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ABSTRACTS

World Psychiatric Association International Congress 2013

October 27–30, 2013
Vienna, Austria
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**CORE SYMPOSIA**

**CS-04**

**Trauma, traumatic memory, and PTSD**

*Organised by Hans-Peter Kapfhammer (Austria)*

**Trauma, traumatic memory and risk of PTSD – some clinical and therapeutic challenges**

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Epidemiological studies estimate that up to 90% of all persons in general population will be exposed to one or more severe traumatic events during their lifetime. Only approximately 5-10%, however, will develop the typical clinical picture of posttraumatic stress disorder after traumatic exposure, a higher percentage of exposed people will show anxiety or depressive disorders. Manifold, both genetic and psychosocial factors mediate the risk of transition to these seriously distressing and often chronic emotional conditions. Core pathogenetic processes refer to the encoding and consolidation of fear memory that leads to the transformation from a “normal” fear reaction to a pathologically dysregulated fear response. This pathological fear response may contain elements both of hypo- and hypermnesia. From a clinical perspective it would be of paramount importance to dispose of effective pharmacological tools in order to prevent the transition from trauma exposure to often long-lasting and distressing posttraumatic psychological disorders.

Starting with a short survey on basic clinical features of posttraumatic stress responses the talk will summarize the various pharmacological preventive strategies derived from empirical studies so far.

**Stress, genes and emotional memory: implications for anxiety disorders**

de Quervain, D. J. F.

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Enhanced memory for emotional events is a well-recognized phenomenon, which has obvious adaptive value in evolutionary terms, as it is vital to remember both dangerous and favourable situations. Extensive evidence indicates that stress hormones are crucially involved in the regulation of emotional memory. For example, glucocorticoids have been shown to enhance memory consolidation of emotionally arousing experiences, but impair memory retrieval during emotionally arousing test situations. Furthermore, evidence indicates that these different glucocorticoid effects depend on emotional arousal-induced activation of noradrenergic transmission within the brain.

I will present an integrated perspective of how these opposite glucocorticoid effects might act together to serve adaptive processing of emotionally significant information. Furthermore, as intense emotional memories also play a crucial role in the pathogenesis and symptomatology of anxiety disorders, such as posttraumatic stress disorder (PTSD) or phobias, glucocorticoid effects on emotional memory might have implications for the understanding and treatment of these clinical conditions. In this context, I will present data suggesting that the administration of glucocorticoids might ameliorate chronic anxiety by reducing retrieval of aversive memories and enhancing fear extinction.

Furthermore, I will present data indicating that genetic variability in humans is related to emotional memory in health and disease.

**Glucocorticoid signaling, traumatic memories and posttraumatic stress symptoms in survivors of critical illness and intensive care therapy**

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Patients with critical illness who are treated in an intensive care unit (ICU) often report traumatic memories, are at risk for posttraumatic stress disorder (PTSD) and often receive exogenously administered glucocorticoids for medical reasons. Although critical illness represents a highly complex clinical scenario different from other types of traumatic stress (e.g. exposure to violence resulting only in minor injuries), ICU therapy could represent a useful model for investigating HPA – axis functioning and glucocorticoid effects on traumatic memories and PTSD development.

Studies in long-term survivors of ICU treatment demonstrated a clear and vivid recall of different categories of traumatic memory such as nightmares, anxiety, respiratory distress, or pain from critical illness. The incidence and intensity of PTSD symptoms increased with the number of categories of traumatic memory present.

Recent experiments in animals have clearly shown that the consolidation and retrieval of traumatic memories is regulated by an interaction between the glucocorticoid- and the endocannabinoid system (ECS). Stress doses of hydrocortisone or the pharmacologic manipulation of glucocorticoid-endocannabinoid interaction during traumatic memory consolidation and retrieval could be useful for prophylaxis and treatment of PTSD.
Involvement of the insular cortex in regulating glucocorticoid effects on memory consolidation

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Glucocorticoids are known to enhance the consolidation of memory of emotionally arousing experiences by acting upon a network of interconnected brain regions. Recent findings from our laboratory indicate that the insular cortex (IC) is importantly involved in regulating glucocorticoid effects on memory consolidation. Corticosterone or a specific glucocorticoid receptor agonist infused bilaterally into the IC of rats dose-dependently enhanced the consolidation of memory of different training experiences. Further, we found that glucocorticoids interact with arousal-induced noradrenergic activity within the IC to enhance memory consolidation via chromatin modification. Systemic corticosterone increased histone acetylation in the IC as assessed 1 hour after training on an object recognition task. Furthermore, infusion of a histone deacetylase (HDAC) inhibitor administered into the IC immediately after object recognition training enhanced memory consolidation of this training. However, this effect on memory enhancement was completely abolished by blocking glucocorticoid receptor activity, but not by blocking mineralocorticoid receptor activity. These findings indicate that inducing a histone hyperacetylated state within the IC via HDAC inhibition is not sufficient to enhance long-term memory. Overall, these recent findings indicate that the IC mediates glucocorticoid effects on memory consolidation and suggest that the IC might be an important element in emotional regulation of learning and memory.

CS-06
Psychiatry in the developing world

Organised by Norman Sartorius (Switzerland)

Changes in mental health services in the Arab world

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According to human development report 2010, 3 components are hampering the progress in the Arab World, namely women empowerment, standard of education and freedom of expression. Good mental health is equivalent to well being. The determinants of Mental Health and wellbeing are: 1- Social exclusion, 2- Poverty, 3- Unemployment, 4- Poor housing, 5- Bad working conditions, 6- Problems in education, 7- Child abuse, 8- Neglect and maltreatment, 9- Gender inequality, 10- Alcohol and drug abuse.

This presentation summarizes the current situation of mental health services in the Arab world. Out of 20 countries for which information is available, six do not have a mental health legislation and two do not have a mental health policy. Three countries (Lebanon, Kuwait and Bahrain) had in 2007 more than 30 psychiatric beds per 100,000 population, while two (Sudan and Somalia) had less than 5 per 100,000.

The highest number of psychiatrists is found in Qatar, Bahrain and Kuwait 3–5/100000, while eight countries (Egypt, Morocco, Emirates, Tunisia, Lebanon, Oman, Saudi Arabia, and Palestine) have 1–2 psychiatrists for 100,000 population while less than 0.5 psychiatrists for 100,000 population in 6 countries (Iraq, Libya, Somalia, Sudan, Syria and Yemen). The budget allowed for mental health as a percentage from the total health budget, in the few countries where information is available, is far below the range to promote mental health services.

Some improvement has occurred in the last decade, but the mental health human resources and the attention devoted to mental health issues are still insufficient. An appeal for implementing mental health in primary care as stipulated as a policy in many Arab countries and to prioritize mental health in the agenda of politicians is urgently needed.

FAST programme in developing countries; an African perspective

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In most countries in the world, especially in Africa, mental health services are from being adequate. More than 90% of the mental patients do not receive any kind of treatment on that continent. This has serious consequences on the patients, the family leading to suffering, exclusion and precariousness.

The World Association of Social Psychiatry (WASP) and the Access to Medicines department of Sanofi joined forces to develop better access to mental health care in LAMIC, especially in Africa: in 2009 they launched the Fight Against Stigma (FAST) programme. The FAST programme is implemented through local partnerships, which involve local key stakeholders, including the Ministry of Health, NGOs, and other associations depending on the local situation. The programmes are articulated around a comprehensive set of initiatives including: Awareness /
education programmes for communities, to address the stigma faced by people with mental disorders. Supporting patients and families’ associations Psycho-education of patients and their families. Training of primary healthcare professionals (GPs, nurses...) Supply of adapted and affordable medications. The programme has demonstrated its efficacy in two pilot regions where it has been implemented, in Morocco and in Mauritania. In Nouadhibou (Mauritania), at baseline (May 2009), only 7% of people with schizophrenia were treated. As a result of the programme implemented, it is now estimated that over 50% of people with schizophrenia have access to care. Similar programmes are now rolled-out in several countries in Africa and in Latin America (Guatemala in particular). Sudan, the Comoros Republic are the next countries which will be enrolled in this programme.

Psychiatry in Central Asian countries

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The founder of Psychiatry in Central Asia is considered to be Avicenna, or Abu Ali Ibn Sina, who lived about 1,000 years ago. His multi-volume “The Canon of Medicine” provided detailed descriptions of many mental illnesses and syndromes, and they all were also assumed to be diseases of the brain.

In the nineteenth century, the countries of Central Asia were part of the Russian Empire (except Afghanistan), and in the twentieth century – of the Soviet Union. Just this period was the time of formation of psychiatry in the region. National personnel appeared, a unified system of mental healthcare was formed.

A significant contribution to the development of psychiatry in Central Asia was made by Y. V. Kannabik, a disciple of Krepelin and author of the classical “History of Psychiatry”, F. F. Deteng of, P. B. Gannushkin’s student, and later H. A. Alimov, Sh. A. Murtalibov, M. Gulyamov. After the collapse of the Soviet Union its unified health care system collapsed as well, the structure of mental healthcare also has been gradually changing. Currently, members of the World Psychiatric Association are national Societies of Psychiatrists of Kazakhstan, Kyrgyzstan and Uzbekistan (10th Zone WPA). In each of these countries exists mental health legislation, there are programs of mental health promotion and development. There port will provide an analysis of these programs. Detailed statistics are available only for two countries of the region.

Since 2012, the representatives of the National Societies of Psychiatrists of Central Asian countries regularly participate in meetings and symposia of the leaders of psychiatric associations of the WPA Zone 10. At the third meeting in Almaty, it was decided to invite the Regional Congress of the WPA to be held in Astana (Kazakhstan) in the spring of 2015. Holding such an event for the first time in the history of the countries of Central Asia will undoubtedly serve to further development of psychiatry in this region.

Women’s mental health in the developing world

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Women’s Mental Health in the developing world is closely associated to poverty, rigid cultural/traditional factors, joint family system, and societal oppression of women and biased family laws against women.(1) The mental health disorders are also closely associated with other public health concerns such as maternal and child health and HIV/AIDS. Poverty, low education, social exclusion, gender disadvantage, conflict and disasters are the major social determinants of women’s mental health disorders.

Low- and middle-income countries (LAMIC) are distributed in all parts of the world: all of Africa, most of Asia and South and Central America, East Europe and the island states of the Pacific. Even though more than 80% of the global population lives in these countries, ironically, just 6% of the research on mental health have been published in indexed journals from these countries.(2)

In many countries mental health resources are very scarce and investment in mental health is less than 1% of the health budget. The majority of people with mental disorders, in general, do not receive evidence-based care, leading to chronicity suffering and increased costs of care. And women in these areas are the worse sufferers. Often when men have psychiatric illnesses they are taken to psychiatric hospitals mostly, and men psychiatric patients are by enlarge treated by faith healers or taken to shrines,(where they are often exploited or physically and sexually abused(3)

Needs of women psychiatric patients are totally neglected in the developing countries and this presentation will briefly review and discuss the role and difficulties of women who are mental health professionals and concentrate more on Women’s Mental Health in the Developing World.

References
1. Niaz U, Hasan Seher, Cuture & Women’s Mental Health in South Asia, World Psychiatry 2006 June, 5(20) 118-120
3. Niaz U Women’s Mental Health in Pakistan, World Psychiatry 2004, February 3-(1) 60-62
CS-11
Epidemiology of mental disorders

Organised by Johannes Wancata (Austria)

Mental disorders are common and the number of mentally ill will rise in the next decades because of the increasing life expectancy. Frequently, mental disorders have a variety of negative consequences. For example, mental disorders increase the risk for early retirement and for impairments in everyday life. The presence of depression often delays the recovery of physical disease. Alcohol addiction and abuse are common disorder. Often, disorders such as dementia, depression and anxiety disorders are often not recognized by primary care workers.

Late-life Depression: Occurrence, course and risk factors

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2 Central Institute of Mental Health, University of Mannheim, Mannheim, Germany

The abstract outlines results of a longitudinal population-based (Leipzig Longitudinal Study of the Aged, LEILA75+, N=1265 individuals aged 75+) and a primary care-based study (German study on ageing, cognition, and dementia in primary care patients AgeCoDe, N=3,214 non-demented patients aged 75+) reporting incidence, course and risk factors for depression in old age. LEILA75+ showed an incidence of depressive symptoms of 34 per 1000 person-years (95% confidence interval 31-37). We observed remission in 60%, an intermittent course in 17% and a chronic course in 23% of the participants. No baseline characteristic distinguished the remission group from the persistently depressed. AgeCoDe showed, that the incidence increased from 35.4 (95% CI: 29.7-41.9) per 1000 person-years between the ages of 75 and 79 to 75.2 (95% CI: 53.2-103.2) for subjects 85 years and older. Regarding the risk factors, functional impairment plays an important role. Encountered risk factors entailed potentialities for secondary prevention. However, late life depression is currently underrecognized and undertreated. Improvement strategies, such as collaborative care models are discussed. Future demographic changes will facilitate epidemiological and mental health service research into late life depression.

Epidemiology of alcohol use among the elderly

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In Europe the number of older people with substance use problems or requiring treatment for a substance use disorder is estimated to more than double between 2001 and 2020. This is due not only to the increase of the population aged 65 and older but also to a cohort effect: the higher rate of substance use among the baby-boom cohort (born between 1946 and 1964). This paper focuses on specific problems associated with alcohol use in old age, such as increased alcohol sensitivity with age, chronic illness and high use of medications, under-detection and under-treatment of alcohol use problems. Another objective is to investigate prospectively the relationship between moderate alcohol consumption and incident overall dementia and Alzheimer dementia. Furthermore, recent data from large epidemiological German studies on alcohol use disorders among the elderly in the community and in nursing homes are presented.

Prospective association between depression subtypes and the components of the metabolic syndrome in the general population

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Introduction: Several studies have shown cross-sectional associations between the atypical depression subtype and the components of the metabolic syndrome (MeS)1,2. However, the cross-sectional nature of these data impeded conclusions regarding the mechanisms underlying these associations.

Aims: To prospectively determine the associations between depression subtypes and the incidence of components of the MeS.

Methods: Data stemmed from the baseline and 5-year follow-up assessment of the PsyCoLaus Study 3). This community study included 3717 35 to 66 year-old randomly sampled residents of the city of Lausanne (Switzerland), who underwent an extensive biochemical, physical and psychiatri evaluation (53.3% females; mean age 51.0 years). A 5-year follow-up including a similar biochemical and physical follow-up evaluation with nearly 90% participation has recently been completed. DSM-IV Axis-I criteria were elicited using the semi-structured Diagnostic Interview for Genetic Studies. Major Depressive Disorder was subtyped into “atypical”, “melancholic”, “mixed atypical-melancholic” and “unspecified”.
References

Psychiatric disorders among non-psychiatric inpatients: research questions
Wancata J, Benda N, Friedrich F. Division for Social Psychiatry, Medical University of Vienna, Vienna, Austria

Objective: To describe how different methodological approaches influence the results.

Method: Review of the literature and data from a survey among 993 admissions to general hospitals in two catchment areas in Austria were reanalyzed.

Results: The proportion of mental disorders identified by ward physicians depends on the methods used to define their “recognition” (e.g. discharge diagnoses, questionnaire for ward physicians, etc.). It seems that the results concerning the prolongation of inpatients treatment by depression depends on the methods of case definition (research interview with formal psychiatric diagnoses versus questionnaires). This idea is supported by a review of published studies as well as a re-analysis of the above mentioned study. A high proportion of mental disorders show remission within a few weeks, raising concerns regarding the appropriateness of service planning.

Conclusion: Assessing the needs for psychiatric services must consider the fact that about a quarter of mental disorders disappears within a few weeks. All methods used for assessing “recognition” of ward physician show methodological limitations. Methods of psychiatric case identification seem to be relevant when investigating the consequences of mental disorders.

References
Human based psychiatry: From theory to practice

Organised by Michael Musalek (Austria)

Human Based Psychiatry in clinical Practice

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Human based medicine and human based psychiatry are contemporary approaches to the theory and practice of medicine and psychiatry. It is a post-modern way of re-thinking psychiatry enriched by humanities, especially philosophy. In questioning the current research and praxis of psychiatry, it shares the statement by Wittgenstein, ‘What a curious attitude scientists have: ‘We still don’t know that; but it is knowable and it is only a matter of time before we get to know it’ as if that went without saying.’ So, here, our problematic is not only ‘what and how much we do’ but also ‘how and why we do’.

This presentation is an effort in discussing of what the human based psychiatry could offer us in our daily clinical praxis. First, the three main epistemologies (subjectivism, objectivism, and constructivism) used in clinical practice will be reviewed. Then, the characteristics of the clinical encounter and the diagnostic process will be critically reread, keeping in mind that diagnostic categories are human made conceptual constructs, and do not represent the “the truth” itself but are necessary tools in helping us to explain, understand, and re-construct the reality of human suffering in the form of mental health disorders/problems.

The clinician’s main challenge is harmonizing the current available “scientific universal knowledge” and the ‘uniqueness’ of that specific person in need of help. In achieving this task, the importance of the synthesis of the clinician’s perspective and patient’s perspective will be elaborated using depression as a case example. It will be stated that an empathetic understanding of depression, through a subjective, experiential and narrative-centered approach must become a primary concern by building a joint, ongoing, re-construction process of clinical assessment, formulation and treatment.

There is no meta-theory explaining “the clinical truth”. From the perspective of a human based psychiatric practice, in fact, we do not need such a meta-theory, but instead, we need multi-level / multi-dimensional approaches, also taking the narrative into consideration.

We suggest the clinicians to be modest, honest and respectful towards “the clinical truth”.

References
CS-13
Recent advances in therapy-resistant depression

Organised by Siegfried Kasper (Austria)

Treatment of depression is still a challenge in everyday clinical practice as well as in research, since a sizeable number of depressed patients do not respond to the first medication given. The European project of therapy-resistant depression is one example for studying clinical, biological as well as treatment variables in different centers. It was found that, among other variables, comorbid anxiety disorder predicts therapy resistance to antidepressants and, additionally, that specific candidate genes are associated with this outcome. Prof. Kasper will report on this project. The World Guidelines for the Treatment of Depression are based on the results of available studies and use the substantial effort of the past thirty years to create an algorithm for classifying acute and long-term treatment options of depression. Prof. Bauer will report on these guidelines, which were recently released. Research on genetic underpinnings of treatment response does not only focus on candidate genes, but also on proteomics. Prof. Serretti will provide an update on these parameters and also will give detailed insight into the European project of therapy-resistant depression. Psychotherapeutic approaches have been included at different stages of the treatment of depression and will be summarized on a practical level by Prof. Nemeroff.

European programme for treatment resistant depression

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It has been estimated that 30 to 45% of adequately treated major depressive disorder (MDD) episodes in a psychiatric setting fail to achieve an adequate response. The Group for the Study of Resistant Depression (GSRD) (Souery et al., 2007; Journal of Clinical Psychiatry 68: 1062-1070), a collaborative project between 8 centers in Europe in Belgium, France, Greece, Italy, Israel, and Austria developed a staging model that distinguishes between ‘non-responders’ (patients who fail to respond to one form of treatment, administered for 6-8 weeks), a condition which is now termed “insufficient response” by the European Medicines Agency (EMA), ‘treatment resistant depression’ (TRD, patients that fail to respond to two or more adequate antidepressant trials of different classes of antidepressants), and ‘chronic resistant depression’ (CRD, patients being treated with several antidepressants for more than 12 months). The clinical findings of the GSRD provide a set of 11 variables associated with treatment response, among them comorbid anxiety disorders as well as melancholic features (Souery et al., 2007; Journal of Clinical Psychiatry 68: 1062-1070). The GSRD performed the until now largest candidate gene studies to investigate associations with treatment response phenotypes (Serretti et al., 2011; Journal of Affective Disorders 128: 56-63). Although there is a plethora of hints in textbooks that switching the mechanism of action should be obtained when a patient does not respond to one medication, the results of the GSRD challenge this notion by describing that staying on the same antidepressant mechanism of action for a longer time is more beneficial than switching (Souery et al., 2011; World Journal of Biological Psychiatry 12: 364-375). The results of the GSRD European multicentre project recently has been summarized by Schosser et al., (European Neuropsychopharmacology, 2012; 22: 259-266) and will be presented in the symposium.

World guidelines for treatment of depression

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The World Guidelines for the Treatment of Depression are based on the results of available studies and use the substantial effort of the past thirty years to create an algorithm for classifying acute and long-term treatment options of depression.

Genetic underpinnings of treatment response

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The available evidence suggests that genetic factors contribute substantially to the variability in response to antidepressant treatments. Among genetic variants of interest, a functional polymorphism (5-HTTLPR) in the upstream regulatory region of the serotonin transporter gene (SLC6A4) shows replicated findings. Further, replicated results have been reported particularly for HTR2A, BDNF, and GNB3, but inconsistent findings exist as well and innovative approaches have been pursued to overcome the limitations of candidate gene studies.

New genes have been recently identified through genome-wide association studies (GWAS), such as UBE3C and UST genes. Genome-wide data provide the opportunity to perform multilocus analyses such as pathway analyses, that yielded interesting findings related to early response and gene x environment interactions. Complementary research is rapidly developing, with the aim to identify epigenetic variants (i.e. DNA methylation and RNA interference) that may impact on protein level or study directly mRNA or protein level in order to unravel unknown processes of modulation.
Despite clinical applications are still lacking, increasing evidence supports the influence of genes on treatment response, both directly and through the interaction with clinical and environmental variables. Innovative research strategies may lead towards individually tailored therapies.

The role of early life trauma in depression vulnerability and treatment response

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Considerable data now exists that demonstrate a seminal role for child abuse and neglect in vulnerability to mood and anxiety disorders. There is also increasing evidence that patients with early life trauma histories exhibit a poorer response to antidepressant treatment.

CS-16
The Ethics of Treating Subsyndromal Disorder after DSM-5

Organised by Ahmed Okasha (Egypt)

Recent data suggest that the impairment and disability caused by subsyndromal disorders are almost equal to the syndromal ones. Our current classifications have no room for such disorders in spite of the suffering of those patients. This creates an ethical dilemma to clinicians who would like to help but restricted by the fact that there are no guidelines for the treatment, course or outcome of these disorders. The objective of this symposium is to discuss the ethics of managing subsyndromal disorders in spite of lack of evidence based information about such a category and the situation after DSM-5.

The DSM-5 have added some dimensions, specifiers and modifiers that can include subsyndromal disorders. The categories of “Other Specified” or “Non-Specified” psychiatric disorders not fulfilling the criteria of the disorder can give you the mandate to treatment especially after focusing on disability and impairment rather than categories.

The Symposium will discuss the Ethics of Treating Subsyndromal Schizophrenia and Psychosis, Depression, Bipolar, and Anxiety Disorders and the paucity of research on their longitudinal outcome.

Should we treat the dysfunction and impairment of psychiatric disorders regardless of the diagnostic criteria? Or should we adhere to the present threshold disorders regardless of impairment?

We need more scientific data and research studies to evaluate the value of treating such disorders.

It is an ethical dilemma.

The Ethics of Treating Subsyndromal Disorders after DSM 5

Okasha, A.
Institute of Psychiatry, Ain Shams University, Cairo, Egypt

Many studies have shown that we are faced in our daily clinical practice with many patients, who do not fulfill the criteria of either ICD-10 or DSM-IV. Subthreshold cases or prodromata of psychotic or non psychotic clinical cases are encountered frequently, and because of some ethical and nosological issues their needs are unmet. Recent data suggest that the impairment and disability caused by subsyndromal disorders are almost equal to the syndromal ones. Our current classifications have no room for such disorders in spite of the suffering of those patients. There is a lack of evidence based information about subthreshold disorders whether outcome, management or development to threshold disorders.

We need more scientific data and research studies to evaluate the value of treating such disorders. It is an ethical dilemma.

The DSM-5 have added some dimensions, specifiers and modifiers that can include subsyndromal disorders. The categories of “Other Specified” or “Non-Specified” psychiatric disorders not fulfilling the criteria of the disorder can give you the mandate to treatment especially after focusing on disability and impairment rather than categories.

References
Subsyndromal Depressive and Bipolar Disorders and DSM 5 – Diagnostic and Treatment Implications

McIntyre, J.
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Subsyndromal Depressive and Bipolar Disorders are common and associated with symptoms and impairments of clinical importance. Subsyndromal depression is especially common in the elderly where the incidence is approximately 15%, three times that of Major Depressive Disorder. Consistent criteria for these subsyndromal conditions have not been established and they have not been included in the nomenclature of DSM or ICD. This has hampered research and as a result evidence-based practice guidelines for these conditions have not been established.

DSM 5 partially addresses these subsyndromal states with the categories of Other Specified Disorders, and Unspecified Disorders. For depression there are three examples of Other Specified Disorders: Recurrent brief depression, short-duration depressive disorder and depressive episode with insufficient symptoms. For bipolar and related disorders there are four examples: short-duration hypomanic episodes, hypomanic episodes with insufficient symptoms and major depressive episodes, hypomanic episode without prior major depressive episode and short-duration cyclothymia.

The use of these Other Specified Disorders as well as Unspecified Disorders for depression and bipolar conditions will be reviewed in this presentation. In addition there will be discussion of the ethical, administrative, research and clinical implications of subsyndromal states of depression and bipolar disorder.

References

Subsyndromal anxiety/depression

López-Ibor, J. J.
Madrid, Spain

DSM-IV (and its predecessor DSM-III) and ICD-10 symptom based classification of mental disorders had to introduce criteria in order to define the boundaries between psychiatric disorders and normal behavior and experience, leading to concepts such as subsyndromal conditions. The fact that these conditions share many features with (i.e., family aggregation) and are a risk for the appearance of full-blown disorders raises the ethical issue of what to do or not to do in every day practice.

The difficulties of developing a classification based on etiopathogenic features has led to the persistence of the problem in DSM-5.

Another way of addressing the issue is to consider the adaptive or non-adaptive value of anxiety and depression, both at the individual and at the human species level. In summary: 1) mood has a essential adaptive value; 2 mood experiences are intimately associated to other phenomena that also have an adaptive value. Those are the physiological correlates of emotion, the verbal expression and non verbal expression. The adaptive value of those, the response from people around the subject, as well as the analysis of the event that triggered and eventually maintained the mood experiences, are essential for establishing the boundaries between psychiatric disorders and normal behavior and experience and deciding when and how to treat.
Nowhere did the true face of National Socialism in its naked brutality show itself more clearly than in the human extermination camps. First in the “euthanasia establishments”, then in the concentration camps, where hundreds of thousands in a frenzy of factory like death planning were murdered, all of this carried out with meticulous bookkeeping until the end. The account of the darkest capital of the dealings with the sick and handicapped provides an insight into the abyss of human behaviour, in the collective fanaticism, inhumanity and brutality of many doctors and carers.

NS Euthanasia in Austria – The Incidents and Afterwards

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The aim of the presentation is to sketch how NS euthanasia was executed in Austria, part of the German „Reich” from 1938 to 1945, in 1940-41 (T4) and then in decentralized murderous actions in the psychiatric institutions that lasted up to the end of World War II and the break-down of the „Reich”, moment of the reemergence of the independent state of Austria, and to describe whether and, if so, how the murderous events and its protagonists have been handled in the consecutive periods from 1945 on up to now that one can differentiate. A new overview of the different measures (memorizing, historical research) undertaken by the psychiatric institutions, their carriers and political representations shall be presented.

References

Continuities and discontinuities in Austrian Psychiatry after 1945

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In the killing centre in Hartheim, with today’s Austria as its catchment area, a minimum of 18,269 were murdered. After 1945 those responsible were brought to justice in 13 court cases: Among those sentenced were 8 doctors and 21 carers. Many main defendants were missing because they had committed suicide or had fled. 4 of those responsible were sentenced to death, 2 psychiatrists were executed. However, more than just a few of the doctors and carers responsible for the death and mistreatment of many sick people still worked in various hospitals after 1945: This study aims to highlight the background to this development.

References

If doctors kill: The "Kindereuthanasie" in Vienna and Nazi-Germany

Schmidt, M.
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“If the good elements of a society must not run the risk of being ruined by the bad ones, it is imperative that the bitter need for self-assertion of the capable people in society has to be kept in mind.” (Emil Kraepelin 1919) Eugenics, economic considerations and “ideas of pity” form the basis for thoughts which justify the killing of psychiatric patients in theory and practice in National Socialism. These forms of thinking are examined in the shocking practice of “Kindereuthanasie” and compared to modern forms of disinhibition to kill.
CS-18
Future development

Organised by Stephan Doering (Austria)

Aims/Objectives: This symposium summarizes the state-of-the-art in psychotherapy research by addressing three major topics the field.

Methods: The reviews summarize evidence-based data on (1) the general efficacy of psychotherapy and specific as well as general factors influencing treatment outcome, (2) outcome studies on psychotherapy for depression, and (3) neuroimaging studies on prediction and assessment of psychotherapy outcome.

Results: Psychotherapy is efficacious in a number of different psychiatric conditions, the efficacy is considerably influenced patient and therapist variables as well as the quality of the therapeutic relationship. In depression cognitive behavioural therapy, psychodynamic psychotherapy, and Interpersonal Psychotherapy have been shown to be efficacious. Neuroimaging techniques allow for a prediction of treatment success and demonstrate changes in neuronal functioning during psychotherapy.

Conclusion: Psychotherapy represents a highly relevant treatment approach for a large number of psychiatric disorders. Recent neuroimaging studies underline the fact that clinical improvement can be correlated with neuronal changes during psychotherapy.

What is effective in psychotherapy?

