
Symposium: Is Krapelin's dichotomy of the endogenous psychoses still up-to-date?

S38.01

The three-part-division of endogenous psychoses

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Right from the very beginning as a medical discipline up to now in psychiatry the paradigms of a disease continuum and of a variety of different disease entities are opposed to each other. The analyses of the historical development of the currently used classification systems indicates that sticking to established terms and methodologies more and more develops to an obstacle in research and treatment. Modern brain research and genetic research require more homogenous clinical syndroms to examine them with scientifically based methodologies and technologies. One first step in this direction could be the widening of Krapelin's dichotomy of endogenous psychoses with a third spectrum of diseases, the cycloid psychoses, placed between the (bipolar) affective and the schizophrenic spectrum. Cycloid psychoses have a low heritability and are mainly caused by neurodevelopmental disturbances. There are no prodromal negative symptoms before the onset of the disease. There is a liability of developing psychotic symptoms triggered by stress, life events and drugs. There is an acute onset within a few weeks, the course is mostly bipolar with depressive and manic features, remittend and there are no long lasting negative symptoms. Further studies are urgently required in order to confirm or refuse the validity of the concept of the spectrum of cycloid psychoses.

S38.02

Renaissance of unitary psychosis

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In contrast to the hypothesis of different nosological entities of so-called "endogenous" psychoses (e.g. schizophrenia, manic-depressive psychosis) the model of unitary psychosis has been discussed in controversial terms. The starting point of those discussions was the concept of a unitary nosological and pathogenic entity which may be traced back to Joseph Guislain and has inspired the work of Wilhelm Griesinger, who further elaborated the concept of Unitary Psychosis ("Einheitspsychose"). Griesinger, who was also influenced by Zeller's idea of the unified human soul or character ("Gemüt"), argued that madness was the consequence of a single disease of the brain. In comparison to that the Unitary Psychoses concept of Janzarik focuses not on the nosological position but on the pathogenetic mechanisms of endogenous psychoses (e.g. structural-dynamic coherence model). Recent co-morbidity studies as well as trans-nosographical analyses have called classical categorical diagnosing more and more in question. The development of dimensional diagnostics, as an alternative to categorical diagnostic systems led to a renaissance of the unitary psychosis ideas. Such dimensional diagnostics do not

focus any longer on artificial disease constructs and their nosological position but on single psychopathological phenomena, on their plasticity during the pathological process, and their constellations of conditions. The main task of Dimensional Diagnostics, as introduced here in this paper, is not only the accurate description and explanation of psychopathological phenomena and processes but has to include also the understanding of the suffering person's deficiencies and resources.

Symposium: The impact of migration on mental health and mental illness

S62.01

The impact of migration on mental health and mental illness

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As a result of the globalization process that is taking place all over the world during the last two or three decades, a strong pattern of migration is being observed in all regions of the world. This pattern usually is observed from emerging countries toward industrialized nations. Needless-to-say, this migration process is making a big impact in many nations of the European Union such as Spain, Germany, Sweden, and the United Kingdom.

In general, migrants go to industrialized nations with the hope of improving their socioeconomic conditions; however, they also bring with them language, religion, norms and heritage, that is their culture. Additionally, the migration process produces "acculturation stress", and this stress could lead to development of psychiatric conditions such as posttraumatic stress disorder, depression, substances use and abuse, alcoholism, suicide, etc. At times, however, migrants are capable to adjust well and, thus, to integrate with the host society.

It is, therefore, important for psychiatrists and other mental health professionals to understand the impact of migration vis-à-vis the development of "acculturative stress" as well as psychiatric disorders. This knowledge will permit psychiatrists and other mental health professional to more appropriately and effectively diagnose and treat psychiatric disorders in these migrant groups.

Objectives

1. Understand the process of migration from a mental health point of view.
2. Learn the role of acculturative stress vis-à-vis mental illness.

References

- [1]. Ruiz P: Addressing Culture, Race and Ethnicity in Psychiatric Practice. *Psychiatric Annals*, 34(7): 527-532, 2004.