

 ORIGINAL ARTICLE

Predictive validity of neurotic disorders: a 50-year follow-up study

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INTRODUCTION

In 1965, Erling Jacobsen (1919-1988) defended his doctoral thesis on neurosis in which he tested the psychoanalytic theory of eridophobia as an internalising hostility factor with a specific causality for anxiety neurosis. He found no marked difference between anxiety neurosis and obsessive-compulsive neurosis, which, however, both differed from hysterical neurosis. The aim of this follow-up study was to evaluate to which extent anxiety neurosis and obsessive-compulsive neurosis when compared with hysterical neurosis co-existed with depression, both at the level of diagnostic behaviour, including committed suicide, and with regard to symptom profile.

MATERIAL AND METHODS

A total of 112 patients were followed on the Danish Central Psychiatric Research Register and the Danish Cause of Death Register with regard to their diagnostic behaviour. In a subset of the sample (n = 24), the patients were assessed using the Hopkins Symptom Checklist (SCL-90).

RESULTS

Both at the diagnostic level, including suicide rate, and at the level of symptom severity (SCL-90), anxiety neurosis and obsessive-compulsive neurosis were similar, in contrast to hysterical neurosis which had no more association with the other two categories of neurosis than would be expected by chance.

CONCLUSION

Anxiety neurosis and obsessive-compulsive neurosis are more severe disorders than hysterical neurosis, both in terms of symptom profile and depression, including suicidal behaviour. The identified suicides were committed within the first two decades after discharge from the index hospitalisation.

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 ORIGINAL ARTICLE

Treatment of chronic upper limb ischaemia is safe and results are good

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INTRODUCTION

Chronic ischaemia of the upper extremity is rare, and only a few small studies are published on results after revascularisation. We found it of interest to present this larger population-based registry-study of patients treated for chronic ischaemia of the upper limb by open or endovascular procedures.

MATERIAL AND METHODS

A total of 101,725 primary arterial vascular procedures in the Danish National Vascular Registry (Karbase) were recorded from 1.1.1993 to 31.12.2011. Of these, a total of 453 (0.4%) procedures were performed for chronic stenotic disease of the proximal arteries of the upper limb, 233 endovascularly and 220 by open surgery.

RESULTS

Open reconstructions: Two patients died within 30 days, which is equivalent to a mortality rate of 0.9%. Six (2.7%) reconstructions occluded before discharge. Complications were observed in 41 patients (19%); the complications were predominantly related to surgical wound. At follow-up, 74 (70%) had no symptoms.

Endovascular reconstructions: There were six deaths within the first 30 days, which is equivalent to an early mortality rate of 2.6%. Four (2%) reconstructions occluded before discharge. Complications were observed for 23 (10%) patients; the complications were predominantly of neurovascular origin. At follow-up, 90 (74%) had no symptoms. The one-year survival was 95% with no difference between the two groups.

CONCLUSION

Chronic ischaemia of the upper limb can be treated both with open surgery and endovascularly with acceptable results. There was an excellent one-year patency rate for the patients who showed up for follow-up; the patency rate was comparable to that reported in the literature.

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