

Information om Transkulturel Psykiatri, august 2009

NYHEDER

Mange flere torturramte flygtninge får behandling i Region Midtjylland

Region Midtjyllands hjemmeside - udateret

Antallet af traumatiserede flygtninge, der har fået hjælp, er steget med 70 procent inden for det seneste år. Regionsrådet besluttede sidste år at styrke behandlingen af flygtninge, der har været udsat for tortur. Blandt andet skulle de have hurtigere hjælp, og flere skulle hjælpes.

Resultaterne af den styrkede behandling har allerede vist sig. Fra juni 2008 til maj 2009 har klinikkerne for traumatiserede flygtninge i Skejby, Horsens og Holstebro afsluttet 120 flere patientforløb end i forhold til samme periode året før. Det svarer til en stigning i afsluttede patientforløb på 70 procent.

Ventetiden er også faldet mærkbart. Den samlede venteliste er i perioden juni 2008 til maj 2009 reduceret med 54 patienter. Det svarer til en venteliste, der er blevet 23 procent kortere. Ventetiden på en udredning for de traumatiserede flygtninge er blevet et halvt år kortere, hvilket dog har betydet, at den gennemsnitlige ventetid på behandling er blevet en måned længere.

læs mere her:

<http://www.regionmidtjylland.dk/psykiatri+og+social/presserum/pressemeddelelser/torturramte+flygtninge?>

PTSD Foreningen

Stiftende generalforsamling 30.september i Vejle

PTSD er en forkortelse for Post Traumatisk tress Disorder – eller som det ofte kaldes på dansk: Posttraumatisk stressforstyrrelse. PTSD Foreningen er et forum for:

- personer med PTSD
- pårørende til PTSD-ramte
- frivillige, som ønsker at støtte PTSD-ramte

Foreningens formål er at udbrede kendskabet til PTSD, samt forbedre vilkårene for PTSD-ramte og deres pårørende. Foreningen ønsker på sigt at blive landsdækkende, men vil indledningsvis være forankret lokalt i Vejle.

læs mere her: <http://www.ptsdforeningen.dk/>

Spm. om, hvilke initiativer ministeren vil tage for at sikre behandling af de børn på asylcentre, der lider af psykiske lidelser, herunder af, at de bliver henvist til børnepsykiatrien, til integrationsministeren 29/7 09

Besvarelse af spørgsmål nr. 205 stillet af Folketingets Udvalg for Udlændinge- og Integrationspolitik til ministeren for flygtninge, indvandrere og integration den 29. juli 2009 (UUI Alm. Del – spørgsmål 205).

Spørgsmål:

”Det fremgår af kronikken fra Ugeskrift for Læger 2009, 171 (21): 1804 ”Psykiatrisk undersøgelse og behandling af asylbørn”, at mindst en tredjedel af børnene i de danske asylcentre mellem 4-16 år lider af psykiske lidelser. Hvilke initiativer vil ministeren tage for at sikre behandling af disse børn, herunder af, at de bliver henvist til børnepsykiatrien?”

læs svaret her:

<http://www.folketinget.dk/doc.aspx?/Samling/20081/almdel/UUI/spm/205/svar/endeligt/20090824/index.htm>

Redegørelse vedrørende selvmord og selvmordsforsøg på asylcentre for 1 + 2. kvartal 2009

Udvalget for Udlændinge- og Integrationspolitik, Alm. del - Bilag 200

læs oversigten her: <http://www.folketinget.dk/doc.aspx?/Samling/20081/almdel/UUI/bilag/200/index.htm>

LITTERATUR

The association of religiosity, spirituality, and ethnic background with ego-pathology in acute schizophrenia

Röhricht; Frank; Basdekis-Jozsa, Raphaela; Sidhu, Juggy; Mukhtar, Amer; Suzuki, Iris; Priebe, Stefan

Abstract

Studies have highlighted the impact of ego-consciousness, religiosity and spirituality on psychotic symptoms, although so far no study has investigated if and how these factors may be interrelated. In this exploratory cross-sectional study, involving 42 patients with a diagnosis of acute paranoid schizophrenia (DSM-IV), we assessed religiosity (Religious Orientation Test) spirituality (Spiritual Transcendence Scale) and ego-pathology (Ego Pathology Inventory) and analysed any relationship with these and psychopathological symptoms (Positive and Negative Symptom Scale). The subjects were divided into four ethnic groups (Caucasian, Afro-Caribbean, African, and Asian) and a structured, qualitative interview on religious needs and self-concepts was also conducted. Using a multivariate analysis, we found statistically significant negative associations between the scores on ego and common pathology and religiosity and spirituality as covariates. This was seen across all ethnic groups. The findings are discussed in respect of the potential clinical importance of ethnic, religious and spiritual factors for assessment and management of patients with schizophrenia.