Doering, S.
Psychoanalysis and Psychotherapy, Medical University of Vienna, Vienna, Austria

Aims/Objectives: To give an overview on the general efficacy of psychotherapy as well as the factors associated with improvement during psychotherapy

Methods: Review of efficacy studies and empirical studies on the ingredients of therapeutic efficacy.

Results: Different kinds of psychotherapy have been demonstrated to be efficacious for a variety of psychiatric disorders; for the most part the effect sizes are large. A dose-efficacy-relationship has been described. A number of factors influence treatment outcome; besides the treatment itself, client and therapist variables are of high importance as well as therapeutic alliance and allegiance of the therapist.

Conclusion: Psychotherapy has become an essential part of psychiatric treatment. Evidence-based psychotherapy should be regarded as indispensable ingredient of the treatment of the majority of psychiatric patients.

Empirical research on psychotherapy for depression

Böker, H.
Psychiatry, Psychotherapy, and Psychosomatics, University of Zürich, Zürich, Switzerland

Aims/Objectives: Introduction into depression-specific psychotherapy (1).

Methods: Overview of empirical studies on the psychotherapy of depression.

Results: Psychotherapy focuses on different dimensions, i.e. the psychological, intrapsychic dimension (self-value, feelings of guilt), the cognitive dimension (dysfunctional cognitive patterns), the interpersonal dimension (blocked communication in partnership and family relationships), and the somatopsychic-psychosomatic dimension (inhibition). Therapeutic interventions should be adapted to every individual case regarding the state and trait parameters of depression (2).

An overview will be given on empirical studies on the efficacy of depression-specific psychotherapy (Cognitive Behavioural Psychotherapy, Psychodynamic Psychotherapy, Interpersonal Psychotherapy) (3, 4).

Conclusion: Depression-specific psychotherapy of depression is very effective and may be combined with antidepressant medication, especially in severe and chronic depression. The evidence-based effects of psychotherapy are reflected in the current guidelines for depression, e.g. NVL/S3 Guidelines for Depression.

References
How does psychotherapy affect the brain?

Schiepek, G.
Institute of Synergetics and Psychotherapy Research, Paracelsus Medical University Salzburg, Salzburg, Austria

Aims/Objectives: A summary of neuroimaging studies on predictors of treatment effects and neuronal changes during psychotherapy.
Methods: Review of empirical studies employing fMRT, PET, and SPECT (1).
Results: For a number of psychiatric disorders treatment effects can be predicted from functional neuroimaging patterns. Moreover, it has been repeatedly demonstrated that psychotherapy changes brain functioning. Recently, neurofeedback paradigms have been successfully employed that online demonstrate changes in neuronal functioning during psychotherapeutic interventions in the MRT scanner.
Conclusion: Neuroimaging represents a useful tool for the prediction of treatment success and the detection of changes in neuronal functioning during psychotherapy. In the future, neuroimaging might support the indication for different psychotherapeutic and psychiatric treatments as well as provide an assessment of treatment outcome.

References

CS-20
Social and Economical Crisis and Mental Health

Organised by Juan José López-Ibor (Spain)

Economical Crisis and Mental Health in Spain

Roca, M.
Institut Universitari d’Investigació en Ciències de la Salut (IUNICS), Juan March Hospital, University of Balearic Islands, Red de Investigación de Actividades Preventivas y Promoción de la Salud (RedIAPP), Palma de Mallorca, Spain

Using a previously validated screening instrument (Primary Care Evaluation of Mental Disorders) we identified patients with psychiatric disorders in 2006, before signs of economic decline were evident in Spain, and again in 2010, after Spain’s economy was engulfed by recession. We sought to address two questions: (1) has there been a rise in mental health disorders during the period of financial crisis? and (2) to what extent do economic risk factors account for these rises? Compared with the pre-crisis period of 2006, the 2010 survey revealed substantial and significant increases in the proportion of patients with mood, anxiety, somatoform and alcohol-related disorders. We observed a significantly elevated risk of major depression associated with mortgage repayment difficulties and evictions. About one-third of the overall risk in the consulting population’s attendance with mental health disorders could be attributed to the combined risks of household unemployment and mortgage payment difficulties. Recession has significantly increased the frequency of mental health disorders and alcohol abuse among primary care attendees in Spain, particularly among families experiencing unemployment and mortgage payment difficulties.

Current Social Crises in Metropolises and Mental Health: How Could Psychiatrists Response?

Küey, L.
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World Psychiatric Association Secretary General, Geneva, Switzerland

The 21st century has started with vast socio-economic crises worldwide and in, especially, its second decade, witnessed substantial social and public demonstrations across many metropolitan cities of the world. In New York and other western cities of USA, Sao Paola, Brazil; Istanbul, Turkey; Athens, Greece; Madrid, Spain; Cairo, Egypt, Sweden, England, Chile, Indonesia, Bulgaria, and Tunisia; just to mention a few. While, each of these had their own different origins and demands, they also shared some similar concerns. ‘The march of protests’ was the title used in world media where the current protests were discussed from a historical perspective.

It is a widely accepted opinion by the sociologists and historians that a certain time span should be left behind before any contemporary social event to be thoroughly understood. On the other hand however, psychiatrists and mental health workers feel the need of apprehending and analysing the psycho-social and mental health components and consequences of any recent social episode as it evolves. Such an effort may have a significant impact in the field of public mental health. This presentation is an effort to comprehend the dynamics of these demonstrations from a psycho-social perspective. A survey carried out in Taksim Gezi Park, Istanbul during demonstrations will also be referred as a case example.
SECTION SYMPOSIA

SS-01
Mental Health and Nursing Homes

Organised by Gabriela Stoppe (Switzerland)

Many elderly finish their lives in nursing homes. In central Europe this applies to about one third of the population. Since mental disorders are often accompanied by social isolation and worse physical health, they are a major risk factor for nursing home admission. The number of clients suffering from dementia has increased during the last decades. Some studies report a high prevalence of prescriptions of (mostly sedative) antipsychotic drugs. Another topic is the use of restraints, the suicide rate and the competence of staff personal. The symposium addresses this important area of mental health services. New studies results coming from various European countries are presented. They focus on dementia, end of life, depression, suicide and staff competence. The titles are:
1. Dementia and medical care in German nursing homes.
2. The last phase of life with advanced dementia in nursing homes – lessons from the Swiss ZULIDAD study.
3. Health Conditions in Social Institutions Accommodating Elderly with Special Focus on Elderly with Mental Disorders: data from Serbia
4. Detection of depressive symptoms and suicidality in nursing homes: preliminary results and promise of actual French national programs

Dementia and medical care in German nursing homes: a nationally representative survey

Schäufele, M., Hendlmeier, I., Hoell, A.
University of Applied Sciences, Mannheim, Germany

Objective: To determine for the first time in Germany the prevalence of dementia among residents of nursing homes and to examine the type and frequency of medical care provision on the basis of a nationally representative sample.

Methods: Based on a probability sample of n = 609 long-term care institutions in Germany, we drew a sample of 86 facilities by applying a two-stage random procedure. All residents of the participating nursing homes were comprehensively assessed by qualified nurses using a standardized Care and Behavior Assessment (CBA). The CBA comprises mental status, ADL, frequency and type of medical care.

Results: Of the residents assessed in 58 nursing homes (n = 4,481, mean age: 82.6 years; female: 78%) on average 68.6% (95% CI: 67.0-69.8) were affected by a dementia-syndrome, 56.6% from a severe dementia-syndrome. While there were frequent contacts between the residents and general practitioners, the provision of specialized medical care in many aspects seemed to be deficit.

Conclusion: Older people with dementia form the major group of residents in German nursing homes. The study provides important data on the need of medical care and health care planning.

The last phase of life with advanced dementia in nursing homes – lessons from the Swiss ZULIDAD study

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2German Center for Neurodegenerative Diseases, Bonn, Germany

In Switzerland about 84’000 people live in retirement homes or nursing homes. Almost 70% of these long-term care residents have a diagnosis of a psychiatric condition and approximately two thirds of the Swiss nursing home population suffer from cognitive impairment. Especially in the advanced stages of dementia, the strain on the affected individuals, their carers and the health care system is high. The Zurich Life and Death with Advanced Dementia Study (ZULIDAD) was started in 2012 and investigates the health characteristics and health trajectories of nursing home residents in Switzerland that suffer from severe dementia. The study combines three different approaches: Firstly, the analysis of the resident assessment instrument – minimum dataset (RAI-MDS) routine care data of more than 35’000 nursing home residents in Switzerland. Secondly, a cohort study on 200 nursing home residents with severe dementia in the canton of Zurich, their family members and their primary nursing caregivers. Thirdly, a participatory research approach in the form of a “round table” of stakeholders in the care for advanced dementia. The presentation reports on the current progress of the three study parts, covering both initial results and the methodological challenges of interdisciplinary end-of-life research for dementia in the long-term care sector.
Health Conditions in Social Institutions Accommodating Elderly with Special Focus on Elderly with Mental Disorders: data from Serbia

Milicevic Kalasic, A,1, Vujnovic, M.2
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2World Health Organization Representative to the Republic of Kazakhstan, WHO Country Office in Kazakhstan, Astana, Kazakhstan

Introduction: Since 2000, couple of relevant documents has been adopted in Serbia as political answer on ageing of population and their quality of life.

Aim: to prepare a base-line report on health and social institutions accommodating elderly with special focus on elderly with mental disorders

Methods: A systematic literature review was done as well as exploration of sites of relevant stakeholders and data collected by informal communication with professionals, visits of institutions and data collected through work experience.

Results: It was found that 1116 health workers in all social institutions take care of 16 800 users. 650 health workers are employed in 41 social institutions where elderly are living, N=9100. Structure of medical stuff in social institutions for elderly is: 66 medical doctors: 52 general practitioners and 14 specialist (average of mental health specialist is 2), 520 nurses and 61 rehabilitation therapist. It is estimated about 40-50% older persons with some of mental health problems.

Conclusion: Training curricula was proposed and some education trainings were held. Process of accreditation is in developing process.

Detection of depressive symptoms and suicidality in nursing homes: preliminary results and promise of actual French national programs

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2Société Française de Gériatrie et Gérontologie, Paris, France

Introduction: Depression and suicidality are frequent in elderly people living in nursing homes. Unfortunately, few health programs have addressed this problem.

Method: A national plan for suicide detection and care at any age is being developed in France for 2000, consisting in educational interactive workshops for professionals. Another educational program for depression and suicide risk detection in the elderly is proposed, with a focused distribution of boxes containing educational material.

Conclusion: The development of our teaching program reflects the increasing need for training and teaching in old age psychiatry as well as palliative medicine. In our region, PUMA (the German abbreviation) has also promoted a better communication between the nursing home staffs and the teaching (university) physicians.

Feedback of professionals was assessed after these two wide-scale programs

Results: A qualitative analysis of the French program for suicide prevention in the elderly revealed that the majority of participants have judged that the formation was fruitful in their clinical approach of suicidal crisis, that they felt more confident and could plan a more structured care. The specific plan for depression and suicide in the elderly in nursing homes produced the same effects, but also increased the rate of systematic detection of depression by professionals, particularly in the admission period or after warning signs. The preventive value of this program could be higher for specific elderly populations.

Conclusion: Educational programs on depression and suicide should be largely diffused in nursing homes, in order to enhance the ability and comfort of professionals. Their impact on suicide rate is not yet known.

Nursing and Medicine for Old Age. A special postgraduate training program for nursing home staff. Experiences from 2006–2012 in Basel, Switzerland.

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2Institute for Nursing Science, University of Basel, Basel, Switzerland

Objective: To establish an interdisciplinary teaching course according to the needs of the nursing home staff.

Methods: Course evaluation and interviews with nursing home staff.

Results: In 2006 we started with 10 X 3 hours education, each focusing a geriatric topic, and with a teaching nurse and an physician as lecturers. All relevant institutions for the care of the elderly were involved, including the institute for primary care. While in the first year 4/10 lessons focused on psychiatric topics (dementia, delirium, depression, use of restraints), in the actual program the number increased to 6/12 topics (+challenging behaviour, suicide and assisted suicide). Decubitus and Nutrition were withdrawn from the list because of low interest. End of life, palliative care and the “management” of the caregivers and families have become attractive new topics. Up to now, N=527 nurses took part with only 62 males (13.3%). Each of them booked between 2.6 (2008) and 3.8 (2007) lessons. Mostly, the nursing homes pay for their staff. The costs are regarded as very adequate.

Conclusion: The development of our teaching program reflects the increasing need for training and teaching in old age psychiatry as well as palliative medicine. In our region, PUMA (the German abbreviation) has also promoted a better communication between the nursing home staffs and the teaching (university) physicians.
**SS-02**

**Non-discrimination – concept and impact on mental health**

*Organised by Michaela Amering (Austria)*

**Context:** Stigma and discrimination are to this day major barriers for prevention, treatment and recovery in the context of mental health and health of persons with psychiatric disorders and disabilities (1). Efforts to change this deplorable situation essentially include the promotion of the conceptual and legal framework of non-discrimination.

**Objectives:** To present the significance and possible impact of interventions towards non-discrimination in the context of mental health.

**Key messages:** Norman Sartorius will start with an overview on stigma and consequent discrimination and their effects on health care for people with mental disorders and discuss the impact of equal and unequal access to care in this context. Marianne Schulze, Chairperson of the Austrian Independent Monitoring Committee for the Implementation of the UN Convention on the Rights of Persons with Disabilities, will provide insight into the concept and legal implications of non-discrimination laws. George Szmukler will present his research and conceptual work on possibilities of arriving at mental health laws consistent with the principles of non-discrimination. Levent Küey will introduce ideas on how internationalism and solidarity in psychiatry could provide solutions to overcome internalized stigmatization and discrimination. Finally, Michael Musalek will open the discussion from his perspective of human-based psychiatry.

**Conclusion:** Efforts towards non-discrimination are underway and currently strongly supported by international law (2). The opportunities of a successful development in this direction are dependent on a viable understanding of the concept within the mental health community as well as updated expertise concerning specific areas and tools of implementation.


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**Stigma of mental illness, consequent discrimination and health care for people with mental disorders**

*Sartorius, N.*

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Stigma attached to mental disorders has a variety of consequences including the discrimination of people with mental disorders in areas such as housing, employment and education. Discrimination of the mentally ill is particularly harmful with respect to health care for at least three reasons – it reduces the probability that their mental illness will be recognized on time and provided treatment, it reduces the quality of mental health care and it significantly diminishes the care for comorbid physical illness which is frequent and becoming more prevalent. The presentation will include evidence about the mortality of people with mental illness, about the comorbidity of mental and physical illness and about the reduced quality of care for physical illness that people with mental illness have.

**The principle of non-discrimination**

*Schulze, M.*

*Chair, Independent Federal Monitoring Committee for the Convention on the Rights of Persons with Disabilities, Vienna, Austria*

Non-discrimination embodies the core of human rights obligations: the achievement of equal opportunities and equality through structural and individual measures ensuring that no one is treated differently on the basis of “race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status.” Accordingly, non-discrimination is also a core component of the human rights to the highest attainable standard of health.1

The practical application of non-discrimination is a challenge to most all institutions, particularly those where more urgent and pressing challenges – e.g., medical and particularly psychiatric interventions – seemingly have priority. The Convention on the Rights of Persons with Disabilities adds new urgency to addressing the various forms of discrimination, including the more subtle and covert forms of exclusion, particularly the impact of attitudinal and environmental barriers.

The intervention seeks to explore the key aims of non-discrimination with a particular focus on structurally induced challenges thereto. Following an exploration of grounds of discrimination and their practical impact, the
intervention will frame ways forward, particularly in relation to structural violence.²

References
1 Office of the High Commissioner for Human Rights/World Health Organization, Fact Sheet Nr. 31, The Right to Health

Law on mental health consistent with the UN Convention on the Rights of Persons with Disabilities

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People with a mental illness may be subject to the UN Convention on the Rights of Persons with Disabilities (CRPD), depending on definitions of terms such as ‘impairment’, ‘long-term’ and the capaciousness of the word ‘includes’ in the Convention’s characterisation of persons with disabilities. Particularly challenging under the CRPD is the scope, if any, for involuntary treatment. Conventional mental health legislation, such as the Mental Health Act (England and Wales) appears to violate, for example, Article 4 (‘no discrimination of any kind on the basis of disability’), Article 12 (persons shall ‘enjoy legal capacity on an equal basis with others in all aspects of life’) and Article 14 (‘the existence of a disability shall in no case justify a deprivation of liberty’).

I will argue that a form of mental health law, such as the ‘Fusion Law’ proposal, is consistent with the principles of the CRPD. Such law, aimed at eliminating discrimination against persons with mental illness, covers all persons regardless of whether they have a ‘mental’ or a ‘physical’ illness, and only allows involuntary treatment when a person’s decision-making capability for a specific treatment decision is impaired – whatever the health setting, and supported decision-making has failed.

References
1 Dawson, J., & Szmukler, G. British Journal of Psychiatry, 2006; 188: 504-509.

Internalized stigmatization: could internationalism and solidarity in psychiatry provide solutions?

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Stigma on mental illness creates a double burden on the people with such health problems. They, both aim to overcome the distress and possible disabling effects of the illness itself, also face the discrimination in many faces of life. The responses to discrimination are in three forms. First, to experience the limiting consequences of stigma via the self-stigma; second is the righteous anger and active attitudes towards discriminating prejudices, and a third to be indifference. Usually, people show a combination of these, affected by the sociocultural and psychiatric contexts, and the course of their illness and treatment experiences.

Stigma is considered to be an amalgam of ignorance and stereotypes, prejudices, and discrimination. Internalized stigma or self-stigma, in parallel, is consisted of three dimensions: self-stereotype; self-prejudice; and all leading to self-discrimination.

Some questions arise at this point: Which processes could help the people with mental illness to overcome self-stigma; what could be the contextual and personal factors; what could be the significance and impact of psychiatry and psychiatrists to enhance such resilience in people with mental illness. This presentation will review and discuss the possible answers to these questions and focus on the role of internationalism and solidarity, specifically.

References
SS-03
Cultural psychiatry in the DSM-5 era: diagnostic issues

Organised by Hans Rohlof (The Netherlands)

The new diagnostic system of the American Psychiatric Association, the DSM-5, has brought about new actions in the field of Cultural Psychiatry. The Working Group on Cultural Issues has had discussions on how to make the diagnostic system more culturally sensitive. This resulted in the composition of new assessment tools, with questionnaires directed at illness explanations, cultural identity, help seeking behaviour and others. These items will be part of the DSM-5 classification system. However, there are remaining problems to solve. What is the connection with ICD-10 and is this other diagnostic system culturally sensitive enough? How to deal with differences in symptoms between syndromes in the West and developing countries? How to include issues like racism and discrimination in the diagnostic system? This symposium will give a view on the place of Cultural Psychiatry in psychiatric diagnostics in the coming years, the era of DSM-5, and will try to give a response on the remaining questions.

Cultural Formulation Interview- a new diagnostic interview added to DSM-5

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Aims: In order to include cultural aspects of psychiatric symptoms and syndromes during the assessment phase, a new interview was constructed: the Cultural Formulation Interview, based on the Cultural Formulation of Diagnosis. Research with newly admitted psychiatric patients took place to search for the acceptance, feasibility and clinical utility of this interview. Part of the research was done in The Netherlands, with an interview translated into Dutch.

Methods: The interview was tested in 30 patients, both native Dutch and immigrants. Debriefing questionnaires were used in patients and in clinicians, both quantitative and qualitative. An analysis of the data took place in order to measure differences in acceptance between migrants and native Dutch, and between young and experienced clinicians. The length of the interview was measured.

Results: The interview was accepted by clinicians and patients, although there were objections on item level. The interview could be held in 7-30 minutes. The interview is directed to illness explanations and therapy choices. More complex phenomena like cultural identity are not studied in this interview. The research resulted in a change of the interview towards a more thorough one.

References

Challenges and shortcomings in classificatory systems related to culture

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Globalization has lead to change in value systems and our awareness of patients having another ethnic background. In the light hereof we witness an upsurge in the attention paid to the cultural limitations to psychiatric diagnostic practice and treatment modalities. Guidelines for the psychiatric profession are in critical focus from a transcultural perspective. Some claim their universality independent of cultural context; others find cultural adaptation useful and necessary.

Do the diagnoses and clinical guidelines give meaning in the cultural setting? Are they compatible with the cultural values of the therapist and those of the patient and the family? Several sources claim the biomedical paradigm for being Western with insufficient consideration of the cultural context.

We have witnessed a recognition for the addition of cultural aspects in the prevailing classificatory systems, e.g. the DSM Cultural Formulation and it is a challenge to what extent the upcoming revisions of the international classifications will take into consideration the cultural dimension.

The paper will discuss the advantages and shortcomings of current diagnostic categories and guidelines vis-à-vis the universe of traumatized refugees with other ethnic backgrounds.

Controversies about spirit possession in DSM-5

Dein, S.
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This talk focuses on controversies surrounding spirit possession in DSM-5. In many non-Western cultures the most important dissociative disorders involve trance/possession. Although the Diagnostic and Statistical Manual
of Mental Disorders (DSM), Fourth Edition, acknowledge the existence of dissociative trance and possession disorders, simply named dissociative trance disorder (DTD), it asks for further studies to assess its clinical utility in the DSM-5. Possession and possession trance are listed under the diagnosis Dissociative Disorder Not Otherwise Specified.

There is a proposal for DSM –5 to include social impairment in DID (dissociative identity disorder) to help differentiate normative cultural experience from psychopathology. In the fifth edition it is further proposed that dissociative trance disorder, a diagnosis present in the DSM-IV, will be merged with DID for the DSM-5. The mention of possession is intended to make DID a more globally acceptable diagnosis, replacing dissociative trance disorder and possession in the DSM–IV.

Racism, discrimination and mental disorders

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Background: Unfavorable health conditions have been reported across minority ethnic groups worldwide. Daily encounters with different forms of discrimination and prejudice have been recognized as major forms of burden in the lives of ethnic minority individuals. Several studies have demonstrated a relationship between self-reported experiences of racism and adverse health outcomes, such as psychological distress, hypertension, and diabetes (Karlsen, 2002, Krieger, 2003). It has been observed that everyday encounters with discrimination are associated with poor mental and physical health outcomes (Schulz, 2006). Chronic stressors may cause the onset or recurrence of mental health disorders in vulnerable individuals, and are likely to be associated with depression. However, the absence of comparative international studies to investigate the roles of health inequalities within multiple cultural setting limits the advancement of science in this field (Zubaran, 2009).

Methods: The author presents a summary of scientific evidence that substantiates an association between experiences of discrimination and mental disorders.

Conclusions: The evidence presented above substantiates the need for additional research on this theme. The author proposes the creation of a research consortium aggregating areas such as mental health, social justice, human rights and international migration in order to investigate the interplay between discrimination and mental disorders.

References

Factors correlated to psychiatric disorders amongst asylum seekers. Results from a reception centre in Zirndorf-an Project of the Ministry for social affair, Bavaria, Germany.

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Objectives: Prevalence rates of psychiatric disorders amongst asylum seekers differ widely between published studies (1,2). To improve psychiatric and psychological care in a reception centre, the present study aimed at identifying subgroups of refugees who show high psychiatric morbidity and high psychological distress.

Methods: The Department of Psychiatry and Psychotherapy of the General Hospital in Nuremberg (Bavaria, Germany) and the Bavarian State Ministry of Labour and Social Welfare, Family Affairs and Women collaborated in a project providing expert screenings for psychiatric disorders amongst asylum seekers, carried out in the reception centre in Zirndorf, Northern Bavaria. From a total of 308 subjects, 283 underwent full diagnostic screening using neuropsychiatric interview and standardized symptom scales. The total sample comprised of two subgroups, 125 randomly selected persons and 158 self-referrers.

Results: post-traumatic stress disorders and anxiety disorders were the leading diagnoses (33%) followed by mood disorders (22%). Preliminary analyses revealed that the presence of a psychiatric diagnosis as well as symptom severity correlated – amongst others – with mode of referral (random vs. self-referral), sex, nationality and religion.

Conclusion: Whereas the random sample in our study provided information about the prevalence of psychiatric morbidity amongst asylum seekers, the self-referrers helped to identify subgroups with a special need for treatment. The results suggest the implementation of a low threshold psychiatric service for refugees within the reception centre.

References
Mental health and the socio-economic crisis in Europe

Organised by Federico Allodi (Canada)

The papers in this symposium address the psychological status of individuals in need of mental health services and dilemmas facing service agencies caught in the social processes consequent to the economic strains which have affected European countries since 2008. The subject include prisoners in Spain, refugees with history of traumatic experiences and undergoing acculturation in Sweden and Hungary, and service givers caught in the vise of increasing demands with diminishing resources in Germany and Austria. They describe methodical approaches to history-taking and multi-axial diagnostic and prognostic assessments with standardized measurements. One of the papers includes data collected with a new scale for the dimensions of belief systems and identity, and other paper reports data on a pilot project with a new a screening test for psychological trauma symptoms in refugees. A theoretical paper critically examines the Istanbul Protocol as a tool for history taking and reporting new cases with potential PTSD. In summary, the symposium offers an opportunity for learning about sophisticated methods for collection and analysis of data on new dimensions in prisoners, refugees and on the agencies dedicated to their treatment and service in the current European context.

Psychotherapy for victims of human right violations: demand and supply in Austria and Germany

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The numbers of refugees are decreasing in Europe, yet the demand for psychiatric treatment is increasing. From 1997 to 2011 the number of refugees was reduced by 70 to 30% (1,2) and at our centres in Vienna and in Hamburg in 2013 we have had more than 200 people on a waiting list for psychotherapy. This paradox of a smaller population with greater service demand is due to the increasing awareness of the psychological and medical consequences of trauma.

In our case load we found three categories of patients with different legal status: 1) Asylum claimants who need integrated health, either for Acute Stress Disorder or PTSD. 2) Accepted refugees for whom, after a latency period, PTSD is the central problem. 3) Migrants who after residing in EU for many years are seeking therapy. Hemayat Centre is making a plea for long-term therapy. Victims of human rights violations suffer as a result of multiple traumatizing events. Even after years of personal and legal security in Europe, they still suffer from trauma symptoms and are distressed by events in their countries of origin. They are in need of long term therapy to handle the long lasting traumatization.

References
(2) Estimating the psychological vulnerability of asylum seekers

Hardi, L.
Rehabilitation for Torture Victims, Cordelia Foundation, Budapest, Hungary

Research on the PTSD neurobiological changes proves that certain measurements might facilitate assessment and treatment of traumatised claimants in the asylum process. (1) On the other hand, the evaluation and attitude of officials towards the applicant is a variable that can influence the immediate present and future opportunities of the client. (2) Five European trauma rehabilitation centres have elaborated a special psychological screening test, the “Protect-tool”, for persons at risk to develop PTSD. In the first pilot round Bulgarian, French and Hungarian samples showed that almost half of the participants were identified to be at medium risk of developing posttraumatic symptoms, one third showed low risk and only a minority was identified as being at high risk. The distribution of sum scores traced a normal binomial curve.

The results might be useful in asylum claimants which might be in need of special treatment and care in the asylum process. Training on the use of Protect-tool is offered by psycho-trauma professionals in our centres

References
(2) www.globaldetentionproject.org
Ill-treatment and torture in incommunicado detention: the case of Spain

Pérez-Sales, P., Barrenechea, O., Morentin, B.
*Human Rights Section, Spanish Association of Neuropsychiatry, Madrid, Spain*

Democratic societies have developed national and international legal frameworks which, prohibit and punish the use of torture. Yet governments rationalize or camouflage its use, and torture remains.

Between 2010 and 2013 20 Spanish psychiatrists and psychologists conducted psychiatric assessments on 45 cases of persons who had been detained under counterterrorism legislation and held under incommunicado for periods of between 3 and 9 days. The method to interviewing and data collection included the Istanbul Protocol, and scales for PTSD (PCL-C), Depression (BDI), Guilt (McLernon), Impact of Extreme Experiences on Identity and Human Worldviews (VIVO) (1) and the social support network. This paper describes: characteristics of the coercive interrogation, maltreatment and torture, and its impact on detainees’ clinical condition, sense of identity, and values and belief system.

As a result 68% of the detainees had partial or full PTSD and 33% showed long lasting impact in terms of beliefs and identity. A discriminant analysis revealed that the less resilient group (with more impact) believed that they had failed to respond during the days of the arrest, that their suffering was useless and they received less support from society after their ordeal. The impact was evident even after short detention periods.

References


Pérez-Sales, P.
*Human Rights Section, Spanish Psychiatric Association, Madrid, Spain*

There is a complex technical debate on the conceptualization of psychological torture and the possibilities of an objective measurement. (1,2,3) The increasingly sophisticated techniques which minimize the visible physical sequel and maximize the destruction of the self and identity, render insufficient today some of the traditional conceptualization and instruments of damage assessment. The Istanbul Protocol as the standard of reference to interviewing, assessment and reporting on victims of torture just provides a wide framework. The author makes an analysis of the perspectives of survivors, perpetrators, jurists and mental health professionals and proposes a framework of comprehension of the debate, based on the different viewpoints and paradigms of understanding of reality of each one. There are three main points of conflict: the purpose of the definition and assessment, the concept of damage, and misconceptions on the idea of causality. The debate is mainly theoretical because there is still a lack of objective data. The author proposes points of consensus and advance in each of these areas and priorities for future research: more clear guidelines than those reflected in the Istanbul protocol, thinking in terms of areas of damage and not symptoms, and applying better epidemiological and clinical research methodologies.

References

Trauma, explanations of mental illness and coping strategies in Iraqi refugees in Sweden

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This paper reports on Iraqi refugees’ traumatic experiences prior to immigration, the current level of depression and PTSD, their explanations of mental illness and their coping strategies, including the role of cultural and religious support network and practices.

