children in Iraq in context of the present situation in Iraq dominated by violence creating a traumatizing atmosphere for the population, especially children. The third paper reported that substance dependent patients manifest elevated traits of impulsivity; emotionally driven impulsivity in particular predicted substance related problems. The fourth study reported significant cognitive impairments at illness onset in a large sample of patients with a first psychotic episode. The fifth paper, investigated the cultural imprint on symptom profile of mood disorders. Culture effect on mood disorder was more prominent in depression than in mania. The last article examined the relations between social circumstances, medical morbidity, locus of control and depression in elderly patients suffering from medical conditions. Overall, the papers describe a wide spectrum of research initiatives in the Arab World that are likely to have implications for global mental health.

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1. Introduction

This review is a follow up to the first paper published in the Asian Journal of Psychiatry entitled "A synopsis of recent influential papers published in psychiatric journals from the Arab World" (Okasha and Boutros, 2010).

2. Selected papers

2.1. *Eating disorders in females in an Egyptian Governorate, from the Middle East Current Psychiatry Journal*

The first paper selected for the review is by Mohab Mounir Fawzi and others entitled "Prevalence of Eating Disorders in a Sample of Rural and Urban Secondary School-Girls in Sharkia, Egypt", published in Current Psychiatry (now known as Middle East Current Psychiatry), Vol. 17 No. 4 October 2010 (Fawzy et al., 2010). The authors highlighted that eating disorders (EDs), including anorexia nervosa (AN) and bulimia nervosa (BN), along with their variants, are serious illnesses that often have a variety of

medical complications, some of them being irreversible and life threatening, and have significant psychiatric co-morbidity (Klump et al., 2009; Johnson, 2003). And that until recently, these disorders have been often regarded as 'Western culture-bound syndromes', arising in societies with excessive emphasis on weight, shape and appearance (Day et al., 2009). This is a cross-sectional study conducted during the academic year 2009/2010. The identification of cases was performed in two stages. First stage, all participants were asked to complete the demographic and the EAT40 questionnaires administered in a single session during their class breaks; in another session the anthropometric measures were obtained to estimate the body mass index (BMI). Second stage, all subjects scored at or above the cut-off point of 30 on the EAT40 (EAT40 positives) were examined face to face by a psychiatrist with the eating disorders module of the Structured Clinical Interview for DSM-IV axis I Disorders (SCID-I). A control group was selected randomly from students who scored lower than 30 on the EAT40 (EAT40-negatives) and paired with the EAT40 positives by age. They were, like the EAT40-positives, assessed with the eating disorders module of the SCID-I. Using the EAT40, in the screening stage of this study, we found that 11.2% of a sample of secondary school girls, from Sharkia governorate, had a score above the threshold of 30 (EAT +ve) with insignificant difference between rural and urban groups. Secondary school girls in Cairo showed a very close figure of 11.4% (Nasser, 1994). The rate obtained is also

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broadly concordant with the results of studies in other Arab countries (Eapen et al., 2006; Thomas et al., 2010) as well as in Western societies (Sepulveda et al., 2008). Although this is quite similar with an earlier suggestion that morbid eating patterns are emerging with similar rates in Egyptian societies to those found in Western cultures, result interpretations at this screening stage may require some caution (Jacobi et al., 2004). They concluded that prevalence of EDs in Sharkia seems to be as high as in Cairo and in Western countries. EDNOS, in particular, is more frequent in the rural setting. Although caution was required while interpreting their findings, they agreed with the suggestion that factors influencing the distribution of EDs by place of residence are far more complex than currently thought. They also suggested that previous researches showing EDs as particular to culture should be examined again.