Keywords: schizophrenia; religion; spirituality; ego; psychopathology; ethnicity

Mental health, religion and culture 12(6), 515-526, 2009

Biological variations in depression and anxiety between East and West

Chen, Po-Yu; Wang, Sheng-Chang; Poland, Russell E.; Lin, Keh-Ming

Abstract

Ethnicity and culture represent important factors in shaping psychopathology as well as pharmacotherapeutic responses in psychiatric patients. A large body of literature, accumulated over the past several decades, demonstrates that these factors not only determine the metabolism and disposition of medications (pharmacokinetics), but also their interactions with therapeutic targets (pharmacodynamics). This article focuses on the impact of such variations on the diagnosis and treatment of depression and anxiety disorders between East and West. Genes controlling the expression of drug metabolizing enzymes as well as the function of the brain are highly polymorphic, and the patterns and distribution of these polymorphisms are typically divergent across ethnic groups. To the extent that these genetic patterns determine drug response, ethnic variations in these genetic dispositions will lead to differential responses in clinical settings. In addition, the expression of these genes is significantly influenced by environmental factors including diet as well as exposure to other natural products. Superimposed on these biological influences, culturally determined beliefs and behavioral patterns also profoundly influence patients' expectations of treatment response, adherence, and interactions with clinicians. In addition to pharmacotherapeutic responses, emerging data also indicate that significant ethnic variations exist in genetic polymorphisms and neurobiologic correlates (biomarkers) that may be associated with the vulnerability to psychiatric disorders. These considerations argue for the importance of examining biological variations across ethnic groups, especially in the clinical context, in terms of the assessment and treatment of psychiatric patients, and in our understanding of psychiatric phenomenology and nosology.

Ethnicity biological marker - culture - ethnicity - pharmacogenetics - pharmacokinetics - pharmacodynamics - Taiwan - variation

CNS neuroscience and therapeutics 15(3), 283-294, 2009

Changes in reported physical health symptoms and social function with prolonged exposure therapy for chronic posttraumatic stress disorder

Rauch, Sheila A. M.; Grunfeld, Tania E.E.; Yadin, Elna; Cahill, Shawn P.; Hembree, Elizabeth; Foa, Edna B.

Abstract

Background

Posttraumatic stress disorder (PTSD) is associated with significant health risk, illness, and functional impairment, e.g., Green and Kimerling [2004: Physical Health Consequences of Exposure to Extreme

Stress. Washington, DC: American Psychological Association] Kimerling et al. [2000: Trauma and Health: J Trauma Stress 13:115-128].

Methods

These analyses examined whether negative health perceptions and general social functioning change with treatment of chronic PTSD among women from a randomized controlled study comparing prolonged exposure (PE; $n=48$) or PE combined with cognitive restructuring (PE/CR; $n=40$) to waitlist ($n=19$; Foa et al., 2005: J Consult Clin Psychol 73:953-964].

Results

Self-reported physical health difficulties were significantly reduced in the PE and PE/CR conditions compared to the waitlist condition. These reductions did not demonstrate significant change during the 12 month follow-up period. Self-reported discomfort associated with physical health difficulties did not demonstrate significant change over treatment. No difference was detected between the active treatment and waitlist conditions. Both the PE and PE/CR groups reported improved social functioning at post treatment compared to the waitlist. Additional improvement in general social functioning was found between 3 and 12 month follow-up assessments. Changes in PTSD and depressive symptoms over treatment accounted for 29% of the variance in reduction of reported health problems and 30% of the variance in improvement of general social functioning. Importantly, only changes in PTSD symptoms significantly contribute to the model predicting change in physical health problems with depression associated only at a trend level. However, collinearity between PTSD and depression makes interpretation difficult.

