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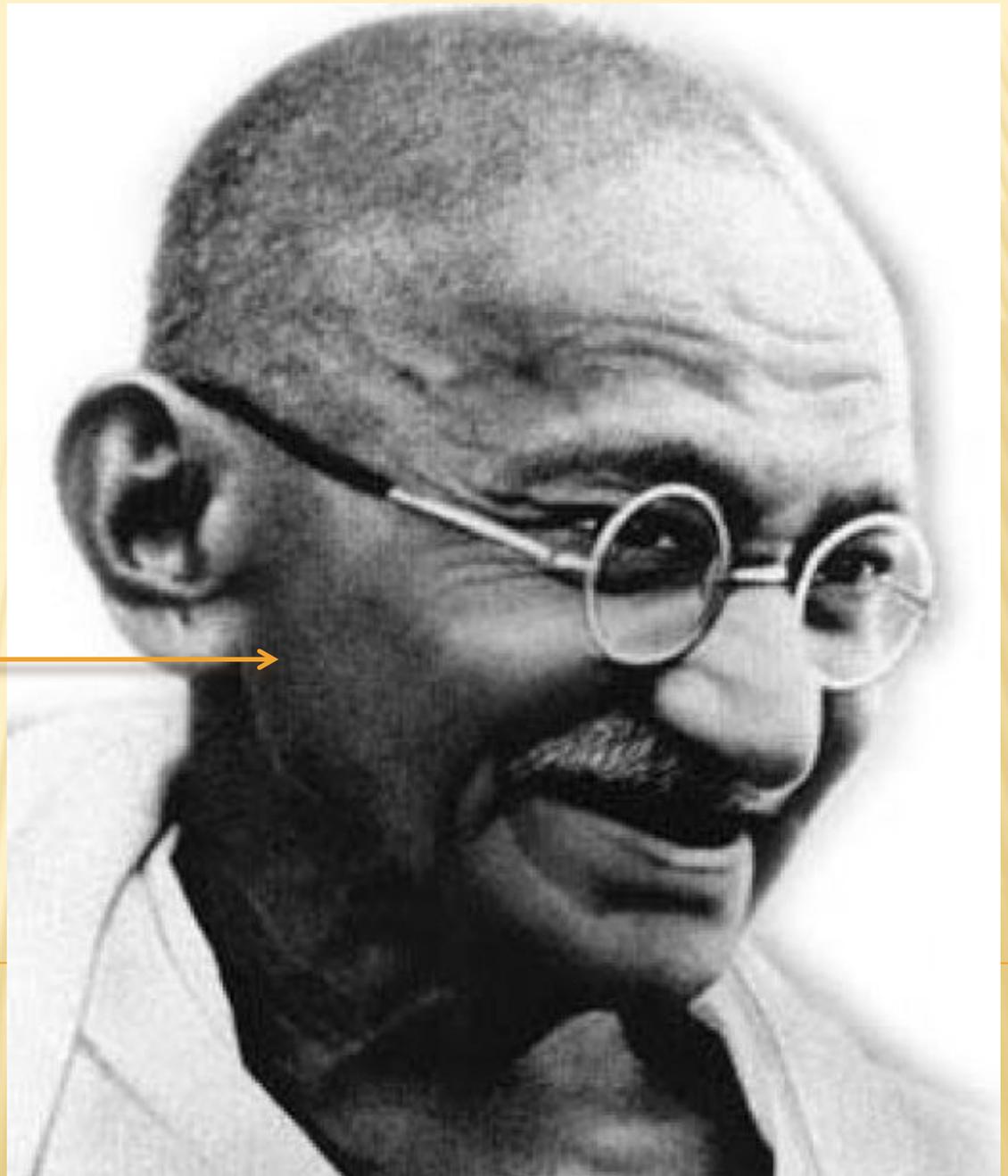
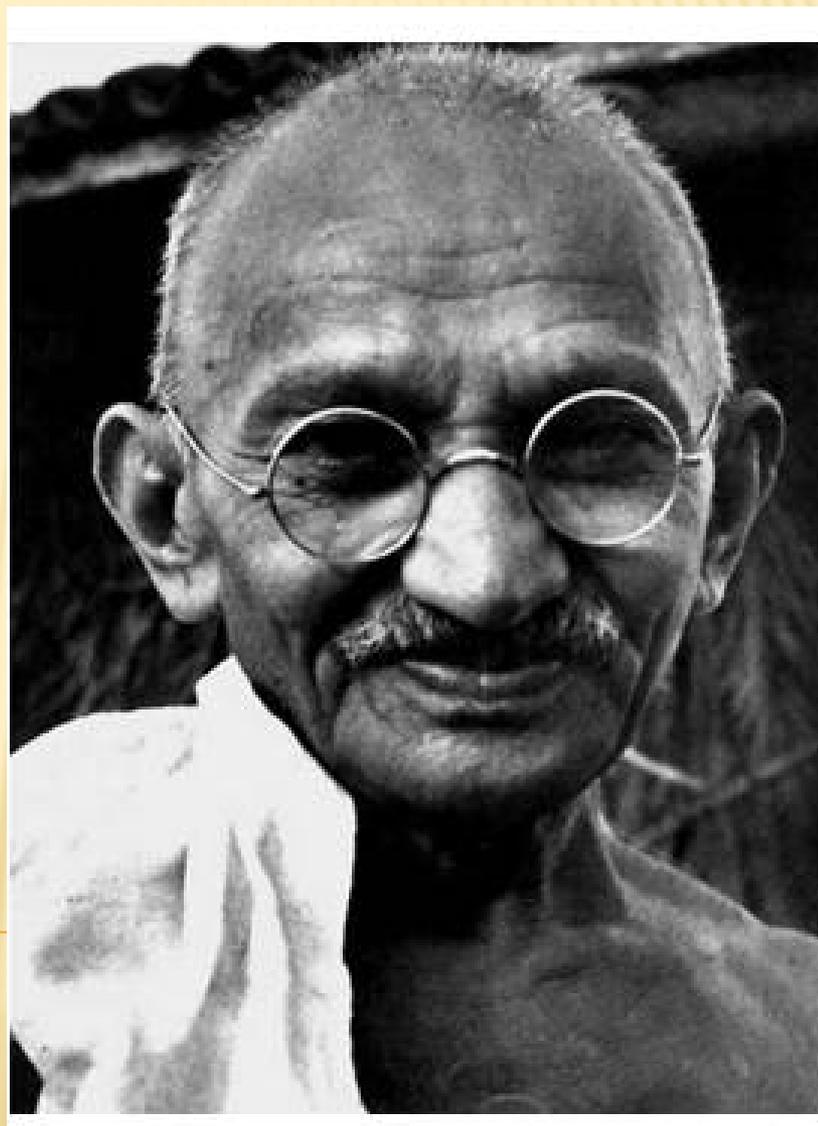


