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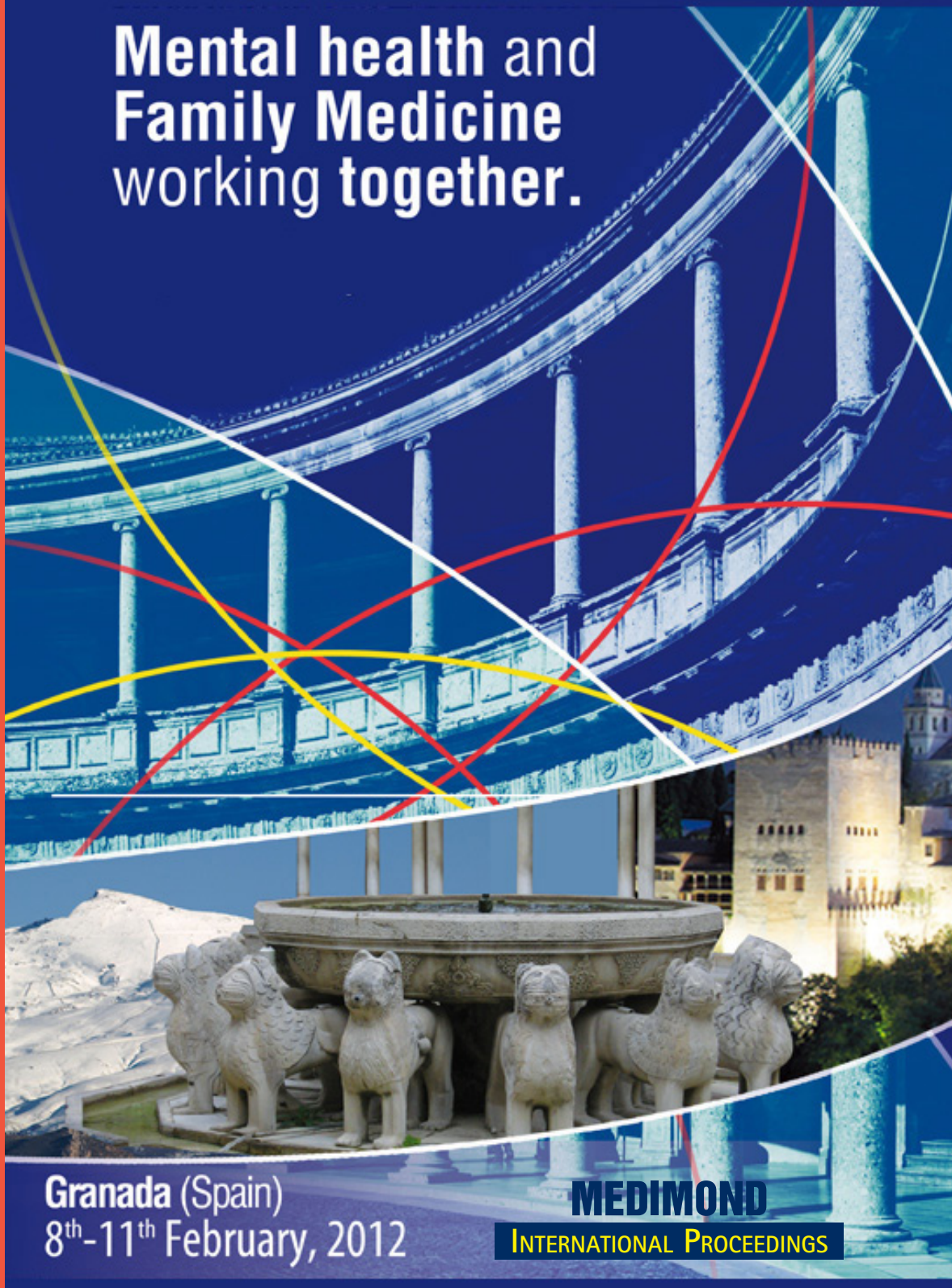

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Diagnosing Dementia at Primary Care Setting

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Abstract

Dementia accounts for 11.2% of years lived with disability of people aged 60 years or older, and patients with dementia have a substantially shortened life expectancy. In many countries, the current configuration of services for people with dementia will not cope with the consequences of the demographic shift that is now under way: primary care will need to adopt a more active role. Primary care professionals need to acquire new skills, particularly around psychosocial interventions and the development of systematic care packages and pathways. Primary care practitioners can effectively master the diagnostic task in the early stages of dementia syndrome, once they know what it is they are facing, and what resources they can call upon. Authors present recent advances in this field which are able to help primary care parishioners on this task.

