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Factors that influence treatment adherence of tuberculosis patients living in Java, Indonesia

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Abstract

Background and objective: Due to nonadherence of tuberculosis (TB) patients to treatment, complications may arise and if remaining infectious, these patients may infect other people with TB. To obtain information about factors associated with nonadherence, we performed a study comparing adherent and nonadherent TB patients. Methods: Adherent and nonadherent patients randomly selected from hospital records in one urban and two rural districts were interviewed using semi-structured questionnaires. Key informant interviews were done with TB nurses and doctors. Results: The most frequently mentioned reason for nonadherence to treatment was feeling better. Although the drugs were given free of charge, many patients were nonadherent because of lack of money. Social support was considered very important for adherence. The study indicated that some patients had a

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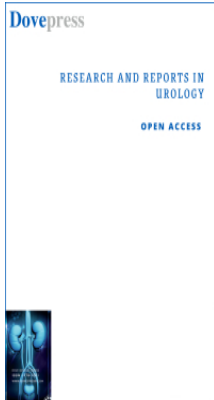
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Narcissistic rage: The Achilles' heel of the patient with chronic physical illness

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Abstract: Based on the psychoanalytic reading of Homer's *Iliad* whose principal theme is "Achilles' rage" (the semi-mortal hero invulnerable in all of his body except for his heel, hence "Achilles' heel" has come to mean a person's principal weakness), we aimed to assess whether "narcissistic rage" has an impact on several psychosocial variables in patients with severe physical illness across time. In 878 patients with cancer, rheumatological diseases, multiple sclerosis, inflammatory bowel disease, and glaucoma, we assessed psychological distress (SCL-90 and GHQ-28), quality of life (WHOQOL-BREF), interpersonal difficulties (IIP-40), hostility (HDHQ), and defense styles (DSQ). Narcissistic rage comprised DSQ "omnipotence" and HDHQ "extraverted hostility". Hierarchical multiple regressions analyses were performed. We showed that, in patients with disease duration less than one year, narcissistic rage had a minor impact on psychosocial variables studied, indicating that the rage was rather part of a "normal" mourning process. On the contrary, in patients with longer disease duration, increased rates of narcissistic rage had a great impact on all outcome variables, and the opposite was true for patients with low rates of narcissistic rage, indicating that narcissistic rage constitutes actually an "Achilles' Heel" for patients with long-term physical illness. These findings may have important clinical implications.

Keywords: consultation-liaison psychiatry, psychosomatics, narcissism, physical illness, quality of life, psychological distress, personality

"... surely all this is not without meaning. And still deeper the meaning of that story of Narcissus, who because he could not grasp the tormenting, mild image he saw in the fountain, plunged into it and was drowned.... It is the image of the ungraspable phantom of life; and this is the key to it all"

—Herman Melville, *Moby Dick or the Whale* (p. 4)¹

The term "Narcissism" has been coined by Freud, who initially described narcissism as a developmental stage between self-love and object-love, during which one takes oneself and one's own body as the love object.^{2,3} Three years later, in his paper "On Narcissism," Freud elaborated this new concept by drawing a distinction between ego libido and object libido.⁴ At that time, Freud alluded to all facets of narcissism except aggression and rage.³ In 1915, Freud acknowledged a formal polarity between love and hate, and he gave independent recognition to an aggressive impulse.^{3,5} Overall, as Otto Kernberg noted,⁶ "Freud explores narcissism as a phase of psychic development, as a crucial aspect of normal love life, as a central dynamic of several types of

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Perspectives in the selection of hyaluronic acid fillers for facial wrinkles and aging skin

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Abstract: Aesthetic surgery is, in the USA at least, no longer a taboo subject. Outside North America, public acceptance continues to grow as more procedures are performed each year. While there appears, anecdotally, to be a decrease in patients undergoing cosmetic treatments because of the global financial crisis, the overall trend remains upward. Although popular television programs espouse the benefits of surgery, it is nonsurgical procedures that account, numerically, for the majority of procedures performed; in the USA, there was a 48% growth from 2000 to 2008 in nonsurgical treatments undertaken by women, and 64% in men and while the average surgeon might perform 60 blepharoplasty operations in 2007, (s)he would also undertake 375 botulinum injections, and almost 200 filler injections of varying sorts. Clearly there is enthusiasm for nonsurgical treatments, and this trend appears to be rising. With this in mind, we present an overview of the commonest filler injection material, hyaluronic acid. We present the mechanism of action, the purported risks and benefits, and briefly discuss technique.