2.2. Post Traumatic Stress Disorder in Iraqi primary school children, from the Arab Journal of Psychiatry

This paper by Ali H. Razoki, entitled “Prevalence of Post Traumatic Stress Disorder in Primary School Children in Baghdad – Iraq” was published in *The Arab Journal of Psychiatry* (2010) Vol. 21 No. 1 Page (61–69). It highlighted that present situation in Iraq is dominated by violence including looting, kidnapping, torture, and murder. This has a severe impact on people especially school children who were exposed to many kinds of traumatizing events that may precipitate Post Traumatic Stress Disorder (PTSD). PTSD is often associated with high morbidity and may be disabling. Children represent the future of this troubled country and studying the extent of PTSD particularly in school children is the first step to provide early treatment and to plan for preventive measures. Multistages sampling method had been used involving the four educational Sectors of Baghdad (Karkh 1,2 Risafa 1,2) as the base for stratification as the sample size was 600. In every stratum 4 schools had been chosen randomly forming a sum of 16 schools. In each school using systematic random sampling 37–38 children, 6–7 students were included from each grade. The Arabic version of M.I.N.I. (International Neuropsychiatric Interview PTSD module ‘I’) was applied. Direct interview with the children had been conducted by two well-trained psychologists. 47% of children had been exposed to a major traumatic event during the last two years, which points out to the volatile and violent environment they are living in. This warrants exceptional efforts to re-stabilize the situation in order to avoid wide-spread morbidity and disability amongst those children. 14% of the children met the diagnostic criteria of PTSD, which may suggest that Iraqis and especially children may develop resilience thus adapted in one way or another to stressful and traumatic events probably because of the repeated exposure to such events. This has acted as a psychological immunization. The prevalence rate of PTSD was lower than expected compared with similar studies elsewhere. 22.2% African schools (Seedat et al., 2004), while it was 35% after US embassy bombing in Nairobi (Njenja et al., 2004); while in Afghanistan 20.1% (Scholte et al., 2004) and 41% (Cardozo et al., 2004) in two different studies, and it was 31% in bombing victims in France (Verger et al., 2004). However, the prevalence rate of 14% is high enough to cause concern to take preventive and therapeutic measures to deal with it. The male/female ratio of 1/3 had been proved to be statistically significant although the number of females in the sample (375) was higher than male (225). The age distribution of the affected children indicates a significant high percentage of the disorder among children aged 10 (20%), 11 (19%), and 12 (22%). This may indicate the critical stage for the children on the threshold of adolescence who try to conceptualize the illogical traumatizing event. These results trigger the workers in the field to carry out further research on the consequence of stress and their

long term follow up. The study concluded that the psychological impact of the current extremely violent situation in Baghdad and Iraq. The need is essential for an effective plan and program to deal with the psychological trauma and its devastating effect. Further researches in this field are essential. Study of comorbidity of PTSD in both children and adults is warranted. The initiation of psychosocial support center in Baghdad and other sites had become an urgent need. It advised to design the future mental health program with better cooperation and coordination with ministries of education, higher education and work affairs.

2.3. Impulsiveness as a predictor of substance dependence related problems, from the Egyptian Journal of Psychiatry

This paper was entitled “Impulsiveness as a Predictor of Substance Dependence Related Problems” by Salwa Erfan. It was published in *Egyptian Journal of Psychiatry*, June 2010;31(2):41–50. The author discussed that drug addicts are often described as being impulsive, risk-taking or sensation-seeking and make poor choices. In fact, the evidence suggests that drug addiction is linked to certain personality traits. Being impulsive is one of them, and a tendency to seek out new sensations (often described as “living life to the full”) is another. Impulsivity (or impulsiveness) is defined as a predisposition toward rapid, unplanned reactions to internal or external stimuli without regards to the negative consequences of these reactions to self or others (Moeller et al., 2001). It is a multifaceted construct that has recently been recognized as a factor contributing to enhanced vulnerability to drug abuse. The study aimed at testing first the hypothesis that substance dependent patients manifest elevated traits of impulsivity. Secondly, to elucidate the relationship between impulsivity, indices that measures personality dysfunction, and those reflecting severity of addiction. The study included 45 substance dependent male patients and 45 health individuals (matched for age, educational level, and social class) were recruited. Both groups were subjected to the following: Semi Structured Interview, Structured Clinical Interview for DSM-IV (SCID), and UPPS-P Impulsive Behaviour Scale. In addition, patients were subjected to Temperament and Character Inventory (TCI) and Addiction Severity Index (ASI). The study concluded that substance dependent patients manifest elevated traits of impulsivity, particularly lack of Perseverance and lack of Premeditation. Reward dependence, Sensation, Novelty Seeking and emotionally driven impulsivity predicted substance related problems.