Two groups of psychiatric patients and non-patients (N: 20 in each group) were given structured interviews. The data collected included biographical networks, psychiatric evaluation and general health status. Transcripts from the interviews were analysed by a team of researchers who used Atlas.ti analysis software.

Results and conclusions: Iraqi refugee patients may have alternative explanations for their illness which would influence their utilization of mental health services and acceptability of psychiatric treatment. They lacked understanding of the health care system and its environment. Traumatized refugees with war and torture experiences had strong feelings of isolation from their own countrymen and from the Swedish society and skewed treatment during the first years in the country. The study suggests that primary caregivers and psychiatric health care professionals need to identify the health care needs of traumatized refugees in the early stage of the disorder and to motivate them to treatment.

References
SS-05

Biological Underpinning of Psychiatric Comorbidity

Organised by Mohammed T. Abou-Saleh (Qatar)

Comorbidity and multimorbidity of chronic medical conditions including psychiatric morbidity have become the norm than the exception in medical practice. This challenges the present health service care models that are single disease based leading to fragmented, poorly integrated and less effective care and outcomes. This Symposium of the WPA Section on Biological Psychiatry will focus on the biological underpinnings of psychiatric comorbidity reviewing the evidence base with reference to their risk factors, etiology, pathogenesis and the implications for their optimal treatment and for integrated approaches to care. The 3 presentations will address the biological basis of psychiatric comorbidity of schizophrenia- substance misuse, bipolar disorder- substance misuse and bipolar disorder – physical comorbidity.

Biological Basis of Schizophrenia-Substance Misuse Comorbidity

Abou-Saleh, M.
Naufar, Aspire Zone, Doha, Qatar

There are high rates of schizophrenia and co-existing substance misuse and it has been noted that the frequency with which they present together is many times higher than would be expected by chance. Several theories have been put forward for the association: (1). Substance misuse either precipitates the onset of, or is a direct cause of, psychosis; (2). Substance misuse is a common consequence of a psychotic disorder and (3). There is a common cause, or vulnerability, to both substance misuse and psychosis. Advances in neurobiology suggested that increased vulnerability to addictions may be related to the impact of the neuropathology of schizophrenia on the neural circuitry mediating drug reward and reinforcement. The evidence base for these notions will be reviewed together with the implications for the pharmacological treatment of schizophrenia and co-existing substance misuse.

Biological Basis of Bipolar-Drug Abuse Comorbidity: A review of the Evidence

Salloum, I.
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Bipolar disorder has the highest rate of life-time and past 12 months co-occurrence of alcoholism and other addictive substance use disorders. The underlying etiology of such comorbidity is still largely undetermined. Vulnerability factors (e.g. genetic, contextual or biological), may be shared or overlapping for both conditions. Furthermore, one disorder may act at multiple levels (biological or behavioral) to enhance the vulnerability for developing the second disorder. This presentation will review the clinical challenges presented by this comorbidity and will discuss evidence of biological underpinning contributing to the development and manifestation of this highly challenging condition.”

The challenge of adopting an integrative approach to the management of medical comorbidity in bipolar disorder

Millar, H. L.
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Multimorbidity in the Severe Mentally Ill population has attracted increasing interest over the past decade with the recognition of the cost to both the individual and society. Bipolar Disorder demonstrates unique challenges with often a complex presentation and treatment including polypharmacy Bipolar disorder carries a substantial burden of psychiatric and medical comorbidity and is considered one of the most costly disorders in terms of sickness disability and cardiovascular and Metabolic risk. Despite international/national guidelines outlining the requirement for screening and monitoring of those with Bipolar Disorder, there is an absence of a co-ordinated integrated approach to physical health assessments for this population. This presentation will demonstrate the medical burden in Bipolar Disorder, the need for an increased awareness of comorbid physical health problems in this population, the impact of mental health on long term outcomes and the requirement for co-ordinated effective screening and interventions. This presentation highlights the burden of medical comorbidity amongst those with Bipolar Disorder and aims to emphasise the importance of adopting a person – centered integrative approach with early detection, co-ordinated care and access to healthy lifestyle programmes to improve the prognosis of people with Bipolar Disorder.

References
SS-06
Telemental health: the future of psychiatry?

Organised by Davor Mucic (Denmark)

TeleMental Health is the use of telecommunications technology in provision of mental health services to individuals in communities or locations that are underserviced, typically as a result of geographic and/or cultural isolation. It means the use of information and communication technologies, i.e. videoconferencing or web-based treatment services, in the delivery of psychiatric care from a distance. While speaking about the challenges and opportunities within nowadays mental health care provision, we may not forget a large number of patients that are not able to get sufficient help due to their physical/geo-graphical or mental/cultural isolation … or both. That is why it is crucial to spread the knowledge about opportunities which telecommunication technologies offer in order to optimize and enhance delivery of mental health care on distance. During the symposia we will present various models of telemental health services such as:

a) Internet Based CBT offered online to depressed pregnant women by a therapist that communicates in real time with the patient using typewritten responses and individual “Skype” conferences.

b) Tele-Behavioral Medicine services to patients in the privacy of their own home in Alaska.

c) Telecommunication to the psychiatric districts in Greenland by incorporating more structured teleactivities in the daily clinical work.

d) Telepsychiatry provided shared-care model with GP practices involved in outskirts areas of Denmark.

By the end of the symposia, the participants should be able to recognize indications for use of telecommunication technologies in daily clinical work. Further, they will learn about completely new approaches in treatment of mentally ill individuals on distance. By getting such knowledge, colleagues will be able to enhance the quality of care at their respective psychiatric departments and focus on a human-based psychiatry with the patient in centrum.

Treating iatrogenic opioid dependence using a tele-psychiatry model

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Tele-Behavioral Medicine, Alaska Telemedicine Consultants, Inc., Willow, Alaska, United States

PREVALENCE OF OPIOID DEPENDENCE
From 1965–2008, misuse of opioid prescription painkillers has increased by 140%.

According to the 2005 National Survey on Drug Use and Health

- Almost 2 million Americans are opioid-dependent
- Approximately 4.4 million teenagers and adults used opioid prescription painkillers for non-medical purposes
- Approximately 32.7 million Americans report having used opioids prescription painkillers for nonmedical purposes at least once in their lives.

OPIOID DEPENDENCE IS UNDERTREATED
More than 75% of opioid-dependent patients in the U.S. go untreated

- About 20% of patients avoid seeking treatment because of the stigma attached to opioid dependence
- 25% of physicians avoid asking patients about substance use for fear of frightening or angering their patient
- Greater than 60% of opioid dependent patients don’t seek treatment due to lack of accessibility of appropriate treatment centers or programs.

THE TELEMEDICINE MODEL
We have been treating patients with opioid dependence via tele-medicine/real-time video conferencing for the last 4 years. With an N of 100 patients our data supports:

- A dramatic increase in patient accessibility to treatment AND compliance, with a near ZERO patient no-show statistic.
- Providers are able to meet their patient where the patient is versus the patient meeting the provider where the provider is.
- Stigma is essentially eliminated due to the extreme privacy of Tele-Med mode.
- Both pharmaceutical (i.e. Bupernorphine/ naloxone) AND cognitive substance abuse psychotherapy can be carried out using the same PRIVATE, SECURE real-time video conference mode of treatment.

Polish experiences in the development of telemental health services

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Psychiatria.pl service was established in 1998. From the beginning it was designed as an educational site for physicians and patients. The purpose of the website is to disseminate accurate information about mental illness, diagnostic methods and treatment and to create a channel of
communication between patients themselves and the psychiatric patients and with the healthcare professionals. The target groups are: patients and their families, doctors, nurses and psychologists.

In the service there are almost 600 articles, news and advice pages for patients and about 400 of them for doctors. Every day it is visited by 3,000 people, and 150 of them log in. Every month there are about 1,000 entries on the forum. The main topics discussed by patients are coping with stress, dealing with patients with schizophrenia by family members, refusing to take medications, requests to diagnose self-experienced or observed in other people psychopathological symptoms. The big emerging problem is emerging are suicidal declarations and illegal exchange of sedative and weight-gain preventing drugs.

**Conclusion:** Psychiatria.pl is one of the most popular sources for the exchange of the information about mental illnesses. It’s one of the few where except from the activity of the patients and their families, also doctors participate.

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**Telepsychiatry – prevention and treatment in the outskirt areas: a shared-care model within a Danish context**

Mucic, D.

*Psychiatry, Little Prince Treatment Centre, Copenhagen V, Denmark*

Telepsychiatry provided shared care model was conducted by The Little Prince Psychiatric Centre in Copenhagen in cooperation with three general practitioners' clinics on the outskirts of Denmark. During the 2 years project period (2010-2012) psychiatrists and psychologists collaborated with general physicians in the assessment, diagnosis and treatment of mental health patients in the context of the general physician’s office by use of telepsychiatry. A formal evaluation of the project was conducted and outcomes are discussed along with issues related to the requirements for sustaining the service over time and broadening its applicability. The results has shown that collaboration via use of videoconferencing across levels of health care sectors can be a useful alternative that offers learning, leads to continuity, reduces costs and improves the quality of care. Telepsychiatry, in the form of videoconferencing, has been well received by patients (n=27) and general practitioners (n=3) as a method reducing waiting time and bridging the distance between patients and specialized psychiatric care.

**References**


SS-07
Improving teaching skills in psychiatry and mental health

Organised by Bulent Coskun (Turkey)

Development and improvement of teaching skills seems to be an essential component of almost all educational activities. It is hardly possible to come to a point where one can say he/she no longer needs to improve his/her teaching skills. At all levels of teaching career, it would be possible to add some new skills to the already acquired talents – some about implementations of new technical developments, some about new learning styles and needs of target population. Psychiatric education would not be different at all. Some experienced teachers would need to update and improve their skills while those at the beginning of their career may start being involved with the teaching process during their own learning years.

In this symposium the development of teaching skills will be a major focus. A global perspective at organizational level and some practical notes on daily experiences about the contribution of early career psychiatrists for training in psychiatry will be presented. Then again from the viewpoint of another early career psychiatrist competency based training will be discussed with references to teaching skills.

Following presentation will be on the role of residents in teaching medical students, where the complimentary functions of teaching will be emphasized while during the process of learning.

An example of building up a branch of a well-known medical school (Cornell Medical College) from US, in Qatar with sensitivity to local cultural characteristics as named “Qatarization” will be presented.

Finally a practical example of teaching other mental health workers to manage long term conditions associated with depression will be a focus for discussion in how to improve the teaching skills of psychiatry.

Participants will be expected to share their comments especially for future collaboration under the umbrella of WPA Section on Education in Psychiatry

Early career psychiatrists organizations and their role in the improvement of psychiatric training

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Harmonization and improvement of psychiatric training across Europe has been on the agenda of national and international associations for decades. Still, common standards have not been yet been reached. The presentation describes how the involvement of trainees and early career psychiatrists themselves in educational policymaking may be a promising way ahead. This involvement of “educational users” is ideally achieved through representative and vital early career psychiatrist organizations. Current and future projects of the main international early career psychiatrist organizations are therefore presented.

The most important and well-recognized association of trainees in Europe is the European Federation of Psychiatric Trainees (EFPT), established in 1993 as an independent, non-profit, international federation. EFPT currently represents 30 full member countries with more than 20000 psychiatric and child and adolescent psychiatric trainees. The aims of EFPT are to improve the quality of psychiatric training in Europe by publishing papers and policy statements on training and direct political representation of trainees in relevant training bodies like UEMS. The European Psychiatric Association (EPA) promotes early career psychiatrists through its early career psychiatrists’ committee. Current activities of the Committee include: a) defining a new working agenda for early career psychiatrists; b) publishing books and papers dedicated to young colleagues; c) facilitating networking; d) creating web-based tools for all European ECPs; e) organizing educational meetings for ECPs. On the level of the WPA itself, an Early Career Psychiatrists Council (ECPC), takes over the representation of young colleagues. Its activities consist in 1) developing a dedicated section in the WPA website; 2) contributing to the WPA News, the official quarterly news bulletin of WPA; 3) submitting papers to World Psychiatry; 4) producing papers and/or documents on psychiatric education and issues related to early career psychiatrists’ activities; 5) participating in the WPA programme on depression in persons with physical diseases; 6) participating in WPA Scientific Meetings; 7) participating in WPA Scientific Sections; 8) applying for WPA fellowships and for participation in WPA train-the-trainers workshops.
Implementation of competency-based training in Europe

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Curriculum development for training in psychiatry has been challenging due to cuts in mental health spending despite a persisting demand for high quality care and patient safety. At the same time, the member states of the European Union are currently facing a period of harmonization of medical Competencies in terms of knowledge, skills and attitude. Some competency-based frameworks like the Canadian CanMEDS Physician Competency Framework, and the Core Competencies for Psychiatric Practice and the Competence-based Curriculum for Specialist Training in Psychiatry RCPsych have been developed and training curricula are based on them. The European Union of Medical Specialists (UEMS) supported the implementation of Competency-based training in postgraduate training in psychiatry on a national level by developing a core curriculum and the European Federation of Psychiatric Trainees (EFPT) published a statement on this topic. On a practical level, different concepts like Objective Structured Clinical Examination (OSCE), multi-source 360° Appraisal, (e-) logbook, (e-) portfolio, mini-clinical evaluation exercise (mini-CEX) and Direct Observation of Procedural Skills (Dops) have been developed. Most of them include workplace-based assessment. Some European countries have already started to make these tools mandatory in psychiatry curricula and final exams.

The role of psychiatry residents in psychiatry education of medical students

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²Kocaeli Education and Research Hospital, Kocaeli Turkey

Teaching is an essential role for physicians at all levels – teaching to the patients, family members, peers, students, professionals from other disciplines, sectors and the whole public, the latter mainly being on preventive aspects.

Psychiatry residents, while being educated to be specialists need to learn to develop and improve teaching skills as well. It is widely accepted that one learns better while teaching.

For developing and improving their teaching skills, it is an opportunity for psychiatry residents to take responsibility in the teaching process of medical students, if the institution is a place where both medical and residency education are provided.

Similar to close supervision and mentoring on clinical practice implementations, residents should also have support for their teaching practices.

In this presentation different examples about teaching practices of psychiatry residents for medical students will be discussed.

References

Improving Teaching Skills in Psychiatry and Mental Health: the Weill Cornell Medical College in Qatar experience

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Qatar is a small country on the Arabian (Persian) Gulf, east of Saudi Arabia. Because of its small population and its vast and recently discovered natural resources, it presently has one of the highest GDP per capita in the world. Until 10 years ago, Qatar did not have a single medical school. In 2002, Cornell University in New York opened a branch medical school in Doha, its capital. Weill Cornell Medical College remains the only US medical school to give the MD diploma outside the USA. The medical school curriculum in Doha mirrors the curriculum in New York City. Students have to take the same exams and pass the same clinical rotations in order to graduate. This presentation will briefly review the psychiatry and behavioural sciences medical school curriculum, including the neurosciences and the psychiatry clerkship. The overall goal of the curriculum is to help students acquire the necessary knowledge, skills and attitudes to become successful future doctors. However cultural differences do exist and need to be incorporated into the curriculum. Essential IT and other resources used in the “Qatarization” of the curriculum will be reviewed. The challenges and rewards of delivering the curriculum overseas will also be discussed.

Teaching how to manage long-term conditions associated with depression

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Our team at the University of Manchester has been involved in training young psychological therapists in how to apply brief psychological therapies to people with comorbid depression and diabetes and/or cardiovascular disease in primary care. This requires providing these workers not only with a basic understanding of long-term conditions, but also consideration of how to adapt brief cognitive-behavioural interventions to working with this population, and additionally how to work more collaboratively with other health professionals such as nurses and physicians in family practice.

This presentation will briefly review the content and process of such teaching with an emphasis on acquisition of brief psychological skills and skills for inter-professional collaboration, and consider how we can engage psychiatrists in both acquiring and teaching such skills more widely in the community.
During the transition from childhood to adulthood, adolescents establish patterns of behaviour and make lifestyle choices that affect both their current and future health. Most health indicators are socially patterned in adolescence and track into adulthood, with higher risks of adverse outcomes. Given the importance of this transitional period, it is essential to systematically monitor and assess the health and well-being of adolescents and young adults, and evaluate the nation’s efforts to improve the health of young people. During this symposium the main results of three multi-center EU-funded research projects will be presented. These projects include 1) the Saving and Empowering Young Lives in Europe (SEYLE) aims at promoting mental health among adolescents in European schools. The SEYLE project was performed during January 2009 – December 2011, and comprised a consortium of 12 European countries: Austria, Estonia, France, Germany, Hungary, Ireland, Israel, Italy, Romania, Slovenia and Spain, with Sweden as the coordinating centre.; 2) the Working in Europe to Stop Truancy Among Youth (WE-STAY) project; and 3) the Suicide Prevention through Internet and Media-based Mental Health Promotion Project (SUPREME).

These projects allowed gathering extensive information about prevalence of psychopathology, such as depressive and anxiety symptoms, hyperactivity, suicidal ideation and behaviour and lifestyles such as substance abuse, including alcohol, smoking and illegal drugs; sleep, nutrition and physical activity, and Internet use among European adolescents. The projects also allowed to draw conclusions and recommendation regarding best practices to promote mental health among young people.

### The Saving and Empowering Young Lives in Europe (SEYLE) RCT. Main Results.

Wasserman, D.
National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Karolinska Institutet (KI), Stockholm, Sweden

During the transition from childhood to adulthood, adolescents establish patterns of behaviour and make lifestyle choices that affect both their current and future health. Given the importance of this transitional period, it is essential to systematically monitor and assess the health and well-being of adolescents and young adults, and evaluate the nation’s efforts to improve the health of young people.

Saving and Empowering Young Lives in Europe (SEYLE) is a randomized controlled trial (RCT) aimed at promoting mental health among adolescents in European schools. The SEYLE project was performed during January 2009 – December 2011, and comprised a consortium of 12 European countries. Its main objectives are to gather information on health and well-being in European adolescents; to lead adolescents to better mental health through decreased risk-taking and suicidal behaviours; evaluate outcomes of different preventive programmes; and recommend effective culturally-adjusted models for promoting adolescent mental health in different European countries.

Prevalence regarding psychopathology, such as depressive and anxiety symptoms, hyperactivity, suicidal ideation and behaviour and lifestyles such as substance abuse, including alcohol, smoking and illegal drugs; sleep, nutrition and physical activity, and Internet use is available and will be described during this presentation.

### An interactive website to promote mental health. Results from the SUPREME project

Carli, V.
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Internet can provide good and cost-effective opportunities for mental health promotion and suicide prevention, due to its availability and reach. In March of 2011 there were 2.1 billion Internet users world-wide. In a random sample of over 3000 American adults, it was found that 58% of the Internet users reported searching for health information for themselves. From a suicide prevention perspective it is not only important to know what type of information is out there, but also what information seekers find. To get a better understanding of this, an analysis was performed on websites that users in six European countries are likely to find when seeking suicide- and mental health related information on the web, with special focus on preventive sites. The results show that 40.8 per cent of the websites were coded as having a preventative content, although large differences were found between the countries. Although this study shows that there are relatively many preventive websites in total, the differences between the participating countries are significant. Also of importance, preventive websites concerning suicide are considerably less frequent than preventive websites on depression, anxiety, and stress.
Adolescent subthreshold depression and anxiety: psychopathology, functional impairment and increased suicide risk

Balazs J.
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Subthreshold depression and anxiety have been associated with significant impairments in adults. This study investigates the characteristics of adolescent subthreshold depression and anxiety in a large European sample, with a special focus on suicidality using both categorical and dimensional diagnostic models.

Data were drawn from the Saving and Empowering Young Lives in Europe (SEYLE) study, comprising 12,395 adolescents from 11 countries. Among all 12,395 adolescents 32.0% were found subthreshold anxious and 5.8% anxious, whereas 29.2% subthreshold depressed and 10.5% depressed. Results revealed a high comorbidity between these conditions. Mean scores of SDQ of subthreshold depressed/anxious adolescents were significantly higher than the mean scores of the non-depressed/non-anxious groups and significantly lower than those of the depressed/anxious groups. Both subthreshold and threshold anxiety and depression were related to functional impairments and suicidality.

Conclusions: Subthreshold depression and subthreshold anxiety are associated with an increased burden of disease and suicide risk. These results highlight the importance of identifying adolescent subthreshold depression and anxiety to minimize suicidal behaviour. Including subthreshold disorders into the diagnostic could be a bridge between categorical and dimensional diagnostic models.

SS-09
Systems in motion – major challenges for Addiction Psychiatry

Organised by Reinhard Michæl Krausz (Canada)

Despite its clinical relevance mental health services all over the world are not prepared to respond adequately to substance use disorders. The existing expertise, the level of training and specialization are extremely limited as there are the necessary research efforts. There is nearly no other area in medicine, which also interferes that much with political frameworks, the war on drugs or the conflict around the paradigm of harm reduction. Addiction and concurrent mental disorders are the rule not the exception, but Psychiatry is not prepared. We need a strong and focused commitment from the mental health field or we will not be able to provide sufficient care in the future. In this symposium we will want to start a dialogue about the future of Addiction Psychiatry addressing some major challenges from a North American and European perspective.
SS-10
New Trends in and Indications for Art Therapy

Organised by Hans-Otto Thomashoff (Austria)

Integrating clinical, social, and environmental perspectives within art therapy allows to broaden its indications allows various perspectives on the interaction between art creation and therapeutic needs.

Eco-Art Therapy and Mental Health: Integrating Clinical, Social, and Environmental Perspectives

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Director, Russian Art Therapy Association, St. Petersburg, Russian Federation

The paper explores possibilities of integrating clinical, social, and environmental perspectives within eco-art therapy approach and its effects on mental health. This approach is based on principles and methods of art therapy as well as body psychotherapy and ecopsychology. First, a brief overview of cultural practices including environmental creations of outsider artists and different modern and post-modern therapeutic methods that deal with an environment through creative individual and group activities, in order to provide mental-physical and social integration and embedding within the surrounding (family, community, local ecosystems etc.) is given. Second, various theoretical approaches including general systems theory, body psychotherapy concepts, ecopsychology and some others will be used, in order to define the emerging phenomenon of eco-art therapy / environmental art therapy. At last, various therapeutic activities concentrating on atmospheric/environmental processes and materials to provide individual and group creative healing and transforming responses will be discussed and illustrated.

From the asylum to the world stage: the creative mind of Arthur Bispo do Rosário

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2 School of Medicine, University of Caxias do Sul, Caxias do Sul, Brazil

Born in the Brazilian Northeast State of Sergipe in 1909, Arthur Bispo do Rosário spent most of his life at Colônia Juliano Moreira, a large psychiatric hospital in Rio de Janeiro. Bispo do Rosário experienced hallucinations and mystic delusions as a young adult. He believed he had a mission involving the messianic salvation of others. His lifetime oeuvre included more than 800 artworks, which constitute the main collection of the Museu Bispo do Rosário Arte Contemporânea in Rio de Janeiro. Bispo do Rosário re-utilized materials he gathered as an inpatient, including, bottles, buttons and cutlery. By expanding the frontiers of aesthetic experience, Bispo do Rosário’s creative process reveals inescapable parallels with the innovative and experimental aspects of avant-garde. His creations have been presented in various museums worldwide, including the Solomon R. Guggenheim Museum in New York during the highly acclaimed Brazil Body and Soul exhibition in 2002. In this presentation, a review of his journey as an artist and human being will be presented from the viewpoint of a psychiatrist.

To see the world: quadrism

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The subject of the study is an observation of the psychic and creative silhouette of Miroslaw Śledź, amateur painter and author of literary creation, member of the Club of Amateurs of Art in Gdynia, whom we have known for many years. The method of work has been a psychiatric, artistic and literary analysis with reference to the sociobiopsychic silhouette of the examined. The researching material contains several thousand paintings (paint on the cardboard or canvas) and a dozen or so literary creation – poems, stories, self –analyses of own works and his own life course. The patient’s life, his health state and changes occurring in the creation have been under observation for twenty five years. The presented author is an example of a therapeutic, positive influence of art-therapy on the level and quality of life. The essential conclusion resulting from the applied art-therapy of the psychiatric patients with the help of artistic and literary creation is based on the sense of organizing Club of that kind. Their number should be increased especially in small localities, and art-therapy recognized as a therapeutic method subsidized equally with other methods applied in psychiatry.
Does globalization affect the social determinants of WMH?

Organised by Unaiza Niaz (Pakistan)

Gender differences in mental health are widely documented and it is undisputed that women pay a heavy toll to mental disorders. Besides their specific pathologies (PMDD, PMS, postpartum depression etc.), they are indeed at higher risk than men for developing anxiety, somatoform and eating disorders, or suicidal behaviors. Beyond the biological factors which probably underline these disorders, psychosocial factors contribute as well to this heightened vulnerability. Health is also shaped by social gender as it was clearly asserted by WHO in 1998: “Women’s health is inextricably linked to their status in society. It benefits from equality and suffers from discrimination. Today, the status and well being of countless millions of women world-wide remain tragically low”. Indeed, worldwide, gender development continues to lag behind human development and “no society treats its women as well as its men” (UNDP, 1997). The great advantage of identifying amendable social determinants of women’s mental health is to open a way to prevention. As the high levels of mental morbidity are to a great extent due to existing inequalities between men and women, the empowerment of women is a necessary key to addressing this problem. Thus clearly, protection of women’s mental health is not only a medical challenge but a cultural one involving many partners to second a policy of steady empowerment and progression to reach a genuine equality. Gender-based discrimination is not only a gross violation of human rights but directly contributes to the growing burden of disability caused by poor mental health. Health professionals today, realize that promoting and protecting human rights may be vital for promoting and protecting health. Human rights are of crucial importance to promote health and well-being.

How does globalization affect women’s rights as determinants of mental health?

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Globalization is defined as the process of increasing economic, political, and social interdependence and global integration that takes place as capital, traded goods, persons, concepts, images, ideas, and values diffuse across state boundaries. States lose power as individual gain autonomy and access to a homogeneous world class which shares homogeneous goals, priorities and behavior, even if their contexts are different. This poses an exciting opportunity to foster awareness and observance of human rights in settings where these have traditionally been ignored. Women are vulnerable to human rights abuses in patriarchal and traditional settings, where the interest of the group or the family takes precedence over the well being of individual women. The chance to share common experiences, strategies, and success stories thanks to the de-territorialization of culture and technological advances in communications allows for the likelihood of changing the traditional gender norms to allow women to advance their right to life, integrity and safety and access to the highest attainable level of health. Good practices in different settings will be discussed.

How does globalization affect poverty as a determinant of WMH?

Niaz, U. 1, 2
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2 University of Health Sciences, Lahore, Pakistan

In many countries of the South-East Asia Region, the mental and social well-being of women is at a low level mainly because of the socioeconomic factors. Women are generally considered as second-rate citizens and are denied many basic rights. Access to health care is often denied to them. Due to large families, poverty, illiteracy, and the number of children, problems multiply. Abuse of women, attitudes towards the female child, domestic violence, and female infanticide are other aspects of the spectrum not auguring well for their well being. Furthermore, the negative effects of globalization and economic reform on public health are likely to hit women harder than men; for example, since the economic reforms and subsequent crisis in South-East Asia, there has been a rise in the incidence of reported domestic violence, rape and alcohol abuse. Globalization has not ensured a good quality of life for the majority of South Asian women but has reinforced the existing gender inequalities. There is a dire need for regulatory frameworks designed to protect women from the negative effects of globalization with regards to health and safety, occupational standards etc.
Does globalization affect intimate partner violence as a determinant of women’s mental health?

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As the world grows ever smaller, the effects of violence on women’s health does not! Violence remains prevalent globally at regional, national, social, interpersonal and family levels, and is recognized as a global public health and human rights problem affecting women’s physical and mental health. This presentation will discuss the prevalence and consequences of violence especially on women’s mental health. Progress and challenges ensuring women a life free from violence will be discussed from a global perspective. Although progress has been made in international human rights laws, public health, health professional training and social and clinical services, there is still much room for improvement. Uneven application and monitoring and sometimes active resistance toward policies and services need to be addressed. Most importantly, attitudes toward women need to recognize women’s autonomy, human rights and safety in a globalized world.

SS-13
Cultural psychiatry in the DSM-5 era: diagnosis and treatment for migrants and refugees

Organised by Hans Rohlof (The Netherlands)

The arrival of DSM-5 has resulted in new views on diagnosis and treatment. This means in the field of Cultural Psychiatry that we have to review our already proved treatments for migrants and refugees. In this symposium we will give an overview of diagnosis and of different treatment modules for migrants and refugees. And we will focus on the needed changes in the near future, when we use new diagnostic systems. In diagnostics we have to look at the case of severe traumatised refugees. In treatment we can use family treatment options, telepsychiatry and culturally sensitive approaches coming from the cultural formulation.

The case for complex PTSD: issues of traumatized refugees

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Aims/Objectives: Tortured and severely traumatized refugees have qualitative and quantitatively different traumas as well as status of refugee and therefore are different than those covered by DSM V diagnosis of PTSD. Therefore I make the case that there is a need for a special diagnostic category, reflecting the complex symptoms and cultural problems of tortured refugees.

Methods: Review of the literature (example 1) and our review of 144 cases of tortured refugees treated at our clinic at OHSU in FY2010 indicate special problems of this population.