IMAGEM BOA





# PSYCHOTROPIC PRESCRIPTIONS BY NON-PSYCHIATRISTS FOR INSTITUTIONALIZED ELDERLY IN BRAZIL



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## INTRODUCTION

Due to age-related biological changes, both pharmacokinetic and pharmacodynamic parameters are altered in the elderly. In addition, owing to a higher rate of medical morbidity this population are more likely to receive polypharmacy and consequently are at a greater risk for drug-drug and drug-disease interactions.

## OBJECTIVE

To evaluate the pattern of prescription and factors that may influence the physician's decision in prescribing psychotropics for the elderly.

## SUBJECTS

Initially, 108 elderly individuals living in a nursing home in the city of Rio Claro, Brazil, which catches for the poor elderly living in the region, were evaluated. All subjects were treated by non-psychiatrist physicians. Sixty-five residents (age = 74.31 ± 9.42 SD years), who had regular prescription of psychotropic and/or non-psychotropic drugs, made up our sample.

## METHODS

All residents' medical records were examined, being selected the subjects who were using psychotropic and/or non-psychotropic drugs on a regular basis. The subjects receiving drugs on a *Pro Re Nata* basis were excluded. According to type of drugs, the subjects were divided into three groups:

- 1) psychotropics;
- 2) non-psychotropic drugs prescribed for the treatment of different medical diseases;
- 3) psychotropics plus non-psychotropic drugs. The general linear model analysis of covariance (ANCOVA), with number of non-psychotropic drugs as dependent measures, psychotropic use entered as independent variable, and age as a covariate was performed. The same model and the Chi-square test were performed to assess gender effect on psychotropic prescription. Spearman's *rho* correlation coefficients were used to investigate relationships between demographic and clinical variables.

## RESULTS

The mean of drugs taken daily was 3,8. Forty-one residents (63,1%) were on psychotropics alone or in combination with non-psychotropic drugs (Table 1). Individuals with cardiovascular diseases received less psychotropics in comparison with subjects with other medical diseases ( $p=0.001$ ). Females were more likely to receive psychotropics as compared to their male counterparts ( $p=0.038$ ). There was a negative correlation between age and number of prescribed psychotropics ( $p=0.009$ ) as well as between number of psychotropic and non-psychotropic drugs ( $p=0.009$ ).

## CONCLUSION

To our knowledge, this is the first study evaluating prescription of psychotropics, with these characteristics, in nursing home for elderly residents in Brazil. Despite some limitations, our findings suggest that cardiovascular disease and age were the variable that mostly influenced the non-psychiatrist physician's decision in not prescribing psychotropics. Physicians' over consciousness may explain at least partially this result. Further investigations are warranted to confirm ours in both developing and developed countries.

Table 1: Daily medications prescribed.

	GROUPS	RESIDENTS	%	NUMBER OF DRUGS MEAN (MEDIAN)
1.	Psychotropics	8	12,3	2,8 (2,5)
2.	Non-psychotropics	24	36,9	3,7 (3,0)
3.	Psychotropics plus Non-psychotropics	33	50,8	4,2 (4,0)
	<b>Total</b>	65	100%	3,8

Several residents had used some potentially harmful combinations of drugs on a regular basis (Table 2).

Table 2: Some potentially harmful combinations

SUBJECT	AGE	GENDER	MEDICATIONS
1	74	F	Phenobarbital, carbamazepine, prometazone, captopril, adifenine, hydrochlorotiazide, dipirone
2	66	F	Clomipramine, clobazam, levothyroxin, digoxin, diclofenacol, insulin, omeprazole
3	70	M	Phenobarbital, phenytoin, digoxin, dipyrindamol, aspirin
4	64	M	Phenytoin, carbamazepine, clonazepam, captopril, cinnarizine
5	67	M	Phenobarbital, diazepam, prometazone, propranolol
6	71	F	Amitriptyline, midazolam, haloperidol, chlorpromazine
7	61	F	Phenobarbital, thioridazine, biperidene, chlorpropamide
8	60	F	Thioridazine, diazepam, biperidene, cinnarizine, cimetidine
9	84	F	Diazepam, enalapril, nifedipine, hydrochlortiazide, cimetidine
10	75	M	Diazepam, carbamazepine, pentoxifylline, cimetidine, B complex
11	80	F	Levomopromazine, flunitrazepam, levodopa, B complex

Legend: M = Male; F = Female.

PÔSTER RECOMENDADO





# RESIDUAL GLANDULAR TISSUE IN CUTANEOUS FLAP FROM WOMEN AFTER MASTECTOMIES WITH SKIN PRESERVATION



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PÔSTER RECOMENDADO

## INTRODUCTION

Skin-sparing mastectomy (SSM) with immediate transverse rectus abdominis musculo-cutaneous (TRAM) flap reconstruction is being used more often for the treatment of patients with breast cancer. SSM offers superior cosmetic results compared with conventional mastectomy (Newman et al., 1998). However, the SSM is a more demanding procedure because it requires more time and creativity in planning and fashioning the skin flaps. Most local recurrences appear in the residual skin and subcutaneous tissue in the area of mastectomy (Slavin et al., 1994), and may be attributed to residual breast tissue, tumor seeding at the time of surgery or persistence of tumor in the operative field and lymphatics (Auchincloss, 1958).

