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PSYINDEX, Pubmed/Medline and Social SciSearch and hand search (between January 1985 and December 2008, German and English language). Search terms were: Bone marrow transplantation/stem cell transplantation, psychiatry, psychosomatic, psychotherapy, psych* and intervention. The quality of the studies was evaluated according to Cochrane criteria.

Results: We could trace 14 randomized-controlled trials (RCTs), 4 controlled trials (CTs), and 1 cross-sectional study, evaluating various psychosocial interventions such as behavioral therapy, cognitive behavioral therapy, psychotherapy, art and music therapy, and sports programs. Positive effects on depression were seen in 4 RCTs and 4 CTs. Positive effects on anxiety were seen in 4 RCTs, on pain in another 4 RCTs, and on quality of life in 1 CT and 1 cross-sectional study. Another 2 RCTs indicated positive effects on QoL from sports programs and physical activity. However, high mortality after bone marrow transplantation lead to a high drop out rate in most studies, and no benefit on survival could be assessed.

Conclusions: In patients after BMT/SCT, various psychosocial interventions result into improved symptoms of depression, anxiety and pain. These symptoms should be diagnosed early and treated by appropriate psychosocial interventions.

Keywords: Bone marrow transplantation/stem cell transplantation, psychiatry, psychosomatic, psychotherapy, intervention

103 - Oxidative stress assessment in case of posttraumatic stress disorder in a contingent of international operations

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Background: The Contingent of the International Operations (CIO) - a subject of various extreme factors action, which can cause Posttraumatic Stress Disorder (PTSD). At the same time considerably changes level of the Antioxidant enzymes (AOE). Low level can lead to uncompensated Oxidative stress (OS) because of the accumulation of the excess of the reactive oxygen species. Neuronal membranes phospholipids are especially vulnerable to damage, the injury leads to the receptor-mediated signal transduction and, furthermore, information processing disorders. Indeed there are difficulties in rating and interpreting because of a lack of homogeneity in gender, race, age, nutritional and deployment factor - reservists or regular personnel, different stressful military experiences in various Peace Support Missions (PSM).

Aim: To assess PTSD and OS levels and their correlation in CIO.

Methods: Prospective study of Latvian CIO. Totally 143 participants of the same PSM - regular personnel (males, Europeans, average age of 27.4) before and after PSM in Afghanistan were examined. Worldwide-recognized questionnaires *PCL-M*, valid Latvian language "military" version were used for PTSD evaluation. Activity of AOE (*GPx*) and intensity of lipid peroxidation (*MDA*) as OS indicators in blood were determined. Data were processed using SPSS 15.0.

Results: Before PSM: response rate (RR) 97.9%, answers of respondents corresponded to PTSD diagnosis necessary criteria, constituent 1.4%, AOE level decreased in 33.0%, *MDA* level increased in 75.5% of samples. After PSM: RR 93.8%, PTSD 6.7%, AOE level decreased in 51.7%, *MDA* level increased in 80.0%.

Conclusions: There is correlation between increase of OS and PTSD levels in CIO, further study required.

Keywords: PTSD, Oxidative, Stress, military, blood

104 - The PACE trial: Results of a large trial of non-pharmacological treatments

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Small trials suggest cognitive behaviour therapy (CBT) and graded exercise therapy (GET) are moderately effective treatments for chronic fatigue syndrome (CFS), but patient organisations report that these treatments are sometimes harmful, and a pacing approach is more helpful. 640 patients attending secondary care clinics with chronic fatigue syndrome (CFS) were recruited into a randomised controlled trial of non-pharmacological treatments. The treatments were adaptive pacing therapy (APT), CBT, or GET, all added to specialist medical care (SMC), and SMC alone. Up to 14 sessions of therapy were given individually over six months, with a booster session given 9 months after randomisation. Three or more sessions of SMC were given over 51 weeks. Co-primary outcomes were the Chalder fatigue questionnaire and the SF36 physical function sub-scale, both being self-rated. Secondary outcomes included adverse events, a global measure of improvement, overall disability, sleep and mood measures, individual symptoms of CFS, and a walking test. Results of effectiveness, safety and secondary outcomes will be given on the day. Implications for treating CFS will be discussed.

Keywords: CFS, pacing, CBT, exercise, medical care