Results: Tortured refugees have high rates of PTSD and depression and many also have severe irritability and psychosis. Among this group are high rates of hypertension and diabetes (2). They are extremely vulnerable to exacerbation of symptoms under stress (3). Usual therapies of exposure or cognitive behavioral are not culturally or ethnically appropriate. Cultural counselors, supportive psychotherapy, and medicine provide good relief (4).

Conclusion: The cultural, clinical, and therapeutic needs of tortured refugees require a special diagnosis, perhaps complex PTSD or complex PTSD-major depressive disorder.

References

Telepsychiatry in assessment of social and functional competences of mentally ill individuals

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A pilot project has used telepsychiatry as a means to clarify vocational potential of unemployed refugees and immigrants with suspected mental condition. Telepsychiatry is use of videoconference in order to provide mental health service at distance. The goal of the pilot project was to establish a more effective procedure for assessing the social and functional competences of suspected mentally ill Danes and refugees and immigrants in order to help them obtain, maintain or return to employment. Over
a period of 14 months (starting in October 2010), 49 clients were referred by 10 job centers across Denmark. The service was free of charge for all the participants involved.

The clients’ status of residence was: refugees with permanent residence permit (57%), refugees with temporary residence permit (33%) and domestic (10%). Seven languages were spoken during the pilot project period (Danish, Arabic, Bosnian, Serbian, Russian, Turkish and Dari).

Satisfaction questionnaires were completed by both the clients and the case workers at the job centers. Clients reported a high level of satisfaction and willingness to use telepsychiatry again and recommend it to others. Caseworkers reported a high level of satisfaction concerning waiting time, quality of assessment reports and expressed a wish to use telepsychiatry in the future.

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Objectives: Moso, a ethnic minority in Southwestern China, lives in a matriarchal society, in which woman is head of the household. This study aimed to assess the cultural impact on the somatic and psychological symptoms of women undergoing menopausal transition.

Methods: Through purposive sampling, 51 Moso and 47 Han women aged from 40 to 60 years were enrolled. Respondents completed a number of questionnaires.

Results: Compared to Han women, Moso women reported less depressive mood and milder symptoms during menopausal transition. Moso women tended to believe there was no relationship between personal efforts and rehabilitation and displayed more positive attitudes towards menopausal transition. According to correlation analysis, lower household income was associated with increased severity of symptoms in Moso women, while high levels of anxiety towards illness were associated with more severe symptoms in Han. For all women together, more negative attitudes were associated with more severe symptoms.

Conclusion: The different symptoms in Moso and Han women during menopausal transition may be related to different culture including differences in religious, women’s social status, illness conceptions and attitudes towards menopausal transition.
SS-14  
An intersectional symposium on various challenging situations for post graduate education in psychiatry

Organised by Bulent Coskun (Turkey)

Although almost all discussions on education, both formal and informal, refer to the importance of prevention, in daily practice it is underestimated and does not have the place it deserves, neither in medical education nor in residency education. As part of a series of activities to promote the importance of preventive psychiatry and promotion of mental health in various occasions, an intersectional symposium is organized. Sections on “Education in Psychiatry” and “Preventive Psychiatry” have decided to draw attention to various challenges and possibilities of implementations on these issues with several examples of difficult situations from different places and also with some implemented experiences which may prove to be helpful in other areas as well.

Here in this symposium, starting with the effects of a rather dramatic change in Tunisia – the situation before and after the revolution and its impact on residency training will be presented. Then almost the routine challenges of residency training in Turkey will be brought to discussion with references about the insufficiency about preventive psychiatry.

After these two presentations on challenging situations, the following two topics will be on rather positive aspects, first about the role of positive mental health as a contributor to preventive psychiatry. The topic will be presented with special emphasis on how to involve residents in activities with a preventive perspective. The second one will focus on teaching responsibilities in times of recovery orientation.

Finally some examples of a successful activity on international trainee exchange program of European Federation of Psychiatric Trainees (EFPT) will be presented and some recommendations regarding improvement of preventive aspects of residency training will be opened to discussion.

It is hoped that together with the contribution of the participants roots of future collaborations will be seeded during this session.

Psychiatry training in Tunisia before and after the Revolution

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Although psychiatry residents often expressed dissatisfaction with the training they are being offered in university hospitals, such a dissatisfaction has never been the object of a proper statistical study in our country. We aimed to compare the psychiatry residents’ satisfaction with their training before and after the Revolution in Razi psychiatric university hospital in Manouba, Tunisia. An anonymous semi-structured questionnaire was distributed to residents in psychiatry and child psychiatry in Razi hospital in April 2011 then in April 2012. Results of both years were compared and factors associated with the perceived change were examined.

A significant improvement was found for the majority of education areas in psychiatry after the Revolution: quality of supervision, quality of teaching conferences, respect of faculty for residents, responsiveness of program to feedback from residents, responsibility given to residents for patient care, education prioritized over service, morale in the department and level of support from peers.

The main cited reason for this change was the post-revolutionary climate that promoted the creation of an association of psychiatry residents in the country, which allowed a better collaboration between residents and professors.

The Tunisian Revolution brought about deep changes in the country, changes that seemed to affect psychiatry training and education. The young generation that led the Revolution also appears to have a growing role in psychiatry training and education. This study emphasizes the important role that young residents may play in implementing an appropriate programme for their own education.

References
Mental health promotion and preventive psychiatry in post graduate training – challenging experiences from Turkey

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Residency training in psychiatry has its own difficulties in Turkey. Having overwhelming clinical responsibilities while challenged with educational expectations, trainees remain to be the main workforce for clinical services within the academic departments. Ministry of Health sets the standards and issues the specialty certificate. Psychiatric Association of Turkey has consistently made efforts to be involved in the development and improvement of the quality of the training.

The tendency to have preventive psychiatry and mental health promotion in the curricula, depends on the level of interest of the faculty. In general, biological psychiatry, psychopharmacology and cognitive behavioral therapies attract the interest of most trainees. Preventive aspects, if ever taken into consideration, focus basically on preventing relapses of some psychiatric disorders. It can be stated that primary prevention and mental health promotion are not as popular topics for psychiatric community in Turkey. Two reasons for this may be that these issues are not included in the curricula of residency training but left to other mental health professionals and also the lack of adequate national or local policies to support such efforts. Although there may be individualized interest among postgraduate trainees, general expected medical and psychiatric practice focus on “the treatment” of disorders.

The role of positive mental health as a contributor to preventive psychiatry

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In recent years, in the psycho-social field we can observe an interesting shift from deficit-oriented towards positive mental health perspectives. The focus of mental health research is increasingly directed towards patients’ strengths, resilience and a resources orientation in treatment programs as an innovative discipline compared to clinical studies mainly based on pathogenesis, symptoms and deficits of patients. In her presentation the author will give a short overview about concepts and studies dealing with personal and social resources, resilience and individual recovery processes of psychiatric patients. The recently published service user involvement in mental health research will be shortly summarized. The complementation of psychopathology perspectives by positive mental health aspects may have an enriching and stimulating impact on preventive psychiatry and mental health promotion as well as for the education of psychiatry residents since these aspects display a lot of patients’ inner subjective experiences and healthy aspects in midst of a mental illness process.

References

Teaching responsibilities in times of recovery-orientation

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Recently, important English-speaking countries, such as the USA, the UK, Ireland, Australia, New Zealand, and Canada have embraced recovery-orientation as a guiding principle of their mental health policy. Guidelines, training modules and system transformation initiatives have been following swiftly. Health promotion and primary as well as secondary and tertiary preventive strategies are essential elements of recovery-orientation. Preventing social exclusion and preserving citizen rights for persons with mental health problems and psychosocial disabilities are core objectives. Recent results of these developments concern new contents as well as new formats of recruitment strategies, teaching and supervision in psychiatric education.

The emerging evidence-base for recovery-orientation includes the urgent call for a partnership approach to psychiatric practice, service developments, research and education. The role of the lived experience in teaching is an essential component of initiatives aimed at implementing recovery-orientation. Data, concepts and experiences regarding user and carer involvement in teaching in different medical fields as well as in psychiatry will be presented and discussed.

The EFPT exchange program as a model for international trainee exchange

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The European Federation of Psychiatric Trainees (EFPT) acknowledges the impact of growing mobility of doctors and patients across Europe and has therefore set up a working group whose aim is to provide trainees with the opportunities to gain experience of different training programme in a foreign country. An innovative and unique EFPT Exchange Programme was developed that offers 2-6 weeks observational placements in different subspecialties of psychiatry in Europe (psychotherapy, emergency psychiatry, child and adolescent psychiatry, eating disor-
Holism and multidisciplinarity in psychiatry: Diagnostic contributions

Organised by Marco Bertelli (Italy)

More than in other area of medicine, in psychiatry the being a doctor implies many fascinating aspects like detecting the presence of a disease or a disorder starting from very complex symptoms, representing a main reference for multi-professional intervention, facing the complexity of the mind, exploring the clinical expression of the body-mind link, taking a holistic consideration of the patient, or applying new outcome measures (particularly person-centred measures, like subjective well-being, quality of life or empowerment). Psychiatry also requires a particular attention to the individual's ability to function, to be productive, to establish and maintain positive relationships. Furthermore, psychiatry has a special consideration for humanism, which has often got neglected and forgiven in several other medical specialities.

A group of WPA Sections' representatives will offer examples of the way these strengths are expressed in specific areas of psychiatry.

Person-centered diagnosis: Application to the GLADP, the Latin American psychiatric association diagnostic guide

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The WPA Classification Section and the International College of Person-centered Medicine have been collaborating on the development of a Person-centered Integrative Diagnostic Model [1]. It includes the following levels: I. Health Status, from illness and disabilities to well-being; II. Contributing factors to Illness and Health; and III. Experience and values in Health. These levels are described with categories, dimensions and narratives as appropriate, and they are evaluated collaboratively by clinicians, patients and families. This model has been applied to the GLADP-VR, the official diagnostic guide of the Latin American Psychiatric Association (APAL) [2]. Its key features are a person-centered and integrative diagnostic formulation and the incorporation of a cultural framework and the addition of Latin American Annotations to the description of the ICD-10 diagnostic categories for mental disorders. The use of this system for the comprehensive diagnosis of persons with intellectual disabilities will be illustrated.

A holistic approach to addictive disorders

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Alcoholism and other addictive disorders (AD) are identified as psychiatric problems in which the interaction among genetic vulnerability, psychopathology and environmental factors, including socio-cultural factors, plays a crucial role in determining both onset and severity of symptoms.

The new DSM-V classification broadens the area of AD to behavioral addictions, introduces dimensionality in staging severity and underlines the importance of the subject-object relationship that the concept of “use” implies (1).

Given this complexity, multidisciplinarity and holism have to be considered key concepts in the treatment of
addiction. In fact, AD may be best addressed by integrating pharmaco- and psychotherapy, rehabilitation, self-help, community treatment, medical/toxicological counseling up to organization of mental health services and preventive/repressive policies. The treatment of addiction is also necessarily person-centered, because behavioral patterns, environmental determinants and cues, internal motivation and personality are specific for each individual. Humanism is also at the core of the holistic approach to AD, as predicted by the bio-psycho-social model which is the ongoing most valid theoretical perspective in this area, born to overcome the medical (somatic) reductionism (2). Spiritualism is one of the major components of humanism and at the same time the principle inspiring most psychosocial treatment programs (3).

References

The contribution of psychiatry of intellectual developmental disorders to general psychiatry

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Nearly one half of people with Intellectual Developmental Disorders (IDD) needs psychiatric care, surpassing the need related to schizophrenia, bipolar or obsessive-compulsive disorders in the general population. People with IDD also show a higher prevalence of physical problems. IDD provides genetic models for non-affective psychosis, bipolar disorders, depression or obsessive-compulsive disorders as well as other psychiatric conditions. It also provides models for the assessment of behavioural problems in severe mental disorders and cognitive deficits, models for incorporating a developmental/ideographic approach to psychiatric diagnosis, models for the assessment of adaptive skills as well as supports, and it allows the identification of problems in the classification systems. ID was considered to fit better than many mental disorders in the working content model for ICD-11 and to provide an excellent opportunity to improve compatibility with ICF. Furthermore, ID care is subject to social and political pressures later facing general mental health care. Research on behavioural phenotypes, residential care, community care, or vocational settings, as well as the debate on stigma and labelling, the role of advocacy groups, or the relationships between social, education, legal and health sectors are all aspects raised first in the IDD field than in general psychiatry.

References
Based on the Kraepelin dichotomy, there are continuous discussions whether depression and schizophrenia are two different dichotomous disorders. Clinically, based on some symptoms, the clear differences can be observed although some symptoms such as depressive and negative symptoms are not clearly different in these two disorders. The more it comes to the early detection, preventive and evidence based medicine approaches and biological bases of the disorders, the more questions are raised regarding the dichotomy. This symposium will discuss for and against Kraepelin dichotomy regarding depression and schizophrenia based on the findings in immunological changes in the body that induces the neurochemicals in the brain and behavioural changes of corresponding disorder. Professor Juckel will discuss about the findings related to the differences and similarity in animal models of both depression and schizophrenia which are based on immune challenge in prenatal periods. Dr. Steiner will discuss about the similarities and differences in terms of post-mortem findings related to immunological alterations in depression and schizophrenia. Dr. Myint will discuss from the aspect of immune system related biomarkers in these two disorders and the similarities and differences in terms out disease outcome and severity. Prof. Mueller will discuss about the therapeutic intervention using immunomodulation in these two disorders and whether the therapeutic strategies could be similar in these disorders. Prof. Sperner-Unterweger will present some results regarding neopterin a marker of immune activation and tryptophan breakdown in serum samples from depressed patients and cerebrospinal fluid from schizophrenia patients demonstrating the similar immune activation observed in both depression and schizophrenia. This symposium will somehow summarize the main findings of the section regarding depression and schizophrenia from different aspects in relation to Kraepelin dichotomy and practical application in psychiatry.

Microglia as a common link between pathogenesis of depression and schizophrenia: lessons learn from animal experiment

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Microglial cells exert competent immunological functions in the CNS and are significantly involved in inflammatory processes in the brain. They contribute to the pathogenesis of several chronic neurodegenerative diseases such as Alzheimer’s disease, multiple sclerosis, or Parkinson’s disease. Subtle neurodegenerative processes with significant loss of brain volume in vulnerable CNS areas (e.g. hippocampus) and progression over the course of illness have been described for schizophrenia as well as recurrent depression. Hence, microglial activation is likely to occur in these psychiatric patients either as a consequence or maybe even as a primary trigger of these degenerative events. The latter is supported by the fact that common risk factors for the onset of schizophrenic as well depressive episodes (e.g. high stress perception) are able to directly induce microglial cell activation. Here, we will present recent findings on microglial cell activation in mouse models of schizophrenic- and depressive-like behavior. Descendants of Poly(I:C)treated pregnant dams served as a validated model of schizophrenic behavior, while depressive-like behavior was induced in mice either by stress in the learned helplessness paradigm or by immunological challenge with repetitive Interferon-alpha injections, a substance causing major depression in humans. We will focus on similarities and differences regarding microglia activation in the two psychiatric entities.

Immune related changes, depression and schizophrenia: lessons learn from post-mortem findings

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Several studies in peripheral blood and cerebrospinal fluid pointed to a potential role of an activation of the mononuclear phagocyte system in depression and schizophrenia. For example, the concentrations of interleukin-1 (IL-1), interleukin-6 (IL-6) and tumor necrosis factor-alpha (TNF-alpha) were raised in the peripheral blood in several studies on depression and schizophrenia, and increased numbers of monocytes were observed in the cerebrospinal fluid of these patients.

In order to confirm the potential role of the immune system in depression and schizophrenia, brain-regional and diagnosis-specific alterations in the distribution of the brain’s resident immunocompetent cells (microglia) as well as the distribution of lymphocytes were assessed in postmortem brain tissue from the Magdeburg brain bank. The results are discussed in this symposium and point to a potential role of immune mechanisms in the pathogenesis of depression and schizophrenia – at least in a subgroup of patients.
Immune related changes, depression and schizophrenia: biomarker aspect related to treatment response

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Activation of inflammatory response system is well reported in depression and schizophrenia. Since certain inflammatory molecules are direct neurotoxic to the neurons or induce toxicity through other metabolic pathways such as tryptophan degradation pathway. The neurotoxicity induced in such case could result in poor response to either antidepressants or antipsychotics.

In our studies in depression, it is observed that blood and CSF inflammatory markers such as CRP and kynurenes could predict the treatment response. The response to treatment is poorer when the pro-inflammatory markers and the neurotoxic metabolites in the blood and CSF are higher. In addition, increase in pro-inflammatory markers or neurotoxic metabolites and decrease in neuroprotective metabolite in blood and CSF are associated with severity of the symptoms.

In our studies in schizophrenia, it is also observed that if the neurotoxic metabolites are higher and neuroprotective metabolite is lower in the blood and CSF, the response in terms of reduction in symptoms scores is poor. The levels of those metabolites in the blood are also associated with severity of the symptoms. This could be explained by the fact that the neurotoxic metabolites can induce impairment in glia-neuronal network which would prevent the response to medication.

Immunomodulation as treatment of depression and schizophrenia: therapeutics aspect

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Due to the increase of proinflammatory cytokines and PGE2 in at least a subgroup of psychiatric patients, anti-inflammatory treatment would be expected to show advantageous effects. We were able to demonstrate a statistically significant therapeutic effect of the COX-2 inhibitor on depressive symptoms in a study using the selective COX-2 inhibitor celecoxib in major depression (MD). Another study in fifty depressed patients suffering from MD also showed a statistically significant better outcome of the COX-2 inhibitor celecoxib. Further therapeutic strategies based on immune-modulatory effects will be discussed, too.

Due to the signs of inflammation in some schizophrenic patients, antiinflammatory treatment would be expected to show also advantageous effects in schizophrenia. COX-2 inhibition reduces not only the levels of proinflammatory cytokines, COX-2 inhibition has also an impact to the glutamatergic neurotransmission and influences the tryptophan/kynurenine metabolism. In the meantime, several studies with the COX-2 inhibitor celecoxib have been performed, a therapeutic effect mainly in early stages of schizophrenia was observed.

Neopterin and tryptophan-breakdown in schizophrenia and depression

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Although several studies reported changes in immune-activation in schizophrenia and depression, the results remain heterogenous. During the last years an activated pro-inflammatory state with increased pro-inflammatory cytokines and acute phase proteins reflecting an activated monocyct-macrophage-axis has been found in depressed patients and, with some similarities, also in patients with schizophrenia.

Neopterin is a product, which accumulates during states of immune activation, because large amounts of it are released by monocyte-derived macrophages and dendritic cells upon stimulation with Th1-type cytokine interferon-gamma. Increased neopterin is common in the blood of patients suffering from conditions like virus infections, autoimmune syndromes and malignancy.

Both in vitro and in vivo, immune cascades have been shown to significantly modulate the metabolism of neurotransmitters known to play a role in the regulation of mood. Immune activation and the serotonergic system are linked by indoleamine 2,3-dioxygenase (IDO), which is involved in the breakdown of tryptophan, the essential precursor of 5-HT. The activity of IDO is enhanced by proinflammatory cytokines When activated, IDO catalyzes the rate-limiting step of tryptophan conversion into kynurenine. Kynurenine is then degraded into different neuroactive metabolites, including 3-hydroxykynurenine, quinolinic acid, and kynurenic acid. In vivo, the ratio of kynurenine/tryptophan (Kyn/Trp) reflects tryptophan breakdown and is considered to represent one estimate of IDO activity. Neopterin and tryptophan data measured in plasma and cerebral spinal fluid (CSF) of patients with schizophrenia and measurements of these parameters in plasma of depressed patients will be presented and discussed addressing the above mentioned mechanisms of changes in immune activation and the related metabolic pathway of tryptophan.
SS-17
Neuroimaging in psychiatry: achievements and perspectives
Organised by Armida Mucci (Italy)

Functional neuroimaging plays a critical role in psychiatry as it can potentially be used to identify biomarkers of disease and elucidate biological pathways.

Electrical neuroimaging has the advantage of being non-invasive and potentially useful in multicenter studies and repeated assessments. Standardization of methods for data collection and analysis is increasingly pursued and together with other imaging modalities might lead to significant progress in identification of biomarkers of psychiatric diseases.

The symposium will contribute to the understanding of main achievements and perspectives of electrical neuroimaging in psychiatry.

Thomas Koenig will illustrate the study of functional connectivity in patients with schizophrenia and the role of altered connectivity in auditory hallucinations.

Tomiki Sumiyoshi will discuss findings of low-resolution electromagnetic tomography (LORETA) in subjects with at-risk mental state (ARMS) who later progressed to schizophrenia. Conversion to schizophrenia was associated with reduced current density of the mismatch negativity in temporal lobe structures.

Bernd Saletu will illustrate results of a sham-controlled polysomnographic, psychometric and electrophysiological neuroimaging trial on the effects of electroacupuncture on daytime vigilance in primary insomnia. Electroacupuncture induced electrophysiological changes indicative of an improvement of daytime vigilance.

Armida Mucci will present data on the application of ERP topography in the study of reward processing in schizophrenia. ERP topographic alterations indicated the use of different neural networks in reward anticipation in subjects with schizophrenia, as compared to healthy controls.

Keiichiro Nishida will illustrate the relationships of EEG and fMRI identified resting state networks and discuss findings of EEG microstate in different mental disorders, with particular reference to correlates of symptoms in each disease.

Synchronicity of brain activity in schizophrenia
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The brain integrates information across large-scale neurocognitive networks by synchronizing neural activity (binding). Such networks form also spontaneously. The interaction of pre-activated networks with external stimuli determines the stimuli’s perception and behavioral responses. Abnormal internal states may therefore prime abnormal perceptions and behavior observed in schizophrenia.

Spontaneous brain activity can be measured by EEG, and the relation between different EEG channels contains information about the synchronization of brain processes. We pool a series of own studies, investigating EEG synchronization in untreated schizophrenic patients and healthy controls. Dependent variables were duration, occurrence and spatial distribution of transiently synchronized EEG states (microstates) and a frequency-domain synchronization measure.

Across all studies, schizophrenics showed reduced duration of a defined subset of microstates, suggesting premature termination of specific types of mental operations. This shortening correlated with hallucinatory experiences. In the frequency domain, reduced synchronization was consistently observed in the theta band. Auditory stimulation resulted in increased EEG indices of binding in the gamma-range in patients that frequently hallucinate.

The observation that a subset of brain states shows reduced synchronization of their active elements fits well with the hypothesis of a syndrome of functional disconnection that has previously been postulated to underlie the pathophysiology of schizophrenia.
EEG microstates in dementia and psychiatric patients

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Studies combining EEG and fMRI reveal that there are relevant links between fMRI brain-networks and EEG microstates (Lehmann et al., 1987), which are well-known spatial quantifiers of EEG with a sub-second time-resolution (Koenig et al., 2002).

In this symposium, we will relate resting state microstate parameters and microstate transitions in frontotemporal dementia and Alzheimer’s disease patients, but also include results from other psychiatric patients such as schizophrenia and obsessive-compulsive patients.

Interestingly a recent study (Britz et al., 2010) argued that one microstate class, called class 3 or C, may be correlated with the salience network; another class, called class 4 or D, might be associated with a frontoparietal network. Therefore, we will discuss the changes of microstates in the different mental disorders in the context of resting-state networks and their possible functions, and relate this to the symptoms of each disease.

Reward anticipation and feedback processing in subjects with schizophrenia: topographic findings

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The present report is part of a larger study investigating brain imaging and neurocognitive correlates of reward processing in schizophrenia.

Thirty-four patients with schizophrenia and 23 healthy subjects, comparable with patients for age and gender, were included in the study. ERPs were recorded during reward or loss avoidance anticipation and feedback processing. Measures of reward sensitivity, anticipatory and consummatory anhedonia were completed for all participants.

Patients showed greater scores for anticipatory anhedonia as well as trait physical and social anhedonia. During anticipation a main effect of diagnosis was observed only for a late time segment (400–500 msec), while a cue by diagnosis interaction was present for an earlier time segment (170–210 msec). The topography of the early segment discriminated patients from controls only for reward anticipation.

In the same time window there was no amplitude or global field power difference, indicating that the topographic difference was due to the activation of a different network in patients vs controls while anticipating a possible positive outcome. During feedback processing, a diagnosis main effect was observed, irrespective of outcome type.

Data from the fMRI study indicated that a widespread network of neocortical and limbic regions presented group differences. Findings will be discussed in the light of advantages and limitations of multimodal imaging.

Funded by Compagnia San Paolo di Torino-Neuroscience Call

Acute and chronic effects of electroacupuncture on daytime vigilance in primary insomnia: controlled EEG topography and tomography studies

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While interest in treating insomnia with acupuncture is high, controlled clinical sleep studies are scarce and objective data on daytime vigilance lacking. Thus, one aim of this sham-controlled polysomnographic, psychometric and electrophysiological neuroimaging trial was to study the immediate and chronic effects of electroacupuncture on daytime vigilance in primary insomnia. Twelve patients (9 f, age: 21-58 years, mean: 39.5 years) with primary insomnia (DSM-IV-TR 307.42) were included in the study. QEEGs were evaluated after acute electroacupuncture/placebo and chronic 10-week treatment (one 30-min electroacupuncture session/week) utilizing EEG mapping and EEG tomography (low-resolution brain electromagnetic tomography = LORETA).

EEG mapping of the acute effects of electroacupuncture compared with both baseline and sham acupuncture demonstrated a significant decrease in absolute and relative delta and theta power as well as an increase in alpha power, specifically fast alpha-2. Chronic electroacupuncture induced similar EEG changes, with an additional increase in absolute beta power and an acceleration of the delta/theta and total centroid over the right occipitotemporal region. Spatial distribution will be described on the basis of the LORETA data.

As compared with baseline and sham acupuncture, both acute and chronic electroacupuncture induced QEEG changes indicative of an improvement of daytime vigilance.
SS-18
Intersectional symposium on medical education, preventive psychiatry and mental health promotion

Organised by Bulent Coskun (Turkey)

There are several new approaches in medical education but with new and rapid technological developments the general tendency is to focus on biological aspects and mainly treatment rather than prevention and health promotion. Topics related with psychiatry and mental health are not much different. The place of preventive psychiatry is not very clear in the usual curricula. While in some medical schools, though not very much, prevention in psychiatry and mental health promotion are openly stated in the curricula, in most places these issues are dealt within the specific disorders if ever mentioned. In some places these topics are considered to be under social psychiatry. In other places, especially mental health promotion is thought to be a topic for other health workers not for medical students.

Curriculum development for Preventive Psychiatry: Results of the survey phase of the Education and Prevention Intersectional Project (EPIC)

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Preventive thinking may be seen as an attitude, and therefore medical education plays a cardinal role in the promotion of preventive psychiatry. Despite this, preventive psychiatry is evidently under-represented in the curricula of medical schools. The reasons for this are unclear, but may relate to the intrinsic nature of preventive thinking in that it is a cross-sectional topic, most appropriately classified among those belonging to the so-called “hidden curriculum”. In order to rectify this shortcoming, the WPA sections of Prevention and Education embarked in an intersectional project ("EPIC") aiming to record the current presence of preventive psychiatry in medical school curricula globally and eventually develop a curriculum for preventive psychiatry. In this presentation we will outline the project, discuss challenges associated with its implementation, and highlight the most significant findings of its first phase (global survey of medical school curricula).

Education with a gender perspective as a tool for mental health promotion

Herrman, H.
The University of Melbourne, Australia

Good education, good health and good mental health are closely related to each other. Conversely, low levels of literacy and education are a major social problem in many countries, especially among women. Lack of education limits access to work and economic resources and increases vulnerability to violence and ill-health. Poor education in mothers is associated with poor health of children and families. Improved access to education for girls can be promoted through social polices such as using subsidies, improved physical access to school and culturally appropriate design. Better education for women improves job prospects and child health, contributes to social equity, encourages girls and women to be more independent and lowers the risk for depression. UN Millennium Development Goal (MDG) 2 has a target to ensure that all boys and girls complete a full course of primary schooling. MDG 3 (Promote gender equality and empower women) has a target to eliminate gender disparity in primary and secondary education.

Educational performance for schools is typically linked to the students’ mental health, physical health and behaviour. Understanding this can encourage partnerships to promote mental health in schools through whole school programs focusing on appropriate relationships, and other programs including social and emotional learning initiatives for boys and girls. Education and vocational support for women and girls is especially important for promoting mental health in communities coping with disasters or emergencies.

The need to integrate primary care coordination into medical student psychiatry lectures

Baron, D.
Psychiatry, University of Southern California, Los Angeles, United States

Currently, undergraduate education in psychiatry for medical students has focused on the basics of psychiatry; diagnosis, treatment strategies and how to conduct a mental status exam. Virtually nothing is offered on how to integrate psychiatric principles into the general practice of medicine. Many medical schools curriculum have cut back on formal lecture hours allotted to psychiatry, making this a difficult task. Given the shrinking amount of time for formal lectures, the need to integrate content material, and case example, is significant. In this presentation we will offer specific examples of teaching activities appropriate to achieve this goal, given limited resources and shrinking classroom hours.
The role of environment in the medical education on mental health promotion

Janiri, L.  
Catholic University, Institute of Psychiatry, Rome, Italy

The relationship between ecology and mental health refers not only to physical aspects of environment (natural events, disasters, climate changes) but also to psychosocial factors influencing the individual’s emotions, thoughts and behaviors.

In the perspective of medical education students should be acquainted on how life and stressful events may affect mental health and induce psychiatric disorders. They should be aware about the possibility of controlling and managing environmental variables to prevent psychopathological conditions and of utilizing environmental resources as a therapeutic tool.