There are evidence that it is not possible to remove all breast tissue, even with conventional mastectomy. The probability to leave more breast tissue or residual tumor with SSM, due to limited skin resection, may increase the risk for local recurrence of breast cancer and, consequently, of distal recurrence due to treatment failure.

## OBJECTIVES

The objectives of our study were to determine the amount of glandular breast tissue, proliferative epithelial lesions and residual tumor in the skin flaps from women submitted to SSM for breast carcinoma.

## MATERIALS AND METHODS

Thirty four (34) patients with breast carcinoma stage 0, I, II and III were submitted to SSM with immediate TRAM reconstruction at the "Centro de Atenção Integral à Saúde da Mulher (CAISM)" at the University of Campinas, São Paulo, Brazil. After finishing surgery, the cutaneous flaps that would remain in the patients were resected and submitted for histological examination.

The skin was separated in four quadrants with the examination of, at least, ten fragments for each quadrant. The amount of residual glandular tissue was calculated by the number of terminal duct-lobular units (TDLU) in each quadrant of the skin flap. The presence of epithelial proliferative lesions and residual

tumor were also searched at microscopic examination of the skin flaps.

The type of skin incision, the products of SSM and the skin flap resected after the mastectomy are shown in figures 1 to 3.



Figure 1 - Drawing of surgical incisions - inner dotted line, for the pen-areolar incision of the SSM and outer continuous line, for the resection of the skin flap.



Figure 2 - Specimen of the SSM with the skin flap.



Figure 3 - Skin flap fixed in card board and submitted for histological examination.

## RESULTS

Residual glandular breast tissue was found in 21 of 34 skin flaps (61,7%), and it was negative in 13 cases (38,3%). We found 1 to 5 TDLU in 8 out of 21 patients (38,1%), 6 to 10 TDLU in 5 patients (23,8%), 11 to 15 TDLU in 3 patients (14,3%), 16 to 20 TDLU in 3 patients (14,3%) and more than 20 TDLU in 2 patients (9,5%).

Table 1: Residual glandular breast tissue in skin flap after SSM (N=34)

Number of TDLU	Number of patients (n)	Percent of patients (%)
0	13	38,3%
1 - 5	08	23,5%
6 - 10	05	14,7%
11 - 15	03	8,8%
16 - 20	03	8,8%
> 20	02	5,9%

Epithelial proliferative lesions were not found. Residual tumor was found in 3 patients, 1 in situ lobular carcinoma, 1 invasive ductal carcinoma and 1 tubular carcinoma. (Figures 4 to 9).

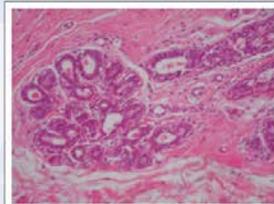


Figure 4: Terminal duct-lobular unit found in the skin flap.

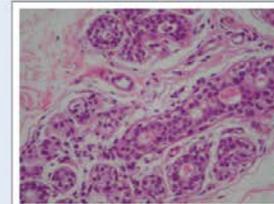


Figure 5: Terminal duct-lobular unit found in the skin flap.

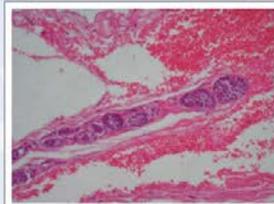


Figure 6: Strip of lobular neoplasia in area of hemorrhage found in the skin flap.

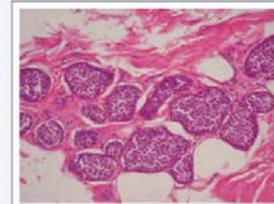


Figure 7: In situ lobular carcinoma in the skin flap.

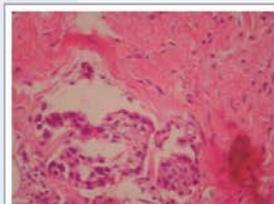


Figure 8: Small focus of invasive ductal carcinoma in fibrous scar of the skin flap.

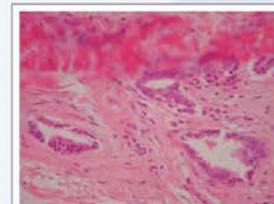


Figure 9: Small focus of tubular carcinoma in the skin flap.

## DISCUSSION

There are no reports, as far as we know, of how much breast tissue is left after SSM. Even with conventional mastectomy, breast tissue is left in the patient, and it has been estimated to be around 10 to 15%. This may be the source for local recurrence after mastectomy.

We examined the skin flaps that would remain in the patients after SSM with, at least, 40 fragments for each case. If only the SSM was done, we demonstrated that breast tissue would remain in 61,7% of the patients (21 out of 34 cases). The lower inner quadrant contained more breast tissue (72 TDLU) than the upper outer quadrant (52 TDLU). No epithelial proliferation was found in the skin flaps. Residual tumor was found in the skin flaps of 3 patients.

## CONCLUSION

The SSM leaves residual glandular breast tissue in more than a half of the patients (61,7% in our study) and may leave residual tumor (8,8% in our series) in the skin flap.

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1,20 cm



# RESECTION OR ELECTROVAPORIZATION OF THE PROSTATE COMPARISON OF THE TWO SURGICAL TECHNIQUES



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6475

## INTRODUCTION AND OBJECTIVE

To compare both therapeutic modalities in terms of surgical time, results, complications and learning curve.

## METHODS

A total of 100 patients with benign prostatic hyperplasia and surgical indication were randomized in two groups of 50 patients. One of the groups was treated with electrovaporization and the other with transurethral resection of the prostate. The surgeries were accomplished by the residents of our department, always with the supervision of an urology professor. The resections were accomplished with common loop and the electrovaporizations with a RessecTrode--®. We analyzed the surgical time, catheter time, IPSS and uroflowmetry before and 3 months after the surgery. The analysis of the learning curve was made through a questionnaire which the residents answered after their practice informing after how many procedures they feel confident to accomplish each of the modalities.

## RESULTS

There was no important complication in none of the groups. The values of IPSS, uroflowmetry and surgical time were better in the resection group and the catheter and hospital stay were better in the electrovaporization. The electrovaporization was also better in the learning curve, as it can be seen in the table below.

