

contempt, satisfaction. There is a tendency for correlation between the ability of doctors to feel compassion and their drive to give hopes to the patients. 36% of physicians believe that doctor – patient therapeutic relationship does not differ from everyday communication. **Conclusions:** The emotional well-being of physicians is crucial for their work. The mental health of medical doctors should be supported more.

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### The medically unexplained versus somatically unexplained

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**Background:** An ambiguity of concepts persists in the field of medicine. The concept of medically unexplained seems very useful for devaluation of medicine as such and physicians. The issue is that some complaints are not explainable somatically, however, quite explainable with the understanding of the pathophysiology of emotions as a part of common physiological processes. It means they are explainable somatically. **Methods:** The objective was to analyze two clinical case reports of patients of Rīga Stradiņš University Psychosomatic Medicine and Psychotherapy Clinic. **Results:** Clinical picture, symptoms, frequency of hospitalization before and after treatment process, treatment process itself were analyzed. Psychodynamic psychotherapy treatment helps the patients to recover. Details will be shown in the presentation. **Conclusions:** The concept medically unexplained should be changed to somatically unexplained.

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### Practice of evergreening on psychiatric medications and its impact to consumers and society

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**Background:** A significant contributor to the ever-rising cost of healthcare is prescription medications. Individuals with mental illnesses are adversely impacted by the high cost of prescription medications because many forego their medications due to the high cost, resulting in increased morbidity and mortality for this very vulnerable population. In turn, this adversely impacts society through increased comorbidity, homelessness, and so on. Exacerbating the situation is the common pharmaceutical practice called, evergreening, whereby older medications, typically generic ones, are somehow rebranded or combined, and sold as non-generic preparations at significantly higher costs. **Methods:** A literature review was conducted to examine specific instances of evergreening of psychiatric medications and their associated increased costs. **Results:** Two medications were found as prime examples: doxepin and combined dextromethorphan and quinidine. The approximate monthly retail price for doxepin was \$549.93 for 3mg and \$553.93 for 6mg, whereas the monthly cost of the generic equivalent was only \$4.17 for 3mg and \$8.33 for 6mg. The approximate monthly retail price

for dextromethorphan 20mg & quinidine 10mg was \$1,338.57, whereas the monthly costs of the ingredients for the generic equivalent was only \$15.61 for dextromethorphan and \$9.00 for quinidine. **Conclusions:** Evergreening is a costly practice to consumers and the healthcare system that results in adverse impacts to individuals with mental illness and to society. Simple generic substitutions doses can result in considerable savings of money and lives. Federal regulations, pharmaceutical actions, and physician prescription practices can greatly curb or eliminate evergreening.

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### Psychiatric indication for choice of birth route?

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**Background:** Approximately 50% of all women with psychiatric disorders will become pregnant at some point in their lives. Overall, mental disorders increase risk for unplanned pregnancy, poor prenatal care and obstetric complications. In addition, peripartum period represents a critical phase for the onset and course of mental disorders and many women experience relapses, both on and off medication. Thus, there is a high probability of worsening of psychiatric symptoms at moment of delivery. This might complicate obstetric and neonatal management and lead to a hard challenge: choosing the birth route. **Methods:** Case report of patient with severe mania in labor. Additionally, we have interviewed 46 obstetricians from high-risk obstetric unit inside a general hospital to assess whether an acute psychiatric crisis has ever influenced their choice of birth route. **Results:** Ms. S, a 40-year-old bipolar patient, became pregnant and stopped her medications. Consequently, she developed a severe mania episode and was admitted to the psychiatric ward of a general hospital. The patient went into labor at gestational age of 36 weeks and 5 days. Despite initial improvement of mania symptoms, she maintained psychomotor agitation and delusions. Initially, the obstetrics team decided for caesarean delivery due to her mental state. However, after intervention of the multidisciplinary team, it was possible to perform vaginal delivery without complications. Data collection from obstetrics is still ongoing. **Conclusions:** The psychiatric presentation may influence the choice of birth route. Adequate healthcare implies an interdisciplinary approach and well-structured services. More research is needed to set evidence-based guidelines.