Among the main topics related to this complex interaction, in which the gene-environment relation should not be excluded, the following meaningful ones can be mentioned: family dynamics, working problems, substance and alcohol use, globalization and communication criticisms, cultural determinants, socio-economic and political factors.

The specific goal to be reached by a subject going to become a medical doctor is the concept that man is not an isolated entity but is structurally suitable for exchanging with the others and with the external world. In such a two-way connection it is often difficult to establish what pertains to the individual’s inner world and what to his outside medium.

Ecological education in medicine should be targeted to accomplish a humanistic and anthropological learning in addition to the most known biological and psychological one, towards a holistic integrated view of man.

Changes taking place nowadays: the example of migration

Pinto da Costa, M.  
Psychiatry Department of Porto, Hospital de Magalhães Lemos, University of Porto, Porto, Portugal

Globalisation, increased mobility, population ageing, financial crisis and social networking force us to test the old views and adapt to the new realities. This transformations raise new challenges in medical education, that are worthwhile to be acknowledged and addressed. These interrogations reflect current differences of perception created by the great velocity and intensity, followed by an unprecedented degree of interconnectivity and lowering of international barriers1.

Therefore, it is worthwhile to look for the example of migration and its impact onto the new global context by recognizing the push factors that pressure people to leave the donor country, the pull factors that make the recipient country seem attractive, while confirming patterns and duration of migration2.

The possibility to endorse this discussion in this intersec- tional symposium addressing a starting period, such as medical education and its importance to mental health promotion and preventive psychiatry, may raise awareness on what are the current trends, helping to elucidate the important underlying issues, such as changes taking place nowadays, the influence of migration on mental health and well-being of young doctors who migrate, as well as possible systems of support in the environments that host them. Moreover, we expect to formulate recommendations towards medical education organizations on concrete steps towards both supporting European young migrant doctors and those who continue in their countries.

References


SS-19
Psychoanalysis and Psychiatry – mutual influences

Organised by César A. Alfonso (United States)

This symposium aims at providing experienced psychiatrists with a fresh view of how psychoanalytic principles can inform brief psychiatric clinical encounters, demonstrating that psychiatry and psychoanalysis are complementary and that psychodynamic principles can inform psychiatric and psychopharmacologic practices and research design.

“Is there a space for psychoanalysis in the treatment of schizophrenia”? Dr. Botbol will present evidence for the usefulness of the psychoanalytic approach when incorporated in treatments of schizophrenia, and demonstrate how psychoanalysis remains 1) a theory to understand schizophrenic processes, 2) a tool to analyze these processes, and 3) an inspiration for psychotherapeutic techniques derived from the psychoanalytic model, techniques very often proposed to many of these patients in a person centered perspective and under names such as cognitive remediation, psychosocial rehabilitation, and psycho-education.

“Psychodynamics of psychopharmacology practice” Dr. Alfonso will address how psychodynamic principles guide brief psychopharmacology visits and increase understanding of the determinants of adherence. Adherence rates in psychiatric cohorts are in the range of 43-78%. Psychodynamic and attachment theory principles can enhance understanding of adherence and inform psychopharmacologic practice, especially towards fostering and strengthening the therapeutic alliance.

“Psychoanalytic theory informs biological psychiatry” Dr. Goethe will present a literature review and preliminary analyses of two clinical trials, an outcomes study and a comparative study of assessment methods. He will discuss recent studies that counter prevailing views (based on the traditional randomized control trial – RCT) about the efficacy of antidepressant medications. Data from the Goethe’s studies of treatment resistant depression suggest that “personality” and other variables not traditionally part of baseline assessments are important predictors of response. Conclusions from long-term outcome studies that include measures of functional status and adaptive capacity (e.g., “neuroticism”) differ markedly from the results from traditional RCTs. This presentation will demonstrate how psychoanalytic theory can enhance “biologically” based psychiatric research and practice.

Psychodynamics of psychopharmacology practice

Alfonso, C.1, 2
1 Member of the Psychoanalysis in Psychiatry Section, WPA, New York, United States
2 Immediate Past President, The American Academy of Psychoanalysis and Dynamic Psychiatry, Bloomfield, United States

Aims: This presentation will address psychodynamic principles that can guide brief psychopharmacology visits and increase understanding of the determinants of adherence. Adherence rates in psychiatric cohorts are in the range of 43-78%. Psychodynamic and attachment theory principles can inform our psychopharmacologic practice, especially towards fostering adherence and strengthening the therapeutic alliance.

Methods: Literature review of selected psychoanalytic theoretical papers and selected research studies.

Results: Psychodynamic factors related to non-adherence may stem from an unconscious need to feel separate from patients to defend against distress. Transferences are re-enacted in doctor-patient dyads and can result in under-medication, over prescription, and deviation from practice guidelines. Reframing the act of prescribing as “enactments” may help understand how patients feel validated or dismissed when medication is prescribed.

Discussion: This presentation demonstrates practical applications of psychoanalytic theory to inform psychopharmacology practice.

References
Social integration and psychiatric rehabilitation

Organised by Johannes Wancata (Austria)

Beside traditional concepts of psychiatric rehabilitation we have learned that neuropsychological functions as well as the patients’ social network are essential for avoiding societal exclusion. This symposium will report research data as well as experiences from everyday clinical practice.

What brings people with severe mental illness into the workforce?

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² Dept of Social and Community Psychiatry, Bern University Hospital, Bern, Switzerland
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Severe mental illness is associated with long-lasting symptoms and various impairments including individual, social and occupational aspects. To include people with severe mental disorders into the workforce is a major aspect of social inclusion, although in Western Europe due to the high threshold to enter the labour market especially challenging. The S3 guideline on psychosocial therapies in severe mental illness of the Germany Society for Psychiatry, Psychotherapy and Neurology (DGPPN) offers recommendations for psychosocial interventions. Evidence on the different approaches such as supported employment (SE – first place then train) and traditional pre-vocational training (first train than place) will be outlined. This is based on results of a comprehensive systematic literature review. Recommendations of the German S3 guidelines will be reported. The authors offer a critical appraisal of the recommendations in the light of most recent research in the field.

The paradigm of rehabilitation for individuals with severe and persistent mental disorders: is it the time for some reconsideration?

Junghans, U., Tschacher, W.
University Psychiatric Services, University of Bern, Bern, Switzerland

Objectives: Rehabilitation aims at increasing participation and inclusion of individuals handicapped by the consequences of a severe health disorder and is by definition consecutive to medical treatment. In case of severe and often enduring mental disorders this dissociation of rehabilitation from treatment bears some serious disadvantages.

Methods/Results: Based on the current literature and selected results from own research we argue that a dynamic model of need adapted and phase-specific interventions may be more fruitful to achieve recovery in severe and persistent mentally ill than a conventional rehabilitation paradigm.
Mothers as well as fathers of schizophrenia patients report relevant burden

Wancata J, Freidl M, Friedrich F, Unger A. Division of Social Psychiatry, Medical University of Vienna, Vienna, Austria

Purpose: The aim was to investigate caregiving and its consequences among fathers and mothers of the same patients suffering from schizophrenia.

Methods: 101 patients and their mothers and their fathers were investigated using the BDI, the CAGE, the IEQ and the FPQ.

Results: The mean number of days fathers lived together with the patients was not different from that of the mothers, but the average duration (hours per week) of contact with the patient was significantly higher for mothers than for fathers. Among 40% of the sample, fathers and mothers spend an equal amount of time caring for the patient. The mothers’ objective burden was significantly higher than the fathers’ objective burden, but parents did not show differences concerning subjective burden. Using screening instruments, mothers are more frequently depressed than fathers, and fathers show more frequently alcohol problems than mothers. The overall score of caregivers’ involvement did not differ significantly between fathers and mothers. Nevertheless, the overall number of needs for interventions was significantly higher for mothers than for fathers.

Conclusions: Some differences between mothers and fathers were found which should be considered when planning services for family caregivers.

References

Seven years of psychiatric liaison services for institutions sheltering the homeless

Psota G, Schmidl F, Berghofer G. Psychosocial Services Vienna, Vienna, Austria

Objectives: Many homeless persons are suffering from mental illnesses, but are often not able or willing to actively seek psychiatric treatment. In order to provide psychiatric help for mentally ill residents of facilities for the homeless in Vienna, a specialized psychiatric liaison service was implemented. This paper will give an overview of a seven year period of psychiatric liaison services for the homeless including limitations and success.

Methods: Sociodemographic and diagnostic data were collected from all residents seen by the psychiatric liaison service. Liaison services provided were assessed.

Results: Within seven years, liaison services were offered to 32 homeless shelters. A total of 2,712 homeless people were examined and 17,740 psychiatric interventions were performed. In addition, 2,082 case discussions, 1,891 supervisions, and 1,295 information sessions were provided to staff. The majority of residents were men without regular income who had been homeless for over five years. The most common diagnoses were substance-related disorders for men and schizophrenia for women. High rates of physical comorbidity were observed. Severity of illness and low level of global functioning correlated positively with homelessness duration.

Conclusion: Psychiatric liaison services are extremely important and necessary means to reach homeless persons who need psychiatric services.

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References
SS-21
Psychophysiology of schizophrenia and similar conditions

Organised by Petr Bob (Czech Republic)

A purpose of this symposium is to describe some psychophysiological data and theoretical findings that complementarily reflect interrelated brain and psychological processes in schizophrenia and similar conditions that may occur in epilepsy, panic disorders, borderline splitting or dissociative disorders. Implications of these findings suggest that the disrupted neural connectivity and mental disintegration in schizophrenia in the light of Bleuler’s concept of splitting may present a basic process in pathogenesis of schizophrenia. In this context, recent data indicate new perspectives in research of schizophrenia and psychosis-like conditions that connect “split mind” and on the other hand metacognitive processes in schizophrenia with the research of neural correlates of consciousness.

Coherence imaging in panic disorder and schizophrenia

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Coherence Imaging (CI) is a newly developed method for examining coherence within neural tissue rather than at scalp electrode location. Increased CI values have been linked to epilepsy. A complex interrelationship between epilepsy and psychosis and panic attacks has been alluded to for decades but the nature of the relationship is yet to be clarified. In this preliminary study, we examined CI in patients with panic disorder, schizophrenia and age-matched healthy controls. In the study six panic patients with no history of seizures and six schizophrenia patients also with no history of seizures and six healthy control subjects were included. All patients were stable outpatients on psychotropic medications. Subjects underwent a 155-channel magnetoencephalogram (MEG). Both groups of patients had significantly elevated coherence values as compared to healthy controls. Panic patient had significantly more limbic regions exhibiting increased CI values as compared to the other two groups. Results suggest that CI may be useful in probing the pathophysiology of panic and psychotic disorders and further research is necessary.

A new look at borderline personality disorder, schizophrenia, and related disorders: amygdala changes and subcortical hyper-reactivity

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Until recently, Borderline Personality Disorder [BPD] and schizophrenia were viewed as etiologically heterogeneous: some cases were seen as within the spectrum of mood disorders; others, as reflections of adverse family and other environmental factors. Although various medications were often advocated (antidepressants, mood stabilizers, antipsychotics), the mainstay of treatment was said to be psychological. Certain approaches were popularized: psychoanalytically-oriented, cognitive-behavioral, and supportive. Recently data emerging from MRI studies of BPD have found abnormalities in certain regions of the limbic system, particularly the amygdala, hippocampus, and areas of the prefrontal cortex. These abnormalities are understood to underlie the emotional dysregulation or diminished inhibitory control that contribute to several key BPD traits: unstable relationships, impulsivity, mood lability, and inordinate anger. In schizophrenia [SZ] the amygdala is smaller than in Bipolar Disorder [BD]; it is smaller than normal in both. Dysfunction in prefrontal inhibitory control is noted in both SZ and BD. Some differences are noted: in BD there is overactivity in the ventro-lateral prefrontal cortex [VLPFC]; in SZ, prefrontal hypoactivation in the VLPFC. Clinical examples will be given, plus treatment implications.

Cortico-cerebellar functional connectivity in schizophrenia

Kašpárek, T.
Department of Psychiatry, Masaryk University, Brno, Czech Republic

Abnormal execution of several movements in a sequence is a frequent finding in schizophrenia. Successful performance of such motor acts requires correct integration of cortico-subcortical processes, particularly those related to cerebellar functions. Abnormal connectivity between cortical and cerebellar regions with resulting cognitive dysmetria has been proposed as the core dysfunction behind many signs and symptoms of schizophrenia. Empirical data will be presented and discussed.
Metacognition in schizophrenia: associations with neurocognition and outcome

Lysaker, P.H.
Department of Psychiatry, University of Indiana, Indianapolis, United States

Disturbances in metacognitive capacity, or the abilities to think about thinking are key deficits in the ability to make discrete judgments about the thoughts and feelings of others as well as to form larger integrated representations of themselves in schizophrenia. Although metacognitive function may be linked to executive functions, it is unclear how the different domains of each phenomenon are related to one another. In this context recent data suggest that different domains of metacognition may be influenced by and influence different neurocognitive processes in schizophrenia. Clinical data and cases reports will be presented and discussed.

Neural complexity and mental disintegration in schizophrenia

Bob, P.
Department of Psychiatry, First Faculty of Medicine, Charles University, Prague, Czech Republic

Recent findings suggest that mental disintegration could be related to underlying disruptions of connectivity patterns and neural integration, and dissociation presents a significant comorbid diagnosis in a proportion of schizophrenic patients with a history of trauma. This potentially may explain the term “schizophrenia” in its original definition by Bleuler. In this context, the process of conscious disintegration or dissociation could serve as an important conceptual framework for understanding schizophrenia. These current findings will be illustrated using original data focused on investigations of relations among EEG and autonomic activity and paranoid schizophrenia.

SS-22
Diversion of people with mental illness and substance abuse disorders away from prison incarceration

Organised by Richard Warner (United States)

Holding people with mental illness and substance abuse disorders in jail or prison without proper treatment can be considered both inhumane and wasteful. It stands in the way of the individual’s recovery and is substantially more expensive than providing effective treatment services in the community. It also fails to help the individual adapt to being a safe and productive citizen. The speakers in this symposium, drawn from three countries, will talk of different approaches to correcting current problems which, in each country, are seriously concerning. One presentation will address the issue of excessive incarceration in terms of its importance within the framework of harm reduction as an essential role for psychiatry. The second speaker will look at the development of national mental health and criminal justice policy approaches to this issue. The final presentation will provide information about two local programs, one of them diffused widely across the US, the other a successful county model, both of which operate to channel people with mental health disorders and substance use problems out of the local jail.

Alternatives to incarceration for mentally ill offenders: a form of harm reduction

Krausz, M.
Department of Psychiatry, University of British Columbia, Vancouver, British Columbia, Canada

People with mental illness, especially those who abuse substances, are vastly overrepresented among incarcerated populations. The level of care and the consequences for the individuals are critical. Measures in the courts system, specialized community services such as those following the principles of assertive community treatment can help to shift from just incarceration, which is often expensive and ineffective to support and care, which may help to change the course and risk of reoffending.

Criminal justice mental health developments in England and Wales

Forrester, A.
South London and Maudsley NHS Foundation Trust / Institute of Psychiatry, London University, London, United Kingdom

Following a series of national policy documents, prison mental health in-reach teams and court liaison and diversion services have developed considerably in England and Wales over the last two decades. In prisons in particular, developments have been guided by the principle of equivalence, although there remain wide inter-regional service variations, while developments in courts have tended to be piecemeal, sometimes dependent upon local champions. The policy background and developing ser-
The delivery landscape is discussed and local service evaluations from the South London area are presented to illustrate how the principle of equivalence has been used and to establish whether it remains fit for purpose. More recently, the policy and research focus has shifted towards the development of complete criminal justice mental health pathways; new research within this field, with a focus on service arrangements in police custody, will be presented.

**Jail diversion for offenders with mental illness and substance abuse disorders**

**Warner, R.**

*Department of Psychiatry, University of Colorado, Denver, Colorado, United States*

This presentation will provide information about, and an opportunity to discuss, two program models designed to divert offenders with mental illness and/or substance abuse problems from incarceration in local jails into community-based treatment. One program, developed and run collaboratively by a Colorado county’s mental health and substance abuse treatment services and the criminal justice system, uses the techniques of assertive community treatment to prevent relapse and recidivism among clients with coexisting mental disorder and substance use problems. At a neutral location (not criminal justice or mental health related) the program provides integrated treatment and probation services with daily monitoring, medication administration, sobriety testing and vocational assistance. Another program, the integrated treatment court, works with felons who are failing to comply with the requirements of probation because of drug or alcohol abuse. The judges use motivational interviewing techniques and the court process is based on immediate reinforcement, establishing not only sanctions for failure to comply but also immediate positive incentives for successful compliance. These programs share common themes and techniques and are oriented towards rewarding progress rather than punishing failure. Both save the county well over a million dollars a year in criminal justice costs.
Human rights improve all over the world and are becoming the standard, including in low and middle income countries. “Arab spring” and other protests in the world show a real hunger for more democracy and more human rights for all citizens. However, important social groups do not benefit enough from this progress in the field of human rights: homeless, prisoners, women in many countries, and mental patients. The WPA Board (WPA Zonal representatives) decided to launch a series of workshops and symposia during the coming international/world congresses of the WPA on this crucial aspect of our profession. The aim is not to repeat indefinitely theoretical discourse on ethics and human rights, but to see what can be done practically in order to help improving human rights of mental patients and ethical behaviours towards them, to hence improve their quality of life.

Human rights for women psychiatric patients
Stewart, D.
Women’s Health, University Health Network , University Of Toronto, Toronto Ontario, Canada

Both men and women with psychiatric disorders are entitled to human rights under international agreements and conventions of the United Nations, the World Psychiatric Association, the African Chapter, the InterAmerican and European Conventions on Human Rights. However, it is clear that there are special issues for women patients including power, autonomy and informed consent issues, respect and modesty concerns, sexual abuse and safety issues, as well as access to appropriate gender sensitive reproductive, physical and mental health care. This presentation will review appropriate aspects of international conventions which have special salience for women patients and make some recommendations to improve mental health rights and care.

References

Ethical aspects of empowerment of the mentally ill
Rataemane, S.
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Empowerment of the mentally ill is a comprehensive commitment to ascertain access to mental health services in all countries. In most cases, budgets for mental health are a small fraction of the total health budget. This is more pronounced in developing countries and/or Middle to Low income countries as it is also linked to scarcity of skilled professionals in the field of mental health. How best can we then empower the mentally ill? The presentation will cover a number of considerations including advocacy for the mentally; sharing of information about illness/diagnosis; provision of optimum pharmacological and psycho-social interventions; and development of a harmonious triadic relationship involving the patients, service providers and the care givers. Finally, perceptions of causes of mental illness, where the mentally ill must be treated and who must treat them will be discussed to emphasize the need to be proactive in empowering the mentally ill and making sure that they are treated humanely with recognition of their “Human Rights”.

References
Deaths due to restraints in mental patients

McIntyre, J.
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Coercive activities have been used throughout history in an attempt to deal with behaviors associated with mental illnesses. One practice has continued in many treatment settings throughout the world is the use of restraints. Increasingly there has been recognition of significant morbidity and mortality resulting from the use of restraints. This presentation will report the findings of a recent study of deaths that appeared to be related to the use of restraints. These deaths occurred in a variety of settings, the largest percentage of which was in a general hospital. Only 26% occurred in a psychiatric setting although 75% of the deceased had a psychiatric history. The age range was 9 – 90, with 1/3 of the deaths in patients over 65. A significant lesson learned was the importance of considering pre-existent medical conditions and trauma history. Certain techniques were associated with a high number of deaths. Also for a number of the deceased there was inadequate monitoring after the patient had been restrained. The ultimate goal of dealing with agitated, disturbed behaviors is to eliminate the use of restraints and replace this technique with non-coercive methods. In the interim, proper use of restraints can significantly reduce mortality and morbidity.
The involuntary commission to psychiatric hospitals in Germany is regulated either by the federal German Civil Code (Bürgerliches Gesetzbuch: Betreuungsrecht) or the state legislations (Psychisch-Kranke-Hilfe-Gesetze of the Länder). Only patients who are admitted to psychiatry on these terms can become subject of involuntary treatment. As result of recent decisions taken by the Federal Constitutional Court (2011) and the Federal Court of Justice of Germany (2012) on the basis of the UN-Convention on the Rights of Persons with Disabilities (2008), the legal grounds for involuntary commission and involuntary treatment of mentally ill people in Germany are currently under revision. An overall consent exists that involuntary treatment is legitimate as long as it helps to prevent substantial damage to health or self-endangerment. For coercive placement to be induced, an expert supported decision by the court is mandatory. Additionally coercive treatment requires a separate court decision based on the judgement of psychiatrists. A patient’s incapacity to give consent is a precondition for compulsory treatment. Advance directives authorised by patients, who are in command of sound judgement have priority in treatment decisions.

However, there is considerable dissent in cases of the endangerment of third parties. Whereas legislation in several German states allow involuntary treatment in order to prevent harm to third parties, the Central Ethics Commission (ZEKO) of the German Medical Association explicitly refuses such practice. It is believed to be incompatible with the ethics of the medical professions. In 2011 there were 135,263 people involuntarily admitted to psychiatric hospitals in Germany – this equates to one of ten in-patients in psychiatric hospitals. These figures have increased over the past 10 years with extensive variations across sites. Coercive treatment affects less than 10% of the involuntarily admitted patients.

Franco Basaglia aimed with his Italian reform law of 1978 at 4 main goals. He tried to abolish large psychiatric institutions, prescribed instead of them small psychiatric wards not exceeding 15 beds in general hospitals, created a web of mental health community centers and tried to reduce coercive treatment by changing its meaning and proceedings. Before 1968 all admissions in Italian psychiatric hospitals were forced, and up to 1978 about 50% of them were still compulsory. According to his idea of social responsibility in psychiatric measures Basaglia established a rather complex proceeding for compulsory admissions. Based on the independent proposals of two medical doctors a village’s mayor decides a person’s coercive treatment. Criteria for compulsory admissions are the presence of mental illness, the need of urgent interventions and the impossibility to administer voluntary treatment. Forced admissions are surveilled by the court and have to be re-examined or renewed weekly.

The new law caused an immediate dropping of involuntary admissions. On the other hand its procedure was too slow to solve psychiatric emergencies. In some Italian regions an outpatient coercive treatment was established, while it was never developed in others. The high costs of small psychiatric wards limited their creation. All over Italy a restricted number of public wards compete with private psychiatric hospitals which still cover nearly 50% of the whole amount of 10,000 beds. Both, the private and public facilities, are usually crowded. Under those conditions high rates of hostility or violence among inpatients could be expected. Only a few studies have examined frequency and characteristics of violent behaviour among Italian psychiatric inpatients. Most of them confirmed already well known clinical and sociodemographic risk factors evidencing surprisingly a lower prevalence of violence in Italian hospital settings than in other countries. The only nationwide survey performed by Biancosino et al. shows low hostility (10% of all inpatients) and aggression (3%) rates and is in line with previous findings. Possible explanations for this phenomenon are the frequent exclusion of inpatients with organic mental disorders and substance abuse disorders, the overall availability of community-based psychiatric care and the low proportion of compulsory admissions. Small wards may also allow a more intensive monitoring of single problematic patients even when overcrowded.
Involuntary hospitalization of psychiatric patients – the Austrian situation

Hagleitner, J.
Austrian Health Institute, Vienna, Austria

In Austria involuntary hospitalization of persons suffering from a mental illness is regulated by law. The presentation explains the regulatory framework and reports facts and figures about the current situation in Austria.

Forced admissions and treatments in psychiatry: The Situation in Switzerland

Kurt, H.
Swiss Society for Psychiatry and Psychotherapy, Solothurn, Switzerland

In Switzerland forced admissions in psychiatric hospitals are various. New legal rules were introduced this year. We will represent data and describe the administrative burden for psychiatric institutions to comply with the law. But violence in psychiatric institutions like punishments or abuse exceed the legal conditions and must be prevented.

RS-02
Integrated psychotherapy /Knobloch

Organised by Iva Enachescu-Hroncová (Czech Republic)

Integrated Psychotherapy /Knobloch, developed as the treatment of non-psychotic disorders with special attention to Self-Defeating Behavior. It embraced individual, family and group psychotherapy, and a psychotherapeutic community which had considerable impact on all forms of treatment, both theoretically and practically. The system is highly universal, and therefore broadly applicable in various areas - psychotherapy, education and social services. IP/K is a time and personnel saving systems, which was one of the leading motives in developing Integrated Psychotherapy/Knobloch. It started in 1940 and the system originated from psychoanalysis, learning theories and Prague philosophy of science of Philip Frank and Rudolph Carnap, logical empirists. IP/K has been using the systems theory, cybernetics, the theory of social exchange (expanded by Dr. Iva Enachescu-Hroncova), ethology and evolutionary psychology.

IP/K was transferred from Prague to Canada to the University of British Columbia, Vancouver, in 1970. The experiences in Czechoslovakia, USA and Canada were the basis of the book Integrated Psychotherapy, written by Ferdinand and Jirina Knobloch published in English, German, Chinese, Japanese and Czech.

In fact, the development of psychotherapy integration seems to affirm their way. Theoretically IP/K is based on the conceptual framework of group schema. An individual is a part of a small social group and Integrated Psychotherapy continuously works with the whole group system which is far remote from Freud's conceptual system of one person. The information drawn from the small therapeutic community in Lobec, Czech Republic, influenced verbal and non-verbal techniques, both original (psychogymnastics, the method of ideal mother/father and the application of the Interpersonal Hypothesis of Music/Knobloch) and “borrowed” from the other systems of psychotherapy such as psychodrama. Individual psychotherapy in IP/K has features of group and family therapy. The research of Self Defeating Behaviour supports belief of the efficacy of Integrated Psychotherapy/Knobloch.

Integrated psychotherapy/Knobloch and 20 years of INCIP

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1 INCIP, Kromeriz, Czech Republic
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Integrated Psychotherapy/Knobloch (IP/K) written by Ferdinand and Jirina Knobloch is original theoretical and organizational system. Its main resources are psychoanalysis, behavioral therapy, ethology and evolutionary psychology. It includes individual and group psychotherapy and particularly the psychotherapeutic community. It is exceptionally intensive and makes very efficient use of time, money and human resources. The main goal is to change the contra-productive behavior of an individual to more adaptive behavior. This is to make an individual happier in personal life and more successful in employment. Integrated Psychotherapy uses original methods, particularly The Group Schema (which is the main theoretical pillar of IP/K), Vancouver Questionnaire of Neurotic Problems (problem areas) and Life Curve Analysis. Last but not least it works also with role-playing and dream analysis using IP/K methods, modeling of ideal father/mother to gain
Shyness in a sample of patients with anxiety depressive disorder

Juračková, P.
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In our report we deal with the problems of shyness and possibilities of psychotherapeutic approach with anxiety depressive patients. The shyness is viewed as the personality trait that significantly modifies feeling and behavior and also impacts on the life satisfaction of an individual. Shyness which becomes part of a negative oneself approach understanding may have broad negative consequences and adversely affects personal life satisfaction. Besides finding the frequency incidence of shy people within a selected sample of 50 psychiatric patients, we pay attention to the personality factors, respectively individual features of the five-factor personality model which can be related to shyness. Chronic shyness is a type of self-defeating behavior; an important concept in Integrated Psychotherapy/Knobloch. Thus it is useful to deal with this phenomenon, to be able to understand it and offer assistance to overcome it.

Keywords: mixed anxiety depression disorder, shyness, self-defeating behavior, life satisfaction.
The Use of Integrated psychotherapy/Knobloch in a private psychiatrist's practice – A Case Study

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1. Case report – yearly cross-sectional report
The first case report deals with a man who is 24 years old, with a secondary education and here do familiar load (sister of schizoaffective disorder). Patient came to a therapy about a year after discontinuation of treatment with another psychiatrist which had almost none effect. This is a cross-sectional report of a year treatment “controlled” by the questionnaire method (self-defeating behaviour by SELFDEF, Vancouver, life curve) and a case report describes the techniques used by the integrated psychotherapy with the description of its “effect” accompanied by the biographical information about the life of the patient in a set period of time (which affect the symptomology). Case report also contains transparent graphical illustrations of the development of neurotic symptoms of self-defeating behavior and life satisfaction based on the questionnaires filled out by the individual during the treatment.

References

2. Pitfalls of integrated psychotherapy in outpatient praxis.
The work is actually a reflection to the use of integrated psychotherapy in a psychiatric practice, with the emphasis on the pointing out the pitfalls or it does outline the possibilities how to deal with those pitfalls.

The first part discusses the group therapy techniques used by the individual therapy, without one fundamental aspect of group therapy and that is the “power of a group”. This is a number of individual experience (consulted by the INCIP), which could draw out, how such lines could forward the research in this area.

The second part deals with the time limits in the general psychiatric practice as one of the “pitfalls” usage by integrated psychotherapy in the psychiatric practice and tries out on some “brief reports” experience, to point out how it would be possible to use on the best way this time (without compromising the quality of the therapeutic process).

The third section discusses the participation of significant persons in the outpatient treatment. It reports some experiences how a significant person can contribute to complication of the course of a therapy.

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The Use of Integrated psychotherapy /Knobloch in pedagogical practice: Social exchange.Application of social exchange theory in higher education

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The perceptions and choices of prospective high education students are constructed within a complex interplay of social factors that are underpinned by basic social class and ethnic differences. The Romanian high education market is diverse and highly differentiated in terms of general status and reputation, research activity and income, private or state based, even geographical coverage, etc.