	IPSS Dif.	Flowmetry (ml/s) Dif.	Surgical time (min)	Catheter (days)	Hospitalization (days)	Learning (procedures)
TURP	15.8 ± 6.1	8.7 ± 4.4	48.6 ± 17.1	1.7 ± 0.6	2.0 ± 0.8	18 ± 2.7
TUEVP	12.1 ± 6.3	5.1 ± 2.7	62.9 ± 17.3	1.6 ± 0.6	1.6 ± 0.6	8.8 ± 1.0

## CONCLUSIONS

The electrovaporization and the resection of the prostate are safe methods of surgical treatment of BPH. Our opinion is that the residents should begin with the electrovaporization, once this surgery allows a better visualization of the prostate due to less bleeding. Once, feeling confident with electrovaporization procedure, the resident will be capable of accomplishing resections more easily.

90 cm



UNICAMP

# AValiação DA DEGLUTIÇÃO EM CRIANÇAS COM PARALISIA CEREBRAL TETRAPARÉTICA ESPÁSTICA E ATETÓSICA



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## INTRODUÇÃO

A disfagia orofaríngea neurogênica pode resultar em sérias complicações, incluindo aspirações pulmonares, desidratação e desnutrição. Essas complicações podem ser evitadas se a disfagia for reconhecida precocemente e houver tratamento adequado.

A avaliação clínica fonoaudiológica pode ser o único procedimento disponível ao terapeuta, mas existem avaliações instrumentais complementares sobre a deglutição. O procedimento mais utilizado é o estudo dinâmico da deglutição por Videofluoroscopia (VF), considerada exame "padrão ouro", pois permite a redução da dose de radiação, os eventos são gravados em tempo real. Permite ainda, associada a avaliação clínica, indicar a conduta mais adequada na reabilitação.

Este trabalho tem por objetivos avaliar e comparar as fases oral e faríngea de pacientes com paralisia cerebral tetraparética espástica (PCT) e atetósica (PCA), por meio da avaliação clínica e por VF visando verificar se o mecanismo da deglutição apresenta semelhanças ou diferenças e como se caracterizam.

## CASUÍSTICA

O projeto foi aprovado pelo Comitê de Ética em Pesquisa da Faculdade de Ciências Médicas da UNICAMP, atendendo as Resoluções 196/96 e 251/97.

Participaram do estudo, 11 crianças com idade variando entre 10 meses a 8 anos, com queixa de disfagia oro-faríngea e histórico de broncopneumonia. O grupo com diagnóstico de PCT foi composto por 5 crianças (45,4%) e o grupo com diagnóstico de PCA foi composto por 6 crianças (54,5%). Os pais assinaram o Termo de Consentimento Livre e Esclarecido.

Foram excluídas deste estudo as crianças que se alimentavam exclusivamente por via alternativa de alimentação e que apresentavam crises epilépticas durante a avaliação clínica fonoaudiológica e/ou instrumental.

## MÉTODOS

• **Anamnese fonoaudiológica:** retardo no desenvolvimento neuropsicomotor (RDNPM), crises epilépticas, uso de drogas anti-epilépticas ou tranquilizantes que poderiam atuar no SNC, queixas relacionadas ao sistema respiratório, circulatório e digestivo, nível cognitivo-linguístico.

• **Avaliação clínica fonoaudiológica:** Avaliação do sistema estomatognático (reflexos orais, posturas corporais, reatividade) avaliação funcional com dieta (Foto 1) e ausculta cervical (Foto 2).

Na avaliação funcional a mãe foi observada alimentando a criança quando possível, em 4 consistências: líquida, pastosa fina, pastosa grossa e sólida, utilizando o utensílio de rotina da criança e o posicionamento do corpo habitual.

O Protocolo elaborado foi adaptado dos protocolos propostos por Furkim (1999) e Furkim & Silva (1999).



Foto 1: Avaliação funcional

Foto 2: Ausculta cervical

• **Avaliação videofluoroscópica:** Sulfato de bário nos volumes 1, 3, 5 ml, nas consistências: líquida, pastosa fina, pastosa grossa e 0,5 cm<sup>3</sup> da sólida.

O protocolo de avaliação foi adaptado sobre a proposta de Logemann (1983) e Furkim & Silva (1999).

## RESULTADOS

Os achados deste estudo não apresentaram diferenças estatisticamente significativas, mas consideramos a apresentação dos achados relevantes do ponto de vista clínico fonoaudiológico. Desta forma, a apresentação desses achados será realizada de forma descritiva.

Quanto ao DNPm, 10 crianças (91%), sendo 5 PCT e 5 PCA, apresentaram RDNPm grave e apenas 1 criança (9%) com PCA apresentou RDNPm moderado.

Observamos que 8 crianças (4 PCT 4PCA) apresentavam crises epilépticas de difícil controle e 9 (5 PCT 4 PCA) fazem uso de medicamentos que atuam no SNC (anti-epilépticos e/ou tranquilizantes).

Quanto às queixas dos pais, podem ser observadas na Tabela 1.

Tabela 1 - Queixas relacionadas com os sistemas respiratório, circulatório e digestivo de acordo com os grupos de PC.

Queixas	PCT		PCA	
	N	%	N	%
Sist. respiratório	5	100	6	100 (p=1,0)
Sist. circulatório	4	80	4	67 (p=0,67)
Sist. digestivo	2	40	3	50 (p=1,0)

O aspecto cognitivo-linguístico foi classificado em nível 1 se apresentassem dificuldades leves de comunicação e nível 2 se apresentassem dificuldades moderadas a graves em atividades cotidianas com o próprio cuidador. Os resultados mostraram que os 5 (100%) das crianças com PCT agrupavam-se no nível 2, enquanto que apenas 3 (50%) das crianças com PCA agrupavam-se no mesmo nível.

O grupo com PCT foi maioria em relação ao reflexo de busca, gag antenozado e hiperextensão cervical. O grupo de PCA foi maioria na ocorrência do reflexo de sucção e RTCA. O reflexo de mordida tônica esteve presente em todas as crianças (100%) (Tabela 2).