1 Care for people with dementia: the role of primary care

Across the world, the family remains the cornerstone of care for older people with dementia[1]. However, stereotypes abound and have the potential to mislead. In high-income countries with their comprehensive health and social care systems, the vital caring role of families, and their need for support, is often overlooked. In low- and middle income countries, the reliability and universality of the family care system is often overestimated. People with dementia in these countries are widely perceived as under threat from the social and economic changes that accompany economic development and globalization[2].

Primary care professionals are in a unique position to change this situation by improving the detection and management of dementia. In high-income countries, the evidence suggests that primary care doctors and nurses can make a dementia diagnosis with reasonable accuracy during a typical consultation[3]. These findings cannot be generalized to

Detection, assessment, and monitoring of eating disorders in primary care settings

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Abstract:

The aim of the symposium will be to provide information and clinical tools, useful for screening, initial assessment and monitoring of patients with eating disorders.

To reach this objective, four specific lectures are proposed. The first one will focus on medical evaluation. The second one will examine the tools which made possible the detection of eating disorders in Primary Care settings. In the third, the specific tasks to be performed by nurses will be analyzed. Finally the interventions aimed at taking care of the patients' families will be considered, as the families are strongly involved in the problem and can play a major role in the treatment process.

Keywords: eating disorders, primary care settings, detection, assessment, monitoring.

1. Introduction

Although eating disorders (EDs) were recognized more than two centuries ago, in Western countries great interest has been aroused by the progressive increase in their incidence and prevalence in the last decade in particular. This increased prevalence may have been influenced by many factors, such as the current social tendency to diet, the particular existential problems of teenagers, greater diffusion of EDs by the media, and the fact that health professionals, not only in psychiatry and clinical psychology

Depression among older adults in day care centers in Patras, West Greece - An undetected disorder?

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Abstract

The purpose of the present study was to estimate a possible under-detection of depression in older adults of an urban area. Data on 239 members of "daycare centers for older people" (KAPI) in the municipality of Patras, West-Greece were collected by interview. A questionnaire was developed to collect basic demographic characteristics, including three questions from the European Health Interview Survey (EHIS), regarding self-reported and/or by a physician diagnosed depression. Furthermore, the Greek validated version of the short Geriatric Depression Scale (GDS-15) was applied, to screen for depressive symptoms. According to GDS-15, 45% of the studied population have depressive symptoms (36% moderate, 9% severe), while having ever been affected with chronic depression reported 20.5%, of them 66.7% being diagnosed by a medical doctor. In 162 subjects who reported never have been affected by a depression and in 28 individuals who reported not to know if they have depression, depressive symptoms were observed in 27.7% and 60.7%, respectively, applying the GDS-15.

Keywords: Depression, Older adults, Open Daycare Centers, Geriatric Depression Scale, GDS-15

1. Introduction

At ages over 65 years, depression is the most common mental health problem and probably the most frequent cause of emotional suffering in late life. However, depression is not a natural part of ageing and with appropriate treatment it is often reversible. On the other hand, untreated, depression poses a critical impact on well-being and the quality of life of the elderly [1] leading to serious functional impairment, reduced quality of life, high rates of suicide attempts [2], increased health care utilization and higher health expenditures [3]. Despite the fact that persons with depression often

Family profiles and activities of a Public Unit Family Therapy

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Introduction/Background:

After ten years of clinical experience with 134 families being treated, the unit plans to carry out a description of their activity, based on analysis of demographic and clinical variables for defining a typology of families using.

Hypothesis:

Build profiles of families using the unit.

Objective/S:

To know the type of families who consult on the unit and the time spent in therapy until discharge.

Design:

Cross-sectional study of data from 134 families treated between 1999 and 2011.

Method:

We have analyzed the data, grouped into 5 variables: family size, reasons for consultation, referral source and number of sessions until discharge. From these variables are drawn two profiles.

Results:

Profile 1: Family of 4 members who consulted for difficulties with the children

A questionnaire for evaluation of attitudes toward health in elderly people by using popular proverbs

Castillo Trillo B; Pérez Enríquez I; Herrera Moreno CL; Muñoz Cobos F; Burgos Varo ML; Canalejo Echeverría A.

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Summary

In order to perform a descriptive study on attitudes towards health of people over 65 years, a questionnaire is developed consisting of proverbs from Spanish popular phrases that refer to health. We selected 46 proverbs: 23 reflect a positive attitude or true beliefs towards health, and the remaining 23 reflect negative attitude or false beliefs, comprehending a number of items. We present initial results after the piloting of this instrument.

