Material and Methods: The analysis was conducted on a group of 76 patients admitted to the Department of Developmental Neurology between 2000-2005 years to diagnose the tic disorders. The average of children's age was 11,4 +/- 3,7 years. In investigated group of patients there were 62 boys (81,6%) and 14 girls (18,4%). The video-EEGs were carried out at 7 patients (22,4%).

Results: There were recorded a single sharp waves in 37 patients (47,4%) and the groups of sharp waves in 21 cases (27,6%). Accordingly there were registered the spike and wave complexes in 7 cases (9,2%) and the sharp and wave complexes in 4 cases (5,3%) in EEG. The generalized paroxysmal activity was recorded in 7 patients (9,1%). The abnormal activity appeared in the temporal part of cerebral hemispheres in 41 children (53,9%). The hiperventilation activated EEG recording of 33 children (43,4%). In 18 cases (23,7%) the abnormal graphoelements didn't appeare in EEG recording. The video recording and the clinical observations during EEG invstigation didn't revealed any coincidence between changes in EEG recording and the involuntary movements presented by patients.

Conclusions: The resting, routine EEG revealed abnormalities in most cases. Therefore video-EEG recording enabled to differentiate tics from epileptic seizure by finding any corelation between the occurrence of involuntary movements and abnormal graphoelements recorded during in EEG investigation.

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Symptomatology of TIC disorder in children and adolescents.

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The aim of the study was to analyze the clinical symptoms of the tic disorder in children and adolescents and verify the diagnosis of the Tourette's syndrome.

The analysis was conducted on a group of 123 patients at the age of 11.1 +/- 3.2 years, admitted to the Chair and Department of Developmental Neurology to diagnose and treatment of the tic disorder.

Variable tics symptomatology were observed in 53 patients (43,1%). The simple motor tics occurred in 121 patients from the researched group (98,4%), the complex motor tics in 7 cases (5,7%) and the vocal tics in 55 cases (44,7%). The dominant symptoms of simple motor tics in the researched group included: blinking occurring in 67 patients (54,5%) and the head movements occurring in 62 children (50,4%). The complex motor tics were the most frequently manifested by jumping - 4 patients (3,3%). The vocal tics manifested as throat cleaning were observed in 40 patients (32,5%). Coprolalia was observed only in 4 children (3.3%). The obsessive – compulsive disorders occurred in 3 patients (2,4%). In 41 examined patients (33,3%) the co-existence of tics with ADHD symptoms was observed.

The diagnostic criteria of the Tourette's syndrome according to DSM-IV were met by 44 patients (35,8%).

The symptomatology of the tics in children and adolescents are exceptionally rich and the symptoms are highly variable. The Tourette's syndrome is still too seldom recognised as the reason of tics in children and teenagers, despite the patients meeting the diagnostic criteria.

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Psychiatric disorders in a palliative care unit

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Objective: To evaluated the frequency of psychiatric disorders in 50 subjects from Inpatients the Palliative Care Unit (HC-IV) of the National Cancer Institute (INCA).

Method: Psychiatric diagnoses were assessed with the Mini-International Neuropsychiatric Interview (MINI) Version 4.4.

Results: Thirty-eight cancer patients (46.0%) reported at the current psychiatric disorder. The frequency of major depressive disorder was 32.0%, manic episode 2.0%, panic disorder 6.0%, agoraphobia 6.0%, obsessive compulsive disorders 2.0%, generalized anxiety 14%; alcohol abuse 4%; bulimia 4%; suicidal ideation 4%; somatization 2%; psychotic syndromes 2%; 14% of patients fulfill more than one diagnosis.

Conclusion: Comorbid psychiatric disorders are clinically significant in advanced cancer patients and may alter symptom control strategies. Clinical staff should be prepared for psychiatric diagnosis in their daily practice, given that such comorbidity may significantly alter the patient's quality of life.

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Different cut-off points for different trimesters? the use of edinburgh postnatal depression scale and beck depression inventory to screen depression during pregnancy in Taiwan

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Background: Compared with postpartum depression, validating self-reported questionnaires to detect depression during pregnancy has gained much less attention. Furthermore, it is not known whether it is appropriate to use the same cut-off point to detect depression in different trimesters of pregnancy.

Methods: One hundred and eighty-five Taiwanese women during pregnancy who completed the EPDS-T and the BDI-II were interviewed by psychiatrists with the structural interview, Mini-International Neuropsychiatric Interview (MINI), to establish DSM-IV diagnosis of major depressed disorder. We analyzed and compared the sensitivity, specificity, and validity of EPDS-T and the BDI-II against the MINI diagnosis in the second and third trimesters.

Results: We identified 12/13 as the optimal cut-off of EPDS-T, at which the sensitivity of the scale was 83%, specificity 89%. The optimal cut-off of BDI-II was 11/12, at which the sensitivity of the scale was 74%, specificity 83%. The area under the curve (AUC) of the receiver-operating characteristic (ROC) analysis was 0.92 for EPDS-T and 0.84 for BDI. There were different optimal cut-off points of EPDS-T for detecting major depression during different trimesters: 13/14 for the second trimester and 12/13 for the third trimester. There was no different optimal cut-off point of BDI-II for different trimesters.

Conclusions: EPDS-T has a satisfactory sensitivity and specificity, and a better validity than BDI-II for detecting major depressive disorder during pregnancy in Taiwanese pregnant women. Although it is possible that different cut-off points should be used to detect depression in different trimesters.

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