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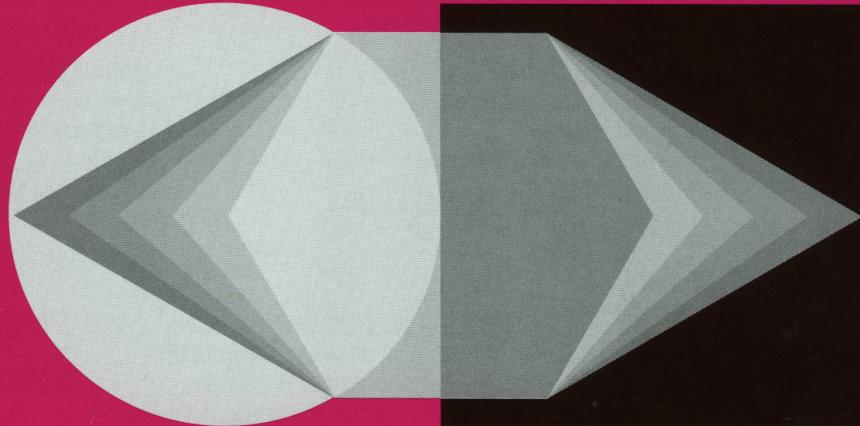
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139 - Alexithymia, psychopathology and pain among patients with lumbago

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Background and aims: Lumbago is the second cause, after the common cold, seeking medical care; and the fifth cause of hospital admission. With a higher prevalence — 22-30% — within the 45-59 years age group, it is the main reason for labour absenteeism. 30% of the cases last more than 3 months and 85% recur. One has to admit that the biopsychosocial complexity involved in chronic conditions significantly impairs the efficacy of symptomatic interventions aimed to alleviate pain. And among these multiple psychosomatic factors there's still a long way to go in what concerns influential psychopathological and personality facets. This study aimed to investigate lack of emotional awareness/alexithymia among chronic/bad outcome patients with low-back pain, as well as to provide insight into their psychopathological levels — anxiety and depression in particular — and in pain symptoms.

Methods: To do so, we interviewed sequentially 70 low-back pain outpatients attending regularly in a specialized Pain Clinic. With a mean age of 51.76 +/- 16.97 years — 28.6% men and 71.4% women —, they volunteered to comply with a semi-structured socio-demographic and “medical” interview, as well as being assessed through a battery formed by the Short-Form of McGill Pain Questionnaire (SF-MPQ), the Estimation of Time Measure (ETM), the Symptom Check List – 90R (SCL-90R), the Hopkins Symptom Checklist-25 (HSCL-25), and finally the Bermond-Vorst Alexithymia Questionnaire (BVAQ).

Results: Results have shown that this population has alexithymia scores significantly higher than a non-clinical reference group. The same goes to psychopathological traits including high somatisation, high obsessive-compulsiveness and low anxiety with high phobic anxiety; together with an average score on depression clearly suggesting morbid levels as screened by the HSCL-25.

Conclusions: Results favoured the hypothesis that alexithymia makes up an important and determinant factor in pain modulation.

140 - Metabolic and haematologic factors of delirium in elderly patients with hip fracture

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Background and aims: Delirium is a mental disorder characterized by disturbances in consciousness, orientation, memory, thought, perception, and behaviour. It represents a common complication of critically ill patients and is often associated with metabolic disorders. The aim of the present study was to estimate the relationship between serum biomarkers and hemodynamic parameters with delirium in a cohort of elderly hip-surgery patients.

Methods: A consecutive sample (N=90) of elderly patients (65+) with hip fracture admitted to the traumatology unity of the HCUZ during a six weeks period were assessed at the time of hospital admission. Standardized psychiatric

methods were used, including a psychiatric research interview and the CAM-S. They were re-assessed 5 days later, with the same methods. Vital signs (Temperature, AP) were computed, as well as hematologic parameter and other analytical variables including O₂, glycemia, haemoglobin, creatinine, sodium, potassium, protein and hemodynamic parameters. Descriptive statistics were used, including chi-square test.

Results: Delirium was diagnosed in 26.9 % of patients. All of them had high levels of glucose; 71% had anemia, 42% abnormal creatinine level and 71% hypoproteinemia. Patients without delirium (73.1%) were used as controls, and 78% of them had an abnormal glycemia level; 36% anemia, 26% abnormal creatinine level and 52% hypoproteinemia. However, no significant statistical differences were observed between both groups in any of the biological parameters assessed.

Conclusions: This study does not provide evidence that the vital signs and biological parameters studied are good markers of an increased risk of delirium in traumatology patients.

141 - Crying and health: a critical review

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Background and aims: We critically reviewed popular and pre-scientific conceptions of the relationship between crying, well-being, and health, and summarized the relevant scientific literature.

Methods: We searched relevant literature in scientific databases and examined the references of identified articles.

Results: It appears that crying can be conceived in three ways: (1) crying as coping, i.e. does crying bring relief and does it facilitate emotional recovery after stressor exposure? (2) is the chronic inhibition of tears associated with an increased risk of disease? and (3) is crying a sign of distress, pain and a symptom of disease?

Conclusion: The question regarding whether crying serves a coping function and brings relief has yielded seemingly contrasting findings, dependent on the design of the study. Concerning the second and third issues, there is a lack of sound studies. There is little evidence suggesting that the inhibition of crying facilitates the development of health problems. We present evidence for a relationship between neurological disorders and crying, while the relationship between crying and depression is less clear. There is also mainly anecdotal evidence of increased crying in a wide variety of health problems, which may reflect symptoms of disease, co-morbid depression, adjustment problems, or side effects of treatment. Finally, some recent studies suggest a positive effect of crying on health status in certain patient groups. More systematic and well-designed studies are needed to clarify the relationship between crying and health.

142 - Psychopharmacologic therapy in an internal medicine service: a descriptive study

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