Conclusions

Negative health perceptions and general social function improve with PE. Changes in depression and PTSD with treatment are related to these changes.

keywords treatment - trauma - women - sexual assault – anxiety

Depression and anxiety 26(8), 732-738, 2009

Fear of cultural extinction and psychopathology among Mandaean refugees : an exploratory path analysis

Nickerson, Angela; Bryant, Richard A.; Brooks, Robert; Steel, Zachary; Silove, Derrick

Abstract

The Mandaeans are a small religious community originating from Iraq and Iran who are facing the possibility of cultural extinction within the next few generations. This study aimed to examine the relationships between life experiences, psychopathology and fear of cultural extinction in Mandaean refugees. A survey was conducted of 315 adult Iraqi Mandaean refugees living in Australia. Past traumatic experiences and current resettlement difficulties were assessed. Mental health outcomes were also examined, including measures of posttraumatic stress disorder (PTSD) and depression. Fear of cultural extinction was measured by items developed in consultation with the Mandaean community. A path analysis was employed to investigate the relationship between trauma, living difficulties, PTSD, depression, and fear of cultural extinction. Results indicated that trauma and living difficulties impacted indirectly on fear of cultural extinction, while PTSD (and not depression) directly predicted levels of anxiety about the Mandaean culture ceasing to exist. The current findings indicate that past trauma and symptoms of posttraumatic stress contribute to fear of cultural extinction. Exposure to human rights violations enacted on the basis of religion has significant mental health consequences that extend beyond PTSD. The relationship between perception of threat, PTSD, and fear of cultural extinction is considered in the context of cognitive models of traumatic stress. Government immigration policy must prioritize the reunification of small, endangered groups to sustain cultural traditions. Treatment interventions implemented with cultural groups facing extinction should take into consideration anxiety about loss of culture.

CNS neuroscience and therapeutics 15(3), 227-236, 2009

The impact of sudden gains in cognitive behavioral therapy for posttraumatic stress disorder

Kelly, Kacie A.; Rizvi, Shireen L.; Monson, Candice M.; Resick, Patricia A.

Abstract

This study investigated sudden gains, i.e., rapid and stable improvements, in posttraumatic stress disorder (PTSD) symptoms that may occur in cognitive-behavioral therapy. Twenty-nine of 72 participants (39.2%) experienced a sudden gain during treatment. Mixed model ANOVAs analyzed sudden gains impact on clinician-rated PTSD symptom severity, patient-rated PTSD symptom severity, and patient-rated depressive symptom severity. Sudden gains in PTSD symptomology were associated with greater reductions in PTSD symptom severity for the avoidance/numbing and hyperarousal symptom clusters at posttreatment. By 6-month follow-up, the sudden gains group had maintained those reductions in symptoms, but the nonsudden gains group had achieved equal reductions in symptom severity. Participants experiencing sudden gains on PTSD measures had lower depression severity at posttreatment and follow-up.

Journal of traumatic stress 22(4), 287-293, 2009

Issues for DSM-V : the role of culture in psychiatric diagnosis

Alarcón, Renato D.; Becker, Anne E.; Lewis-Fernández, Roberto; Like, Robert C.; Desai, Prakash; Foulks, Edward; Gonzales, Junius; Hansen, Helena; Kopelowicz, Alex; Lu, Francis G.; Oquendo, María A.; Primm, Annelle

Editorial (fra starten af artiklen)

The development of DSM-V represents a renewed and critical opportunity for the integration of sociocultural data into psychiatric nosology and diagnostic practice. Although DSM-IV provided more guidance on culturally informed diagnostic assessment than its predecessors, it still fell short in this domain, and there is much more to add. The cross-cultural utility of DSM-IV was hampered by its limited attention to culturally patterned diversity in phenomenology, risk moderation, and course through excessive reliance on decontextualized epidemiological data. It was further constrained by insufficient emphasis on approaches that integrate pertinent sociocultural contextual data into the diagnostic process, such as the cultural formulation.

