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Screening for psychoaffective disorders in night-shift nurses : a cross sectional study

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Introduction: Night shift work disrupts the natural circadian rhythms, leading to significant sleep disturbances that can adversely affect mental health. Nurses working these shifts often report higher levels of stress, anxiety, and depression compared to their day-shift counterparts.
Objectives: This study aims to assess the prevalence of psychoaffective disorders among night-shift nurses.
Methods: Data were collected from a cross sectional study in the university hospitals of Sfax. We used a questionnaire exploring sociodemographic, professional data and pathological history. We evaluated absenteeism based on the number of days absent over the past year. Psychoaffective disorders were screened using the validated Arabic version of the Depression, Anxiety, and Stress Scale: DASS-21.
Results: Our study included 114 nurses, with 65% being female. The mean age was 33.8 ans ± 7 years. Severe to very severe symptoms of depression, anxiety, and stress were found in 14%, 21%, and 18% of our participants, respectively. Among our workers, 58% reported being moderately satisfied at work. During the last 12 months, 68 nurses (59.6%) were absent for an average of 27.21 days ± 72.73 days. Significant associations were found between job satisfaction and severity of depression (p= 0.000), anxiety (p=0.027) and stress (p = 0.000). Absenteeism was significantly associated to depression (p=0.009, r=0.24), anxiety (p=0.014, r=0.23) and stress (p=0.35, r=0.19).
Conclusions: Psychoaffective disorders are common among paramedical staff working shifts in hospitals. It is essential to conduct screening consultations in occupational medicine to identify these disorders early on.

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Interwoven Pathologies: The Complex Interplay of Social Anxiety Disorder, Body Dysmorphic Disorder, and Neuropathic Pain Post-Surgical Intervention

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Introduction: Social anxiety disorder (SAD) and body dysmorphic disorder (BDD) share a unique and intricate relationship, often presenting with overlapping yet distinct anxieties about social evaluation. In patients who have undergone repeated surgical interventions, the added dimension of neuropathic pain further complicates the clinical picture, as seen in this 48-year-old male. His preoccupation with his perceived nasal and upper lip deformities, coupled with neuropathic pain from multiple reconstructive surgeries, underscored a profound interplay of psychological and somatic symptoms, warranting a multidimensional therapeutic approach.
Objectives: To elucidate the diagnostic overlap between SAD and BDD in a patient with neuropathic pain post-surgery, to explore the off-label use of pregabalin in addressing both anxiety and neuropathic pain symptoms, and to highlight the subtle clinical distinctions between social phobia related to perceived physical flaws (BDD) versus the broader fear of negative evaluation in social contexts (SAD).
Methods: The patient's history includes five reconstructive surgeries to correct perceived nasal and upper lip deformities, which resulted in significant spastic neuropathic pain. This pain was exacerbated by the patient's intense anxiety regarding his physical appearance, manifesting as avoidance behaviors, fear of negative social evaluation, and repetitive self-evaluative behaviors typical of BDD. Initial treatment involved clonazepam and mirtazapine combined with psychotherapy. Despite partial relief of anxiety symptoms, neuropathic pain persisted, exacerbating his body image concerns. Pregabalin was introduced under the assumption that neuropathic pain was worsening his BDD-related distress and social anxiety symptoms.
Results: Following the introduction of pregabalin, the patient demonstrated marked clinical improvements. The dual efficacy of pregabalin, particularly in its off-label role for social anxiety, contributed to a reduction in the fear of social situations, previously fueled by BDD-related preoccupations. The remission of neuropathic pain, in conjunction with improved social functioning, underscores the utility of pregabalin in addressing the complex somatopsychic interactions in patients with comorbid psychiatric and neuropathic conditions.
Conclusions: This case highlights the intricate diagnostic and therapeutic complexities in managing co-occurring social anxiety and body dysmorphic disorder, where psychosomatic pain further distorts the clinical picture. The addition of pregabalin, despite its off-label status for SAD, proved to be a pivotal intervention, addressing both the patient's physical and psychological distress, incorporating psychopharmacology, pain management, and psychosocial interventions to effectively restore function and quality of life.

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The study to identify the psychological factors that influence anxiety in mine workers

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Introduction: If stress, insomnia, anxiety, and depression persist for a long time and occur more than normal, it can become a serious illness. Based on the data from 263 mountain work reports

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