The drug treatment of obsessive-compulsive disorder (OCD) has response rate approximately 50-60%. The treatment-resistant of OCD has defined as unresponsive although patient take clomipramine and at least two selective serotonin re-uptake inhibitors (SSRIs) in adequate

dosage and duration. Remission and response to treatment have not definitive criteria.

The causes of resistance to treatment may be factors such as incorrect diagnoses, insufficient treatment (dosage, duration), delayed treatment, comorbidity (schizotypal personality, social phobia), lack of insight, side effects of drugs, not compliance with treatment, family history. The foresights of unsatisfactory response may be factors such as severe depression, only cognitive-behavior therapy (CBT) interventions, obsessions as primary symptoms, personality disorder, and slowness. These factors must be reviewed in the state of resistance to treatment.

In resistant OCD, there are monotherapy of SSRI; serotonin-noradrenalin re-uptake inhibitor, and glutamatergic agent, psychostimulants in those have attention deficit/hyperactivity disorder among the alternatives of pharmacological treatment. In augmentation strategies, clomipramine, another SSRI, antipsychotics, lithium, riluzol, clonazepam, pindolol, sumatriptan, and topiramate can be added to a SSRI.

In resistant OCD, electro-convulsive therapy as a biological therapy is useless, but in patients with comorbid depression, it is useful; transcranial magnetic stimulation and deep brain stimulation are useless. The stimulation of Vagus Nerve may be useful.

In resistant OCD, CBT and antidepressant combination is more useful than only this use. CBT is more effective at compulsions and in those have comorbid schizotypal personality disorder.

Surgical interventions can be useful in patients with resistant, chronic, have disability, at least five years take treatment but it is not effective. These interventions are rarely use; anterior cingulotomy, anterior capsulotomy, limbic leucotomy, subcaudate tractotomy are applied.

Key words: *obsessive-compulsive disorder, resistance, treatment*

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Yaşlının istismarı / *Elder abuse*

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İlgi alanı oldukça geniş olan geriatrik psikiyatrinin önemli konularından biri de yaşlı istismarıdır. "Yaşlı kişinin sağlığına veya klinik haline zarar veren veya zarar verecek bir tehdit oluşturan saldırı veya eylem" olarak tanımlanan yaşlı istismarı, genelde fiziksel, ruhsal, parasal ve cinsel gibi çeşitlere ayrılır. Ülkemizde yaşlının cinsel istismarı pek sık görülmemekle birlikte, diğer tiplere oldukça sık rastlanmaktadır.

Anahtar sözcükler: *Yaşlı, fiziksel istismar, psikolojik istismar, parasal istismar, cinsel istismar*

Elder abuse

Elder abuse is one of the important topics in the geriatric psychiatry. It is defined as "an appropriate action toward the health or a threat or offence to an elder people". It is seen as

physical, psychological, financial, and sexual types. The first three types of abuse can be seen in Turkey, but the sexual abuse is rare.

Key words: *elder, physical abuse, psychological abuse, financial abuse, sexual abuse*

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Devlet hastanesinde psikiyatrist olmak / *Being a psychiatrist in a state hospital*

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Hizmet hastanesi olarak bilinen bu hastanelerde günlük işler ışık hızında yapılmaktadır. Poliklinik, heyet, konsültasyon en önemli görevler olarak sınıflanabilir. Pazartesi sabahı işe giderken "Bugün poliklinik nasıl geçecek?" diye bir soru takıldı zihnime. Acaba neydi bana bunu düşündüren? Psikiyatriyi çok seviyorum, ama çalıştığım koşullarda değil; çünkü arkamdan atlı kovalar gibi bir hızla hasta bakmam gerekiyor. Neden mi? Bazen idarenin isteği, bazen performans puanı. Ne dersiniz? Bir psikiyatri hastası kaç dakikada bakılabilir?

Being a psychiatrist in a state hospital

These hospitals are known as service hospitals and work is done throughout the day in artificial light. Work at the health centre and consultations are regarded as the most important duties. When I walk to walk on Monday morning I ask myself how my day at the Health centre will go? I'm not looking forward to it. Why do I think like this? I love psychiatry but not the conditions in which I work. I can't give the patients the time that they need. Why? Sometimes because of the wishes of the administration and sometimes because of performance evaluations. What do you think? How long should a psychiatrist?

Ruh sağlığı hastaneleri ve adli psikiyatri sorunları / *Psychiatric hospitals and forensic psychiatry*

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Yapılanlar: Gözlem, koruma-tedavi ve mahkemeler tarafından gönderilen kişilerin adli raporlarının düzenlenmesi.

Adli Psikiyatri Birimi
1. Adli Psikiyatri Polikliniği:
2. Sağlık Kurulu: a. Adli yazışma birimi, b. Rapor odası
3. Muhafaza Servisi
4. Tutuklu Servisi
5. Kadın koruma-tedavilerinin yapıldığı akut servisler
6. Gözlem amacı ile gönderilen erkek/kadın hastaların yatırıldığı akut servisler
7. AMATEM (D.S. hastalarının yatarak tedavisi)