Tabela 2 - Reflexos orais e posturas corporais patológicas nos grupos com PCT e PCA.

Reflexos e Posturas	PCT		PCA	
	N	%	N	%
Busca	2	40	2	33 (p=1,0)
Sucção	1	20	3	50 (p=0,54)
Gag	3	60	1	17 (p=0,24)
RTCA	1	20	3	50 (p=0,54)
Hiper cervical	4	80	4	67 (p=1,0)

A alteração da reatividade ao estímulo tátil extra-oral ocorreu em 80% das crianças com PCT e 50% das crianças com PCA e a alteração da reatividade ao estímulo tátil intra-oral foi observada em todas as crianças (100%).

O reflexo nasal foi observado em apenas uma criança com PCT.

Os resultados da ausculta cervical na fase faríngea está na Tabela 3. Foram constatados SSA (sínus sugestivos de aspiração) em todas as crianças com PCT (100%) e em 5 crianças com PCA (83%).

Tabela 3 - Ausculta cervical nos grupos com PCT e PCA.

Ausculta Cervical	PCT		PCA	
	N	%	N	%
Negativa	1	20	2	33
Positiva	4	80	4	67

Teste exato de Fisher (p=1,0)

OTTO (Tempo de Trânsito Oral) foi comprometido em todas as crianças. Foi classificado como pouco elevado (até 15 segundos) em apenas 4 crianças com PCA e um com PCT.

Na avaliação VF da fase faríngea da deglutição foi evidenciada ineficiência no vedamento vdo-faríngeo em 3 crianças com PCT e nenhuma criança com PCA.

A penetração laringea ocorreu em todas as crianças (100%), a aspiração traqueal encontra-se na Tabela 4 e essas aspirações foram silêntes em 75% das crianças com PCT e em 50% das crianças com PCA.

Tabela 4 - Aspiração traqueal nos grupos com PCT e PCA.

Aspiração Traqueal	PCT		PCA	
	N	%	N	%
Presente	4	80	4	67
Ausente	1	20	2	33

Teste exato de Fisher (p=1,0)

Foram evidentes resíduos em recessos faríngeos após a 3ª deglutição em 4 crianças com PCT (80%) e em 3 com PCA (50%).

## CONCLUSÕES

- As alterações da deglutição dos dois grupos foram semelhantes, visto que ambos apresentam alterações motoras graves e de "feedback" sensorio-motor relacionados com a intensidade da disfunção neuromotora.
- O desempenho inferior do grupo com PCT pode ser decorrente da presença dos reflexos primitivos e posturas corporais inadequadas na maioria do grupo e ao aspecto cognitivo mais prejudicado.
- O RDNPM, o uso de medicamentos e o controle das crises epilépticas interferiram de forma significativa no controle motor da deglutição.
- A avaliação por VF foi um excelente exame complementar à avaliação clínica fonoaudiológica.

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NÃO RECOMENDADO

90 cm



# ALEXITHYMIA IN CHRONIC PELVIC PAIN

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**INTRODUCTION**

In long-term pelvic pain as in all forms of chronic pain, the DSM-IV states, "The individual or emotional system participates... and it is the so-called psychosomatic dimension that gives significance to the illness system and its meaning in physiological responses and behavior in environmental situations can be learnt, p. 282. According to this neurophysiological view of psychosomaticity, the manifestations, persistence of an illness-emotional conflict is mediated by autonomic effects (autonomic and endocrine) caused due to the conscious or decrease in physiological activity. These functional changes may be accompanied by explicit/implicit behavior or by explicit/implicit behavior. Emotional behavior at the explicit level involves an involuntary physiological activity and at the implicit level, involves the participation of the autonomic and endocrine systems.

The sensation of pain is a subjective as well as cultural phenomenon. Cultures exhibit the structure of physical discomfort, while others are more likely to exhibit the expression of pain (Pincus, 1992). This is an important aspect to be considered in the treatment of chronic pelvic pain because the concept that the patient has on pain may lead to receive the attention.

Blanchard (1989) also stated that the patient's psychological history should be considered and investigated. Depressed in one of the samples of chronic pelvic pain (Pincus, 2000; Pincus, 2002), as well as the occurrence of sexual and physical abuse, Agresti (2000) and others (2000) found that a history of sexual abuse is common among women with chronic pelvic pain as well as any other type of chronic pain and concluded that there may be a psychobiological link between sexual abuse and chronic pelvic pain.

Agosti (2000) is another psychological approach associated with this condition. The women in the group studied by Pincus (2000) presented many somatic complaints. Somatic disorders are characterized by a constant search for medical help that becomes a clinical and economic problem. Women with chronic pelvic pain present a significantly greater number of organic problems than women with generalized dysfunction and pain in regions other than the pelvis (Pincus, 1992).

Through an investigation on alexithymia in patients with chronic pelvic pain, it is expected that they will be able to identify and verify aspects that emotions can be characterized separately because this phenomenon is common only to the disease as a predisposing factor for chronic pelvic pain (Pincus, 1992).

**OBJECTIVES**

To evaluate the Toronto Alexithymia Scale (TAS-20) and a clinical interview (semi-structured) as specific instruments.

To evaluate the prevalence of alexithymia in a sample of women with chronic pelvic pain.

To evaluate the prevalence of alexithymia in a sample of women with chronic pelvic pain.

To evaluate the prevalence of alexithymia in a sample of women with chronic pelvic pain.

**METHODS**

The clinical research method was chosen in essence, not only the alexithymia scale but also psychological instruments using the questionnaire TAS-20 instrument and the qualitative clinical interview.

The method, which analyzes both qualitative and quantitative areas, makes it possible not only to compare the results obtained in the population but to also demonstrate the specificity of the instrument in relation to its subsequent applications.

In this study the qualitative approach was selected to provide a more detailed evaluation of the individual's subjective and objective words that

significance and interpretation that the individual gives to emotional objects and symbols that are part of his psychic and social world and knowledge on its contents (Pincus, 1992).

The clinical method is used to evaluate the chronic state observed in the interview and to analyze contingencies in the subject's life that may be related to alexithymia and chronic pelvic pain may be related.

