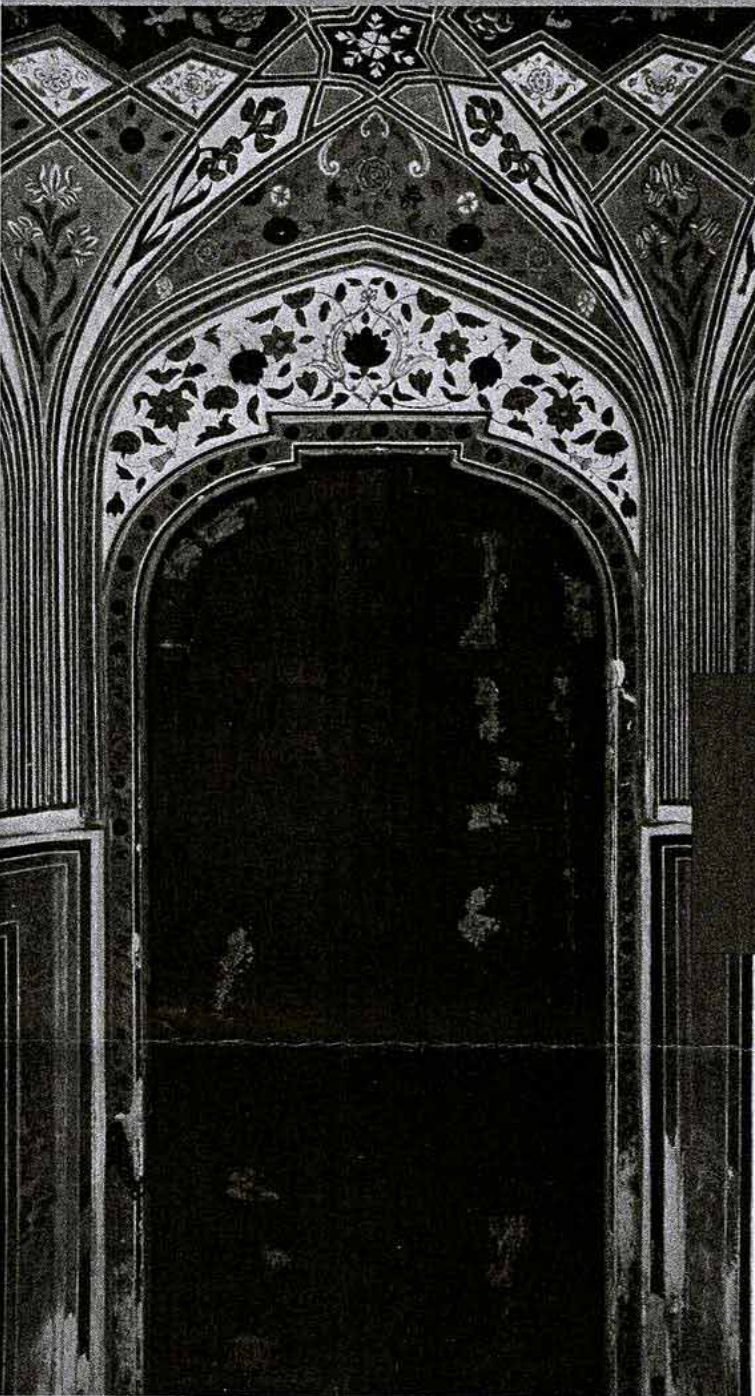




- ▶ Fragebogen zur Eltern-Kind-Beziehung für Kinder
- ▶ Zwangsbehandlung bei Anorexia nervosa
- ▶ Borderline-Persönlichkeitsstörungen: Dissoziative Symptome



- ▶ **Psychische Störungen: Screening**

Organ des
Deutschen Kollegiums für
Psychosomatische Medizin

Mitteilungen aus dem DKPM

Developing Psychosomatic Medicine in Romania

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Psychosomatic Medicine has changed its content in the last decades but its matter is still controversial. Some see in psychosomatic medicine the practice of psychiatry or psychology in medical settings while others view in it an obsolete form of behavioural medicine [1,2]. Others consider it a paradigm allowing the holistic approach of the patients, based on the biopsychosocial model [3,4].

