Lunes, 20

CONFERENCIA INAUGURAL:

Everyday feelings versus mood or Anxiety disorders: the Importance of psychopathology

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The limits between normal and morbid psychological experiences are not always clear, and the differences between anxiety and depression as mental disorders or anxiety and sadness as normal feelings are still somehow blurred and precisely this was one of the main concerns of Prof. López-Ibor Aliño, as he considered that psychiatrist have the duty to go back to the roots of their discipline and pay more attention to psychopathology in order to be able to establish accurate diagnosis of their patients.

Present classification systems in psychiatry can give way to confusion if the clinician does not realize that a classification is not a treaty of psychopathology, able to define what illnesses are, and when diagnostic criteria are confused with symptoms and symptoms with illnesses.

The issue is not only the different quality of depression or depressive episodes and the symptoms associated to it. Prof. López-Ibor also considered that taking into account that sadness and related affects are normal feelings they may be useful and considered furthermore that they have an adaptive value in general and in specific clinical cases. In fact, they increase the ability to solve challenges related to the need of confronting demands related to losses and harms, sadness also helps to communicate states of vulnerability and needs, sometimes avoid aggression in hierarchical conflicts and modulates interventions that lead to recover from lost bonds.

The theory of evolution can provide useful insights on the possible adaptive value of feelings of anxiety and sadness and may help to consider states of mood as being “normal” or as being pathological and help to take the appropriate clinical decisions.

The distinct quality of the affect, both in depressive and in anxiety disorders, is important to differentiate them from normal experiences. Morbid sadness in depressive disorders and morbid anxiety in anxiety disorders are vital feelings according to the descriptions of Scheler, Schneider and López Ibor Sr. embodied and non-dependent from external circumstances.

The presence of sadness or anxiety is crucial in order to decide when to treat or not to treat once the clinician has the possibility to prescribe anxiolytics, antidepressants and other therapeutic procedures. A wrong decision may lead to negative consequences such

as medicalizing normal suffering, interfering with normal psychological processes, of creating dependence to drugs, to the health system or even to the physician him or herself.

The educational programs of the World Psychiatric Association

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During my professional career, I had the opportunity to closely collaborate and work with Dr. Juan Jose Lopez-Ibor Aliño for a period of about 25 years. Our join efforts focused primarily on "educational programs", specially programs related to the World Psychiatric Association and also primarily during the period that Dr. Juan Jose Lopez Ibor Aliño was the President of the World Psychiatric Association. Our join efforts related to educational efforts in the field of psychiatry and mental health at a world wide level let to a series of programs and activities related to the World Psychiatric Association, the American Psychiatric Associations and a series of psychiatric organizations spread all over the world. Our efforts in this regard led to a total of 109 educational programs implemented around the world. I do not think that such an educational effort has ever being implemented worldwide by any other organization; our goals all along in this regard was to improve the care offered to the mentally ill persons at a worldwide level; specially in the countries and regions of the world where our efforts were more required such as poor countries and regions. I am very proud and pleased for the opportunity to closely work and collaborate with Dr. Juan Jose Lopez-Ibor Aliño during my professional career.

The Stigma of Mental Illnesses. Present Situation and Future Perspectives

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Premio Internacional Juan J. López-Ibor del año 2012.

Stigma of mental illnesses is universal. In recent times, stigma has received importance owing to the way it interferes with the care of the individuals suffering from mental illness and recognition of their human rights. There have been a number of cross-national studies of stigma and a number of metaanalysis of anti-stigma interventions. The notable of these efforts is the ‘Open Doors’ anti-stigma programme of World Psychiatric Association, of which Prof.Lopez Ibor was an important part. Stigma is the outcome of historical, religious, cultural, social and political factors. There is need to think of multi-dimensional interventions. Firstly, in countries with no organized mental health care and limited resources for mental health care, the need for provision of essential mental health care. Secondly, to open the psychiatric institution to the community, make the centres

treatment centres and combine these efforts with community mental health care Thirdly, address the need for early identification, regular treatment, reintegration by 'providing mental health care as part of primary health care' .Fourthly, there is need for educational activities and personal contact with persons with a diagnosis of mental disorders. Fifthly, to move the dialogue from mental disorders to mental health, in a way that people give mental health a higher priority in their life and make mental health skills a part their life. Moving the public discussion about mental health from the deviancy concept to normalcy is a good way to address stigma.

Current situation and future perspectives of antipsychotics in schizophrenia

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The development in the mid-20th century of the first antipsychotics and antidepressants was the beginning of a success story for psychiatry and clinical psychopharmacology. In recent years, however, this success story has been met with increasing scepticism and even criticism from both outside and inside psychiatry. The key points for contention are the limited efficacy, side effect burden and slow development for new and innovative compounds. The last point in particular currently dominates the discussion in the public domain and the fields of psychiatry and psychopharmacology.

This chapter will use the psychopharmacological treatment of schizophrenia as an example to describe the current situation and possible future developments of drug development as well as more general aspects concerning this topic.

Key words: antipsychotics, drug development, shizophrenia treatment, neuroleptics.

Transcultural Psychiatry: a Moroccan experience

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Diagnosing and treating mental disorders is highly dependent on the environment of the patient, culture being one of its components. Culture changes not only from one country to another, but sometimes from one region of the country to another. It changes also over time when important social switches happen: migration from rural to urban areas, progressive change from enlarged to nuclear families, role of religion and spirituality among families and in patients, introduction of Internet and social media,.. Psychiatric symptoms change also depending on the cultural environment.