We propose that Social Exchange Theory provides a model for understanding the student decision-making behavior regarding continuation of study. The idea of having a ‘balanced life’ and finding ways of dealing successfully with competing demands to accommodate work, careers and social integration is not new (Wilen-sky, 1960). Contemporary students have many competing selves: student, worker, partner, parent, child, sibling and friend (McInnis et al, 2000). We propose that students continually evaluate the cost/benefits associated with each of their selves, investing in those roles that are relatively rewarding and disinvesting in those that they perceive as relatively costly.

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20 years of INCIP

Enachescu-Hroncová, I

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The Integrated Psychotherapy/Knobloch, theoretical education and perfection of practical skills are arranged in complex training program by the institute INCIP (The International Center for Integrated Psychotherapy/ Knobloch and a Healthy Life Style, Director Ferdinand Knobloch, dr.med, Professor emeritus of Psychiatry, University of British Columbia, F.R.C.P.(Canada), C.Sc. (Czech Republic), chairman of Psychotherapeutic Section of PS WPA between 1993–1996, psychologist coordinator PhDr Iva Enachescu-Hroncová, PhD and team of IP/K lectors, therapists and cotherapist in the town of Kroměříž, Czech Republic, Europe). INCIP was already trained more than one thousand of psychotherapists. The authors of IP/K, along with their collaborators have been continuously considering stimuli coming from the area of psychotherapy integration. IP/K was founded in Prague and in previous seventy years has proven itself to be very effective not only in facility of for rehabilitation of neurosis in center Lobec, Czechoslovakia (Czech Republic), but also in Day House Center in Vancouver, Canada in USA and other countries all around the world. The fundamental publication of IP/K is F. and J. Knobloch: Integrated Psychotherapy, which was published in English, German, Chinese, Japanese and Czech version.


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Integrated Psychotherapy – Knobloch uses both verbal and non-verbal techniques, including original technique of psychogymnastics (psychomime), which can be effectively used for psychotherapeutic or diagnostic goals in working with groups, in individual therapy or when dealing with couples. Psychogymnastics is a nonverbal expressive technique conceived by Knobloch and Junova in 1950’s in Czech Republic. In psychogymnastics, patients create nonverbal situations, in which they seek solutions to problems by playful ways. The use of this technique can lead to emotional corrective experiences, insights into discrepancies between verbal and nonverbal behavior, laying bare latent feelings or self-defeating behaviors, experimenting with alternative ways of reactions or relaxation and also strengthening group cohesion. Examples will demonstrate the possible use of this method for achieving different psychotherapeutic goals.

References


The Possibilities of Music Therapy in the Context of Integrated Psychotherapy/Knobloch. Interpersonal Hypothesis of Music (Knobloch).

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Purpose of this paper is to describe the possibilities of music therapy in the context of Integrated Psychotherapy / Knobloch. The main pillar of music therapy in the process of Integrated Psychotherapy / Knobloch is created by Interpersonal Hypothesis of Music, which is based on idea that the music reflects interpersonal tendencies which independent observer can determine with the certainty beyond a mere chance. Music is able to induce a state that like dreams activates interpersonal processes in one’s group scheme and in fantasy even satisfies some interpersonal needs and activates interpersonal tendencies. This refers to all people alike. One of the most important tools of music therapy is circumplex that represents eight categories of interpersonal tendencies (dominance and submission, affiliation and autonomy, exhibition of high and poor quality, fight and escape). There are also used various techniques of passive (receptive) and active components of music therapy – always in accordance with the principle of interpersonal hypothesis of music which together with the circumplex and group schema can function as effective secondary tool in therapeutic practice.

Key words: music therapy, interpersonal hypothesis of music, circumplex, group scheme, interpersonal tendencies, integrated psychotherapy
RS-03
Development of an instrument allowing the staging of care for patients with dementia

Organised by Maya Semrau (United Kingdom)

Aims/Objectives: Dementia is developing into an epidemic problem worldwide (1), placing an increasing demand for care on already strained health care systems. Efficient dementia care is therefore essential. This symposium aims to describe various efforts by the European Dementia Consensus Network (EDCON) to find ways of operationally assessing the need for care amongst dementia patients.

Methods/Results: Individual presentations will include an introduction of the EDCON group and an overview of their work; the group’s work on developing an international staging instrument for dementia; the validity of the mini-mental staging system to predict incident Alzheimer’s disease; and the group’s work on assessing competence in dementia.

Conclusion: There are several lines of work conducted by the EDCON group, which aim to operationally assessing the need for care amongst dementia patients.

References

The European Dementia Consensus Network (EDCON) group

Sartorius, N.1, Burns, A.2, Lobo, A.3,4, Olde Rikkert, M.5, Robert, P.6, Semrau, M.7, Stoppe, G.1, on behalf of the EDCON group1

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Aims/Objectives: To introduce the European Dementia Consensus Network (EDCON), and give an overview of the group’s work. This is a multi-disciplinary group of leading European specialists with experience in the diagnosis and care of dementia patients.

Methods/Results: The EDCON group has produced several consensus statements, including on the disclosure of dementia diagnosis to affected persons and their families; genetic dementia research (1); and competence assessment (2). The group has published reviews on existing barriers to the diagnosis and treatment of dementia (3); differences in the definitions of severe dementia (4); and ethical issues raised by genetic research into Alzheimer’s disease (5). The group is currently working on the development of a staging instrument for dementia.

Conclusion: The EDCON group has published a wide range of consensus statements and reviews, with the aim of identifying and addressing controversial issues concerning the recognition and care of people with dementia.

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A multi-dimensional clinical staging scale for dementia

Semrau, M., Burns, A., Lobo, A., Olde Rikkert, M., Robert, P., Stoppe, G., Sartorius, N., on behalf of the EDCON group.

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Aims/Objectives: We developed an easy-to-use, multi-dimensional clinical staging scale for dementia, following findings that a reliable and valid global scale was lacking in dementia care (1). We took inspiration from staging models for other disorders (2).

Methods: We developed the schedule first through expert focus groups to assess the need for a new dementia-staging tool and to obtain suggestions on its design and characteristics; second a pilot-study to test inter-rater reliability of the newly developed schedule using written case histories; and third a field-study to test the schedule’s inter-rater reliability when used in clinical practice.

Results: Focus group participants indicated a clear need for an international dementia staging scale. We developed a schedule with seven dimensions relating to behavioural, cognitive, social and care aspects. The pilot-study and preliminary field-study results have shown each of these dimensions to have adequate inter-rater reliability; in the three field-sites for which data analyses have been completed (France, Spain, Netherlands), intraclass correlation coefficients (ICCs; absolute agreement) ranged between 0.19 and 0.99, with 76.7% of ICCs over 0.7.

Conclusion: We have developed a valid and reliable staging schedule that could be used to guide the clinical and social management of people with dementia globally.

References

Validity of the MMSE staging system to predict incident Alzheimer’s disease


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Aims/Objectives: Valid staging in dementia is crucial. We test the hypothesis that the Mini-Mental Status Examination (MMSE) staging model can be valid to predict incident Alzheimer’s disease (AD).

Methods: A representative community sample of 4,803 individuals aged 55+ years was interviewed in the baseline study of the ZARADEMP Project, and non-demented individuals were followed up in three consecutive waves, for up to 15 years. Standardized instruments used included the MMSE and the Geriatric Mental State; a panel of psychiatrists diagnosed incident cases of AD (DSM-IV-TR criteria). Perneczky et al’s MMSE staging ranges were used to test the hypothesized association; the effect of mortality in the risk to develop AD was controlled in Fine and Gray regression models.

Results: Most individuals scoring 0-10 at baseline were considered to have dementia, had high mortality rate at follow-up (HR=4.13) and therefore were not considered for the association analysis. The risk of AD increased gradually as the MMSE score range decreased: HR=1.41 (95%CI 0.60-3.35), HR=2.99 (95%CI 1.19-7.47), and HR=7.13 (95%CI 2.33-21.79) for individuals in score ranges 26-29, 21-25, and 11-20 respectively.

Conclusion: This is the first report documenting predictive validity of the MMSE staging system in incident AD.

References
Competence assessment in dementia: towards a consensus

Stoppe, G.1, Burns, A.2, Lobo, A.3-4, Olde Rikkert, M.5, Robert, P.6, Sartorius, N.1, on behalf of the EDCON group1

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Aims/Objectives: Considering the societal efforts to strengthen patient’s rights and autonomy, the relevance of competence to exert one’s interests is increasing. Dementia – per definition – goes along with loss of competence. We aimed to find a consensus on how to deal with competence assessments.

Methods: We performed a transeuropean survey and got responses from 17 experts on the situation in their countries. Based on these results we held an expert meeting (lawyers, legal medicine specialist, neuropsychologist, psychiatrist) and defined the relevant lines of discussion. We did a literature review on the state of the art.

Results: Dementia diagnosis does not automatically mean incompetence. The assessment of competence cannot be done with one instrument, although some of them might be helpful. It should take into account the variability of clinical dementia symptoms as well as special functions required for different purposes.

Conclusion: We have developed a consensus document and published a book that covers chapters on the state of the art for various domains (e.g. driving, finances) and on the legal situation and practice in various European countries (1). We also contributed to the IPA task force on wills and undue influence (2) and the respective initiatives of Alzheimer Europe.

References
RS-04
Ingredients for effective treatment of major depression

Organised by Henriette Loeffler-Stastka (Austria)

The symposium focuses therapeutic factors leading to treatment success, improvement of symptoms, interpersonal and psychic functioning, and to sustained change. We concentrate on the Munich Psychotherapy Study (MPS, Huber et al., 2012), which compares psychoanalytic therapy, psychodynamic therapy and cognitive-behavioral therapy in patients with unipolar depression in a pre-and post-treatment and three-year follow-up design. Active ingredients, moderators and mediators of change are presented and linked to treatment outcome.

We compare patient variables, therapist and interactional factors and specific treatment intervention technique. The first paper gives an overview of the prospective, quasi-experimental process-outcome study that compares 100 patients in an intent-to-treat approach, presents outcome predictors and discusses certain moderators of change. The second paper centers on long-term effects in differentiating the outcome parameter from mediating variables, such as treatment intervention technique or dose-effects. In the third paper we question the role of specific therapeutic factors, therapeutic techniques and therapist behavior during the early, middle and late process of treatment and link it to outcome. Additionally we discuss, in how far specific therapeutic factors play a role in all three therapies.

Moderators of change in psychoanalytic, psychodynamic and cognitive-behavior therapy

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Aim: The aim of the study is to determine moderators of change in psychoanalytic, psychodynamic and cognitive-behavior therapy in the treatment of depression.

Method: Data came from the Munich Psychotherapy Study (MPS), a prospective, quasi-experimental process-outcome study that compares 100 patients at pre- and post-treatment and three-year follow-up. Outcome measure battery included the Beck Depression Inventory (BDI), the Inventory of Interpersonal Problems (IIP), and the Scales of Psychological Capacities (SPC, structural change). The independent variables (putative moderators) were: age, sex, partnership status, duration of depressive disorder, prior therapies, motivation, personality disorder, therapist-rated satisfaction with therapeutic relationship of the Helping Alliance Questionnaire (HAQ) and scales: emotionality and extraversion of the Freiburg Personality Inventory (FPI). The independent variables were entered into a stepwise logistic regression analysis. The results are presented as odds ratios (OR).

Results: Emotionality of the FPI (OR=1.47) and diagnosis of a personality disorder (OR=3.82) predicted negatively outcome in the BDI. Partnership status (OR=3.52), therapy dose (OR=1.02) and satisfaction with therapeutic relationship (OR=3.84) predicted positively outcome when assessed with the IIP. Only psychoanalytic therapy predicted positively (OR=4.1) structural change (SPC).

Conclusion: Personality problems or personality disorders clearly predict negatively improvement in symptoms. Predominantly treatment parameters predict positively outcome beyond symptoms.

Mediators of sustained therapeutic change: Testing the indirect effects of dose and psychodynamic technique in therapeutic treatments for major depression

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Objective: It is unclear whether the effectiveness of long term psychodynamic psychotherapy (LTPP) is due to distinctive features of psychodynamic technique or due to higher dose of sessions. The aim of this study is to test these rival hypotheses in a quasi-experimental design comparing high-dose and low-dose LTPP with cognitive-behavioral therapy (CBT) for depression.

Method: Analyses were based on a sample of 77 participants, with 27 receiving high-dose LTPP, 26 receiving low-dose LTPP, and 24 receiving CBT. Depressive symptoms, interpersonal problems, and introject affiliation were assessed prior to treatment, after treatment, and at one-, two- and three-year follow-up. Three audio-taped middle sessions were selected from each treatment to be assessed by two raters according to the salience of
Psychodynamic techniques (using the Psychotherapy Process Q-Set).

Results: Participants receiving high-dose LTPP reported fewer interpersonal problems and more affiliative introjects directly after treatment, and tended to improve in depressive symptoms and interpersonal problems during follow-up, as compared to participants receiving CBT. Multilevel mediation analyses showed that post-treatment effects were mediated by dose, and follow-up effects were mediated by psychodynamic techniques.

Conclusions: Results give support to the assumption that psychodynamic techniques facilitate sustained therapeutic change in patients with major depression.

Comparison of therapeutic factors in psychoanalytic, psychodynamic and cognitive-behavioural therapy process of depression

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Objective: The aim is to explore therapeutic factors of the three types of psychotherapy. To gain a better understanding of the therapeutic success we test whether (1) specific psychoanalytic, cognitive-behavioural and non-specific factors differ between treatment groups in early, middle, and late sessions, and (2) whether these factors are related to outcome and stability of outcome.

Method: Data is obtained from the Munich Psychotherapy Study, which compares the aforementioned types of psychotherapy. Process-analysis is based on audio recordings of therapy sessions by means of the Psychotherapy-Process Q-Sort (PQS). Principal Component Analysis explores whether there are empirical factors that distinctively capture therapeutic techniques and therapist behaviour (i.e., “therapeutic factors”).

Results: Within 639 sessions including all three psychotherapy-methods 12 factors displaying specific PQS-item combinations were found explaining 39 % of the variance, the first five explaining 26% (KMO- and Bartlett-Test: .73; p =.000). Four factors represent therapeutic factors, the other patient’s (re)actions and interactional parameter, as well as non-specific ones. Some factors differ distinctly between the treatment modality in the early sessions, while the middle and late sessions are more heterogeneous.

Discussion: The influences of specific intervention technique, therapist factors within several phases in the timeline of treatment process are discussed.
RS-05
Neurophysiologic methods in psychiatry: assessment of impaired brain functioning and prediction of outcome

Organised by Andrey Iznak (Russian Federation)

Neurophysiologic methods, such as EEG, MEG, ERP, represent fine and sensitive tools both for objective assessment of brain functioning in mental disorders, and for monitoring of treatment efficacy. The aim of Symposium is to demonstrate the value of neurophysiologic methods and approaches for better understanding the peculiarities of visual verbal information processing, and of mechanisms of impairment of reward anticipation in schizophrenic patients (by analysis of ERP waves parameters), and of impairments of acoustic information processing in children with autism spectrum disorders (by MEG and EEG studies), and for differential diagnosis of pseudoneurotic organic disorders vs. stress-related disorders (by analysis of EEG coherence), as well as for prediction of therapeutic outcome in depressive patients (by background EEG and ERP parameters).

All data presented are of both theoretical and practical interest for clinical and biological psychiatry.

EEG and ERP predictors of efficacy of depression treatment

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The aim of the study was to search for some possible neurophysiological predictors of efficacy of depression treatment with the final goal to optimize individual therapy and to improve quality of life of depressive patients. Multidisciplinary clinical-neurophysiological study followed the contemporary biomedical ethical rules has been carried out in two groups of patients with various forms of depression (with endogenous depression, and with depressive-delusional state in the frame of attack-like schizophrenia). Severity of depression in dynamics of therapy was assessed quantitatively using clinical rating scales (HDRS, MADRS, and CGI).

Brain functional state of patients was assessed objectively by resting EEG spectral power, and by peak latencies of main components of auditory cognitive evoked potentials, and by choice and simple reaction time. Statistically significant correlations have been revealed between some EEG and cognitive evoked potentials parameters recorded before the beginning of therapy course, and clinical rating scales scores obtained after 28 days of treatment, associated with marked clinical improvement. The data obtained suggested some neurophysiological parameters (together with clinical assessments) may be used prospectively as predictors of efficacy of depression therapy and of quality and duration of remission.

The study was supported by RFH grant No.12-06-00019a

Reward and loss avoidance anticipation in subjects with schizophrenia: ERP findings

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The present report is part of a larger study investigating brain imaging, electrophysiological and neurocognitive correlates of reward anticipation in schizophrenia. The electrophysiological protocol was designed to verify: 1) an impairment of reward anticipation in patients with schizophrenia; 2) associations of anticipatory anhedonia and negative symptoms with event-related potential (ERP) indices of impaired reward anticipation. Thirty-four stabilized patients with schizophrenia (SCF) and 23 healthy subjects (HS), comparable with patients for age and gender, were included in the study. ERPs were recorded during reward or loss avoidance anticipation. Measures of reward sensitivity, anticipatory and consummatory anhedonia were completed for all participants.

SCF subjects showed greater scores for anticipatory anhedonia as well as trait physical and social anhedonia. The Anticipation Related Negativity (ARN) amplitude was greater for loss avoidance than for reward anticipation cues in HS, while it was greater for reward anticipation cues in the SCF group. Neither behavioral measures of anhedonia nor negative symptoms showed significant associations with ARN amplitude for reward anticipation. ERP indices of reward anticipation were not reduced in subjects with SCF. The inclusion of patients treated only with second-generation antipsychotics might partly account for these negative findings.

Funded by Compagnia San Paolo di Torino-Neuroscience Call
Intrahemispheric EEG coherence in neurotic patients

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Disturbances of interrelations between different parts of brain, assessed by function of EEG coherence (Coh), suggested to be the correlate and/or the cause of some mental disorders. The goal of the study was to examine the level of intrahemispheric coherence in patients suffering from organic pseudoneurotic disorders (F06.3–F06.8 and F07.0–F07.8, according to ICD-10) and from stress-related disorders (F4).

100 healthy subjects, 100 patients with organic pseudoneurotic disorders and 65 patients with stress-related disorders aged 18–50 have been examined. In pseudoneurotic patients symptomatology was represented with asthenoneurovegetative, asthenodepressive, emotionally labile and anxiety disorders occurring as a result of traumatic brain injuries, neuroinfections, and chronic vascular processes. Similar symptoms were observed in patients with stress-related disorders.

The level of intrahemispheric coherence of all EEG rhythms (especially of beta-rhythm) was increased in both hemispheres, more evidently in frontopolar/temporal, temporal/occipital, central/occipital electrode pairs, in both groups of patients in comparison to norm. There were not revealed any differences in intrahemispheric coherence rates between patients with organic pseudoneurotic disorders and with neuroses.

The data obtained suggested intrahemispheric EEG coherence reflects syndromologic rather than nosologic differences.

Atypical lateralization of brain responses to monaural clicks and impaired preattentive arousal in children with autism spectrum disorders

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Auditory sensory modulation difficulties and problems with automatic re-orienting to sound are well documented in autism spectrum disorders (ASD). Abnormal preattentive arousal processes may contribute to these deficits. Components of auditory evoked potential (AEP) reflecting preattentive arousal were investigated in ASD and typically developing (TD) children. Pairs of clicks separated by 1 sec or 8-10 sec intervals were presented to either left or right ear. In TD children the P50, P100 and N1c components were much greater in response to first click and P100 was always rightward lateralized, whereas the N1c was greater contralaterally to the stimulated ear. Comparison of TD and ASD children demonstrated: 1) reduced amplitude of the P100 under condition of temporal novelty, and 2) attenuated P100 repetition suppression effect in ASD. The abnormalities were lateralized and depended on the presentation side, as they were evident in case of only left ear stimulation. The P100 abnormalities correlated with degree of developmental delay and with severity of auditory sensory modulation difficulties observed in the ASD participants during infancy and toddlerhood. The results suggest that some right hemispheric brain systems crucially important for arousal, attention re-orienting and possibly for other behavioral deficits are compromised in ASD children.
RS-06
Psychiatry in National Socialism

Organised by Christian Haring (Austria)

Psychiatry in National Socialism is a very dark side of medical history. Medical sciences were focused on the society not on the individual, economic contents had preference to human aspects and ethics were focused on a healthy “Volkskörper”. So the Nazi regime was active in a lot surrounding countries the inhuman handling with mentally handicapped was widespread over whole Europe. A lot of nations are working on this Nazi past and the different results will be presented at this symposium.

Psychiatry in Austria 1935–1945

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Psychiatry in National Socialism is a very dark side of medical history. Medical sciences were focused on the society not on the individual, economic contents had preference to human aspects and ethics were focused on a healthy “Volkskörper”. The influence of these aspects in the Austrian psychiatry will be presented.

Polish psychiatry under German occupation during World War II

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Polish psychiatry was since its origin deeply influenced by German (Austrian) and Russian psychiatry. Since September '39 the German occupant made Poland become the exercise ground of genocide. German “health policy” for Poles was “starvation or shooting”. On the eve of Holocaust, Polish psychiatric patients were the first victims of mass executions, and the first to be killed by new developed “gassing” technology. Especially cruel was the fate of Jewish patients. Some hospitals continued working under German rule and received patients from Germany in the framework of Nazi-“Euthanasia”. It took over 40 years to break the silence between Polish and German psychiatrists.

Fates at the Psychiatric Hospital of Klagenfurt during National Socialism

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The inhumane happenings within psychiatric departments during National Socialism as also in Klagenfurt/Carinthia must not be forgotten. Memory and grief work is necessary again and again in order to keep watch and to warn against it ever happening again. Integration instead of exclusion, protection instead of eradication, high regard even for the weak and foreign, acceptance instead of correction and great respect for life are principles of every modern culture and must especially be lived consciously and proactively by psychiatric departments. Beyond the historical perspective reconstructive biographical work together with relatives is presented as a proactive duty of psychiatric institutions. Examples of such grief work and accompaniment of family members during the last years are given.

Psychiatry in National Socialism: The German Association for Psychiatry

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Psychiatry under National Socialism was one of the darkest chapters in this field of medicine. The “Law for the Prevention of Hereditarily Diseased Offspring”, released in 1933, as well as the “euthanasia” programme of 1939 claimed the lives of thousands of mentally and physically disabled people.

After far too many years of silence, trivialisation, denial and continued discrimination against the victims and their families, the German psychiatry gradually began the painful and difficult process of coming to terms with this chapter of its past. In 2010 the German Association of Psychiatry, Psychotherapy and Psychosomatics (DGPPN) finally acknowledged its responsibility as a result of its predecessors’ involvement in the crimes of National Socialism. In 2011 a fundraising initiative was launched in order to honour the victims who were killed and subjected to ethically unjustifiable research and forced sterilisation, and to remember colleagues who were forced into emigration. By means of the donations collected and a monetary contribution of the psychiatric association, a travelling exhibition will be financed. This exhibition is conceptualized to inform about the treatment of mentally and physically disabled people during the Nazi regime. On 27th of January 2014 the exhibition will be opened at the German Parliament (Deutscher Bundestag) in Berlin.
RS-07
Light effects on psychiatric and psychological functions

**Organised by Nicole Praschak-Rieder (Austria)**

Light is an important environmental factor exerting a significant impact on physiological and psychological functions. The influence of light has also been investigated in a number of psychiatric problems and disorders that vary with the seasons. Light has been shown to be closely related to brain monoamine function, especially to indoleamines such as serotonin and melatonin. Bright light therapy has a beneficial effect on circadian synchronization, sleep quality, mood, and cognitive performance depending on timing, intensity, and spectral composition of light exposure. It is the therapy of choice in seasonal affective disorder. Other fields of research involving light include schizophrenia, anxiety, cognition, sleep disturbances, premenstrual syndrome, dementia, and the seasonal variation in suicide rates.

This symposium will highlight various aspects of the effects of ambient light on psychiatric disorders and psychological functions.

Gilles Vandewalle will present data from two studies investigating the processing of emotional stimuli under different lighting conditions.

Michaela Defrancesco will report on the influence of three different light intensities on the effects of tryptophan depletion on mood and serotonin-metabolites in blood plasma.

Matthäus Willeit will report on recent brain imaging studies investigating the influence of season and sunlight on brain monoamine systems.

Zoltan Rihmer will focus on the association between environmental light, seasonality and suicide rates.

**Spectral quality of light affects emotional brain responses in healthy individuals and in patients**

Vandewalle G.,
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Light constitutes a strong stimulator of alertness and cognition through a novel photoreception system maximally sensitive to blue light, as opposed the classical visual system, maximally sensitive to green light. The successful use of light therapy for seasonal affective disorder (SAD) suggests that light affects emotion regulation. Whether light and its spectral quality directly affect emotion processing was, however, unknown.

We recorded fMRI brain responses to vocal emotional stimulations in healthy individuals alternatively exposed to blue and green monochromatic light. We then recorded brain responses to vocal emotional stimulations under blue and green light in patients with SAD and in controls during winter.

Analyses revealed that blue light enhances the functional connectivity between the amygdala, hypothalamus and voice area of the temporal cortex for the processing of vocal emotional stimuli in healthy individuals. Results also show that patients with SAD present abnormal hypothalamic responses to emotional auditory stimuli, with increased and decreased activations under blue and green light, respectively.

These findings constitute the first evidence in favor of an acute impact of light and of its spectral composition on emotion brain processing. They provide neurobiological substrates through which light could exert its therapeutic effect.

**Dose-effect relation between ambient light intensity and effects on neurobiological and behavioral functions**

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Objectives: Light is a powerful synchronizer of the human biological clock and stimulates serotonin production in the hypothalamic suprachiasmatic nucleus (SCN) [1,2]. Further, light is suggested to influence cognitive functions, sleep and mood dependent on duration of exposure, light intensity and time of application [3]. However, little is known regarding the dose-effect relation between light intensity and effects on these functions [4].

Methods: The purpose of the present study was to examine the effect of tryptophan depletion (TD) under different ambient light conditions, measured through serotonin-associated plasma levels and a visual analogue scale (VAS). TD was administered randomly to eight healthy female under three different light conditions (75 lx, 585 lx and 1,530 lx). Prior to, and 5 hours following administration of TD, outcome variables were measured.

Results: TD significantly lowered mood and all measured serotonin-associated plasma levels. Significant differences under varying light conditions were found for the VAS, total plasma tryptophan and plasma 5-hydroxyindoleacetic acid, with the greatest effect in the 75 lx condition [5].

Conclusion: Our results provide evidence for an influence of even slight differences in ambient light intensity on the effect of TD concerning mood and the serotonergic system.
Monoamines and chronobiology: what brain imaging can tell us

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Objectives: According to current knowledge, disturbances in brain monoamine function play a major role in many psychiatric disorders, and most of the radioligands used for investigating these disorders bind to brain monoamine targets. A phylogenetically ancient and prevailing function of monoamines is to mediate the adaptation of organisms and cells to rhythmical changes in light conditions, and to other environmental rhythms, such as changes in temperature, or the availability of energy resources throughout the seasons.

Methods: We will report on the current knowledge on seasonal changes in binding of monoaminergic radioligands in the human brain. Further, we will give an overview on neuroimaging results in patients with seasonal affective disorder (1).

Results: There are strong effects of season on the brain serotonin system (2,3). Some intriguing finding within the dopamine system, such as a seasonal variation in D2/3 receptor binding (4) and striatal $[^{18F}]$DOPA uptake (5) still warrant independent replication.

Conclusions: We argue for the importance of considering possible effects of season when investigating brain monoamine function in healthy subjects and subjects with psychiatric disorders.

References

Environmental light, seasonality and suicide rates

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The seasonal variation of suicide (spring/early summer peak, winter low) is mostly the consequence of depression-related suicides (1,2), and HPA axis function, as reflected in the rate of abnormal dexamethasone suppression test (DST), also shows characteristic circannual variation that corresponds quite well to the seasonal variation of suicide (3). Abnormal DST is a long-term predictor of completed suicide and high serum cortisol level is accompanied by decreased central serotonergic function. The later is a strong biological correlate of some pathological behaviours, like depression, impulsivity and violent suicidal behaviour. Finally, it should be noted that some central serotonergic indices, including brain serotonin transporter binding capacity, also exhibit seasonal variation being most abnormal in the seasons where suicide mortality is the highest (4).

Investigations have also dealt with the effects of season of birth on different aspects of human health. We have recently found a significantly elevated risk of completed suicides among those born in spring and summer (5).

The above evidence indicates the effect of seasonality on various, multiple-level neurobiological and neuropsychiatric phenomena, and previous studies indicate the environmental light conditions may be an important mediator of the effect of season of births on these characteristics.

References
3. Rybakowski J, Płocka M. Seasonal variations of the dexamethasone suppression test in depression compared

RS-08
Different national strategies in suicide prevention from the global perspective

Organised by Christian Haring (Austria)

National suicide prevention programs are packages of measures which should help the different ministries of health to realize an evidence based suicide prevention programs. That such a program is indispensible can be seen on the fact that suicide is on most common causes of death the in male and in the elderly. The symposium itself should summarize successful national programs. In the meantime a lot of nations the ministries of health established structures for the coordination of the national suicide prevention programs. Different nation have different strategies in preventing Suicide. In this symposium these different strategies are described.

Suicide Prevention in Uganda and Vietnam

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Suicide and attempted suicide is currently a major public health problem in rapidly developing countries but there are limited studies in this field. Thanks to collaboration between NASP (National Centre for Suicide Research and Prevention of Mental Ill-Health) at Karolinska Institutet (KI), Stockholm, Sweden and Makerere University, Uganda and also Hanoi Medical University, Vietnam, we now have been able for the first time ever in those two countries, to make steps forward in understanding mental health and suicide prevention provision.

