summarized and an intervention program for parents after the birth of a dead child will be presented.

Tuesday, April 5, 2005

SS-12. Section symposium: Pain and psychiatry

Chairperson(s): Manfred Ackenheil (München, Germany), J.P. Olié (France)
08.30 - 10.00, Gasteig - Carl-Orff Hall

SS-12-01

Classification of neuropathic pain

D. P. Hendriksson. *Sweden*

SS-12-02

Epidemiology of fibromyalgia

F. Blotman, E. Thomas. *Rheumatology department Lapeyronie Hospital, Montpellier cedex 5, France*

Fibromyalgia,characterised by diffuse aching and pain or stiffness in the muscles or joints is usually defined by the ACR criteria including the presence of widespread pain in combination with tenderness of 11 or more specific tender points sites. Its existence is still controversial, as well as its relationships to chronic pain disease. The exact meaning of tender points is also hypothetic. The usefulness of ACR criteria is also questioned. The epidemiology is also confused by so –called secondary fibromyalgias (sicca syndrome, rheumatoid arthritis, lupus...). The mean age at fibromyalgia onset is about 30 years. Fibromyalgia is rarely diagnosed in chidren and is uncommon in elderly. Associated conditions and risk factors are various ; the most common are irritable bowel syndrome, chronic fatigue, thyroid diseases. Depression is also very often discovered. We will review the most important studies on epidemiology of fibromyalgia. The prevalence is approximatively 2 %, 3.4 % in women and 0, 5 % in men (Wolfe et al 1995), with range from 0.7 to 4,8 % in the litterature. Some recent datas (Myon et al 2004) suggest this prevalence is underestimated and the estimated prevalence seems to be as high as 7.4 % in France and 10.45 % in Portugal.

SS-12-03

The pathophysiology of pain

W. Zieglgänsberger. *Max-Planck-Institut für für Psychiatrie, München, Germany*

Under physiological circumstances noxious stimuli activate nociceptors, the peripheral endings of high-threshold primary sensory neurons. In contrast to nociceptive pain, neuropathic pain results from damage to the peripheral or central nervous system. Action potentials generated in nociceptors, as well as injured nerve fibers release excitatory neurotransmitters at their synaptic terminals such as L-glutamate and substance P, and trigger cellular events in the central nervous system that extend over different time frames. Short-term alterations of neuronal excitability, reflected e.g. in rapid changes of neuronal discharge activity, are sensitive to conventional analgesics and do not commonly involve alterations in activity-dependent gene expression. Novel compounds and new regimes for drug treatment to influence activity-dependent long-term changes (memory of pain) in pain transducing and suppressive systems (pain matrix) are emerging. Acquisition and storage of aversive social and somatic memories is one of the basic principles of nervous systems. In the absence of reinforcement, the behavioral response will gradually diminish to be finally extinct. Besides in somatosensory areas in the thalamus and the neocortex, activity-dependent gene expression also induces longterm alterations in the excitability of neurons in limbic structures, such as the prefrontal cortex, anterior cingulate cortex, amygdala and hippocampus, structures considered as gateways to emotions. It is to be expected that conventional analgesics often show only limited therapeutic value in the treatment of this multitude of dynamic changes that operate to produce the symptoms. We still lack the diagnostic tools to more effectively select the optimal treatment for the various chronic pain states.

SS-12-04

Is there a common genetic basis for depression and the fibromyalgia syndrome?

B. Bondy. *Psychiatric Hospital, Munich, Germany*

Objective: Several features of the fibromyalgia syndrome (FMS) including depression or sleep disturbances as well as the fact that FM runs within families suggests that FMS might be a "depressive spectrum disorder". Concerning the aetiology of both disorders an involvement of the serotonergic mechanism, substance P and a genetic contribution in vulnerability were proposed.

Methods: Genomic DNA of 275 FMS patients and 300 controls was genotyped for various variants in genes of the serotonergic pathway, as the 5-HT-transporter (5-HTTLPR), the 5-HT2A receptor, the MOA and both isoofrms of the tryptophan hydroxylase (TPH1 and TPH2).

Results: We have found a higher frequency of the 5-HTLPR SS genotype in FMS patients and higher levels of depression and psychological distress among them. We further observed increased frequency of the 5-HT2A CC genotype and a relation between TT genotype and pain perception. Further, the recently identified association between the 19918 A/G SNP of the TPH2 gene and depression was also observed in FMS patients and further related to several parameters of the SCL-R-90

Conclusion: The available data implicate the importance of polymorphic variants in several genes genes coding for the serotonergic pathway in fibromyalgia. The role played by these various polymorphisms remains to be determined, as to whether they are indicative for common pathophysiological mechanisms, or identifying a subgroup of patients with somatic disorders, that are more closely related to psychiatric symptoms.

