

Euro Global Summit and Medicare Expo on **Psychiatry**

July 20-22, 2015 Barcelona, Spain

Theory of mind in Bipolar disorder: A study in remission

Shravani Chauhan¹ and Sudhir Kumar²

¹Tees Esk and Wear Valley NHS Foundation, UK

²Institute of Mental Health and Hospital, India

Objectives: Bipolar disorder is characterised by cognitive deficits and deficits in social functioning both during acute stages and in clinical remission. One concept used to examine the underlying mechanisms of social impairment in neuropsychiatric disorders is social cognition, involving the ability to understand and respond to the thoughts and feelings of others. Thus, Theory of mind (ToM), the ability to represent one's own and others mental states, has been an important area of research in bipolar affective disorder.

Results have been mixed so far, mainly due to possible confounding effects of neurocognition, as well as clinical factors such as stage of illness and current mood. The present study explores ToM in bipolar disorder patients during the stage of clinical remission.

Method: 20 patients diagnosed with bipolar disorder according to ICD-10, currently in remission and 20 healthy controls were recruited. Remission was determined by 3 month symptom-free period clinically and with YMRS scores < 4 and HAM-D score < 7. The Faux Pas test was used for ToM assessment. In this test, the subject is read 10 stories containing social faux pas and 10 control stories containing minor conflict, but no faux pas. The subject is required to identify the faux pas by taking perspective of the other person's mental state. The data was analyzed using the computer software program, Statistical Package for Social Sciences-version 11.5 (SPSS-11.5) for Windows®, with different parametric and nonparametric tests, as indicated. The level of significance was taken as $p < 0.05$ (two tailed).

Results: There was significant difference in performance on faux pas stories in patient population as compared to controls. Bipolar disorder patients failed to recognize the faux pas committed by the characters in the stories. There was no significant difference in performance of the control stories in patient population as compared to controls. There was no correlation of poor performance on faux pas stories and clinical characteristics of patients like age, education, age of onset of illness, duration of illness, duration of remission, positive family history, YMRS and HAM-D scores.

Conclusions: The study revealed deficits in recognizing social cues by bipolar patients as compared to normal controls. Similar performance on control stories indicate that there is no difficulty in understanding a regular social context. This deficit seen in remission phase indicates that social cognition remains impaired in bipolar patients even after apparent clinical recovery.

shrav1980@gmail.com

Evidences for a bidirectional cause: Effect relationship between psychological factors and chronic pain disorders

Yuri Martins Costa

Aarhus University, Denmark

The medical field has evolved with the focus in fractional--analytic way on biological process and assuming that the diseases should be investigated in terms of causal chains of materially and conceptually comprehensible parts.

Taking together with the abstract aspect of the human mind and the lack of appropriate methods to probe it is conceivable that this mechanistic view, i.e., the biomedical model in which the biological phenomena can fully explained by physical variables, has been the mainstream of medicine for so long. However, the human pain experience, in particular the chronic pain conditions, is a vulnerable point for the biomedical model, considering that it is not fully possible to explain the disability and the burden of pain only in terms of bodily impairments and biochemical reactions. In such scenario, the development of the biopsychosocial medical model and the identification of motivational and cognitive aspects of the pain can be regarded as important milestones in the understanding of the pain mechanisms and the pain experience in all its completeness. In particular, it is known that some psychosocial characteristics can predispose people to musculoskeletal chronic orofacial pain development, e.g., temporomandibular disorders (TMD). Otherwise, in a chronic state, pain itself could aggravate or contribute to psychological distress, generating a vicious cycle. On the other hand, pain management strategies not primarily related to psychosocial aspects have a positive effect on these same aspects in subjects with musculoskeletal disorders. Therefore, we can support the hypothesis of a psychological disorder (anxiety, depression and higher pain catastrophizing) being a consequence of masticatory myofascial pain, hence, indicating a bidirectional cause-effect relationship between pain and psychological factors.

yurimartinscosta@yahoo.com.br