By investigating the relationship between life-time and current suicidal thoughts, psychological factors, lifestyles and depression we have described the characteristics and similarities of risk factors between suicide attempters in Vietnam, Uganda and the West.

In Vietnam, prevalence of suicidal thoughts is associated with characteristics, such as female gender, marital status, low income, lifestyle (use of alcohol, sedatives and pain relief medication). Despite some differences between suicide attempters in Vietnam and the West, such as the use of pesticides and rat poison in rural areas when attempting suicide and only a small proportion of people being diagnosed with psychiatric illness, there are substantial similarities. Both in Vietnam and in the West suicide attempters are young, with more females than males attempting suicide. In urban areas in Vietnam suicide attempters employ analgesics and anti-pyretics (e.g. paracetamol) more often than other methods.

Unrecognised depression and suicidal feelings cause untold suffering and unnecessary loss of life and often hide behind a shield of cultural denial and inattention that hinder early diagnosis and appropriate care. Detecting suicidal persons is also key in their treatment, so research in Uganda has focused upon RISLE (Response Inventory to Stressful Life Events) – a tool that can be used in suicide prevention.

In Uganda, around a third of the interviewees from the general population reported a lifetime experience of suicide ideation and 13% had experienced this in the previous week. The overall prevalence of clinically significant depression in the general population was 17.4%. Higher rates of suicide ideation and depressed mood were found in females. Research indicated also that first year students at Makerere University showed a high prevalence of stress and mental health problems.

In both the study areas of Uganda and Vietnam, suicide-preventive strategies like reducing access to poisons and drugs, detecting distress and depression, targeting young people in schools and universities with mental-health programmes and psychosocial interventions, were tested with positive results. Thus it is plausible that suicide preventative programs used in Western countries can also be implemented in other geographical location.
Suicide Prevention in Italy

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In Europe national suicide prevention strategies have been elaborated mostly in countries with intermediate or high suicide rates and with well developed care systems. Less attention was paid to the phenomenon of suicides in Mediterranean countries all characterized by relatively low suicide rates. Italy strikes by an unusual low prevalence of different diseases so that the suspect of a counting bias cannot be excluded and might be extended to suicide rates as well. Some research was done to clarify the question of hidden suicides and resulted in credible and consistent data. Substantially, suicide prevention programmes are delegated to non governmental organizations and hardly reach a cross-national level. The national prevention plan of 1012 elicits briefly the need of suicide and depression prevention activities although Italy is among the countries with very low suicide and suicide attempt rates and points out the European Alliance Against Depression (EAAD) as a leading prevention project evaluated also in Italy. Performance and evaluation of the Italian branch of EAAD have taken place in South Tyrol, a multicultural area of 500.000 inhabitants bordering with Austria and Switzerland and characterized by suicide rates that have been twice the national average for decades. By specific interventions on four levels described in details suicide rates among men have significantly dropped, whilst rates for both genders together have shown a trend to decrease. Knowledge about depression and suicide was rated among general population during the campaign and showed a high level when compared with other studies. But the nationwide implementation of the project was obstructed by lack of funding and by the fact that Southern Italian areas traditionally show remarkably lower suicide rates.

On the other hand, outstanding nationwide initiatives are crisis helplines and the annual celebration of the 10th of September as suicide prevention day.

More national and regional research is needed to prove the efficacy and the effectiveness of single suicide prevention initiatives compared with multilevel interventions.

Environmental lithium contents and suicide mortality

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Suicides are under the ten most common causes of death. Geographic analyses of suicide mortality may be explained by population density - a marker of urbanity -, per capita income of the region, or the religious composition of the population. However, given the existing evidence that lithium, a suicide preventive, naturally contained in usual drinking water from the tap, may have effects on suicide mortality, this hypothesis is worth further examination. We have examined three different countries with respect to their lithium contents of drinking water and ambient lithium levels and discuss possible effects of low-dose lithium on suicide mortality.

Suicide Prevention in Austria (SUPRA)

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Suicide Prevention Austria (SUPRA) is a package of measures which should help the Austrian ministry of health to realize an evidence based suicide prevention program. That such a program is indispensable can be seen on the fact that suicide is on the second position as cause of death in male Austrians up to the age of forty. The concept itself summarizes successful national programs which fit to the Austrian situation. In the meantime the Austrian ministry of health established an office for coordination of the SUPRA program and a commission of experts which is responsible for the first activities of the national Austrian suicide prevention program.
RS-09
Fukushima nuclear plant disaster stress relief project

Organised by Tsuyoshi Akiyama (Japan)

The Chernobyl Forum concluded that mental health is the major public health problem stemming from the accident. As is well known, mental health disorders are a leading cause of disability, physical morbidity and mortality, and thus these consequences of the Chernobyl disaster have long-term implications. In order to prevent similar health damage in Fukushima, we need to consider complicated features of Nuclear Plant Disaster Stress.

1. The stress source, radiation continues to exist.
2. The extent of main harm risk, increase of cancer can be grasped only after many years.
3. The concepts of radiation, cancer and the mechanism of cancer risk increase due to radiation are not easy to understand for general population.
4. Scientific discussion on this issue is often made difficult by intense political / emotional reaction influenced by opinion on nuclear plant operation.
5. The tolerance to this stress seems different according to gender and age.
6. While residents naturally feel victimized, Fukushima and the residents and workers are stigmatized as well.
7. Conflicts occur between disaster evacuees and residents in the evacuation area, since the evacuees’ cash income is higher due to disaster compensation.

These factors are hampering self-support. Learning from the Chernobyl experience, we started to gather information on relief activities and are creating a relief project combining risk-communication, emotional support and enhancement of cohesion through art performance measures.


Psychological impact of the Chernobyl disaster: Lessons learned

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The Chernobyl accident unleashed long-term adverse effects on mental health, particularly depression, post-traumatic stress, health-related anxiety, and non-specific somatic complaints. These conditions are associated with poorer quality of life, physical health, marital relations, and excessive worries about the health of the children in the family. The major risk factor is perceived exposure. Perceived exposure, as opposed to actual exposure, is a powerful and pernicious risk factor.

This talk reviews evidence on the psychological impact over a 20 year period on children, their mothers, and clean-up workers, known as liquidators. The main impact on children was their subjective perception of their physical health, which contrasted with medical examinations and blood tests that showed no evidence of compromised health. Mothers evacuated to Kyiv were more depressed, more concerned about their children’s health, and more likely to have Chernobyl-related PTSD than controls. These findings were first reported 6 years after the accident and persist 19 years later. Liquidators also had elevated rates of suicide as well as clinical depression, PTSD, and severe headaches.

Given the long-term mental health impact, it is imperative that surveillance studies of physical health incorporate mental health. Better risk communication and early intervention programs are paramount in future disasters.

References
Fukushima Project

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The project to relieve Nuclear Disaster Stress are planned to include following components.
1. Information collection from public health nurse
   The purpose is to gather information on the stress of the resident as heard by the public health nurse and to formulate the experiences and the cares provided by the public health nurse into a useful material.

2. Care for public health nurse
   The purpose is to enhance peer emotional support among the public health nurse through expressive reading, panel discussion and general discussion.

3. Lecture and discussion for residents
   The purpose is to empower the cares having been provided by the public health nurse to the resident. A combination of lecture on general health topics and discussion after the lecture among residents seem to be natural and effective.

4. Care for mother with young children
   The purpose is to provide emotional support and some information materials to mothers with young children.

We aim to enhance peer emotional support among the young mother through expressive reading, panel discussion and general discussion. After the session, some handout materials may be provided to take home as reinforcement of the relief effect.

References
Addiction and mental illness are very common among the most vulnerable in society, people living on the street and in poverty, in vulnerable neighbourhoods, migrants of refugees with little or no access to care. Individuals with severe addiction and concurrent disorders lose three decades of their life span, after a life of chronic disease and suffering. But also the sicker and disabled individuals are the more difficult it becomes to get appropriate access to care. How is Psychiatry responding to that now and how should we act? Examples from Africa, North America and Europe demonstrate the global challenge for World Psychiatry.

Improving care for co-occurring disorders across NY State – a systemic approach
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Aims: The NY State Health Foundation funded the Center for Excellence in Integrated Care (CEIC) in 2008, in order to improve the ability to deliver integrated screening, assessment and treatment services for co-occurring substance use and other mental disorders across the state. Methods: Using a paradigm where provider programs were assessed first with the Dual Diagnosis Capability in Addiction Treatment (DDCAT)(1) and/or the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) (2), the comprehensive initiative provided targeted technical assistance focusing on building best practices and then follow-up evaluations to determine the degree to which advancements in capability had been achieved. Results: The average score on the initial DDCA[MH]T assessments from n=546 participating outpatient programs was 2.70 ( [SD] = 0.45), demonstrating a level of integrative function below “Dual Diagnosis Capable” (DDC) which would be at a score of “3.” At initial screen 29% were at DDC or greater. At follow-up, double (58%) the re-assessed clinics were at DDC or greater, demonstrating clear impact of the CEIC program across the state in creating systemic change, and reducing health disparities for this vulnerable population. Conclusion: The CEIC technical assistance program increased the capacity to identify and treat co-occurring disorders in NY State.

References
RS-11
Neuroimaging Biomarkers for Diagnosis and Prognosis in Psychiatric Disorders – supported by the WPA Section for Affective Disorders (ISAD)

Organised by Cynthia Fu (United Kingdom)

Neuroimaging research has had limited to negligible impact on clinical practice to date. However, recent neuroimaging-based diagnoses and clinical predictions have shown significant potential for clinical translation. Analyses derived from machine learning have aided in the development of potential neuroimaging-based biomarkers. In the present symposium, we will present findings that have potential application for early and differential diagnosis and prognosis in Alzheimer’s disease, schizophrenia, bipolar disorder, and depression. We will introduce the key concepts of this approach, and we will discuss the clinical opportunities as well as the challenges for developing biomarkers for psychiatry in the absence of a diagnostic gold standard.

Biomarkers for early diagnosis of psychosis

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In our longitudinal prospective cohorts at high risk of schizophrenia and bipolar disorder we have found that brain imaging measures are more powerful predictors of developing disorder than clinical, behavioural and cognitive variables. The Edinburgh high risk study (EHRs) of Schizophrenia is a study of people at high genetic risk of developing schizophrenia as they have at least two first and/or second degree relatives affected. In the Edinburgh study of comorbidity we have been studying people at high risk of schizophrenia because they were educationally impaired (mean IQ = 70). The Bipolar family study (BFS) is a third study of those at high genetic risk of bipolar disorder because they have at least two affected close relatives. We have found consistent predictors of psychosis in those at high risk of schizophrenia for genetic or cognitive reasons, as compared with quite distinct profiles between those at high genetic risk of schizophrenia v. bipolar disorder on functional MRI during an executive language task. Recent findings suggest that reduced connection strength with thalamic gating may also be a neurobiomarker implicated in the development of psychotic symptoms.

References

Prediction of clinical outcome in the at-risk mental states for psychosis

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The at-risk mental states (ARMS) for psychosis are characterised by both neuroanatomical and neurocognitive abnormalities. We propose that the integration of whole-brain morphological data and neurocognitive functions, including processing speed, working memory, verbal learning/IQ, and executive functions, will provide additional predictive ability. We identified covariance patterns that were specific to the ARMS group consisting of neurocognitive measures with predominantly prefronto-temporo-limbic and subcortical structures. The clinical outcome was reliably identified on an individual basis by combining neurocognitive test batteries and neuroanatomy using multivariate pattern recognition which have the potential to substantially improve the early recognition of psychosis.

References
Early diagnosis of Alzheimer’s disease

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A diagnosis of Alzheimer’s disease is made when marked and progressive cognitive impairments are already clinically evident. A diagnosis though would be more useful at an earlier stage, while the patient is experiencing few cognitive deficits. However, it is not possible to predict from clinical and neuropsychological testing whether an individual with mild cognitive deficits will progress towards dementia. Analysis of brain images of individuals with mild cognitive impairment (MCI) has the potential to aid with this diagnostic transition. We have predicted the development Alzheimer’s disease for an individual patient from the pattern of changes in hippocampal morphology was predicted and we have validated our prediction in a large-scale, multicenter trial at the same level of accuracy. Importantly, MCI subjects that developed dementia were not distinguishable at baseline based on clinical, demographic and neuropsychological features. Our findings provide evidence that the neuroimaging-based prediction could add value to the standard diagnostic assessment. Furthermore, I will discuss the differential diagnosis of Alzheimer’s disease from other degenerative dementias which presents as clinical challenge.

References


The Canadian Biomarker Integration Network in Depression (CAN-BIND)

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The ultimate goal of the Canadian Biomarker Integration Network in Depression is to identify an integrated clinical/molecular/imaging profile that will predict treatment response for an individual patient with major depressive disorder (MDD). To date, group data from various clinical studies show that ‘anhedonia’ is a risk factor for the onset of MDD in adolescents and has also predicted treatment resistance in both STAR*D and GENDEP studies. We performed two independent studies which replicate the role of hedonic response in predicting antidepressant treatment outcomes: in the first, a clinical measure of interest in pleasure predicted response to methylphenidate augmentation and the second, involving rTMS, suggested that distinct subtypes of depression could be characterized by hedonic function and positive response to transcranial magnetic stimulation. We have subsequently selected a punishment and reward reversal learning paradigm which will be administered at baseline and after two weeks of different antidepressant treatments to evaluate its role as a biomarker of antidepressant response. Ultimately, these results will be included in an integrated biomarker analysis.

Diagnosis and prediction of clinical response in depression

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Depression is characterized by brain abnormalities involving limbic and prefrontal regions. We have shown that the functional correlates of emotional faces is diagnostic for depression for an individual patient, while the functional neuroanatomy of verbal working memory has limited clinical significance due to its low diagnostic accuracy. Treatment response prediction in depression is a particular clinical concern in which prognostic biomarkers could have a significant impact. Current treatment decisions are based on few empirically validated guidance for which treatment is likely to be most effective for a particular patient. The anterior cingulate region is consistently associated with predictors of clinical response to pharmacological and psychological therapies. However, the clinical usefulness of this biomarker will depend on its predictive potential at the level of the individual. We found that the structural neuroanatomy of depression was highly predictive treatment response to antidepressant medication, while the pattern of functional neural responses to emotional processing predicted clinical response to cognitive behavioral therapy. These findings suggest that a combination of both structural and functional imaging tests may lead to a useful aid in the clinical management of depression. Next steps and clinical implications of diagnostic and prognostic markers in depression will be discussed.

References


RS-12
Systematic assistance to workplace mental health

Organised by Tsuyoshi Akiyama (Japan)

Prevention of occurrence or relapse of mental illness will improve quality of life for the workers and contribute greatly to corporation and society. In this symposium, we discuss systematic primary and tertiary prevention.

1. Primary prevention
We developed a web-based questionnaire for workplace assessment (ACTIVE) to assess (1) job demands and stress responses (i.e., health impairment process) and (2) job resources and job satisfaction and performance (i.e., motivational process). The assessment of both processes has the potential for the collaboration of occupational mental health and human resource management. These collaborations can be the best strategy for reaching the common objective- healthy employees in a healthy organization.

2. Primary prevention through e-learning
We have prepared mental health promotion cartoon / animation materials without special terms. These materials, as e-learning, provide employees more user-friendly interface, easier contents to understand with scientific evidence.

3. Concepts of return-to-work and return-to-work readiness
Return-to-work program helps the worker patients to integrate their vulnerability of relapse and asset of work capacity, thus this program represents a holistic process of identity re-integration. Assessment of return-to-work readiness should include restoration of work capacity, self-monitoring, relapse prevention awareness in addition to symptom remission.

4. Required sub-programs
Principal required sub-programs include solitary task, group task, psychosocial education, group cognitive therapy, assertiveness training and reflection on onset or relapse process.

5. Rework program and workplace health perspectives
Medical staff and occupational mental health staff should work together for supporting their worker patients’ return-to-work by sharing information such as premorbid social adjustment, present clinical condition, their readiness for return-to-work, work environment, and workplace culture. In Japan, there are national guidelines concerning sick-leave employees’ return-to-work. Also an internet network system has been developed in order to improve the cooperation between attending psychiatrists and workplace mental health staff.

Concepts of Return-to-Work Program and Readiness

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Return-to-Work should address self-identity issue, since people return to work with liability to relapse but need to exert their assets of work ability. Their liability and assets needs to be integrated.

Recovery is defined as a combination of
– Personal agency and autonomy
– Improved functioning
– Enhanced quality of life
– Empowerment

The purpose of Rework Program is to help the worker / patient to attain true recovery as company employee. This can decrease stigma against mental illness at workplace.

Through Return-to-Work Program participants should attain following goals.
1. Improvement of diurnal rhythm
2. Restoration of physical strength
3. Improvement of work ability
4. Improvement of interpersonal skills
5. Improvement of stress coping
6. Acquisition of skill to self-monitor.

Assessment of return-to-work readiness should include restoration of work capacity, self-monitoring, relapse prevention awareness in addition to symptom remission.

Japanese Association of Rework Program has established textbook, staff training program, assessment tools and effectiveness research instruments. Return-to-Work Pro-
program was first invented by Akiyama in 1997 and currently more than 140 psychiatric facilities provide this service in Japan. Return-to-Work Program has been provided in Sweden, Netherland and other countries. Hopefully this program will be introduced in many other countries as well.

References

Primary prevention of mental health problems at worksites through e-learning

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We have been developing the e-learning environment for mental health promotion at workplaces as a research project by Japanese Ministry of Economy, Trade and Industry. The materials are often created by using friendly cartoon images and animation pictures without special technical terms. These materials would make it possible to provide employees easier-to-learn interface, easier-to-understand contents of mental health, and scientific evidence as well. The methodology of developing the e-learning system is, first of all, to review several evidence-based research articles on personal prevention of stress at work. Secondly, we have created new power-point slides based upon those articles. And then we have made presentations for the simulation purposes and the videotapes of those presentations were taken by an animation picture company. Thirdly, the animation company has created some e-learning contents, which could be available through the internet. In fact, 6 titles of contents have been created like (1) mental fatigue, (2) good sleep, (3) appropriate assertiveness, (4) cognitive reframing, (5) problem-solving methods, and (6) positive mental health and work engagement. The questionnaire survey on satisfaction with a prototype of e-learning, which was carried out for about 42 trial participants, revealed that the percentage of participants who answered "satisfied very much" and "satisfied moderately" was 95%.

References

Rework program and mental health perspectives at workplace

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It is very important that medical staff and occupational mental health staff work together for supporting their patients’ return-to-work by sharing some information like premorbid social adjustment, present clinical condition, how much they are ready to work, work environment, and workplace culture. In Japan, there are some national guidelines concerning sick-leave employees’ return-to-work. Furthermore, the internet network system has developed over years in order to improve the cooperation between psychiatrists and workplace mental health staff. In fact, the process of return-to-work after mental health sickness leave is regulated by the national guideline manual concerning how to support employees who are absent from work with mental disorders as follows. 1st step: how to care the absent employees during the sickness leave. 2nd step: decision of return-to-work by the psychiatrists. 3rd step: decision of return-to-work by the occupational health physicians and development of plans for supporting the employees. 4th step: official decision of return-to-work by the employers. 5th step: follow-up and support after return to work. This symposium introduces the return-to-work system for employees with mental disorders in Japan and provides some good examples of collaboration between psychiatrists and occupational health staff using the internet network system.
References
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Required categories of sub-programs

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Rework (Return-to-Work) Program, which aims to support depressive workers to return to work and to prevent relapses is implemented at an increasing number of psychiatric institutes and contributes to lessen the stigmatization against mental illness.

The purpose of this presentation is to categorize the necessary sub-programs for Rework Program.

Research A: Igarashi carried out a survey with 63 Rework Program institutes and categorized sub-programs. Research B: Yokoyama implemented a survey with 30 patients who received Rework Program and returned to work in order to grasp how they perceived the effectiveness of sub-programs in preventing their relapse at workplace.

Results
Research A: 63 institutes reported on 468 sub-programs, which were classified into 8 categories. That is, 1. Understanding of one’s own symptoms, 2. Communication skill, 3. Self-insight, 4. Concentration improvement, 5. Motivation improvement, 6. Relaxation, 7. Physical strength, 8. Emotional expression. In order to be effective, Rework Program should include sub-programs which cover these areas.

Research B: Patients replied that behavior modification through cognitive behavior therapy and role-play were more useful than improvement of work ability in preventing their relapse.

Rework Program should include sub-programs of 8 categories. For prevention of relapses, behavior modification seems to be effective.

References

Primary prevention including work engagement: Towards healthy employees in a healthy organization

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Nowadays, many companies are facing large operational challenges, and they require their employees to be more motivated, proactive, and responsible. However, traditional occupational mental health focuses on health impairment rather than health improvement. In order to improve the quality of working life, we need to focus both aspects of well-being. We developed a web-based questionnaire for workplace assessment (ACTIVE), as products of joint projects by The University of Tokyo and Fujitsu Software Technologies. It assesses (1) job demands and stress responses (i.e., health impairment process) and (2) job resources and job satisfaction and performance (i.e., motivational process) as hypothesized in the Job Demands-Resources model (JD-R model). The ACTIVE produces company report which is based on aggregated data. Average scores of the entire group of employees are calculated. An overview of the scores for each element of the ACTIVE is presented separately. Suggestions for decreasing job demands and increasing job resources are also provided.

Since the ACTIVE assesses both health impairment process and motivational process, it has the potential for the collaboration of occupational mental health and human resource management. These collaboration can be the best strategy for reaching the common objective- healthy employees in a healthy organization.

References
RS-13

Mental health of vulnerable youth and the global mental health agenda

Organised by Helen Herrman (Australia)

Young adulthood is the peak time of onset for many mental disorders including mood, substance abuse and psychotic disorders, and a period of risk for suicide. Young people in the developmental period of greatest need have least access to appropriate support and treatment worldwide, and this results in a high avoidable burden of ill health and persisting disability. Adolescents and young people aged 12–25 years have distinct needs from those of adults at one end of the age span and children at the other. They and their families need to be at the centre of policy and practice development and yet they are often excluded. Few countries give sufficient attention to supporting the mental health of young people and few have developed policies and programs to support this. The first speaker, Michael Krausz (Canada), will consider the central problems for many young people of early trauma and addictions. The second speaker, Helen Herrman (Australia), will address policy and practice changes that give promise of greater attention to this age group across countries. The third speaker, Maya Kulygina (Russia), will talk about the mental health difficulties relating to the age and psychosocial problems of the student population group as well as about the psychoprophylactic care at University. The fourth speaker, Cesar A Alfonso (USA) asks whether prevention of childhood trauma and post-traumatic stress disorder can decrease the spread of HIV. The discussants, as Secretary for the WPA Section on Public Policy, and co-chair as WPA Secretary for Sections will lead the discussion and involve colleagues from child and adolescent psychiatry and adult psychiatry.

Early trauma and addiction

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Nearly every severe substance use disorder is developing on a background of trauma and mental illness. Although severe substance use has consequences in a lot of parts of the human body, addiction is a psychiatric condition. Especially among First Nations individuals in North America and Australia, as well as in vulnerable Urban populations about two third experienced sexual abuse and violence often before adolescence. Recovery is dependent on the effective treatment of mental challenges as well as the harmful substance use. Beyond that only community efforts may prevent this vicious circle to continue. Research on homelessness and mental health and trauma among intravenous drug users will prove how prevalent the coincidence of trauma, polysubstance use and mental illness are in under age populations.

Responding to the mental health needs of young people across countries

Herman, H.
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The gap between unmet need and access to care for mental ill health is wider for young people than any other age group worldwide. Effective interventions in primary or specialist care are likely to be most cost-effective at this age. Yet in most countries there are few opportunities for young people and their families to seek or gain access to help for mental ill health. Mental and physical ill health have very different patterns of incidence and prevalence, and place different demands on health systems. The young people often do not see themselves as sick and seek help outside the health system if at all. Policy and practice changes suitable for each country have two essential starting points: improved understanding of youth mental health within communities; and involving young people and their families in decisions that affect them. Using the strengths of young people and their families and using information technology to assist care are two desirable features of modern service development suitable for any environment.

References


Can Prevention of Childhood Trauma and Post-traumatic Stress Disorder (PTSD) Decrease the Spread of HIV and Improve Adherence to Risk Reduction and HIV Care?

Alfonso, C. A.
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The pain of brutal physical, sexual, and emotional trauma during childhood is intolerable and often associated with posttraumatic stress disorder and defensive psychic numbing, dissociation, and dependence on alcohol and other drug dependence to help anesthetize residual pain. The impact of chronic, brutal, and severe early trauma is complex and multidimensional but frequently leads to substance dependence to numb the anguish of traumatic memories and to escape from intrusive thoughts. Early trauma-induced PTSD has been associated with risky behavior, HIV infection, and nonadherence to HIV risk reduction and medical care. Severe and brutal childhood trauma-induced PTSD is multifactorial and can have familial, cultural, ethnic, socioeconomic, and political determinants. Trauma can be caused by sex trafficking of young girls, physical or sexual abuse by alcoholic parents, or sexual molestation by teachers or spiritual leaders. The end results in the survivors of childhood trauma are the same. The adolescent and adult survivors of severe childhood trauma have risky sexual behaviors, poor partner choice, commercial sex work, substance use disorders, and difficulty accessing and adhering to medical care. Through recognition and treatment of early trauma-induced PTSD, we may be able to decrease the spread of HIV by improving adherence to risk reduction and HIV care. Childhood trauma prevention through systematic programs of education may decrease transmission of HIV.

References
RS-14
Vulnerable populations their mental health and quality of life – consequences for shaping mental health services

Organised by Reinhard Michael Krausz (Canada)

Background: The Quality of Life concept gained more interest over the last years in Psychiatry. Especially related to the understanding and treatment of chronic conditions including the treatment of chronic physical conditions like cancer it became useful for planning and providing care in a more sensitive and patient centered way. So it’s not very common in the work with the most vulnerable in our societies like in the work with drug users, homeless or refugees, which all live under especially challenging living situations carrying a history of loss, trauma and mental illness with them.

Goals: We want to advocate for an integrative perspective and a more holistic understanding of mental health care including quality of life as a useful parameter, necessary to provide better opportunities for a recovery.

Objectives: we will present experiences from clinical work and research with several vulnerable urban populations discussing the usefulness of the QoL concept for the concepts and interventions of mental health care among them.

Special opportunities for the participants in this symposium are to learn about a different approach to work with the most vulnerable in society including categories and concepts like quality of life based on experiences in different developed countries dealing with their marginalized populations.

Keywords: Quality of life, vulnerable populations, migrants, IDU, homeless and mental health
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SW-01
New perspectives on HIV mental health for gay men and other populations

Organised by Kenn Ashley (United States)

In this workshop there will be three presentations on several topics related to HIV infection. Dr. Ashley, an assistant professor from Einstein College of Medicine in New York and a member of the section on HIV Psychiatry of the WPA, will review the current status of the HIV epidemic in gay and bisexual men/men who have sex with men (MSM) focusing on thoughts for the increasing rates of new infection, disparities in these rates, and treatment and intervention strategies—especially as relates to mental health issues. Jordi Blanch, MD, PhD, a Consultant in Psychiatry and Clinical Professor of Psychiatry at the Hospital Clinic of Barcelona and University of Barcelona, and a member of the WPA section on HIV Psychiatry will discuss depression in HIV infection. As depression is the most common mental disorder in people living with HIV/AIDS (PLWHA), and it has been associated with increased morbidity and mortality among people with HIV infection, the appropriate diagnosis and treatment will be presented. Dr. McGlynn, a psychiatrist at Stanford University, will discuss the issue of methamphetamine use in people with HIV. Such individuals are at a higher risk for a number of serious neuropsychiatric and physical health disorders. In this presentation, participants will learn about the effects of methamphetamine on the central nervous system of those with HIV. They will also learn about the motivating factors which lead HIV positive patients to use this drug, and about methods to treat this addiction.

Epidemiology of HIV and disparities among men who have sex with men (MSM)

Ashley, K
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Aims/Objectives: Great strides have been made in identifying and treating HIV and understanding the risks associated with HIV transmission. Despite these advances, the rates of new HIV infections have remained stable in some population and continue to increase in others. The epidemic of HIV in men who have sex with men (MSM) continues to expand in most countries. Participants in this workshop will learn about: the epidemiology of the HIV in MSM; the disparities in infection rates treatment—especially as it relates to black men; prevention strategies. Participants will be encouraged to share their successes and challenges in working with these populations.

Methods: Literature review and clinical experience.

Results: Recent studies in the UK and the USA show the increase in new HIV infections disproportionately affects young MSM, especially black men in spite of fewer or comparable risk behaviors. Disparities in structural barriers which increase risk of HIV infection and issues regarding HIV care must be addressed to eradicate such differences.

Conclusion: Novel interventions will be required to decrease the rates of new HIV infections in MSM, particularly in highly stigmatized groups and black men.

References

Methamphetamine use among HIV-positive men who have sex with men

McGlynn, L
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Aims/Objectives: Despite tremendous successes in the treatment of HIV/AIDS, people with HIV who use methamphetamine are at a higher risk for developing serious neuropsychiatric and physical health disorders. Since 2000, a growing body of scientific literature has focused on gay and bisexual HIV-positive men who use stimulants. Participants in this workshop will learn about the motivating factors for methamphetamine use in this population, neuropsychiatric effects of the drug, and evidence-based treatment options.

Methods: Literature review and clinical experience in the treatment of gay and bisexual men with amphetamine use.