Journal of nervous and mental disease 197(8), 559-560, 2009

download artiklen her:

http://journals.lww.com/jonmd/Fulltext/2009/08000/Issues_for_DSM_V_The_Role_of_Culture_in.1.aspx

Klienten kulturelt forstået

Obaidi, Mila

Fra starten af artiklen

Der mangler fokus på psykologisk behandling til personer af multietnisk oprindelse og andre, som tilhører minoriteten i samfundet. Det gælder både på uddannelserne til psykolog og i den praktiske psykologgering. Kulturen spiller en væsentlig rolle for, hvordan man fortolker og forstår en psykisk lidelse. Det, der i én kultur anses som symptomatisk for sygdom, kan i andre kulturer betragtes som normalt. Behandleren bør derfor være åben over for ikke bare psykiske lidelsers forskelle og mangfoldigheder, men også for varierende forståelsesmodeller af psykisk sygdom. Derfor bør han være udstyret med redskaber til at deltage i terapi, som harmonerer med en anden religiøs og kulturel baggrund end den danske.

Psykolog nyt 63(15), 8-15, 2009

læs artiklen her: <http://infolink2003.elbo.dk/PsyNyt/Dokumenter/doc/16061.pdf>

Legers forhold til flyktningpasienten

Varvin, Sverre; Aasland, Olaf Gjerløw

Sammendrag

Bakgrunn

Flyktningpasientens komplekse problemer representerer en utfordring for første- og annenlinjetjenesten. Språkvansker og kulturforskjeller kan gjøre forståelse av symptomer og plager vanskelig. I denne undersøkelsen ønsker vi å se på hvordan leger oppfatter, forholder seg til og vurderer sin kompetanse i forhold til flyktningpasienten.

Materiale og metode

Hvert annet år mottar et representativt utvalg av norske yrkesaktive leger, det såkalte referansepanelet, spørreskjemaer som tar opp helsepolitiske og arbeidsrelaterede temaer. Vi inkluderte i 2006 11 spørsmål om legenes erfaringer med flyktninger og asylsøkere som pasienter.

Resultater

De fleste mente de hadde middels kompetanse i forhold til denne pasientgruppen. 28 % av fastlegene vurderte sin kompetanse som lav. 29 % av legene likte «under middels godt» eller «dårlig» å arbeide med denne pasientgruppen. 70 % av fastlegene og 55 % av psykiaterne mente det var vanskelig eller umulig å få kontakt med faglig ekspertise for å få råd og veiledning i forhold til denne pasientgruppen. 51 % sa at de hadde dårlig erfaring med henvisning til psykiater eller psykiatrisk sykehusavdeling. Legene visste ofte ikke om pasienten hadde vært traumatisert.

Fortolkning

Fastlegene, som har hovedansvaret for denne pasientgruppen, opplever at rammevilkårene for behandling/rehabilitering er utilstrekkelig og at psykisk helsevern ikke yter tilstrekkelig hjelp.

Tidsskrift for Den norske legeförening 129(15), 1488-90

læs og download artiklen her: http://www.tidsskriftet.no/index.php?seks_id=1872960

Mechanisms of efficacy of CBT for Cambodian refugees with PTSD : improvement in emotion regulation and orthostatic blood pressure response

Hinton, Devon E.; Hofmann, Stefan G.; Pollack, Mark H.; Otto, Michael W.

Abstract

Based on the results of a randomized controlled trial, we examined a model of the mechanisms of efficacy of culturally adapted cognitive-behavior therapy (CBT) for Cambodian refugees with pharmacology-resistant posttraumatic stress disorder (PTSD) and comorbid orthostatic panic attacks (PAs). Twelve patients were in the initial treatment condition, 12 in the delayed treatment condition. The patients randomized to CBT had much greater improvement than patients in the waitlist condition on all psychometric measures and on one physiological measure—the systolic blood pressure response to orthostasis ($d = 1.31$)—as evaluated by repeated-measures MANOVA and planned contrasts. After receiving CBT, the Delayed Treatment Group improved on all measures, including the systolic blood pressure response to orthostasis. The CBT treatment's reduction of PTSD severity was significantly mediated by improvement in orthostatic panic and emotion regulation ability. The current study supports our model of the generation of PTSD in the Cambodian population, and suggests a key role of decreased vagal tone in the generation of orthostatic panic and PTSD in this population. It also suggests that vagal tone is involved in emotion regulation, and that both vagal tone and emotion regulation improve across treatment.

keyword Cambodian refugees - cognitive-behavior therapy - emotion regulation - orthostatic intolerance - panic attacks - posttraumatic stress disorder

CNS neuroscience and therapeutics 15(3), 255-263, 2009

Mental health first aid for Indigenous Australians: using Delphi consensus studies to develop guidelines for culturally appropriate responses to mental health problems

Hart, Laura M.; Jorm, Anthony F.; Kanowski, Leonard G.; Kelly, Claire M.; Langlands, Robyn L.

