



Journal of Psychosomatic Research

Abstracts for the 13th Annual Scientific Meeting of
the European Association for Consultation-Liaison Psychiatry
and Psychosomatics and the 28th European Conference on
Psychosomatic Research

IN THIS ISSUE

Physical symptoms and outcome of depression

Psychiatric consultation in primary care

Depression and mortality in stroke

Mindfulness-based stress therapy

with a current (i.e. past year) or remitted DSM-IV depressive or anxiety disorder (N=2315) and healthy controls (N=492). Additional clinical characteristics (subtype, chronicity, severity, psychoactive medication) were assessed. Cardiovascular disease (stroke and coronary heart disease) was assessed using algorithms based on self-report and medication use.

Results: Persons with current anxiety disorders showed an about three-fold increased prevalence of coronary heart disease (OR anxiety only = 2.70, 95% CI=1.31-5.56; OR comorbid anxiety/depression = 3.54, 95% CI=1.79-6.98). No associations were found for persons with depressive disorders only or remitted disorders, nor for stroke. Severity of depressive and anxiety symptoms - but no other clinical characteristics - most strongly indicated increased prevalence of coronary heart disease.

Conclusion: Within this large psychopathology-based cohort study, prevalence of coronary heart disease was especially increased among persons with anxiety disorders. Increased prevalence of coronary heart disease among depressed persons was largely owing to comorbid anxiety. Anxiety as risk indicator of coronary heart disease deserves more attention in both research and clinical practice.

175 – Posttraumatic stress disorder baseline measurement at Latvian contingent of international operations

Voicehovskis VV^a, Ancanē G^a, Ivascenko T^b, Micans J^c, Skesters A^b, Vaivads N^c

^a Psychosomatic Medicine and Psychotherapy dept., Riga Stradins University, Riga, Latvia

^b Biochemical Laboratory, Riga Stradins University, Riga, Latvia

^c Medical Support Centre, National Armed Forces, Latvia

Background and aims: Contingent of International Operations (CIO) being on duty in Latvia, and during Peace Support Mission (PSM) suffers from stressors; sometimes Posttraumatic Stress Disorder (PTSD) develops. To measure the level of stressors and PTSD during PSM, it's necessary to know both PTSD level after returning from PSM and before PSM-Baseline (BL). PTSD BL is reported from 1.0 to 2.4% in deployed CIO of various countries. According to literature, there are difficulties in rating and interpreting because of inhomogeneous on a gender, race and age. The goal of the study is to measure PTSD BL in Latvian CIO.

Methods: Retrospective research of Latvian CIO before deployment in PSM. Totally 143 participants (males, Europeans, average age of 27.4) were examined. Worldwide-recognized questionnaires PCL-M were

used for PTSD evaluation. The questionnaire includes 17 questions, corresponding to DSM-IV Respondents are asked about certain troubles during last month; the answers are evaluated by 5-point scale. PCL were worked out at PTSD National Centre, USA in 1993, "M" is military version. PCL-M has high correlations with Mississippi scale for Combat-related PTSD (0.93), PK Scale of the MMPI (0.77), Impact of Event Scale (0.90), has high Internal consequence coefficient (0.92-0.93).

Results: Answers of 2 respondents achieved necessary for PTSD diagnosis points amount, constituent 1.43% from valid questionnaires amount (n=140).

Conclusion: PTSD BL of Latvian CIO is lower than PTSD BL USA CIO (2.3-2.4%) and is close to PTSD BL UK CIO (1.5%). It means that Latvian CIO PTSD predisposition level is rather low.

176 – Posttraumatic stress and cardiovascular risk: Insight into psychobiological mechanisms

Von Känel R

Department of General Internal Medicine, Division of Psychosomatic Medicine, Inselspital, University Hospital Bern, Switzerland, and University of Bern, Switzerland

Background and aims: Posttraumatic Stress Disorder (PTSD) is a debilitating form of chronic psychological stress, which develops after exposure to a traumatic event. PTSD increases the risk of incident coronary heart disease (incl. myocardial infarction) and cardiac mortality. In addition, posttraumatic stress attributable to the traumatic experience of a heart attack occurs in up to 20% of post-myocardial infarction patients and worsens cardiac prognosis. The aim of this symposium contribution is to present the psychobiological mechanisms which might possibly link PTSD with cardiovascular risk.

Methods: We examined several psychophysiological alterations pertinent to the development of atherosclerosis and acute coronary syndromes in plasma in two groups of patients with an interviewer-rated diagnosis of DSM-IV PTSD using the Clinician-Administered PTSD Scale (CAPS): i) otherwise healthy individuals with PTSD following an accident; ii) patients with PTSD caused by myocardial infarction. Appropriate non-PTSD control groups were also interviewed and assessed in terms of cardiovascular biology.

Results: Compared to non-PTSD controls, we found in patients with PTSD altered hypothalamic-pituitary-adrenal axis function (i.e., hypocortisolemia), chronic low-grade inflammation (e.g., increase in the pro-inflammatory cytokine interleukin-6 and decrease in the anti-inflammatory cytokine interleukin-4), endothelial dysfunction (e.g., increased soluble cellular adhesion molecules), dyslipidemia (e.g., reduced high-density lipoprotein cholesterol), and enhanced procoagulant