EW0382

The risk of depression and anxiety in the post-diagnostic period of multiple sclerosis measured by screening instruments and structured interviews

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Objective To examine the risk of depression and anxiety in MS patients in the post-diagnostic period by using clinical screening instruments and a diagnostic structured clinical interview.
Method A population of 134 MS patients was examined for the risk of depression and anxiety in the post-diagnostic period of MS using the clinical screening instruments Beck Depression Inventory (BDI) and Hospital Anxiety and Depression Scale (HADS). Within six weeks of diagnosis, patients with cut-off > 12 for BDI and > 7 for HADS were offered a clinical structured interview using the Schedules for Clinical Assessment in Neuropsychiatry/SCAN Version 2.1.
Results The prevalence of depressive symptoms and depression in the post-diagnostic period of MS was 49.2% when using the screening instruments, but only 15.2% when using the SCAN interview. For anxiety, the prevalence was 3.4% for both the screening instruments and the SCAN interview in the post-diagnostic period of MS.
Conclusion MS patients have a risk of depression and anxiety in the post-diagnostic period of MS, but it is crucial to consider which tools to use in a clinical setting to investigate depression and anxiety in MS patients.
Keywords Multiple sclerosis; Psychiatric co-morbidity; Depression; Anxiety; HADS; BDI-II; Diagnostic interview
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EW0383

Psychosis induced by interferon-α–A limitation of treatment

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Introduction Psychosis is an uncommon but serious complication of treatment with interferon-α, a cytokine frequently used to treat several infectious and malignant diseases.
Objectives To provide an overview of interferon-α-induced psychosis.
Methods Literature review based on PubMed/MEDLINE, using the keywords "interferon-α" and "psychosis".
Results Psychotic symptoms usually emerge between 6 to 46 weeks and on average 3 months after the start of interferon-α treatment, occurring most frequently in the form of persecutory, guilt or grandeur delusions and auditory hallucinations. Often they are accompanied by mood symptoms, anxiety, attention disturbances and insomnia. Many factors are known to increase the risk of psychiatric effects as a whole associated with interferon-α. Pathogenesis of interferon-induced psychosis remains unclear, however several theories have been discussed, namely the overlap influence of biological vulnerability and the cytokine's action on the brain. Dopaminergic, opioid, serotoninergic and glutaminergic pathways as well as hypothalamic-pituitary-adrenal axis hypersensitivity are some of the hypotheses raised about the underlying cause of that susceptibility. Psychosis management usually includes stopping interferon-α and introducing antipsychotics with minimal antidopaminergic effects and at the lowest possible dose, due to the increased risk of extrapyramidal reactions in these patients.
Conclusion The decision to use interferon-based treatments in psychiatric patients should be highly individualized. Early recognition and adequate treatment of interferon-induced psychosis might prevent subsequent emergence of serious debilitating symptoms. Thus, it is very important that medical and psychiatric treatment teams work closely together and are familiar with this important subject.
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Depression among cancer patients–A reality where therapeutic nihilism cannot be accepted

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Introduction Cancer is a life-threatening disease, characterized by a great deal of uncertainty and unpredictability. Thus, several stressors and emotional upheavals pervade the everyday life of cancer patients and can lead to the development of depression.
Objectives To review the recent research related to depression in cancer patients.
Methods Literature review based on PubMed/MEDLINE, using the keywords "cancer" and "depression".
Results It is estimated that 20–25% of cancer patients meet the criteria for major depressive syndrome at some point in their illness. Depression is associated with a negative impact on treatment adhesion, cancer progression and quality of life, besides increasing suicide risk. However, it is often unrecognized and untreated. Importantly, the mistaken belief that depressive symptoms are expected in this group, the overlap between the neurovegetative symptoms of depression, the somatic symptoms of cancer and its treatment, as well as the effects of comorbid diseases make the diagnosis of major depression so complex in these patients. Some of the most helpful diagnostic indicators are feelings of hopelessness, worthlessness, excessive guilt, loss of self-esteem, and wishes to die. The several risk factors for the development of depression in cancer patients can be divided into four broad categories, namely cancer-related factors, cancer treatment-related factors, psychiatric history, and social factors. Effective management of depression consists in a combination of psychotherapy and psychopharmacology.
Conclusion Depression in cancer patients has serious consequences, however appropriate psychiatric intervention can do it over. Thus, its early recognition and appropriate management is imperative.
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