Abstract

Background

Ethnic minority groups are under-represented in mental health care services because of barriers such as poor mental health literacy. In 2007, the Mental Health First Aid (MHFA) program implemented a cultural adaptation of its first aid course to improve the capacity of Indigenous Australians to recognise and respond to mental health issues within their own communities. It became apparent that the content of this training would be improved by the development of best practice guidelines. This research aimed to develop culturally appropriate guidelines for providing first aid to an Australian Aboriginal or Torres Strait Islander person who is experiencing a mental health crisis or developing a mental illness.

Methods

A panel of Australian Aboriginal people who are experts in Aboriginal mental health, participated in six independent Delphi studies investigating depression, psychosis, suicidal thoughts and behaviours, deliberate self-injury, trauma and loss, and cultural considerations. The panel varied in size across the studies, from 20-24 participants. Panellists were presented with statements about possible first aid actions via online questionnaires and were encouraged to suggest additional actions not covered by the survey content. Statements were accepted for inclusion in a guideline if they were endorsed by $\geq 90\%$ of panellists as essential or important. Each study developed one guideline from the outcomes of three Delphi questionnaire rounds. At the end of the six Delphi studies, participants were asked to give feedback on the value of the project and their participation experience.

Results

From a total of 1,016 statements shown to the panel of experts, 536 statements were endorsed (94 for depression, 151 for psychosis, 52 for suicidal thoughts and behaviours, 53 for deliberate self-injury, 155 for trauma and loss, and 31 for cultural considerations). The methodology and the guidelines themselves were found to be useful and appropriate by the panellists.

Conclusion

Aboriginal mental health experts were able to reach consensus about culturally appropriate first aid for mental illness. The Delphi consensus method could be useful more generally for consulting Indigenous peoples about culturally appropriate best practice in mental health services.

BMC Psychiatry 9(47), 12+1+25pp., 2009

download artiklen og yderligere filer herfra: <http://www.biomedcentral.com/1471-244X/9/47/abstract/>

Panic disorder, panic attacks and panic attack symptoms across race-ethnic groups : results of the collaborative psychiatric epidemiology studies

Asnaani, Anu; Gutner, Cassidy A.; Hinton, Devon E.; Hofmann, Stefan G.

Abstract

The current study investigates race-ethnic differences in rates of panic disorder, panic attacks and certain panic attack symptoms by jointly combining three major national epidemiological databases. The compared groups were White, African American, Latino and Asian. The White group had significantly higher rates of panic disorder, and of many panic symptoms, including palpitations, as compared to the African American, Asian and Latino groups. Several expected race-ethnic differences were not found. An explanation for these findings are adduced, and suggestions are given for future studies so that possible ethnic-racial differences in panic disorder, panic attacks and panic attack symptoms can be investigated in a more rigorous manner.

Keywords anxiety - cross-cultural - epidemiology - panic attacks - panic disorder

CNS neuroscience and therapeutics 15(3), 249-254, 2009

Randomised trial of ethnicity and stigmatised attitudes towards learning disability and alcoholism

Asamoah, Gottfried; Varughese, Sabu John; Mushtaq, Salman; Butterworth, Linda; Abraham, Abu; Luty, Jason

Abstract

Tackling discrimination, stigma and inequalities in mental health is a major UK government objective. Surveys have suggested that mental health services are institutionally racist. Most research has focused on stigma associated with schizophrenia despite well-documented prejudice against people with other psychiatric disorders.

The aim of this study was to assess stigmatised attitudes towards people from two ethnic groups with substance use disorder and learning disability. The 20-point Attitude to Mental Illness Questionnaire (AMIQ) was used to assess stigmatised attitudes. A representative panel of members of the general public were randomised to receive a questionnaire with a picture of a European or African-Caribbean man and a fictitious description of alcoholism (first round) or Down's syndrome (second round) six months later. Results were received for over 198 subjects (response rate 79-84%). There was no difference between the score for the African-Caribbean vignette or the European vignette for either alcoholism (mean AMIQ score 0.43 standard error = 0.39; n = 100 Vs 0.98 standard error = 0.53; n = 110; effect size $r = 0.11$; $p = 0.2059$;) or learning

disability (mean 1.71 standard error = 0.22; n = 100 Vs 1.98; standard error = 0.30; n = 98; effect size r = 0.07; p = 0.2559).

