

predicted EWL (total $R^2 = 0.514$): type of surgery, young age, limited social interactions (additional $R^2 = 0.052$) and alexithymia (add. $R^2 = 0.034$).

Conclusion: Young people are likely more motivated for complying with post-operative diet constraints. Baseline psychological distress, especially depression, is not a pejorative indicator. Alexithymic pragmatic patients could take advantage of surgery without being too disrupted by their emotional life.

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Individual symptoms of depression across age and sex in the prediction of all-cause mortality in patients with myocardial infarction

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Background: Depressive symptoms are associated with poor prognosis in patients with myocardial infarction (MI). Age and sex could be important effect modifiers in this relationship. This study compared the clinical profile of patients with MI across age groups and sex and assessed the prognostic value of depressive symptoms in the prediction of all-cause mortality.

Method: The data of an individual-patient data meta-analysis was used. MI patients were stratified across age groups (≤ 55 , 56–69 and ≥ 70 years) and sex. Clinical variables included history of MI, Killip class, medication use, diabetes, smoking and body mass index. Depressive symptoms were measured with a shortened version of the Beck Depression Inventory, consisting of 10 items: the BDI10. All-cause mortality was the endpoint. The risk of all-cause mortality was estimated for the BDI sum score and for each of the 10 items using multilevel multivariable Cox regression analysis. Multivariable adjustment included all clinical variables. Participants were followed up in average for 3.83 years.

Results: The total sample included 6673 patients. The sum score of the BDI10 was associated with all-cause mortality in univariable models in all groups, besides women aged ≤ 55 . In fully-adjusted models, the association was only present in men aged ≤ 55 (HR: 1.32 95% CI 1.06–1.66; $p < .001$) or ≥ 70 years (HR: 1.37 95% CI 1.17–1.60; $p < .001$). In fully-adjusted item-level analyses, men aged ≤ 55 years were affected only by indecisiveness and fatigability, with an increased risk of respectively 44% and 51% for all-cause mortality. In men aged 56–69 years, the increased risk associated with dissatisfaction and work difficulties was respectively 55% and 55%. The increased risk in men aged ≥ 70 years was respectively 27% for sadness, 49% for hopelessness, 48% for self-dislike, 36% for work difficulties and 49% for fatigability.

Conclusion: There are important differences in the clinical profile of patients with MI for different sex and age groups. Depressive symptoms differentially affected patients in different strata. Especially in older men depressive symptoms predicted mortality. Accounting for these differences when estimating prognosis and treating patients with MI is desired in clinical practice.

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Somatoform pain patients during psychosomatic inpatient treatment – A clinical observation study

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Background: Patients with chronic pain are found with highly variable clinical presentation and differing physical complaints. We examined whether there were systematic differences between young and old pain patients.

Method: As part of a routine evaluation of university hospital care, a newly developed psychosomatic treatment model for chronic somatoform pain disorders was examined. The basis for treatment efficacy was a target-oriented, specific somatic and psychological intervention that included a stable physician–patient relationship. Particular attention was paid to differences in treatment outcome with regard to changes in both physical and psychopathological symptom levels.

Results: Overall, 179 inpatients (57.5% women) with chronic pain were examined (age between 16 and 79 years). The group as a whole yielded high scores on the somatisation dimension (SCL-90) and showed a considerable amount of psychopathological symptoms, such as depressive mood and anxiety (HADS) and a great emotional instability (FPI-R). Age differences were found (SCL-90): younger patients showed higher aggressive tendencies than older ones ($p < 0.05$). The treatment offered helped patients in both age groups especially with regard to reduction of depressive mood (HADS, $p < 0.01$) and anxiety levels (HADS, $p < 0.01$). Regression analysis showed different age groups and gender as significant predictors of anxiety reduction under therapy ($R^2 = .108$; model: $p < 0.01$).

Conclusion: Results show that younger chronic pain patients suffer more from a considerable amount of psychological distress than older ones, but our treatment approach was equally effective in both groups. However, age and gender differences, as well as the patient's baseline level of anxiety influenced the outcome.

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Distress vulnerability in patients with drug allergy compared to patients with other psychocutaneous diseases

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Background: Previous researches revealed in patients with drug allergy and in patients with cutaneous diseases a high distress vulnerability and association of an important psychiatric comorbidity. Other studies revealed that, at these patients, emotional stimuli may influence sweat secretion.

Method: The design of the study was transversal and included 60 patients (mean age 49.25; SD 15.67) with drug allergy ($n_1 = 30$) and with cutaneous diseases ($n_2 = 30$). The control group was represented by 30 subjects with no allergies or dermatological diseases. All the subjects were administered the Perceived Stress Scale (Williamson & Cohen) and the Hospital Anxiety and Depression Scale (Zigmond & Snaith) and underwent a musical test diagnostic (MTD; Iamandescu) containing 3 series of musical pieces as a psychosomatic stimuli inducing some changes in skin moisture which was measured with Multi Skin Test Center MC 750.

