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A rapid improvement in obsessive-compulsive disorder with Milnacipran in a schizophrenic patient

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One-fourth of schizophrenic patients suffer from co-morbid obsessive and compulsive symptoms (OCS), posing a considerable challenge for treatment. To avoid worsening the severity of obsessive-compulsive symptoms in schizophrenic patients, the use of mainly dopaminergic second-generation antipsychotics such as amisulpride and aripiprazole has been proposed. In addition, augmentation with a selective serotonin reuptake inhibitor (SSRI) was reported. However, a substantial portion of patients fail to respond to such an approach. It has been suggested that serotonin-norepinephrine reuptake inhibitors (SNRIs) have potential efficacy among SSRI-resistant OCD patients. Herein, we report a schizophrenic patient who, after being switched from escitalopram to milnacipran, showed a rapid improvement of his debilitating OCD. To our knowledge, this is the first report describing SNRI as treatment of the co-morbid OCD in schizophrenia. We discussed unique pharmacological property, and possibly multineurotransmitter pathway involving in the treatment of OCS among schizophrenic patients.

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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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Introduction: 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.

Methods: 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.

Results: 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.

Conclusion: 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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