

researches should also investigate whether our results are generalizable to other populations.

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### Tako-Tsubo cardiomyopathy and psychiatric disorders: Review of comorbidity

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**Background:** In recent times, the connections between mental health and cardiac outcomes have been under increasing investigation. Tako-Tsubo Cardiomyopathy (TTC) is also called “broken heart syndrome”, since it has been described to occur after emotionally stressful events; it presents as an acute reversible coronary syndrome due to a transient failure of the left ventricle, in the absence of obstructive coronary heart disease. It has a 10-time higher prevalence in postmenopausal women and may have a strong correlation with bio-psycho-social stress.

**Aim:** To review existing studies on TTC in comorbidity with psychiatric disorders.

**Method:** Four PubMed literature searches performed during January 2015 (search terms: tako-tsubo AND psy\*; tako-tsubo AND anxiety; tako-tsubo AND depression; tako-tsubo AND mania) provided 9 references: 4 case reports, 2 reviews, 2 prospective studies and 1 case-control study.

**Results:** Not only chronic psychological stress (present in 2/3 of these patients, on average), but also a high co-occurrence of anxiety and depression (from 50 to 70% of patients with this cardiopathy), panic attacks (diagnosed in almost 20% of women with tako-tsubo), subthreshold and full-blown PTSD (co-morbid in almost 40% of patients according to a 2-year prospective study) were associated with TTC. It has been suggested that changes in circulating levels of catecholamines combined to heart's abnormal response to these hormones could be at the pathophysiological basis for such associations.

**Conclusion:** The present literature review confirms a high co-occurrence of comorbid conditions with increased sympathetic activity (in particular anxiety, depression and panic disorder), which could be risk factors for TTC. More studies, especially longitudinal ones, are needed to better clarify the causative pathways of this usually reversible, but potentially lethal, syndrome, especially among post-menopausal women.

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### Enhanced care by generalists for functional somatic symptoms and disorders in primary care, a Cochrane systematic review

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**Background:** Patients with medically unexplained or functional somatic symptoms are common in primary care. Previous reviews have

reported benefit from specialised interventions, but there is a need for treatment models, which can be applied within the primary care setting. We aimed to assess the clinical effectiveness of enhanced care interventions for adults with functional somatic symptoms in primary care. The intervention should be delivered by professionals providing first contact care and be compared to treatment as usual. The review focused on patient outcomes only.

**Method:** We searched for studies in 10 databases up to September 2012. No language restrictions were applied. We selected randomised controlled trials (RCTs) in primary care in adults with functional somatic symptoms. Two authors independently screened identified study abstracts, extracted data and assessed risk of bias.

**Results:** We included seven studies with 233 general practitioners and 1787 participants. Methodological quality was moderate. Studies were heterogeneous with regard to selection of patient populations and intensity of interventions. Outcomes relating to physical or general health (physical symptoms, quality of life) showed substantial heterogeneity between studies ( $I(2) > 70%$ ) and post hoc analysis suggested that benefit was confined to more intensive interventions; thus we did not calculate a pooled effect. Outcomes relating to mental health showed less heterogeneity and we conducted meta-analyses, which found non-significant overall effect sizes for changes at 6 to 24 months follow-up; mental health; illness worry; depression and anxiety. Effects on sick leave could not be estimated.

**Conclusion:** Current evidence does not answer the question whether enhanced care delivered by front line primary care professionals has an effect or not on the outcome of patients with functional somatic symptoms. Enhanced care may have an effect when delivered per protocol to well-defined groups of patients with functional disorders, but this needs further investigation. Attention should be paid to difficulties including limited consultation time, lack of skills, the need for a degree of diagnostic openness, and patient resistance towards psychosomatic attributions.

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### Effectiveness of collaborative care in the workplace for depression: Results of a controlled observational trial

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**Background:** Within the vocational context common mental disorders gain more attention for societal and economic reasons. The unmet need for easy accessible and early interventions led to the implementation of various offers in this area in Germany e.g. the “Psychosomatic Consultation in the Workplace” (PCIW). The intervention contains an initial psychosomatic consultation at the workplace, including diagnosis, crisis intervention, and, if necessary, referral to further medical or psychotherapeutic treatment. In contrast to care as usual (CAU) the intervention is part of the occupational health care system and takes place at the facilities of the company physician. First Results indicate that consultation in the workplace makes us reach patients earlier in the course of disease. Whether this is effective or not is not investigated yet.