Because the interview and not the TAS-20 questionnaire is subjective assessment of pain, its impact on the quality of life, the effect of this experience on the subject's life, the effect of the environment and the description of the phenomenon.

In an attempt to escape from an essentially quantitative analysis with the TAS-20 and to have a qualitative view of interpersonal difficulties and vulnerabilities, Pincus and co (2000) used the alexithymia instrument and social affective interactions developed an observational scale to assess alexithymia, which could be applied to the patient's relatives and friends.

**SIZE OF SAMPLE**

The study sample consisted of two groups of 20 women each: one group with chronic pelvic pain and the other group without this organic dysfunction.

The size of the sample was based on a statistical deviation of 71.72 obtained in a previous study in other 20 patients suffering from chronic pelvic pain.

The criterion for the size of the sample was:

$$n = 2.05$$

$$n = 2.05$$

$$n = 2.05$$

$$n = 2.05$$

The Fisher's permutation assessment is:

$$P = \frac{1}{n!} \sum_{i=1}^n \sum_{j=1}^n \dots \sum_{k=1}^n \dots \sum_{l=1}^n \dots \sum_{m=1}^n \dots$$

Permutation with two values per group. The reference used was Pincus (1992) and Masson (1977).

**SUBJECTS**

The group with pelvic pain (GPP): 20 women with chronic pelvic pain, ages between 27 years and 50 years, inhabitants of the governmental unit of the city of Campinas, São Paulo, Brazil (UNICAMP). The University of Campinas, UNICAMP. The age group was chosen because it participated with the alexithymia study.

The group with non-pelvic pain control (GNP): 20 women aged between 27 years and 50 years, patients without any chronic pain at the same institution.

The patients were recruited at the hospital and at extrahospital sites that took place on a semi-structured method. The target was performed with the help of nurses responsible for the nursing assistance and the sector of psychological services. Each participant signed an informed form.

**CONTACTS FOR INQUIRY TO THE GPP**

(Contacted to participate in the research.)

Researcher: Rogério Pincus, pain in duration of 3 days per week for two days per week.

Age: between 19 years and 41 years.

Minimum schooling: 4<sup>th</sup> grade in middle school.

**CONTACTS FOR INQUIRY TO THE GNP**

(Contacted to participate in the research.)

Researcher: Rogério Pincus, pain for more than 6 months.

Age: between 19 years to 41 years.

Minimum schooling: 4<sup>th</sup> grade in middle school.

A questionnaire analysis of the TAS-20 was performed using the total number of subjects in the study (20 in each group). In the case of the qualitative analysis, if each group was randomly chosen to participate in the clinical interview and the TAS-20. The first individual of each group was selected and then every 12<sup>th</sup> individual (1, 13, 24, 36, 48, 60, 72, 84, 96, 108 and 120).

**INTERVIEW**

**TORONTO ALEXITHYMIA SCALE - TAS-20** (Pincus, 2002).

The Psychology version of the TAS-20 by Pincus (1992) and with a test-retest reliability of 0.74 was utilized.

It is a 20-item test of male with 20 items and the answers vary from total alexithymia (1) to total non-alexithymia (2). Questions 4, 5, 10, 19 and 24 receive three possible responses (1, 2, 3) and the other items, always having a value of 1 or 2.

score 1, a value of 4 items is changed to 2. Items 10 and 24 (2 items) change to 4.

The instrument has 3 factors:

**Factor 1:** difficulty in identifying sentiments and distinguishing between sentiments and easily accessible feelings (1, 2, 4, 7, 8, 11, 14).

**Factor 2:** difficulty in expressing sentiments - 2, 4, 11, 12, 17.

**Factor 3:** assessment of externally generated feelings (3, 6, 9, 10, 13, 16, 18, 20).

**CLINICAL INTERVIEW**

The clinical interview is based on the clinical method. It is a semi-structured interview composed of 3 parts: Personal data, Data relevant to the disease and Life history.

**VARIABLES AND CONCEPTS**

The variables to be studied are:

- The instrument: Toronto Alexithymia Scale (TAS-20). The index that defines an individual as alexithymic is a score of 60 points on the TAS-20, which is the mean score obtained from two research studies (Pincus, 1992) and a pilot study (Pincus, 1992) on alexithymia.
- Independent variables: demographic questions related to problems in childhood, youth and at present (sex, family, social, marriage) as well as self-esteem.
- Dependent variable: the presence of pelvic pain.

**CRITERIA FOR INTERPRETATION**

Any of the individuals selected can interrupt participation, except those selected for the clinical interview. The request can be verbal. In these cases, the next subject is performed as a substitute.

In this study none of the subjects dropped out.

**DATA ANALYSIS**

The data were analyzed through the TAS-20 in all the individuals in each group separately according to the points obtained (7 to 61 for each of the 20 items with average points for questions 4, 5, 10, 19 and 24). The total for each individual was obtained (range 7 to 61). The statistical program Excel was used to interpret the data.

Based on these results a descriptive analysis of the mean points in the TAS-20 group and a correlation analysis (Spearman) were performed for an assessment of the TAS-20 results of the groups regarding the total score as well as performance for the 1, 2 and 3 factors.

The Student's t test was applied in certain statistical variables in the groups.

The Chi-square test was used to compare proportions and when needed the Fisher test was used to detect differences between the groups in relation to the variables studied (Siegelman, 1996; Maxwell, 2001).

The program utilized was the SPSS (Statistical Analysis System) version 12.

The content of the clinical interview data was qualitatively analyzed and categorized into descriptive categories (Pincus, 1992).

**DISCUSSION**

The results demonstrated significant differences between the groups, not only in relation to pain but also in relation to other variables.

The history assessment of these women demonstrated that most of them had a good childhood but that they had a parental affection was missing. This is a factor that should be investigated with regard to the children of alexithymic parents, what kind of parents would they be in relation to emotional, affective and communicative aspects?

The TAS-20 score was significantly higher in the GPP (61.1) than in the GNP (42.6).