Psychosomatic Medicine is not very well known in many Eastern European countries and actually the general perception of it is rather poor. Few years ago entering in USA to attend an APS meeting, I was asked by the American custom officers if I am a psychiatrist (and I am not), given the fact I was going to a psychosomatic meeting. The knowledge is not much different in Romania. For many years, there has been a lack of interest of the health authorities in the psychosocial risk factors and in the psychological determinants of diseases and management. Even more, in the '80s, the communist dictators have closed all faculties of psychology, for reasons that we can only suppose but not understand.

Historical glimpses

However there is a rich tradition of psychosomatics and related work in Romania. In 1918 Constantin I. Parhon founded the Romanian Society of Neurology, Psychiatry and Psychology. In the '30s, C. Vlad performed studies on psychoanalysis.

Among others, the following books have been important for the evolution of psychosomatic medicine:

- ▶ Alexandru Sutzu: *The madman in rapport with the society and science*, 1877;
- ▶ Constantine Urechia, Jean Mihailescu: *Treatise of Neuro-mental pathology*, 1928;
- ▶ Stefan Milcu: *L' apparition immediate et tardive des endocrinopathies apres le stress* 1977.
- ▶ In 1975 Ion Vianu from Cluj published the book: *Introduction in Psychotherapy*, but the author had to emigrate to Switzerland soon after the issue of the book.

1990: the year of a new start

This was the moment of the political change and the starting point of the transition to democracy, to the building of the civil society and to the adoption of free market rules.

With the advent of the autonomy of universities, courses on Psychosomatic Medicine for students and later for postgraduate students could be organized and started. The beginning was in Bucharest, at the Carol Davila University, and the courses were hold by Prof. Ioan Bradu Iamandescu. The continuation of this course was the first Textbook on Psychosomatic Medicine in Romania. Few years later, courses of psychosomatic medicine started in Cluj, hold by the first author of this text. The courses for medical students in Bucharest and Cluj are optional and given in Romanian and English. In 2004 we published an anthology of



Fig. 1 Cover of the textbook: Essentials of general and applied psychosomatic medicine by IB Iamandescu, Bucuresti, 1999.

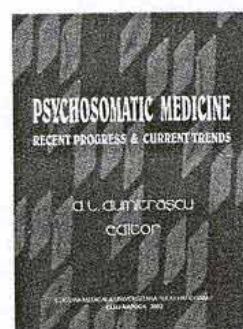


Fig. 2 Cover of the anthology of students' texts on psychosomatic medicine, Cluj, 2004.

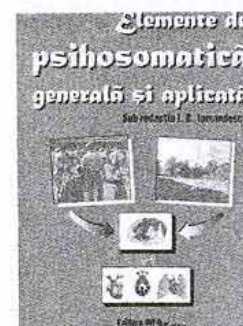


Fig. 3 Cover of the proceedings of the International Symposium of Psychosomatic Medicine, Cluj, 2003.

students' opinions on psychosomatic medicine. A series of over 70 answers to the question „What is psychosomatic medicine?“ from a series of over 300 were selected and published in this anthology.

Postgraduate courses for residents, general practitioners, internists, psychologists, etc. were organized yearly in Cluj and Bucharest and attracted many motivated attendants.

We organized also lectures and round tables on psychosomatic medicine at Romanian Congresses of Internal Medicine from Târgu-Mureş 2004 and Caciulata 2006, both well attended and animated by discussions from a public with increasing awareness of psychosomatic medicine. Several courses or lectures on psychosomatic medicine were organized in different towns of Romania where the majority of attendants was represented by general practitioners. All these meetings were credited by the Romanian College of Physicians with CME credits.

In 2005, the Romanian Society for Applied Psychosomatic Medicine was founded. We maintain excellent relations and contact with the Balint movement of Romania. A psychologist, Oltea Joja, has recently published the book *Psychosomatics between Medicine and Culture*, dealing predominantly with eating disorders.

International contacts

Beside the personal contacts of the promoters of psychosomatic medicine in Romania, including the participation to international meetings (Gothenburg, Waikoloa, Berlin, Kobe, Cavtat) we would like to mention the organization of the International Symposium of Psychosomatic Medicine in March 2003, in Cluj. This meeting was funded by the Alexander von Humboldt Foundation, Germany, and Tatjana Sivik from Sweden and Paul Enck from Germany were keynote speakers. More than 10 Eastern European lecturers and several regional participants granted the success of this first multidisciplinary conference of psychosomatic medicine in Eastern Europe.

