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A REVISED INTERNATIONAL CLASSIFICATION FOR MENTAL DISORDERS IN PRIMARY CARE SETTINGS

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The World Health Organization is revising the ICD-11, and as part of this revision the special classification of primary care, originally issued in 1996, is also being revised. The changes are advised by a committee consisting of both Primary Care Physicians (PCPs) and psychiatrists whose responsibilities include teaching PCPs about mental health skills. Psychological disorders seen in primary care differ in a number of important respects from those seen by mental health professionals: patients typically consult with a mixture of anxious, depressive and somatic symptoms. The revised classification consists of 27 disorders that are either common in primary care, or are important to recognise. It will contain management guidelines as well as a differential diagnosis for each condition. Important changes are the introduction of three new disorders: anxious depression, bodily stress disorder (formerly unexplained somatic symptoms) and health anxiety (formally hypochondriasis). These are names that can be shared with the patient, and may lead to a therapeutic dialogue. The revised disorders have been tested in a Field Trial in five predominantly low and middle income countries, and we know that PCPs in these countries support the new concepts. Patients in these countries commonly complain of multiple somatic symptoms in association with anxious and depressive symptoms. Bodily stress disorder is commonly accompanied by health anxiety. The management guidelines are to include both psychological and pharmacological treatments which have been shown to be effective.

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ACUTE AORTIC DISSECTION TYPE A COMBINED WITH CORONARY SYNDROME. CASE REPORT

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Acute aortic dissection is a common life-threatening disorder affecting the aorta. The immediate mortality rate in aortic dissection is as high as 1% per hour over the first several hours, making early diagnosis and treatment critical for survival. Case presentation: We are presenting a case of Stanford Type A aortic dissection in a 58-year-old male patient with a history of hypertension. He arrived at the emergency department (ED) with diagnosed acute coronary syndrome a few hours after a sudden and severe worsening of his epigastric pain. Interesting case where the dissection starts from the orifice of the right coronary artery, occupies the aortic valve. Conclusion: Predictors of follow-up this cause mortality reflect patient history variables as opposed to in-hos- pital parameters or in-hospital complications, which may be explained by the successful in-hos- pital treatment of the acute dissection.

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