2.4. Cognitive functions in first episode psychosis, from the Middle East Current Psychiatry Journal

The next paper is from a group of investigators from Egypt. It is entitled “Cognitive functions in first episode psychosis” by Hosam Elsawy, Mohamed Abd El-Hay, and Adel Badawy. It was published in *Current Psychiatry* (now known as Middle East Current Psychiatry) Vol. 17 No. 4 October 2010. Cognitive impairments are considered a central feature of schizophrenia, mania and psychotic depression (Kurtz, 2005; Green et al., 2004). However, there is still an ongoing debate about the course of cognitive functioning in these patients (Townsend and Norman, 2004; Rund, 1998). It has recently been suggested that cognitive impairment should be included in the diagnostic criteria of schizophrenia. One of the main arguments in support of this suggestion is that cognitive impairment may help distinguish schizophrenia from bipolar disorder (BD). However, recent evidence shows that cognitive deficits occur in BD and persist beyond euthymia. Further, mood disorders with psychotic features might be expected to manifest greater cognitive impairment, which further complicates the potential to differentiate these disorders (Bora et al., 2010). The study was done in Tanta University Hospitals;

these include Neuropsychiatry Department and Tanta University Center for Psychiatry and Neurology. Neuropsychiatry Department has 70 beds for psychiatric inpatients and 3 outpatient clinics which work 6 days/week and serve at least 60 patients per day (1500 per month, 18,000 per year). Tanta University Center for Psychiatry and Neurology has 100 psychiatric beds and has 4 outpatient clinics which serve at least 25 psychiatric patients/day. These hospitals serve 4 governorates (Gharbia, Kafr Elsheikh, Menofia and Behira). Participants were all out patients experiencing their first psychotic episode and received no treatment before or at least in the past 4 weeks. The study included 254 patients (95 schizophrenics, 21 schizoaffective, 107 bipolar [manic or mixed episode] and 31 psychotic depressions), compared to 70 healthy matching controls. The study showed that cognitive deficits are found in all psychotic disorders in their first episode. The cognitive deficits are the same in both schizophrenia and BD. Against these results a recent study that showed that cognitive deficits are found in all psychotic disorders but are most severe and pervasive in patients with schizophrenia and least pervasive in those with BD or mania and they found deficits in patients with BD or mania were less pervasive but evident in performance scores or verbal memory and fluency tests (Deborah, 2009). In this study, the cognitive impairment is much less in psychotic depression than both schizophrenia and BD. Cognitive dysfunction are commonly reported and objectively measured by neuropsychological testing in depression and most of studies indicated that these changes are caused by neuro-anatomical changes in the fronto-subcortical and/or fronto-temporal circuits that suggest a relationship with disease duration besides other factors as age of onset and genetics (Naismith et al., 2002; Hickie et al., 2005) and this may explain why cognitive dysfunctions are less in early stages of the diseases compared to schizophrenia and mania. Most of the literature before suggest that depressive symptoms and cognition play some role in determining disability at least in older or elderly persons but studies are less in early stages of the disease to detect even subtle impairments in fronto-subcortical functioning in younger or middle aged individuals. They concluded that cognitive disability experienced by psychotic patients in their first episode needs careful assessment as it may persists after treatment of the main psychotic domain and leads to major deterioration. Cognitive dysfunctions are present in all psychotic domains and should not be ignored in BD and depression.

2.5. Culture role in symptom profile of mood disorders, from the Arab Journal of Psychiatry

The next paper is entitled “Cultural imprint on Symptom profile of mood disorders: An epidemiological study in different subcultural sites in a Nile delta governorate” by El-Hadidy, M.E., El-Hadidy, M.A., and Abo El-Ess, W.F. It was published in *The Arab Journal of Psychiatry* (2010) Vol. 21 No. 2 Page (177–186). They aimed at finding out the differences in clinical symptoms profile of mood disorders between rural and urban areas in Egypt. A sample of people was selected using the multistage random sampling technique then a survey study was done using Mini InterNational Neuropsychiatric Interview over 600 people from two villages and 400 people from two cities in Dakahlia governorate. All patients who were diagnosed as mood disorder according to DSM-IV TR criteria enter depth study including complete physical and neurological examination to exclude organic causes and clinical symptoms profile of mood disorders in rural and urban population, according to DSM-IV TR. Regarding depressive symptoms in patients with depression and dysthymia in rural versus urban population: in the present study it was found that, low energy, insomnia and depressed mood were more common than other depressive symptoms in both population. On the other hand, the present study shows that there were many secondary syndromal