The study showed that ethnic origin had no significant difference on stigmatised attitudes towards someone with alcoholism or learning disability. Although a larger study would have increased power to detect a statistically significant difference it seems unlikely that a difference of the observed magnitude would be of any practical relevance.

Keywords stigmatised attitudes, ethnic origins, alcoholic, learning disabilities, mental health
Ethnicity and inequalities in health and social care 2(2), 11-19, 2009

Religion and suicide

Gearing; Robin E.; Lizardi, Dana

Abstract

Religion impacts suicidality. One's degree of religiosity can potentially serve as a protective factor against suicidal behavior. To accurately assess risk of suicide, it is imperative to understand the role of religion in suicidality. PsycINFO and MEDLINE databases were searched for published articles on religion and suicide between 1980 and 2008. Epidemiological data on suicidality across four religions, and the influence of religion on suicidality are presented. Practice guidelines are presented for incorporating religiosity into suicide risk assessment. Suicide rates and risk and protective factors for suicide vary across religions. It is essential to assess for degree of religious commitment and involvement to accurately identify suicide risk.

Keywords Religion – Suicide – Judaism – Christianity – Hinduism - Islam
Journal of religion and health 48(3), 278-289, 2009

A study of religiosity and psychological well-being among African Americans : implications for counseling and psychotherapeutic processes

Colbert, Linda K.; Jefferson, Joseph L.; Gallo, Ralph; Davis, Ronnie

Abstract

This study examined whether a relationship exists between religious orientation as a therapy intervention and the degree of depression, coping behavior and self-esteem among African American adults. In addition, the relationship and predictive power of selected religious and socio-demographic variables and religious orientation as a therapy intervention were studied. African American adults were randomly selected to participate in this empirical study. Age had a significant independent effect on intrinsic religiosity and extrinsic religiosity and a linear relationship was found between extrinsic religiosity and the seven demographic predictor variables at the .05 level of significance.

Keywords Religiosity – Counseling - African American - Psychotherapy
Journal of religion and health 48(3), 278-289, 2009

Uptake of health services for common mental disorders by first-generation Turkish and Moroccan migrants in the Netherlands

Fassaert, Thijs; De Wit, Matty A. S.; Verhoeff, Arnoud P.; Tuinebreijer, Wilco C.; Gorissen, Wim H. M.; Beekman, Aart-Jan T. F.; Dekker, Jack

Abstract

Background

Migration and ethnic minority status have been associated with higher occurrence of common mental disorders (CMD), while mental health care utilisation by non-Western migrants has been reported to be low compared to the general population in Western host countries. Still, the evidence-base for this is poor. This study evaluates uptake of mental health services for CMD and psychological distress among first-generation non-Western migrants in Amsterdam, the Netherlands.

Methods

A population-based survey. First generation non-Western migrants and ethnic Dutch respondents (N = 580) participated in structured interviews in their own languages. The interview included the Composite International Diagnostic Interview (CIDI) and the Kessler psychological distress scale (K10). Uptake of

services was measured by self-report. Data were analysed using weighting techniques and multivariate logistic regression.

Results

Of subjects with a CMD during six months preceding the interview, 50.9 % reported care for mental problems in that period; 35.0 % contacted specialised services. In relation to CMD, ethnic groups were equally likely to access specialised mental health services. In relation to psychological distress, however, Moroccan migrants reported less uptake of primary care services (OR = 0.37; 95% CI = 0.15 to 0.88).

Conclusions

About half of the ethnic Dutch, Turkish and Moroccan population in Amsterdam with CMD contact mental health services. Since the primary purpose of specialised mental health services is to treat "cases", this study provides strong indications for equal access to specialised care for these ethnic groups. The purpose of primary care services is however to treat psychological distress, so that access appears to be lower among Moroccan migrants.

BMC public health 9(307), 32 pp., 2009

download artiklen hefra: <http://www.biomedcentral.com/1471-2458/9/307/abstract>

Validation of the Armenian Center for Epidemiological Studies Depression Scale (Ces-D) among ethnic Armenians in Lebanon

Kazarian, Shahe S.

