

concluded a successful cycle of psychotherapeutic treatments and remained free of cardiac symptoms since. **Conclusions:** This initial psychotherapeutic experience of TTS patients confirms the psychic genesis of cardiac pathology and opens a new frontier to the studies in this area. Which is the personality profile more likely associated to TTS, if it is the personality structure to predispose to such cardiac syndrome, and if PMP is the ideal treatment for these patients remains to be demonstrated in larger study population.

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Medication overuse headache, addiction and personality pathology: a controlled study by SWAP-200

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Background: Medication Overuse Headache (MOH) is a type of chronic headache, whose mechanisms are still unknown. Some empirical investigations examining the addiction-like behaviors and processes, as well as personality characteristics underlying MOH development, reached contrasting findings. This study aimed at detecting personality and its disorders (PDs) in MOH patients, with a specific attention to the features of addiction. **Methods:** Eighty-eight MOH patients have been compared with two clinical populations including 99 patients with Substance Use Disorder (SUD) and 91 with PDs using the Shedler-Westen Assessment Procedure-200 (SWAP-200). MANCOVAs were performed to evaluate personality differences among MOH, SUD and PD groups, controlling for age and gender. **Results:** MOH patients showed lower traits of the SWAP-200's clusters A and B disorders than SUD and PD patients, whom presented more severe levels of personality impairment. No differences in the SWAP-200's cluster C have been found, indicating common personality features in these populations. At levels of specific PDs, MOH patients presented higher obsessive and dysphoric traits, as well as better overall psychological functioning than SUD and PD patients. **Conclusions:** The study supported the presence of a specific pattern of personality in MOH patients including obsessive (perfectionist) and dysphoric characteristics, as well as good enough psychological resources. No similarities with drug addicted and personality-disordered patients were found. Practitioners' careful understanding of the personality of MOH patients may be useful to provide more effective treatment strategies and patient-tailored intervention programs.

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Psychological and functional recovery in rehabilitative practice

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Background: Stroke survivors often show depressive and anxious symptoms, along with neurological disorders and functional deficits that often hamper the recovery of the rehabilitation process. This study highlights how psychological distress in stroke patients is related with functional independence and its gain after rehabilitation including psychological support to patients and their caregivers. **Methods:** A total of 236 stroke inpatients and 381 orthopedic as a control group were assessed by the following scales: Mini-Mental State Examination (MMSE), Hamilton Anxiety and Depression Scales (HADS) self-report questionnaire and Functional Independence Measure (FIM). To evaluate the change inpatients were evaluated by HADS and FIM at admission and discharge. Data were analyzed through descriptive statistics and parametric tests. **Results:** 36% of stroke patients show HADS anxiety and 56.8% HADS depression, while 24.9% of orthopedic patients show HADS anxiety and 38% HADS depression. Furthermore, stroke group evidences higher anxiety ($p \leq .05$) and depression ($p \leq .00$) scores than orthopedic one. For both groups the psychological distress decreases significantly at discharge ($p \leq .00$). The extent of FIM gain is correlated with depression gain ($r = .144^*$) for stroke patients and anxiety gain ($r = .085^*$) for orthopedic patients. In both groups, patients with psychological distress show higher scores in functional independence scores ($p \leq .05$). **Conclusions:** In rehabilitative practice it is important to promptly diagnose the patients' psychological distress. It is evident the possible crucial role of anxiety and depression in functional recovery. Specific psychological support to patients and their caregivers must be included in order to implement therapeutic strategies of intervention in the integrated psychosomatic rehabilitation approach.

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Insomnia

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A distinction is made between sleeping, behaviour that involves the whole person, and sleep, the product of a set of specific mechanisms, that mainly involves the brain. Biological rhythms, environmental factors, and socio-cultural factors influence sleep. Walsh et al. describe the world map of sleep and a widespread sleep debt illustrated as a serious global health problem. Insomnia is associated with many psychiatric and somatic diseases, but it can also be primary. The perception of sleep quantity and quality can often be altered to define a paradoxical insomnia. Transient insomnia can affect up to 40% of the adult population, while for chronic insomnia