manifestations that change with cultural factors as, agitation, insomnia and lack of concentration were more common in urban depressive and dysthymic patients but motor retardation, lost appetite, depressed mood and low energy were more common in rural depressive patients. However this result was expected to some extent and may be explained by urban population subjected to many stressors as over-crowding, pollution and low financial resources in comparison to the increasing need for civilization. Also it was found that, somatic symptoms were more common in major depression and dysthymia of rural population than urban population. This may be explained by rural subjects who tend to translate their feelings into body language. This may be because of a greater social acceptance for physical complaints than psychological complaints, which are either not taken seriously or rarely believed to recover with some rest or extra praying. They mask their effect with multiple somatic symptoms which occupy the foreground and the affective component of their illness recedes to the background. Accordingly, they either resort to the general practitioner or the primary health care physician asking for unnecessary investigations which are costly for a developing country or they ask the traditional healers to alleviate their sufferings. A considerable number did not ask for help at all, especially in rural population, in which absenteeism from work or in ability to face day to day affairs are not much criticized by their community. Lack of pleasure was more common in urban than rural population with highly significant differences. On the other hand suicidal ideations were more common in rural population in contrast to urban population in spite of religious attitudes, so religion seems to suppress the actions but not the thoughts. The present study supports the result of Okasha et al. (1988), which revealed some differences between Western and Egyptian populations. In Egypt, depression is manifested mainly by agitation, somatic symptoms, hypochondriasis, physiological changes such as decreased libido and anorexia, and insomnia, which is not characterized by early morning awakening symptoms, also ideas of guilt, sin and reproach are not common in Egyptian patient. In reference to Manic symptoms among bipolar patients in rural versus urban population: the present study found that, talkativeness, decreased need to sleep, and increased motor activity were the most common symptoms in bipolar patients of both populations (100%, 95.8%). However, distractibility, flight of ideas and grandiosity were nearly equal in both populations this may reflect that the biological base of this disorder plays a greater role in pathogenesis of these symptoms than cultural and environmental factors. On the other hand, disruptive behavior was more common in rural patients than urban patients (50%, 18.2%) this may be explained by the fact that low level of education and social classes were more observed among rural population which have major coloring of this type of behavior.

2.6. Locus of control in depressed geriatric inpatients, from the Egyptian Journal of Psychiatry

The final paper is entitled “Psychosocial Correlates and Locus of Control in Depressed Geriatric Inpatients” by Noha, S., Hanan, E., Mona, E. and Salwa, E. It was published in the Egyptian Journal of Psychiatry, January 2010;30(1):47–55. They highlighted that depression in old age is a pathological process, not a normal reaction to growing older. The majority of people can cope with aging, and feel happy and fulfilled (Alexopoulos, 1992). Depression tends to be denied by the current generation of elderly people, many of whom were raised in an atmosphere where showing your feelings was discouraged, and this adds to diagnostic difficulties. Co-morbid medical conditions, the tendency of patients to somatize their feelings, cognitive deterioration, and multiple life events, often of loss, are all variables that can further complicate

the diagnostic process (Evans, 2002). Older medical inpatients are five to ten times more likely to have major or minor depression than older persons in the community (Cole et al., 2006). Thus, the aim of the study was to detect the relation between social circumstances, severity of medical illness, locus of control and the presence and severity of depressive disorders in elderly patients suffering from medical conditions. The study was a case–control study conducted on the general medical wards of Kasr El Ainy hospital, where 100 elderly Egyptian patients aged 55+ years participated in the study. Subjects had no cognitive impairments, and were suffering from a chronic medical illness. Both control ($n = 50+$) and depressed groups ($n = 50$) were identified. Diagnostic criteria of the DSM-IV TR were used for the diagnosis of depressive disorders. The depressed groups were classified into major ($n = 18$) and non-major ($n = 32$) depression subgroups. The Mini Mental State Examination (MMSE) was used for assessment of cognitive functioning (subjects scoring <24 were excluded). Data on demographic variables, subjective and actual social support (number of children and siblings seen in the past month, number of current friends, and presence of family conflicts) were collected. The severity and multiplicity of medical disorders were assessed by the Modified Cumulative Illness Rating Scale (CIRS). Perceived locus of control was assessed by Rotter internal/external LOC scale. The study showed that depression in older medical inpatients is associated with divorce and widowhood, subjectively perceived inadequate social support, lower number of children and siblings seen in the last month, past history of depression, and external locus of control. Severity of medical illness is similar in patients and controls. Patient characteristics correlates of depression in major and non-major depression are similar. The concluded that depression in older medical inpatients is particularly associated with inadequate social support whether subjective or actual. It is also associated with the perceived severity of medical illness rather than the actual disease status and related disability. Depression is associated with and external locus of control and a positive past history of depression. Both major and non-major depressions are similar in patients characteristics and social correlates which suggests that both lie on one continuum in elderly patients with chronic medical illness.

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