

Poster presentation

## The treatment of the familial cases of the Familial Mediterranean Fever

Armen Nersisyan\*<sup>1</sup>, Konstantin Danielyan<sup>2</sup>, Eduard Nazaretyan<sup>3</sup>,  
Eduard Sekoyan<sup>4</sup> and Irina Tsaturyan<sup>2</sup>

Address: <sup>1</sup>National Institute of Health of the Republic of Armenia, Armenia, <sup>2</sup>Department of Psychiatry, Psychotherapy, Institute of National Health of the Republic of Armenia, <sup>3</sup>Center FMF, Armenia and <sup>4</sup>Medical Institute, Armenia

\* Corresponding author

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### Case Report

Thus the investigation of the familial cases of FMF remains unsolved, which is an extremely important problem, because of the increase of these cases.

The investigation of FMF is successful when we start it with a new approach towards this disease — from the multifactor side, depending on the genetic predisposition, the peculiarities of the person and the conditions of the surroundings; that is to say from the psychosomatic viewpoint [1]. As already mentioned in the familial cases when the patient suffered from FMF, depending on their educational, psychological, psycho-pathological conditions and the conditions of the surroundings [2].

The patient- a 33 years old woman, not married, lives in a village with her parents in a 2-room place, where lives also her brother with his family — a wife and two children. They are 8 members. The education is secondary, she is suffering from FMF for 30 years; her sister died 15 years ago from a complexity of FMF — from amiloidosis. Her disease was discovered when she was 18 years old, when her brother went to the Nagorni Karabach war: Since three years old she had joint paints, she fell tired easily. The joint paints were not diagnosed and were not treated correctly. FMF was diagnosed when aches in belly, fever and the aseptic inflammation rose. She began using colchitsin, from which the attacks did not disappear; the patient mentions that her attacks depended on her mood, stress factors and external provoking factors. After the war FMF was observed also with the brother. The psychic condition: processes strongly expressed characteristic features of neuroticism; alexithymia, fears, mainly connected with

the incurability of FMF, bad mood, leading a mechanical life- eating and sleeping (as the patient mentions), he cannot work, is tired of life, cannot see a future beyond the attacks, has a sense of shame, guilt: the hope for recovery is little.

A course of psychotherapy (Narecotherapy)[3,4] was lead, the root of which was to explain her comprehensively the new approach towards her disease, and the possible recovery, which depended on the changes of her personal features, noting that she herself had mentioned the connection between the stresses and the attacks. Later the fear connected with the dear sister was cured which worried her very much, because she fancied that the end of her disease would lead to the sister's condition, and she would die. The patient agreed to be treated only thinking that there was no other way out, as far as she did not believe the treatment of the disease. She had heard about it from the doctors, and in front of her eyes all the time was the example of her sister. The attacks which repeated every 2–3 days, disappeared in one month, the mood began changing, the tiresomeness, weakness disappeared, she began believing in her recovery. The patient gradually changed her approach towards her illness and the life, and people, and believed that she would recover.

Five months passed from the treatment, the attacks completely disappeared, the syndrome of asthenia disappeared. She mentions that her life already has meaning, she is joyful, she is going to work and get married.

Generalizing the clinical cases, we can conclude that as FMF especially, the familial cases depend on the heredi-

tary predisposition, the peculiarities of the person, and the surrounding conditions.

In the surrounding conditions can be included not only the stress conditions, but also the social-educational-cultural-moral effects, which depending on the peculiarities of the patients suffering from FMF, in its turn is already a impulse peculiar stress, for these patients with its hereditary predisposition, which could have no importance in case of other hereditary predisposition: This all is very vital for the prophylactics and treatment of the familial cases of FMF.

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