

and the meanings given to illness. Due to increasing migration and globalisation the challenge of considering diagnosis in the context of culture has become increasingly significant in Europe. And globalization has further led to changes in value systems and our awareness of patients with ethnic minority background.

Over recent decades, there has been an increasing development of psychiatric diagnosing with nosological categorisation combined with multi-axial schemas. Diagnosis, besides identifying a disorder and distinguishing one disorder from another disorder - differential diagnosis, has also an aim to include an overall understanding of the patient's situation.

We witness an upsurge in the attention paid to the cultural limitations to psychiatric diagnostic practice and treatment modalities. Guidelines for the psychiatric profession are in critical focus from a transcultural perspective. Some claim their universality independent of cultural context; others find cultural adaptation useful and necessary.

Do the diagnoses and clinical and ethical guidelines give meaning in the cultural setting? Are they compatible with the cultural values of the therapist and those of the patient and the family? Several sources claim the biomedical paradigm for being Western with insufficient consideration of the socio-political context.

The cultural formulation developed as part of DSM-IV and now DSM-5 is one model to support a systematic review of culture and context in psychiatric diagnosing.

The paper will discuss the advantages and shortcomings of current diagnostic categories and guidelines vis-à-vis the universe of traumatized refugees with other ethnic backgrounds.

URL: <http://www.mariannekastrup.dk/>

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## S22

### Interview and therapeutic rapport in diagnostic process

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Diagnostic assessment in psychiatry, as a formulation and as a joint re-construction process between the clinician and the patient, is essential in clinical care. Clinical interview is the crucial tool of the clinician in this process. Accordingly, a two-fold task is faced. On one hand, the clinician is in need of making a comprehensive diagnostic assessment to construct a valid and working formulation of the patient's situation and a treatment plan.

On the other hand, the bases for a psychotherapeutic alliance and rapport should be established. A comprehensive diagnostic assessment aims to bridge the current scientific evidence and knowledge with the uniqueness of the specific person who presents for care. The clinician facing the complexities of the human existence in health and ill mental health constructs working hypotheses in the context of the interview, to understand and formulate the psychopathological state. Clinical interview serving as a practical channel in constructing these hypotheses, also serves as the main tool in establishing a therapeutic alliance. The theory and practice of different schools of psychotherapies offer considerable contributions to the clinician in managing these tasks.

Understanding the meaning of the human suffering through empathy in a judgment free milieu is essential in the establishment of rapport, compliance and a better clinical outcome. This presentation will discuss the complexity of diagnostic process in psychiatry and emphasize the contributions of psychotherapeutic theory and skills and humanistic approaches in this process. Brief clinical vignettes from the authors' clinical practice will be used to broaden the scope of discussion.

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### Does diet affect mental health? The role of the gut-brain axis in psychiatric disorders

## S23

### The role of IgG hypersensitivity and changes in gut microbiota in the pathogenesis and therapy of depressive disorders

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Depression is a complex, heterogeneous psychiatric disorder with multifactorial aetiology. Substantial evidence indicates that depressive episodes are associated not only with changes in neurotransmission in the central nervous system (CNS), but also may lead to structural changes in the brain through neuroendocrine, inflammatory, and immunological mechanisms. Among the factors deserving special attention connected with developing systematic inflammation are altered intestinal permeability, IgG food intolerance, and changes in gut microbiota.

We present a possible scenario of the development of depression, linking elevated zonulin production, loosening of the tight junction barrier, an increase in permeability of the gut wall, and the passage of macromolecules, normally staying the gut, into the bloodstream, with the immuno-inflammatory cascade and induction of IgG-dependent food sensitivity. Alterations in bidirectional signaling between the gastrointestinal tract and the brain, so called "microbiota-gut-brain axis", may be normalized by dietary immunomodulating factors, including prebiotics and probiotics. In the case of increased IgG concentrations, the implementation of an elimination-rotation diet may prove to be an effective method of reducing inflammation and, in this way, alleviating depressive symptoms.

Given complexity and variety of mood disorders, it is necessary to develop improved integration models. Preliminary study results raise hope that the new methods mentioned above, i.e. psychobiotics, prebiotics, an elimination-rotation diet, may be an important addition to the psychiatrist's armamentarium as therapeutic agents improving the efficacy of the treatment for affective disorders [1–3].

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