A continuation of this meeting was offered by organizing a section of psychosomatic medicine at the International Symposium of Neurogastroenterology, Braşov, Romania, 22–25 Sept. 2005, also founded by the Alexander von Humboldt Foundation. Key-note speakers were Douglas Drossman, USA, past president of the APS and Director of the Rome Foundation, Paul Enck and Heinz Juergen Krammer, Germany (secretary and co-president of the German Society of Neurogastroenterology), Mladenka Tkalcic, Croatia (secretary of the ECPR 2006) and others.

In February 2006 we organized the 2nd Symposium of Psychosomatic Medicine in Cluj, this time with national participation but also with a contribution from Rijeka, Croatia.

An important advance of psychosomatic medicine in Romania and Eastern Europe was the creation of the CEEPUS NETWORK OF PSYCHOSOMATIC MEDICINE.

CEEPUS means Central and Eastern European Programme for University Studies and represents a kind of ERASMUS programme for Central and Eastern Europe. We are running the specific CEEPUS programme for psychosomatic medicine. The project number RO128: „Psychosomatic medicine: a multidisciplinary approach“ was active between 2003–2005. It has been prolonged in the frame of the new project CEEPUS II under the number: RO 0016-01-0506. It runs since 2005 with renewal in 2006 and hopefully also in the future on an annual basis. Participating centers of this project are Cluj, Braşov, Szeged, Kecskemet, Zagreb, Rijeka, Graz, Warsaw, Stara Zagora, and Sofia. The programme enables students, postgraduate students and professors to carry out mobilities for learning respectively teaching in partner centers. We hope to include new members from eligible countries till November 2006 when we will make the application for its renewal.

As a perspective and as a next target we aim to organize a Joint Degree on Psychosomatic Medicine in the frame of the CEEPUS network. The main difficulty is the lack of previous experience in this field in our area (few such programmes exist and psychosomatic medicine is not recognized as a speciality in these countries). On the other hand, with the help of Agence Universitaire Francophone we could organize two symposia and one workshop on medical communication in Cluj 2003, respectively in Braşov 2004 with Ghislain Devroede, Sherbrooke, Canada, a specialist in medical communication and in psychoanalysis.

In 2005 the American Psychosomatic Society granted 10 grants for the development of group of interests in psychosomatic medicine. The School of Medicine from Cluj, Romania, was one of the 50 bidders and obtained one of the 10 grants. Young physicians and psychologists joined in a group with several monthly meetings and which evolved into a symposium of psychosomatic medicine.

Conclusions

Our activities to develop Psychosomatic Medicine in Romanian and neighbored countries is a work in progress. We were able to teach Psychosomatic Medicine to undergraduate and postgraduate students, we familiarized GPs and internists with the necessity of the holistic approach and of the improvement of medical communication. We enabled exchange of students, postdocs and teaching staff on the base of reciprocity between the centers involved in the CEEPUS network. This led to the better knowledge of our activities. With the accession of Romania to the EU we hope to achieve further progress and improvement of international links.

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Psychosomatic Medicine: Clinical Care and Education in Portugal¹

Ramiro Veríssimo

Rationale

In a context of exponential growth of knowledge, among others, medical specialization progressively became an absolute need. Progress however hindered in counterpart a certain „Renaissance mind“; leading to the imperious need to revive a holistic approach to the „man and his circumstances“ [1,2] as the only way to deal adequately with the psycho-behavioural dimension involved both in health and disease. And that probably was the main contribution of the 20th century into medical intervention within this domain. As much as, in the last half century, the powerful medications that also became available, allowing us to control almost all of the more disruptive behaviours.

This is the context known as Psychosomatic Medicine; that is, how we may conceive evolution from a biomedical deterministic approach, under a reductionist perspective, onto a conceptual integrative model for medical intervention, as well as for research: the bio-psychosocial model [3–5].

Past

Nevertheless in Portugal, as well as in almost all other countries, the concept still is scarcely represented in Health Care, its practice being confined mostly to some psychoanalytically oriented psychiatrists and psychologists. What has led to the commitment of a group of interested persons in promoting this perspective; and ultimately to the creation, circa 1990, of the Portuguese Psychosomatic Society.

¹ This manuscript is the revised version of a paper held at the *Meeting of the European Network on Psychosomatic Medicine*, Berlin, July 8–9, 2005. The meeting was organized and sponsored by the German College of Psychosomatic Medicine (DKPM).