Abstract

Background

The aim of this paper is to report on the Armenian version of the 20-item Center for Epidemiological Studies Depression Scale (Armenian CES-D) and its validity and reliability when administered to a community sample of ethnic Armenians in Lebanon.

Method

A total of 172 participants completed the Armenian CES-D Scale, the Mood Rating Scale, the Armenian Psychological Well-Being Scale and the General Family Functioning Scale. The factor structure and internal consistency of the Armenian CES-D and its correlation with the remaining measures were evaluated.

Results

Two factors correlating $r = 0.34$ with each other were obtained. The depression factor comprised 16 psychological, somatic and interpersonal expressions of depressive symptoms and correlated $r = 0.97$ with Armenian CES-D scores. The well-being factor comprised four positive expressions of affect and correlated $r = 0.34$ with Armenian CES-D scores. Depression scores correlated $r = -0.39$ with psychological well-being scores, $r = -0.34$ with mood ratings and $r = -0.23$ with family functioning scores; the comparable correlations for well-being scores were $r = -0.46$, $r = -0.41$, and $r = -0.33$, respectively.

Conclusions

The Armenian CES-D is likely measuring two distinct aspects of mental health, depression and well-being, and the depression factor may be as adequate in measuring the Armenian depressed mind as the 20-item Armenian CES-D Scale.

Key Words

Armenian CES-D - factor structure - depression - well-being - ethnic Armenians in Lebanon

International journal of social psychiatry 55(5), 442-448, 2009

Vitamin B12 status in patients of Turkish and Dutch descent with depression: a comparative cross-sectional study

Guzelcan, Yener; van Loon, Peter

Abstract

Background

Studies have shown a clear relationship between depressive disorders and vitamin B12 deficiency. Gastroenteritis and Helicobacter pylori infections can cause vitamin B12 deficiency. Helicobacter pylori infections are not uncommon among people of Turkish descent in The Netherlands. Aim To examine the frequency of vitamin B12 deficiency in depressive patients of Turkish descent and compare it to the frequency of vitamin B12 deficiency in depressive patients of Dutch descent.

Methods

The present study is a comparative cross-sectional study of 47 patients of Turkish descent and 28 of Dutch descent. The depressive disorder diagnosis and differential diagnosis were made using the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, fourth edition text revision (SCID). The severity of the depressive symptoms was determined using the Beck Depression Inventory (BDI) and the 21-item Hamilton Depression Rating Scale (HAM-D-21). Serum baseline vitamin B6 and B12, folic acid and total serum homocysteine (tHcy) levels were measured.

Results

The average ages of the patients of Turkish and Dutch descent were 40.57 and 44.75 years, respectively. There were no demonstrable differences between the serum vitamin B6, folic acid and tHcy levels in the two groups. The serum vitamin B12 levels were however clearly lower in the patients of Turkish descent than in those of Dutch descent. Vitamin B12 deficiency was however observed in 14 patients of Turkish descent and 1 of Dutch descent. This difference was significant. On the BDI, the patients of Turkish descent scored significantly higher than those of Dutch descent. Patients with vitamin B12 deficiency and those with hyperhomocysteinaemia had a significantly higher BDI score than patients with normal vitamin B12 and homocysteine levels. No relationship was observed with vitamin B12 and tHcy.

Conclusion

Vitamin B12 deficiency occurs more frequently in depressive patients of Turkish than of Dutch descent. This is why it is advisable to test the vitamin B12 serum level in depressive patients of Turkish descent.

Annals of General Psychiatry 8(18), 16 sider, 2009

Download artiklen herfra: <http://www.annals-general-psychiatry.com/content/8/1/18>

Work limitations in employed persons seeking treatment for chronic posttraumatic stress disorder

Wald, Jaye

Abstract

This preliminary study examined work limitations in 27 employed persons seeking treatment for chronic posttraumatic stress disorder (PTSD) using the Work Limitations Questionnaire (Lerner et al., 2001). Results showed that this sample experienced an impaired ability to perform time management demands, output demands, and mental-interpersonal demands at work. This study adds new knowledge on the scope of work impairment of PTSD and identifies the important need for developing work-focused measurement tools and interventions.

Journal of traumatic stress 22(4), 312-315, 2009