Introduction

The importance of attitudes toward health and their influence on the different forms of aging is widely known. The assessment of health status by the subject is influenced by many factors; among others: related illness, patient's personal characteristics, socioeconomic status, cultural level, etc. [1]

To make interventions for promoting healthy lifestyles is important to know also the beliefs and attitudes toward health of the people for whom activities are addressed. 3

In most of scientific studies, a functional assessment of health status is made in elderly adults, making possible to obtain objective data that allow a guide to interventions. However, there is a subjective aspect of health which assessment is difficult. [2, 3]

As defined by Rokeach in 1966, the attitude is "a relatively enduring organization of beliefs about an object or situation that predisposes us to respond in some preferential manner." Therefore, attitudes can be considered a variable motivational behavior, once the person has acquired, and it predisposes to act or respond in a predictable manner. [4, 5]

In other works, such as Greene & Simons-Morton (1988) raised the difficulty of measuring such a variable. [6]

In Spain in July 2001, the 17.1% of the population was over 65 years and was

Social exclusion and deinstitutionalization (homelessness) of patients with Severe Mental Disorder (SMD) in Palma del Río (Cordoba-Spain)

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Summary

Throughout the years, treatment for patients who suffer from a serious mental disorder has positively evolved. From the beginning, said patients were pejoratively named with nomenclatures such as "insane" or "dangerous", which put them in a distorted and unreal social situation. Due to this medical and social perception, these patients were rejected by society and isolated from the public sphere, being consequently deprived of any kind of social participation. The approval of the psychiatric reform within the Spanish health system changed the consideration and treatment of these patients completely. Thus, the role of the family became stronger. In addition, the Spanish Government was forced to take protective measures which responded both to the new social and health requirements and to other possible risk situations of social exclusion.

Introduction

The old model of the institutionalized psychiatric patient and its treatment by the public health system were changed through the Spanish psychiatric reform along with the approval of the Spanish General Health Act[1]. Therefore, the old concept of "severe mentally ill person" disappeared, providing the opportunity to promote a treatment based on the benefits of the patients' own home environment, covering their essential social needs including education or labor insertion[5]. This deinstitutionalization process involved an increase in the family responsibility with regard to the care of these patients, due to their dependant situation[3]. New lifestyles, drug consumption, unemployment, lack of support or resources, etc., provoke a rise in the risk of social exclusion which stigmatizes said patients[2,4]. This lack of family and institutional support can degenerate into social exclusion and homelessness situations[6,7].

Psychological intervention for survivors of the Lorca earthquakes: an experience of integration in primary care.

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Abstract

Given the expected increase in demand for mental health treatment following Lorca's earthquakes, Mental Health Branch of Murcia (Spain) hired two clinical psychologists to integrate them into three health centers of the town (primary care). They'll work collaboratively with family physicians treating only people affected by the earthquakes, using an assessment and intervention protocol. This is the first integration experience of psychotherapeutic interventions in primary care in the Region of Murcia. We outline the stepped treatment used and the main results obtained in resolution and dropout.

Introduction

Lorca is the third city of Murcia in population (approximately 52,000 inhabitants). In May 2011 Lorca suffered two earthquakes in a short space of time. As a result, nine people were killed, 324 injured, 1164 houses and 45 industrial buildings were demolished. 80% of homes were affected.

A camp set up by civil protection served more than 5000 people evacuated from their homes. Apart from medical care were conducted more than 450 psychological consultations. The mental health center of Lorca began to show signs of overflowing. So the Mental Health Branch of Murcia Health Service hired two clinical psychologists to integrate them into three health centers of the town (primary care).

They'll work collaboratively with family physicians for six months treating only people affected by the earthquake, using an assessment and intervention protocol. This is the first integration experience of psychotherapeutic interventions in primary care in the Region of Murcia, outside the activities previously carried out in specialized training.

Psychopathology of Cadasil

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Introduction

Cerebral Autosomal Cadasil corresponds to Dominant Arteriopathy with Subcortical Infarcts and leukoencephalopathy

It is an inherited disorder caused by mutation of Notch 3 gene on chromosome 19. With alterations in the 20-24% mental.

The exact prevalence of this disorder is unknown at present. We do know that there is an increase in the number of families affected because the clinical picture and diagnostic tests are becoming better known.

The clinical course with:

- Recurrent stroke
- Migraine
- Psychiatric Symptomatology
- Progressive cognitive impairment
- The highly variable clinical course
- Diagnostic Tests: MRI (high sensitivity and specificity in differentiating CADASIL / Small-vessel disease.

Anterior temporal lobe

and the external capsule

- Histopathology: presence of granules of eosinophils materials in the walls of the vessels concerned.

(J Clin Neurol 2010; 6:1-9)

The psychiatric manifestations occur in 20-41% of patients with CADASIL and present with:

- Mood disorders (+ FR)
- Conversion Disorder
- Anxiety Disorder
- Conduct disorders
- Personality Disorders
- T. psychotic.
- Problems of psychoactive substance use (alcohol)

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