Having being trained to become psychiatrist in Rabat, Morocco and in Paris, France during the seventies of last century, and having witnessed big changes that happened in the

clinical pictures of mental disorders during almost half a century in Morocco, I found it interesting to share this experience as it has a message to convey: no psychiatric practice can dismiss the role of culture, but culture impact changes over time, even in the same patient. Culture is probably where idiosyncrasy and universality converge, and this plays a role in our daily practice.

Transcultural Aspects of Obsessive Compulsive Disorder: An Egyptian Perspective

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Culture is a matrix that constitutes the background against which we should understand the biological, psychological and social dimensions of mental disorder.

An individual's cultural background colors every facet of illness, from linguistic or emotional expression to the content of somatic complaints and delusional or hallucinatory experiences. Cause, course and outcome of major psychiatric disorders are influenced by cultural factors.

In mental health, dysfunctional behavior is a key issue in diagnosis versus distinction from normal to disordered behavior. The social and cultural context here is important because identification of abnormal dysfunctional behavior is basically a social judgment. Different cultural and ethnic groups have a different perception and practices about health as per their ecocultural adaptation. Culturally based attitudes and assumptions direct the perspectives that both patient and clinicians constantly encounter in therapeutic communications.

Lack of awareness of important cultural differences can undermine the development of a therapeutic alliance and the negotiations and delivery of effective treatment14.
This presentation will discuss the transcultural aspects of OCD from an Egyptian perspective.

La timopatía ansiosa

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En un estudio anterior[1] hemos intentado demostrar que era apropiado conceptualizar esquizofrenias y enfermedades similares como «logopathies». Basamos nuestra hipótesis en tres hechos observados. En primer lugar, la experiencia clínica y descripciones de los autores clásicos más importantes (Kraepelin[2]; Bleuler[3]) y las de algunos modernos

(Peters[4]; Doerr-Zegers[5], Crow[6, 7, 8, 9)] nos permiten concluir que el fenómeno base de la esquizofrenia es la perturbación del pensamiento y lenguaje. Todos los síntomas, incluyendo los así llamados síntomas negativos, son inespecíficos. En segundo lugar, el hecho que la investigación reciente sugiere que la esquizofrenia es un elemento constitutivo de la naturaleza humana y la mutación que le dio origen acaeció al mismo tiempo que la que permitió al *Homo erectus* desarrollar el lenguaje abstracto y con ello su naturaleza de Homo sapiens (Crow[10, 9)]. Tercero, en la concepción revolucionaria de Martin Heidegger del ser humano como *Dasein*[11], se describen tres características fundamentales de su manera de estar en el mundo: la comprensibilidad, el lenguaje y la «disposicionalidad» o estado de la mente, en otra traducción de la palabra *Befindlichkeit*. Como los dos primeros hechos pueden subsumirse en uno, ya que no hay lenguaje sin comprensión ni comprensibilidad sin lengua, bien podríamos hablar de una polaridad entre la comprensibilidad (lengua) y la «disposicionalidad» (estado de la mente), con las esquizofrenias como claro ejemplo de la perturbación de la comprensibilidad. Intentaremos demostrar que todos los trastornos del humor y muchos de los llamados trastornos de ansiedad —sobre todo aquellos cuya sintomatología no es sólo una expresión de un trastorno de personalidad— podrían concebirse como una forma única de enfermar para el ser humano, cual es la alteración del estado mental en el sentido planteado por Heidegger y, por lo tanto, podrían ser etiquetadas como «timopatías», reviviendo así el antiguo concepto de Juan José López Ibor Sr.[12, 13]. Una versión provisional de esta hipótesis ha sido recientemente publicada[14].

La percepción de fases neutras y el reconocimiento de disimilaridades en esquizofrenia

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El procesamiento cerebral temporal de estímulos externos en la esquizofrenia todavía permanece desconocido. Los resultados de nuestro estudio demuestran que el componente M50 de los potenciales evocados magnéticos muestra una gran actividad en el grupo con esquizofrenia en áreas frontales mediales del hemisferio izquierdo mientras que en el grupo control aparece en temporal posterior y giro angular derechas y temporal medial izquierda. Estos datos indican una anomalía importante en el procesamiento de la información auditiva en el grupo con esquizofrenia al activar, alrededor de los 50 milisegundos, áreas frontales mediales en lugar de áreas temporales mediales. En nuestro segundo estudio los resultados del reconocimiento de caras neutras en el grupo con esquizofrenia muestran una activación de áreas “auditivas” que vendría determinada por los delirios de referencia, equivalentes visuales de las voces alucinatorias de la esquizofrenia; también observamos que la activación del polo temporal izquierdo podría estar asociada con la reducción de la capacidad para nombrar y la atribución de un significado a una cara percibida, por último la mayor activación del polo temporal derecho en pacientes con esquizofrenia tendría una mayor relevancia en el almacenamiento de la memoria episódica personal y en la capacidad para reconocer o evocar información de

recuerdos de experiencias sociales pasadas. Conclusión: estos estudios sugieren que el procesamiento cerebral temporal de estímulos externos es diferente en pacientes con esquizofrenia.
