

THE MAIN ROLES OF THE "3 P" THERAPEUTIC TEAM IN MENTAL REHABILITATION: PSYCHIATRIST, PSYCHOLOGIST, PRIEST

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Objective: to evaluate efficacy and tolerability for the treatment options commonly used in the major depression with chronic pain and the benefits of psychotherapy and spiritual counseling.

Materials and methods: A group of 160 patients (military retirees, veterans and civilians) diagnosed with "major depressive disorder" and accusing chronic algal symptoms have been observed for a period of 3 months each. All of the patients were treated with one of the antidepressants recommended as first choice by the International Association for the Study of Pain (IASP) pain management guidelines: duloxetine (60-120 mg/day, N = 160). 87 of the patients (54%) have been referred to psychological therapy (cognitive behavioral therapy techniques, CBT) and, within this group, 48 patients acknowledged that they were receiving spiritual counseling (30% of all the patients). Patients' evolution has been monitored using the HAM-D17 scale, the numerical rating scale of pain intensity and by assessing the rate of withdrawal of treatment.

Results: HAM-D17 scores have been improved at 1, 2 and 3 months with 52%, 61% and 68% for duloxetine. The median scores on the numerical rating of pain intensity scale at 1, 2 and 3 months have been improved with 23%, 47% and 69% for duloxetine. The dropout rate after 3 months of treatment was 5% for duloxetine-treated patients.

In the subgroup where CBT techniques have been applied, the median HAM-D17 score has been improved at 3 months with 73%, while in the subgroup where patients have been benefit both from psychotherapy and spiritual counseling, the HAM-D17 scores have been improved at 3 months with 84%.

Conclusions: Clinical observation's results confirm the suitability of duloxetine as first-line treatment in major depression associated with chronic pain, with a significant additional benefit for those patients who have received psychotherapy and spiritual counseling.

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