Present

While not credited as a medical specialty by the legally competent medical organization – Ordem dos Médicos –, and with no recognizable autonomous functioning, its clinical practice is almost completely excluded from the National Health System; it remains as a conceptual model only adopted individually by some, very few, psychiatrists [1]; as a touchstone idiosyncratically adopted, in a localized manner, to tune pre-graduated medical teaching within the area of psychological and communicational skills [2]; and as a research paradigm for some post-graduated studies gravitating around the integration of biological, psychological and social factors in Medicine [3]. Besides, in some sort of specialization just in the opposite pole of „Biological Psychiatry“, the Psychosomatic Medicine area of clinical intervention is also being directly „assaulted“ by some Psychology schools – mainly related to the psychoanalytical oriented „French School“ –; or indirectly by some other in a reformulation in-between Health Psychology and Clinical Psychology. I would like to stress out that, in its pursuit of integration of a multidisciplinary approach, the Portuguese Psychosomatic Society welcomes the affiliation of these professionals without any reserve whatsoever. In the same way as many other specialties that, as in the case of Philosophy, do not come strictly from within a medical background.

Today's pressure of referrals from medical-surgical wards in the General Hospital has led to the emergence of the so-called Liaison-Psychiatry; however, this sort of psychiatric support, that somehow pretends to assume and fully embody competence in Psychosomatic assistance, in doing so frequently remits itself to a poor caricature, restrained to an intervention strictly from the self-proclaimed „biological“ psychiatric mainstream perspective, disregarding everything that does not comply strictly with the diagnostic criteria for a given psychiatric disorder. Which in turn somehow result and rely, after all, on the support of the pharmaceutical industries and their enormously powerful resources. Within this clinical set psychotherapy is almost absolutely disregarded.

The paradox come about because when the reductionist perspective denies validity of all knowledge – unaccredited as scientific – whenever beyond reach of its deterministic methods, Biological Psychiatry must be considered but as a mystification while mimicking other specialties with their related scientific foundations. This simply arises when it claims itself from the domain of the exact sciences, since in fact, although postulated as such, it does not really comply with a deterministic model which allows linear causal explanation and ultimately curing in the same way. As a matter of the fact all the psychopharmacological interventions known to present are empirical and hardly considerable more than symptomatic; not infrequently it even is rather difficult to tell apart where the disturbances natural history ends and the medications action begins. Nonetheless extremely important, obviously; it is just that, unlike what we are mislead to believe, psycho-behavioural disturbances do not conform with any of the three recognized medical paradigms, for these require necessarily an ethiopathogeny to be precisely established. And this is not the case within Psychiatry as we well know and learned to accept since Kraepelin credited as evidence, instead, the morbid evolution [6]. That is to say that DSM [7] is not about diseases, but syndromes; which have to be dealt in a high level of integration, necessarily taking into account biological factors side-by-side with the psychosocial ones that cannot simply be disregarded.

Future

Being no formally recognized in any way, thus having no facilities at all for out- or inpatients – despite the assumed need on the part of other medical specialties –, Psychosomatic Medicine has not yet met Engel's seminal postulates dating back to 1977. Not in Portugal, as well as in many other countries. Unlike some others, though.

In order to change this, we have to consider the well succeeded cases and try to identify the causes for this difficult implementation of what may be considered as a revolutionary step further in Medical Care [8]. Some of these causes, as abovementioned, are transversal in its origin: knowledge accumulation with its inherent need for specialization and direct or indirect pressure from the Pharmaceuticals under the light of recent developments in neurosciences and molecular biology. But beyond these there are most certainly some other local causes, such as political, cultural – in an anthropological sense –, and/or upcoming from the respective level of socio-economical development. Happens that, if one wish to effectively contribute to change things, analysis – be it in a systemic perspective – must also consider this sort of causes. A study of such causes should thus point out the weaknesses and the strengths of the system. In one hand, somehow responsible for the ultra-stability and resistance to change – morphostasis –; and on the other, as crucial to reinforce, if one is to facilitate the desirable changes – morphogenesis –. And then should also consequently result in a core educational curriculum of essential roles and competencies for Health Care Professionals involved, as well as an outline of suggested procedures and guidelines – firstly oriented to the administrative practices [9] – designed and seen as fit to contribute to the desirable development and promotion of the model.

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