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Conversions and medically unexplained symptoms in children: When the body expresses mental distress

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Medical unexplained symptoms (UMS) are very frequent in clinical practice, especially in developing countries (5% of referrals to child and adolescent psychiatry clinic in Monastir). Health professionals are often challenged by such symptoms with unclear diagnostic categories, hesitations regarding relevance of sophisticated somatic investigations and non consensual treatment algorithms. They are often referred to as conversions or anxiety related symptoms. The conversions may represent a distinct diagnostic category in psychiatric classifications; however, a thorough mental investigation often leads to consider them as symptoms rather than disorders. We found that most of children with somatic conversions have no underlying mental disorders, whereas 20% meet criteria for DSM IV mood or anxiety disorders and 25% present with unstable emotions and behaviors that ICD and other psychoanalytic oriented classifications refer to as neurotic organizations. An important number of these patients develop conversions and MUS after traumas or important stresses. It seems that conversions are a very common feature in children with depression in Tunisia (33% in the study of Bouden, 2008) and similar countries. Emotional and personality disorders have often “masked” clinical presentations with somatic symptoms as chief complaints. Family and cultural contexts often imprint MUS, with frequent similar complaints found in the immediate environment of the child, and several cross-cultural researches highlighting the importance of the body in the expression of mental distress in traditional societies, especially in Mediterranean region. Challenges for practitioners include, beside the complex clinical investigation, an important interventional balance between respecting the distress of the child and the family and promoting resilience through more appropriate expressions of psychological stress. In fact, inappropriately intensive medical interventions may lead to iatrogenic complications of these symptoms.

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The effects of mindfulness training on the quality of life of male Filipino soldiers with major depressive disorder in a selected military hospital

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Major depressive disorder is a type of mood disorder characterized by 2 or more weeks of depressed mood or lack of interest in life activities with at least four symptoms of depression such as anhedonia, changes in sleep, energy, weight, decision making, concentration, self-esteem, and goals. Mindfulness training has shown promise for reducing emotional distress and symptom severity across a number of psychiatric conditions including depression. Hence, this study was conducted to investigate the effects of mindfulness training in improving the quality of life of Filipino soldiers experiencing MDD. This study utilized a pre-experimental one-group pretest-posttest design that was conducted in 15 soldiers diagnosed with MDD from a military hospital. The subjects were selected through a purposive sampling procedure considering the inclusion criteria set by the researchers. The subjects have undergone 8 sessions of mindfulness training for four weeks. Quality of life and degree of mindfulness were assessed at baseline and post-treatment as measurement of outcomes of care using the questionnaires WHOQOL-Bref and MAAS. Gathered data were analyzed using paired t test. The paired t-test showed that the post interventions scores of WHOQOL BREF in terms of physical, psychological, social, and environmental parameters of quality of life appeared higher than the pre intervention scores. In addition, the pre-intervention and post intervention Mindfulness Awareness Attention Scale scores of the Filipino soldiers with MDD also showed a significant difference after 8 sessions of Mindfulness training. Mindfulness training has been proven to be effective in increasing the quality of life of male Filipino soldiers with MDD. It can be utilized as an adjunct complementary-alternative management for handling patients with MDD. Future researches may also expand the application of mindfulness training to other psychiatric disorders as well as to other physical conditions or psychosocial performances.

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