SS-12-05

Current trend in treatments of neuropathic pain

M. Ackenheil. *LMU Munich Psychiatry Hospital, München, Germany*

Neuropathic pain and fibromyalgia are prevalent diseases which have major consequences on healthcare resources and the individual. From the clinical point of view neuropathic pains represent a heterogeneous group of aetiologically different diseases ranging from cancer to diabetes. Patients with fibromyalgia syndrome also display clinical features common in neuropathic pain suggesting that there might be some overlap. The mechanisms responsible for symptoms and signs in both diseases are still

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unknown. During the last years there have been numerous reports of various pharmacological treatments of neuropathic pain and FM with disappointing results. Most of the studies were of short duration, had high attrition rates and displayed other methodological problems. In addition some compounds had high rates of adverse side effect which makes it often difficult for the patients to tolerate the treatment, especially in the long-term use. Future research will have to apply new approaches, e.g. using a mechanism based classification of neuropathic pain and carrying out studies in populations with the same symptom but not necessarily the same disease, in order to find effective treatments for these common and often debilitating diseases.

Tuesday, April 5, 2005

SS-13. Section symposium: Physical illness in mentally disordered

Chairperson(s): Povl Munk-Jörgensen (Aalborg, Denmark), Norman Sartorius (Genf, Switzerland)
08.30 - 10.00, Gasteig - Room 0.131

SS-13-01

General introduction

P. Munk-Jörgensen. *Aalborg Psychiatric Hospital Unit for Psychiatric Research, Aalborg, Denmark*

Mortality rates for almost all diagnostic groups of mental disorders are significantly increased due to physical illnesses. Among severe mentally disordered up to 30% suffer from under diagnosed physical illnesses and a total of 50-70% have a physical illness. This is the background for initiating the international multicentre study Physical Illness in Mentally Disordered, which is mapping total and hidden physical illness in persons seeking psychiatric treatment. Furthermore, it identifies all public and private agencies to which the patients have had contact prior to the index mental health service contact. This will improve the possibilities of finding preventive interventions with the purpose of identifying and treating physical illnesses in mentally disordered. Centres from the following nations are participating: Croatia Denmark Germany Japan Malaysia Nigeria Sweden Switzerland Preliminary results will be presented.

SS-13-02

Physical illness in mentally disordered in Nigeria

R. Uwakwe. *Nnewe, Nigeria*

Objective: To investigate the extent and correlates of physical morbidity in a general psychiatric population and the pathway to care. Method: Between 1st July 2003 and 30th June 2004, all patents referred to a particular unit for psychiatric care at Nnamdi Azikiwe University Teaching Hospital, Nnewi Nigeria were recruited for the prject. A consultant psychiatrist assessed all the paticipants using the clinical method based on the PSE and IGDA. The pathway to care, phsical examination and essential laboratory investigations were done for all the patients. Diagnosis were made with the ICD-10 and coded into the proforma of the International study on physical illness in mentally ill. Between 3 and 1`2 weeks the patients were re-assessed with the original parameters. Records of all the patients seen in the unit during the period were reviewed to determine the drop out rate within one year. Data entry is ongoing using the Epidata. Full analysis will be done in Aalborg, Denmark shortly. Preliminary Result: A total of 360 patients were seen in the unit. One hundred and twenty-two patients had incomplete second assessment (giving a drop out rate of 33.8% One hundred and thirty-eight (38.3%) patients had physical diagnoses which were not previously known before psychiatric referral. Two patients died in the internal medicine ward to which they were referred following initial psychiatric assessment. A high proportion of the patients nearly 9 out of every 10 had consulted a religious healer and the psychiatric unit was the last port of call. Conclusion: There was a high rate of physical illness in the psychiatric patients. The correlates will be presented in the full report. Religious healing is the most widely used form of initial psychiatric care in our setting, irrespective of the diagnosis. Many patients drop out of formal mental health care after only one assessment and commencement of treatment.

SS-13-03

Obesity and diabetes in mentally disordered

S. Leucht. *München, Germany*

People with schizophrenia on average die 10 years younger than the general population. The reason for this increased mortality are not only the 10%-15% lifetime suicide rates of the affected individuals, but also a number of physical disorders with an increased incidence compared to normal controls. Therefore, schizophrenia has been called a "life-shortening disease". One problem of major importance is obesity. It has been estimated that 40%-62% of patients with schizophrenia are obese and overweight. The consequences are not only of cosmetic nature, but obesity and weight gain are a potential threat to health, because they can be associated with hypertension, type II diabetes, stroke and certain kinds of cancer. The presentation will therefore systematically summarise the epidemiological evidence on obesity and associated problems in schizophrenia. Potential reasons for obesity (e.g. life-style, negative symptoms, medication) and therapeutic options will be discussed.

SS-13-04

Physical illness in people with mental disorder: First results of an international project and future plans

N. Sartorius. *Genf, Switzerland*

Methods: This presentation will describe a project recently undertaken by the International association for the promotion of mental health programmes, a non-profit organization located in Geneva. The project was started because of alarming reports from many countries showing very high morbidity and mortality from physical illness in people with mental illness. Mortality and morbidity from physical illness was high in patients treated in institutions and in the community and in many instances physical illness was not recognized by the patients or the health authorities. The project will start with a review of evidence published in scientific literature and continue with the assembly of information from other sources. It is expected that it will result in guidelines and specific suggestions concerning the improvement of care for people with mental illness.

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