Keywords: hyaluronic acid, filler injection, nonsurgical procedures, technique

Introduction

Soft tissue facial deformities and skin changes associated with aging are known to affect psychosocial interactions. Aesthetic medicine has changed its focus rapidly over the years as a better understanding of the process of facial aging has affected the treatment approaches. Facial aging is now established to be due to a number of features. These include the involuntional loss of dermis, resulting in loss of skin tone, gravitational changes due to loss of elasticity, remodeling of bony and cartilaginous structures, and sun damage causing photo-aging. More recently, the concept of volumetric loss in the face has further added to our understanding; fatty volume both migrates, and is lost from, the face. This occurs in predictable areas and a number of treatments now specifically address this issue either alone, or in combination with traditional rejuvenation techniques.

Some of these factors are preventable – most notably the sun damage to the skin that alters dermal composition – but others are less so; gravitational changes are dependent on the environment and volumetric loss is somewhat unavoidable and largely determined by genetic variables. The overall effect of these processes gives us the features of the aging face; flattening of the forehead, brow, glabella and temporal concavity in the upper face, descent of the nasal tip and flattening of the cheek in the mid face and recession of chin, appearance of jowls, loss of lip fullness, and descent of oral commissures in the lower face. In addition the aging process is manifested in the form of wrinkles throughout the face.

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Therapeutic options in the treatment of benign prostatic hyperplasia

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Abstract: Current therapeutic options for the treatment of symptomatic benign prostatic hyperplasia (BPH) are reviewed. Therapeutic options for mild lower urinary tract symptoms (LUTS), as defined by the American Urological Association, are generally treated medically. Moderate to severe LUTS can be treated medically or with surgical therapy. Current medical and surgical treatments for LUTS secondary to BPH are reviewed and evolving treatments are explored.

Keywords: benign prostatic hyperplasia, prostatectomy, TURP

Introduction

Benign prostatic hyperplasia (BPH) is a pathologic process that contributes to the development of lower urinary tract symptoms (LUTS) in men. LUTS, arising from lower urinary tract dysfunction, are further subdivided into obstructive (urinary hesitancy, straining, weak stream, terminal dribbling, prolonged voiding, incomplete emptying) and irritative (urinary frequency, urgency, nocturia, urge incontinence, small voided volumes) symptoms. Autopsy series have shown that no men younger than 30 years of age have histologic evidence of BPH, while more than 50% of men greater than 60 years of age have histologic evidence of the disease.¹ The prevalence reaches almost 90% in the ninth decade.¹ While prostatic enlargement appears inevitable, it is believed that the LUTS and other sequelae of BPH are not just due to a mass effect, but also likely due to a combination of the prostatic enlargement and age-related detrusor dysfunction.²

Traditional management of BPH consisted of surgery or watchful waiting with treatment of complications if they arose. Medical therapy gained acceptance about two decades ago with the approval of alpha-adrenergic receptor antagonists and 5-alpha-reductase inhibitors for the treatment of symptomatic BPH. Alpha-adrenergic receptor antagonists were thought to treat the “dynamic” aspect of BPH by reducing sympathetically mediated tone of the bladder outlet and therefore decreasing resistance and improving urinary flow. 5-alpha-reductase inhibitors, on the other hand, were thought to treat the “static” aspect of BPH by reducing prostate volume and having a similar albeit delayed effect. They have also proven to be beneficial in the prevention of BPH progression, as measured by prostate volume, the risk of developing acute urinary retention, and the risk of having BPH-related surgery.³ The use of an alpha-adrenergic receptor antagonist and a 5-alpha-reductase inhibitor as combination therapy seeks to provide symptomatic relief while preventing progression

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