Since the groups were not homogeneous in relation to variables that may affect the TAS-20 total score and for each factor, there remains significant differences. The results obtained in the GNP group were used as a comparison in the University of Campinas.

After adjusting the data on variables, an analysis of the results showed that alexithymia was more present in the GPP which leads to the expectation that women with chronic pelvic pain were more susceptible than the women without this pain.

The differences encountered between the groups in relation to factors 1 and 3 that presented a higher score for the GPP indicates that women with pelvic pain find it harder to identify and differentiate bodily sensations from feelings and also presented an objective, concrete and dependent type of thinking.

It should be emphasized that women who suffer from chronic pelvic pain were influenced, affected by the difficulties encountered in dealing with their feelings and emotions and by a poorly articulated style of communication. As seen in this study, we present a lack of effective responses that interferes with their capacity to differentiate people, life from objects. This lack of effective responses makes it hard to have social and cultural links that avoid negative activity. As they are not able to deal with the subjective, equipment, the only reaction that is available is a protest, constant and dependent.

The hypothesis that the presence of pain is related to subjective poverty and difficulties in dealing with feelings and emotions is confirmed.

It is not possible to affirm if these difficulties are due to neuroanatomic alterations, problems of psychologic development during childhood, personality traits of culture and methods of communication. The results reinforce the fact that alexithymia is associated with pain and seems to be related to an emotional and autonomic link, a predominance of one type of concrete and objective communication over another that is abstract and subjective means to either a socio-cultural and culturally less favored population. This type of communication is due to a defect in the development of the symbolic function that results in mental representations of affect that have a bodily pathway and not a psychic one. According to Pincus (1992), however, the explanation could be affected if the capacity of applying this concept in situations significantly lower (more) is questioned. According to her "in these populations that suffer from the original area in which the concept appeared, affect is observed to no longer pathological and not even be characteristic of the person's identity" (Pincus, 1992).

These results associate chronic pelvic pain with alexithymia and indicate the need to consider psychologic development problems during childhood, personality traits of the patient and methods of communication. The results also indicate that alexithymia is associated with pain and seems to be related to an emotional and autonomic link, a predominance of one type of concrete and objective communication over another that is abstract and subjective means to either a socio-cultural and culturally less favored population. This type of communication is due to a defect in the development of the symbolic function that results in mental representations of affect that have a bodily pathway and not a psychic one. According to Pincus (1992), however, the explanation could be affected if the capacity of applying this concept in situations significantly lower (more) is questioned. According to her "in these populations that suffer from the original area in which the concept appeared, affect is observed to no longer pathological and not even be characteristic of the person's identity" (Pincus, 1992).

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Our second hypothesis that the prevalence of psychologic problems was greater in the GPP was partially confirmed by the pain-clinical interview through the clinical interview. The qualitative analysis showed that the groups showed no differences in the quality of life, being satisfied, autonomous, and in the presence of the affection. The differences existed only with regard to alexithymia. The women in the GPP showed a higher frequency of concrete, external and objective representations such as experienced, having a name and a use while the expressions of the GNP were more subjective and referred to going back to studies, having children, and having more time for themselves.

The hypothesis of a positive correlation between alexithymia and alexithymia was confirmed after comparing the subgroup of regularly underwritten in GPP with those in the GNP. The results showed a higher index of alexithymia in regularly underwritten with chronic pelvic pain. Having someone close to them did not signify an improvement in emotional and affective responses of these women, which could be because this capacity depends much more on internal and subjective factors than on external facilitating contingencies.

**CONCLUSION**

Although the clinical significance of alexithymia in chronic pelvic pain has not been confirmed (Pincus, 2002), the results obtained in this study confirm the need for a multifunctional comprehensive approach towards a patient who suffers from chronic pelvic pain. This approach demonstrates the need for research that compares the alexithymia index of individuals who have organic dysfunction with the index of individuals with chronic pelvic pain who are scientifically community on alexithymia studies.

1,20 cm



**ONDE FICA:**

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2º Piso**

**em frente ao  
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DEPARTAMENTO

DISCIPLINA

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AULA     CONGRESSO     PUBLICAÇÃO

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CHEFE DEPARTAMENTO / DISCIPLINA

DIRETORIA DE SERVIÇO

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DATA

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Descrição e quantidade de pôsteres

Carimbo e assinatura do Docente

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- Data limite para a retirada do pôster
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- Requisição de Serviços devidamente preenchida  
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- Quando o remetente *for docente*, não é necessária a requisição de serviços.
- Quando o remetente for aluno, será necessário o encaminhamento da *requisição devidamente assinada pelo docente*.