Results: The average scores of perceived stress, anxiety and depression were significantly increased in patients with drug allergy and psychocutaneous diseases comparing with the control group. In patients with drug allergy compared with patients with cutaneous diseases higher scores of perceived stress (36 vs 32, $p < 0.001$), anxiety (12.5 vs 10.2, $p < 0.001$) and depression (6.4 vs 5.5, ns) were found. Cutaneous perspiration was significantly increased especially at the forehead and palms in both groups of patients referring to the control group after the audition of the second musical fragment (sad, even tragic music pieces). It is worth mentioning that there was no statistical significance between both groups of patients.

Conclusion: Both groups of patients (with drug allergy and psychocutaneous diseases) have demonstrated a high distress vulnerability, including also an increased skin perspiration to sad music (as a distressing stimulus). These patients show personality traits characterized by high stress load and increased vulnerability to stress that may influence disease progression and coping strategies. The somato-psychic recoil (revealed by the existence of high levels of anxiety and depression) may maintain increased reactivity to stress. The similarities between drug allergy patients and psychocutaneous disease patients may be explained by the role of the skin as a shock organ and the low presence of drug anaphylaxis among drug allergy patients.

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Modulation of couples' stress hormones in everyday life through a minimal couple intervention

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Background: Couple relationships have a substantial impact on individual health and longevity and the stress-buffering of positive everyday life interactions has been hypothesized to mediate this effect. Indeed, couples' communication training reduced stress hormones during a conflict session in the laboratory, suggesting that couple interventions can improve health through better individual psychobiological stress regulation. We therefore aimed to investigate the effects of a minimal psychological intervention on stress levels in couples' everyday life.

Method: As part of a larger project, 40 heterosexual couples (N = 80) participated in a 10 min instructed positive or neutral interaction, which was video-taped. During positive interaction, couples were asked to determine and discuss areas of joy and fulfillment in their relationship and attributes they liked about each other. They were then asked to practice this interaction for two more times during the coming week. In the neutral interaction condition, couples were asked to just sit and wait together until further study procedures would take place, without further instructions for the coming week. For the following week, all participants provided saliva samples for analysis of hormone cortisol and subjective stress measures during six times daily.

Results: Both men and women in the positive interaction condition showed lower aggregated cortisol levels ($F = 106.949$, $p = .036$) and women expressed improved stress regulation (i.e. higher calmness; sex * condition: $F = 14.18$, $p \leq .001$) during the coming week, as compared to the control condition.

Conclusion: Our results suggest that a "mini intervention" to interact positively can ameliorate couples' stress regulation on a psychological and biological level in everyday life.

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Somatic symptom profiles in the general population: A latent class analysis in a Danish population-based health survey

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Background: Somatic symptoms, i.e. uncomfortable or distressing bodily sensations experienced by a person, are common in the general population. Around 30% of somatic symptoms can however not be explained by well-defined disease. Multiple symptoms are associated with poorer health status and more health care use. To enable better research within prevention and treatment of multiple somatic symptoms, the aim of this study was to identify and describe groups of people with similar somatic symptom patterns defined as somatic symptom profiles.

Method: Information on 20 self-reported common somatic symptoms was achieved from a population-based questionnaire survey of 36,163 randomly selected adults in the Capital Region of Denmark in 2006–7 (55.4% women). The participants stated whether they had been considerably bothered by the symptoms within 14 days. We used latent class analysis to identify somatic symptom profiles in men and women separately including age as a co-factor. The impact of the symptom profiles will be explored by relating the profiles with self-perceived health, and socio-demographic information will be used to characterise the symptom profiles. To validate the symptom profiles, the analyses will be re-conducted in another Danish population-based cohort of 21,708 persons with information on the same symptoms.

Results: 39% of the participants had been considerably bothered by at least 1 somatic symptom within 14 days, while 13% had been considerably bothered by 3 or more symptoms. The most common symptoms were musculoskeletal pain and tiredness. The preliminary results from the latent class analyses showed several different somatic symptom profiles described by number and type of somatic symptoms. The majority of the population had a profile characterised by no considerably bothering symptoms, while a minor group of around 2% had a high number of bothering somatic symptoms from different body parts. The remaining profiles were more likely to be defined by specific symptoms.

Conclusion: The preliminary analyses identified a somatic symptom profile defined by multiple symptoms and several profiles defined by specific symptoms. The profiles can be used in further symptom research, but their relation to well-defined diseases, functional somatic syndromes and the concept of bodily distress should be explored. Still, this large population-based study may contribute to the understanding and delimitation of syndromes of bodily distress.

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Population prevalence and psychosocial profile of chronic constipation of somatic and functional origin

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Background: Prevalence of chronic constipation (CC) in Germany has been reported to be 5%, and this number is substantially lower than in other European countries and worldwide, but solid data are unavailable. Reliable epidemiological data comparing constipation of assumed organic origin to functional constipation (either IBS-C, or functional constipation meeting or not meeting Rome III criteria) are scarce.

Method: We conducted a computer assisted telephone interview in >15,000 individuals. Those who acknowledged the presence of constipation symptoms during the preceding 12 months were followed by a postal questionnaire.