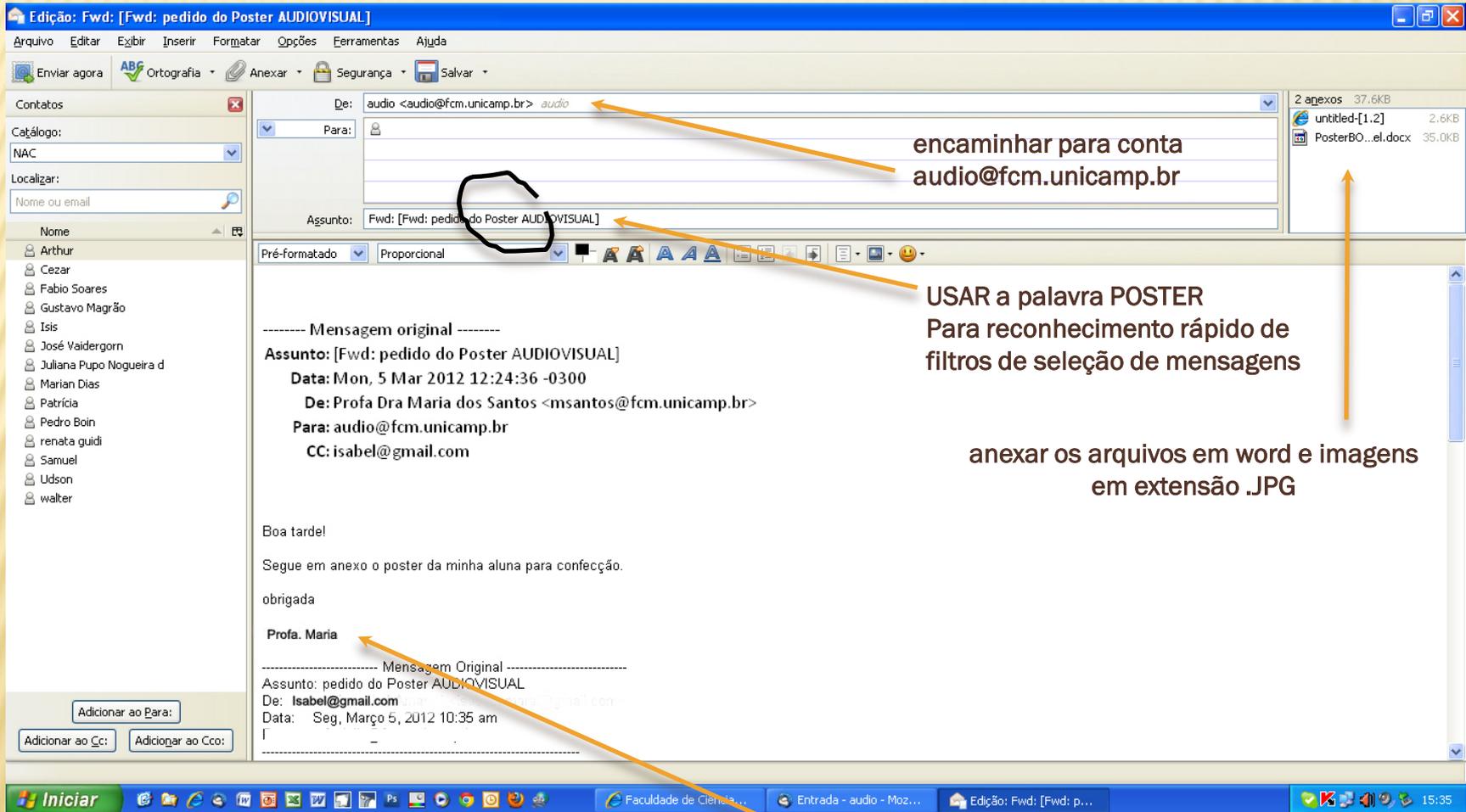
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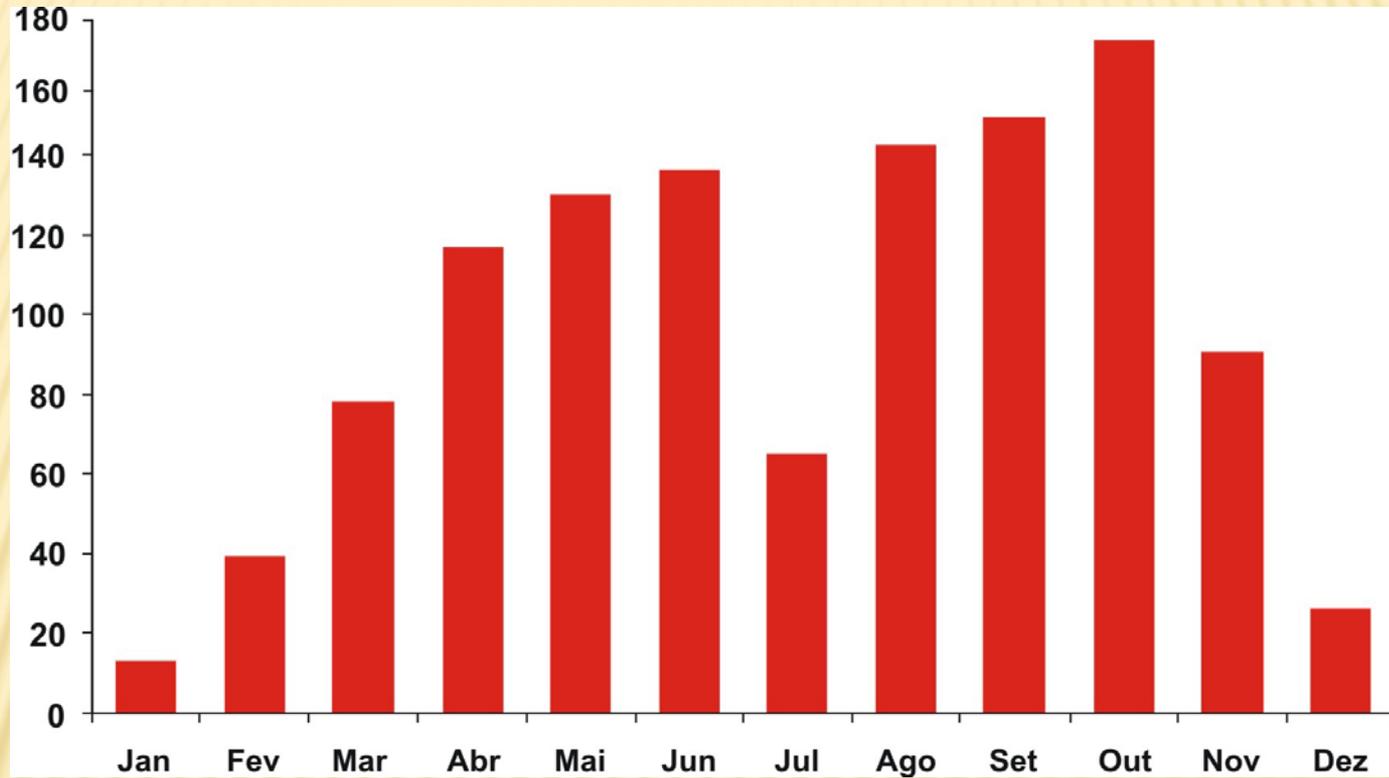
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- Preço de um pôster padrão 90 x 100 cm (*diagramação + plotagem*):

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## DEMANDA ANUAL



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- Não espere a aceitação por parte do congresso.
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- Tamanho correto.
- Qualidade visual razoável, e que não utilizem imagens e áreas muito grande de cores para o fundo ( *custo de tinta de impressão* ).
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