Results: Published studies confirm methamphetamine use among HIV-positive gay and bisexual men continues internationally. Motivating factors for stimulant use in these populations, such as sexual enhancement, are both psychological and physical. The resulting effects involve multiple organ systems in those with HIV. Public health ramifications are significant. Treatment options have
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varying success and include both pharmacological and non-pharmacological interventions.

Conclusions: Methamphetamine use continues among HIV-positive men who have sex with men, leading to serious health consequences. Many HIV healthcare providers and researchers now have a better understanding of methamphetamine, HIV, and the central nervous system. Results of treatment protocols are mixed.

References

Depression in HIV infection

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Prevalence of depression in persons living with HIV/AIDS (PLHWA) is very high and it has shown to have a very negative impact on HIV illness. About 20% to 40% of HIV-infected people fulfill criteria of major depression, although it is seldom screened and diagnosed by the non-psychiatric physicians who take care of these patients. Depression in HIV+ patients could be difficult to differentiate from a “natural” reaction to HIV diagnosis. Furthermore, many symptoms of depression described in the ICD criteria can be confounded with physical symptoms of the HIV- disease. On the other hand, some antiretroviral medications given to these patients can also produce depressive symptoms. However, once diagnosed, depression is seldom treated – even though many efficacious treatments (therapies and medications) are available. Only about 20% of patients are on antidepressants. Once treated, adherence improves, preventing illness progression and leading to a better prognosis. Prescribers should know the risk of drug - drug interactions, between antidepressants and HIV disease related medications.

References
Inter-Sectional Symposium on Person-centered Care and the Future of Psychiatry

Organised by Juan Enrique Mezzich (United States)

An initiative on psychiatry for the person emerged at the World Psychiatric Association (WPA) (1) in 2005. It has been extended more recently to general medicine and health in collaboration with the World Medical Association, World Health Organization, International Alliance of Patients’ Organizations and many other international health institutions through six annual Geneva Conferences from which an International Network, now International College, on Person-centered Medicine (INPCM, ICPCM) has emerged (2). It publishes an International Journal of Person Centered Medicine (3) and endeavors to promote a psychiatry and medicine of the person, for the person, by the person and with the person. Key concepts underlying person-centered medicine include ethical commitment, holistic scope, cultural sensitivity, relationship focus, individualized treatment, common ground for diagnosis and care, people-centered systems of care, and person-centered health education and research. A group of WPA Sections’ representatives will offer brief presentations on how the principles and perspectives of person-centered psychiatry and medicine may inform and enrich the future of the particular fields of such Sections, and therefore may contribute to enhance psychiatry and medicine at large.

References

Person-centered Integrative Diagnosis as future model of psychiatric conceptualizing of care

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The Person-centered Integrative Diagnosis (PID) is an emerging diagnostic model with novel conceptualization of the process and formulation of clinical diagnosis and care. It aims at implementing the vision of Person-centered Medicine, which proposes the whole person in context as the center and aim of clinical care and public health. The PID focuses on the person rather than on the disease and integrates biological and psychosocial determinants and contributors to health along with the subjective and narrative aspects of the experience of health. The PID emphasizes a partnership approach for evaluation to include patient-family-clinician partnerships for achieving shared decision making about diagnostic understanding and person-centered outcomes of care.

References

Quality of life in the interdisciplinary approach to mental health problems of people with intellectual developmental disorders

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Until recently, outcome measures of care and rehabilitative interventions on Intellectual Developmental Disorders (IDD) were based on the traditional medical approach aimed at restoring a person to “normal” morphological conditions and "normal" functioning status. Recently, new person-oriented outcome measures have emerged in disability research and practice. Among these, Quality of Life (QoL) has gained a central place. The QoL approach emphasizes on understanding, respecting and providing what is important to and valued by each individual, and what aspects of life or the environment contribute positively to life quality. It can also be fruitfully used in pharmacological treatments. Some medications may impact significantly worse on whole-person QoL, especially on opportunities to be satisfied with those areas of life that had resulted of higher importance. A QoL framework is also useful for understanding the impact of individuals with ID on the life quality of members of their families. A considerable work has been accomplished in the conceptualisation of Family QoL and in the determination of most important indicators.

First research findings on the relationship between Family and individual QoL suggest that QoL is expressed in...
somewhat different ways for individuals with IDD and in members of their families.

References

Psychoanalytic perspectives on the psychiatric interview as therapeutic intervention

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At first sight to consider psychiatric interview as therapeutic intervention is a banal statement that get the agreement of most psychiatrists. But when one takes a closer look to the question it appears that it is in fact a more controversial issue.

It is obvious when we become aware that this idea has a history and that this history is strongly linked with the history of the representations of psychiatric nosography and of the models of psychiatric practices.

This history allows us to understand how this old question has become a new object in modern psychiatry where DSM’s nosographic excesses progressively brought back at the forefront the psychotherapeutic effects of the diagnostic process. It is one of the major stakes of person centered approach to develop tools to work on these effects and to find the adequate methodology to base them on evidences accordingly. Through the example of empathy and its effects on patients and professionals, this paper will show what psychoanalysis can bring to this endeavor.

References

Prevention and health promotion perspectives on person-centered care

Schmolke, M.
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The WPA Section “Preventive Psychiatry” has broadened its view on prevention by including perspectives on positive health and mental health promotion. Its consensus paper on psychiatric prevention conveys an optimistic message when it says: “Conventional, illness based treatment should be broadened to a comprehensive, multidimensional approach to mental health and mental disorders. This includes the enhancement of positive attitudes and reduction of prevailing scepticism regarding the possibility of prevention and cure.” According to WHO (2001), mental health is “… a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Based on these perspectives, the author will illustrate some personalized strategies of persons with mental health problems which help them to recover and regain mental health and stability. The attention to health promotion may enhance the person-centered work of the Section as it goes far beyond the attention to illness.

References

Incorporating person-centered care in oncology and palliative care: international standard for optimal quality of cancer care

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Psycho-oncology has grown over the last 30 years as one of the main areas of integration between psychosocial and oncology/palliative care sciences and of person-centered care (patient and family-centered care) in all the phases of cancer trajectory, from diagnosis to survivorship, from recurrence to end of life. A definite positive impact on treatment outcomes has repeatedly shown when an integrative approach that focuses on person-centered care is provided in cancer patients.

The bulk of data of the literature, the experience of the many countries that have founded psychosocial oncology societies, the role of advocacy movements in cancer have facilitated the development of quality standards of person-centered care in oncology. This is the position statement that the International Psycho-Oncology Society

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(IPOS) launched with the hope to have a synergistic effect upon international and national efforts to improve psychosocial cancer care. A number of research groups and societies have already endorsed these standards, specifically that (i) quality cancer care must integrate the psychosocial domain into routine care; and (ii) distress should be measured as the 6th Vital Sign after temperature, blood pressure, pulse, respiratory rate and pain.

References

The interactive creation of the person
Thomashoff, H.-O. 
Section on Art and Psychiatry, WPA, Vienna, Austria

By understanding the constantly interactive constructive process which leads to the creation of our brain structure the basis of any therapeutic intervention at potentially any stage in the brain’s development becomes evident. A central role in mental illness are persisting effects of trauma. Using the relationship focus in an interactive therapeutic process to identify and cure these will allow an individualized treatment approach.

The Person-centered approach in the development of public policy in psychiatry
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Psychiatry has moved into the community very successfully and today mental health issues are a prominent focus of public health work and debate. These developments have been strongly supported by the establishment and continuous refinement of scientific and transparent systems of care. The current orientation towards empowerment and patient self-determination in other fields of medicine as well as in psychiatry puts new emphasize on subjective and individualized assessments and treatment approaches. The emerging evidence-base for recovery-orientation includes the urgent call for a partnership approach allowing the full involvement of clinicians, users and ex-users of services and their families and friends as persons beyond role stereotypes.

These developments necessitate and thus have the potential to enable the establishment of new forms of collaboration between clinicians, consumers and their families and friends in a common natural language. In line with an emphasis on positive factors and expectations towards restoration and promotion of health, this will play a key role in overcoming reductionism, prognostic scepticism and stigma not only for the individual therapeutic relationship but also for the field of mental health and its role in society.

References
SW-03

Issues in perinatal mental health and reproduction: prevention and treatment update

Organised by Gisèle Apter (France)

Poor women’s mental health is associated with social disadvantage, human rights abuses and poor maternal and infant health, as well as heightened risk of mental illnesses. Therefore we need to address issues in reproductive and women’s mental health as basis for major prevention and care of women, mothers and their infants. Choice of reproduction remains a major issue. Scientific data has shown that improved access to contraception and abortion jointly enhance both maternal and infant health. It seems it needs to be reaffirmed and the data on this subject again widely acknowledged. Infertility also represents yet another set of emotional hurdles to overcome. Informed decisions on treatments needs to be underlined. The major issue in perinatal psychiatry is how to preserve maternal and infant mental health, preventing negative impact of maternal mental health issues while addressing and treating as best as possible maternal psychiatric and psychological issues. Treatments during pregnancy are an important issue because of their consequences, not only for women’s health, but also for foetus and future infants’ development. Indeed, chemotherapeutic treatments cannot always be avoided during pregnancy. The analysis of a national insurance data base of pregnant women (87,213 women) will describe prescription of psychotropic drugs during pregnancy according to gestation period and discuss them as prevention or treatment strategies. Since recent controversial research have been presented insisting on adverse risk to infant of diverse maternal medication, we will examine methodological issues and benefit/risk evaluation of mother, infant and mother-infant relationship in order to provide the best available tailored care for our patients. A general discussion will take place using clinical case data in international contexts illustrating each talk.

Promoting women’s mental health

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The mental health of women is promoted through population-based public health measures as well as improved health services. Poor mental health in any country is linked with social disadvantage, human rights abuses, poor general health and function, and a heightened risk of mental disorders. The close association between mental health, general health and family well-being, make population-based mental health promotion an important consideration in the improvement of perinatal mental health and women’s reproductive health. The health promotion strategies of advocacy, communication, policy and legislative changes, and community participation can promote mental health as well as physical health. Mental health promotion activities are often closely tied with community development. They can take place at several levels. Some are distant from the individual, such as policies to improve housing; others closer to the individual, such as support for effective parenting, and activity programs for older adults. Addressing social and health priorities such as maternal and child health, violence prevention, substance abuse, and gender equity requires interventions focusing on appropriate participation, in turn related to mental health. Wider research and evaluation are needed of public health interventions influencing the mental health of women.

References

Herrman H, Swartz L. Promotion of mental health in poorly resourced countries. Lancet. 2007 Oct 6;370(9594):1195-7

Decision making re psychopharmacology in pregnancy and postpartum

Robinson, G. E.
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Treatment of psychiatric disorders during pregnancy presents many dilemmas. There are no gold standard studies on which to base decisions about taking medication. Frequently, studies are published that point to possible harms from taking psychotropic drugs during pregnancy. Concerns include whether drugs can cause miscarriage, fetal malformations, problems during delivery or problems for the neonate. On the other hand, there are potential harms of suffering from untreated depression or psychosis during pregnancy. This talk will present the available evidence on the use and safety of psychotropic medication during pregnancy.

References

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FOCUS: The journal of life-long learning. 10 (1); 3-14, 2012
Psychotropic medication during the peripartum: analysis of a French database

Apter, G.¹, Devouche, E.², Garez, V.³, Mejkane, F.¹, Becquemont, L.⁴
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French database of the Parisian suburban area was examined looking at prescription of psychotropic drugs, during a period of 17 months, i.e. 4 months prepartum, each trimester and 4 months postpartum. Prescriptions of four categories of medication were investigated: Antipsychotics, mood stabilizers, antidepressants and anxiolytics. The patterns of prescriptions were erratic in some of the categories, with prescription either being initiated during pregnancy or after, being interrupted during or after the first trimester, reinitiated after the second and then again interrupted. If some of the brief duration of prescriptions can be considered understandable from a psychiatric point of view (i.e. brief antiemetic and sedative antipsychotic prescriptions for example) others are totally unclear (antidepressants). Only 10% of prescriptions were filled out by psychiatrists, the majority originating from General practitioners and Ob/Gyn. A discussion on the value of training in the field of perinatal psychiatry underlining the importance of maternal and (future) infant health will be highlighted taking into account current difficulties.

References

Abortion: psychosocial and ethical issues

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Despite the availability of modern contraception methods, unwanted pregnancy is unfortunately very common. It is estimated that a third of all pregnancies are unwanted. Abortion is and has been the most usual solution to the problem of unplanned pregnancy across time. However, legal restrictions for abortion are still habitual in several regions of the world due to religious and patriarchal ideologies. Credible research reveals that the factors leading to the decision to abort, include poverty, abandonment, domestic violence, a lack of social supports. Women seeking care at abortion facilities have not been shown by research studies to make impulsive or thoughtless decisions. It is often neglected that when considering abortion one should also consider the risks of childbirth and the obligations of parenting for women who continue their pregnancies. The fraught research on abortion and the absence of psychiatric consequences of abortion will be discussed.

References
Russo NE, Robinson GE, Stotland, NL. "Is there an Abortion Trauma Syndrome"?: Critiquing the Evidence," Harvard Review of Psychiatry, July/August 2009.

ART or no ART: Infertility and its consequences

Notman, M.
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When the risk of infertility appears, management of women should be available, addressing its consequences and specific stress and anxiety. The way infertility and ART have accompanied and fitted in with the later childbirth- and career possibilities and development for women, and the way in which attitudes have changed from the initial objections that ART was not "natural" can be seen as an example of the power of technology and societal changes to influence attitudes about basic human functions- e.g. childbearing.
This presentation will focus on the psychological aspects of infertility and the issues that women are faced with when confronted with a diagnosis of infertility. Different Assisted reproductive techniques are available today that represent yet another set of emotional hurdles to overcome. An update and discussion will follow.
SW-04

Autism and related disorders: Overcoming social and cultural stigmas

Organised by Anna Evans Lamikanra (United States)

Blazing Trails International Centre and the Department of Psychiatry at the College of Medicine, University of Lagos and the Lagos Teaching Hospital, with the support of Guaranty Trust Bank (GTB), have embarked upon a model program for identifying and assessing Autism and other developmental disabilities in Nigeria in order to determine their needs for intervention and make necessary recommendations. The process and screening instruments developed might be useful to health care providers working in developing countries where the required mental health experts may be in limited supply.

In many developing countries, like Nigeria, the aforementioned population routinely face discrimination or medical disparity from local health systems. The medical disparity is generally the result of limited skill of general duty health professionals to properly diagnose, and inadequate resources to support global “best practices” for autism treatment. The limited access to established diagnostic process and tools undermine the accurate assessment and ascertainment of the appropriate interventions.

While the World Health Organization (WHO) does not maintain global statistics on the prevalence of Autism Spectrum Disorder, its 2007 Global Burden of Disease report on mental and neurological disorders highlighted the critical situation the world faces with a growing Autism population. It is estimated that over 1.2 million individuals live with autism in Nigeria.

This workshop will describe indigenization of the procedures for screening and assessing neurobiological disorders, address cultural impediments to awareness, advocacy and intervention, manpower development, data collecting and models for success in Nigeria and developing nations.

Autism and related disorders: Overcoming social and cultural stigmas

Lamikanra, A.1, 2, Marks, S.3, Kadiri, M.4, 2, Littlefield, A.3, Sutton, L.3
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2 Academic Exceptionalities, Blazing Trails International Center, Lewisville, United States
3 International Advocacy, Blazing Trails International Center, Lewisville, Texas, United States
4 Psychiatry Medical Services, Pinnacle Medical Services, Ikoyi, Lagos, Nigeria
5 Research and Development, Wesley Spectrum Services, Pittsburgh, PA, United States

This round table presentation will focus on Autism and developmental disabilities among people of African descent and the kinds of cultural barriers that prevent care and treatment. This discussion will define developmental disabilities that are prevalent in the scope of this study, including Autism and related co-mobidites, bipolar and mood disorders.

The cultural barriers and traditional factors that prevail in indigenous communities and methods that may help bring an awareness to these conditions will be discussed. Further models that elucidate and critique the current state of what exists will also be discussed. An ethical imperative to lend assistance to the theory of providing therapy and management under these kinds of conditions, especially developing nations and other economic depressed conditions is explored.

References


SW-05
Intersectional Collaboration Workshop/Forum: Suicide – Management & Prevention

Organised by Afzal Javed (United Kingdom)

Suicide is a growing mental health problem and every year, almost one million people die from suicide; a “global” mortality rate of 16 per 100,000, or one death every 40 seconds. The literature reports suggest that in the last 45 years suicide rates have increased by 60% worldwide. Suicide has emerged among the three leading causes of death among those aged 15–44 years in some countries, and the second leading cause of death in the 10–24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide. Mental disorders (particularly depression and alcohol use disorders) are a major risk factor for suicide in Europe and North America; however, in Asian countries impulsiveness plays an important role. Suicide is complex with psychological, social, biological, cultural and environmental factors involved. Despite high magnitude of the problem, it is a pity that the prevention of suicide has not been adequately addressed due to basically a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it. In fact, only a few countries have included prevention of suicide among their priorities. It is thus clear that suicide management & prevention requires intervention also from outside the health sector and calls for an innovative, comprehensive multi-sectoral approach.

WPA, the representative body of psychiatrists is fully aware of the extent of this problem and is committed to help professionals and general public in this area. This special session will address the issue of suicide management & prevention and will explore what WPA Sections can contribute towards understanding and managing this growing mental health problem worldwide.

SW-06
Reappraisal of the concept of somatization and its future

Organised by Vladan Starcevic (Australia)

This workshop will examine the concept of somatization, defined as bodily complaints in the absence of manifest explanatory organic pathology, due to which there is a presumption of psychosocial causation. It will first be demonstrated why somatization was introduced and how it appeared at the time that somatization represented a significant improvement over the previous terms such as “hysteria”. Subsequently, it will be discussed how the concept of somatization, as the key characteristic of somatoform disorders, served as the framework for fruitful research conducted over a period of more than three decades. Several problems have emerged with the concept of somatization, and they will be examined and discussed during this workshop. They include the following: (1) exclusionary and provisional nature; (2) reliance on arbitrary interpretation; (3) indiscriminate use as a convenient, albeit simplistic, explanatory term for some somatic symptoms; (4) misleading implication that there is an understanding of symptoms when there is, in fact, an ongoing uncertainty about their origin; (5) perpetuation of the mind-body dichotomy; (6) unreliable measurement; (7) difficulties with cross-cultural application.

Although the concept of somatization has flaws, it does not seem that there is a more credible alternative on the horizon. New names may be invented to please particular interest groups or because they seem more appropriate, but no label can eschew coming to terms with the fact that there are somatic symptoms that defy medical explanation and understanding. The challenge for the future may lie in retaining the insights gained from years of somatization-centred research, while avoiding the pitfall of reifying the concept that is yet to be validated. Options for the future will be examined in light of these considerations.
Somatization: A historical perspective and use in research

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Somatization was introduced to replace the previously vague and/or stigmatising terms such as hysteria. At the time when somatization was introduced into the psychiatric nomenclature and for many years afterwards, it appeared as a significant conceptual improvement over the previous terms. Somatization was postulated as the key characteristic of somatoform disorders and served as the framework for fruitful research conducted over a period of more than three decades. Results of these studies will be briefly summarised, and findings pertaining to somatization disorder, pain disorder and hypochondriasis will be briefly reviewed.

Problems with the concept of somatisation

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Over the years several problems have emerged with the concept of somatization. They include the following:

1. Exclusionary and provisional nature of the concept;
2. Reliance on arbitrary interpretation when invoking the presence of somatization;
3. Indiscriminate use of somatization as a convenient, albeit simplistic, explanatory term for “medically unexplained symptoms”;
4. Misleading implication that somatization suggests an understanding of the symptoms when there is, in fact, an ongoing uncertainty about their origin;
5. Perpetuation of the mind-body dichotomy with ongoing use of somatization;
6. Unreliable measurement of somatization;
7. Difficulties with cross-cultural application of the concept of somatization.

These issues will be examined and discussed during the workshop.

The future of somatization: the more things change, the more they remain the same?

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Clinic for Psychiatry, Clinical Centre of Serbia, Belgrade, Serbia

The future of the concept of somatization lies in careful balancing between its advantages and disadvantages. Although the concept has flaws, it does not seem that there is a more credible alternative on the horizon. New names may be invented to please particular interest groups, mainly in terms of decreasing the perception of stigma. However, no label can eschew coming to terms with the fact that there are somatic symptoms that defy medical explanation and understanding. The challenge for the future is to retain the insights gained from years of somatization-centred research, while avoiding the pitfall of reifying the concept that is yet to be validated. Further studies can only benefit from fostering the continuity with previous research and maintaining conceptual consistency.

The future of somatization without the concept of somatization

Pannekoek, J.
University of Leiden, Leiden, The Netherlands

Somatization is now a misleading term and future research should abandon it. In DSM-5, somatization no longer appears as a concept and somatoform disorders were replaced by somatic symptom disorders. It is likely that ICD-11 will follow suit. Terms such as bodily distress syndromes or disorders may also be useful. The advantage of the new terminology and new diagnostic concepts is that they do not presume the ascendency of psychosocial factors in the explanation of somatic symptoms, while encompassing cognitive, emotional and behavioural responses to somatic symptoms. Consequently, future research will be less likely to be biased by aetiological presumptions and will still be able to consider all the relevant aspects of clinical presentation of patients suffering from these conditions.
SW-07
Personalized medicine in future psychiatry: role of biological markers

*Organised by Aye Mu Myint (Germany)*

The development of drug resistance and chronicity of psychiatric disorders are the factors that induce high socio-economic burdens to the society. To prevent the drug resistance and chronicity of the illness, early detection and timely treatment which is the most suitable for particular patient is essential. Recently, research studies related to biomarkers are carried out intensively to implement early diagnosis, better prognosis and efficient treatment. Under the WPA, there are different sections carrying out biological markers studies. Each set of biomarkers related to the research studies of each section has reached a significant level. However, to reach the development of better service in personalized medicine, multi-factorial approach using different sets in combination and identifying the best groups of biomarkers is necessary. To achieve this goal, intersectional collaboration is necessary. This intersectional workshop aimed to promote the intersectional collaboration to reach our goal.

Immune related metabolic biomarker in personalized medicine: from bench to bedside

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2 Mental Health and Neuroscience, Maastricht University, Maastricht, Netherlands

Involvement of immune system derangement in pathophysiology of psychiatric disorders is well documented. However, those changes occur only in certain percentage of the patients. This raised a question as to whether those markers can be applied in personalized medicine for choice of treatment or management strategy. The blood and CSF inflammatory markers such as CRP and kynurenines could predict the severity of symptoms and treatment response. The response to treatment is poorer when the pro-inflammatory markers and the neurotoxic metabolites in the blood and CSF are higher. In addition, increase in pro-inflammatory markers or neurotoxic metabolites and decrease in neuroprotective metabolite in blood and CSF are associated with severity of the symptoms. In addition some of the metabolites are related to particular neurotransmitter system and some markers are related to particular symptoms such as suicide.

It could be proposed that those markers can be of use in personalized medicine in future psychiatry.

Role of psychoanalysis in personalized medicine in psychiatry: present and future

*Quartier F.*
Psychotherapy, University Hospital Geneva, Geneva, Switzerland

At every interview with every patient, whatever his/her situation or the gravity of the pathology, we endeavour to go beyond a simple diagnosis in order to adapt each treatment to each case. We will describe how present-day psychoanalysis can link this reflection with the work being carried out in biology. And we will see how to integrate these different dimensions in the clinical practice. In the individual interview we work with the characteristics which form the relationship the patient has established with his/her entourage and also with us as therapists. We reflect on certain elements from the patient’s past which are sometimes connected to his/her present emotions, at the same time respecting absolutely his/her thought processes and feelings. By working in this way we seek to:
* keep alive the interest of therapists in clinical practice
* bring a psychotherapeutic value-added element to each treatment

Role of genetic markers in personalized medicine in psychiatry: present and future

*Schulze, T.*
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Psychiatric genetics has reached a crucial stage. Several genome-wide association studies (GWAS) have been performed for bipolar disorder, schizophrenia, unipolar depression and other major psychiatric phenotypes. While, initially, researchers were somewhat disappointed by the - prima vista- low yield of genome-wide significant findings, it is now becoming clear that we have not fully grasped the complexity of a genetically complex phenotype such as a psychiatric disorder.

More and more data suggest that, on the one hand, current GWAS data sets have not been exploited to the fullest extent, and that on the other hand, GWAS need to be complemented by highly differentiated phenotype definition, intelligent mathematical modeling, pathway analyses, pharmacogenetic and epigenetic studies, imaging techniques, and novel genetic tools such as whole genome or exome sequencing. Moreover, data from genetic research on other complex disorders strongly suggest that current sample sizes are still too small to comprehensively understand the impact of common genetic variation on genetic susceptibility to psychiatric disorders. Thus, larger samples, preferably in a longitudinal fashion, need to be established.
This presentation will outline the cornerstones of methodological framework combining the aforementioned strategies in a truly synergistic way that will benefit future personalized approaches in psychiatry.

**Endothelial markers in personalised medicine in depression: from research to routine**

*Halaris, A*
*Psychiatry, Loyola University Medical Centre, Chicago, United States*

A pro-inflammatory state of depression is well documented to be closely linked to endothelial dysfunction and increased arterial stiffness. One proposed mechanism for the endothelial dysfunction seen in depressed subjects is the increased expression of pro-inflammatory cytokines. Pro-inflammatory cytokines can lead to thrombus formation and vascular occlusion which involved in the pathogenesis of atherosclerosis and cardiovascular disease. Endothelial function can be non-invasively assessed by computing the Augmentation Index (AIX), the percent of the central pulse pressure that is attributable to the reflected pulse wave, which is measured by Applanation Tonometry and is significantly and inversely related to endothelial function.

We have conducted two studies of unipolar and bipolar depressed patients and assessed their arterial stiffness before and after treatment. We measured AIX at baseline and end of treatment along with inflammation biomarkers. After controlling for confounding factors, age, sex and BMI, we found that the diagnosis of depression was significantly associated with increased arterial stiffness. Treatment with escitalopram failed to reverse the elevated AIX in spite of positive antidepressant response. There were significant correlations between pro-inflammatory biomarkers and AIX. We conclude that the status of clinical depression is a risk factor of atherosclerosis as reflected in the measurement of AIX.
SW-08
Introducing religion and spirituality curricula in the psychiatry residency programme

Organised by Nahla Nagy (Egypt)

Religious participation or belief and spirituality may predict better mental health. Several researches found significant association between spiritual or religious understanding of life and psychiatric symptoms and diagnoses. Religious people were similar to those who were neither religious nor spiritual with regard to the prevalence of mental disorders, except that the former were less likely to have ever used drugs (odds ratio (OR) = 0.73, 95% CI 0.60–0.88) or be a hazardous drinker (OR = 0.81, 95% CI 0.69–0.96). Spiritual people were more likely than those who were neither religious nor spiritual to have ever used (OR = 1.24, 95% CI 1.02–1.49) or be dependent on drugs (OR = 1.77, 95% CI 1.20–2.61), and to have abnormal eating attitudes (OR = 1.46, 95% CI 1.10–1.94), generalized anxiety disorder (OR = 1.50, 95% CI 1.09–2.06), any phobia (OR = 1.72, 95% CI 1.07–2.77) or any neurotic disorder (OR = 1.37, 95% CI 1.12–1.68).

Objectives: At the end of this workshop, attendees are expected to
1. Have better understanding of positive and negative effects of religion and spirituality on mental health.
2. Help integrating the teaching of cross-cultural issues related to spirituality and religion into medical education and psychiatric training.
3. Encourage subject areas such as spirituality and religion in coming psychiatric research.

References

Assessing medical residents’ beliefs regarding the role of spirituality and religion in the clinical presentation and therapy of mental health patients

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Examining the attitude of primary care house officers and how they feel they should discuss religious or spiritual issues with patients, pray with patients, or both, and whether personal characteristics of residents, including their own spiritual well-being, religiosity, and tendency to use spiritual and religious coping mechanisms, are related to their sentiments regarding spirituality and religion in health care.

Results show (46%) respondents felt that they should play a role in patients’ spiritual or religious lives. This sentiment was associated with greater frequency of participating in organized religious activity, a higher level of personal spirituality, and older resident age. In general, advocating spiritual and religious involvement was most often associated with high personal levels of spiritual and religious coping. Residents were more likely to agree with incorporating spirituality and religion into patient encounters as the gravity of the patient’s condition increased. Thus medical residents’ agreement with specific spiritual and religious activities depended on both the patient’s condition and the resident’s personal characteristics.

References

Psychiatric symptoms may express themselves in a religious context with cultural variations

Nagy, N.
Ain Shams University, Cairo, Egypt

The rate of religious delusions in Germany was 21.3% vs. 6.8% in Japan, while the rate in Austria was 21% vs. 6% in Pakistan.
Cultural aspect has a strong impact on frequency and presentation of psychiatric symptoms. In Egypt, the fluctuations in the frequency of religious delusions over a period of 20 years have been linked to changing patterns of religious emphasis.
In the United States, approximately 25–39% of patients with schizophrenia and 15–22% of those with mania/bipolar disorder have religious delusions. In the case of paranoid delusion, the persecutors were more often supernatural beings among Christians than among Muslims and Buddhists. Religious delusions have been found to be associated with a more serious course of illness and poorer outcomes. Thus it is important that doctors consider to include a patient’s beliefs in evaluating the patient as a whole, and use care in distinguishing between strong beliefs and delusions.
References

Religious/spiritual interventions in psychotherapy

Cox, J. Emeritus Professor, Keele University, Keele, United Kingdom

The role of religion and spirituality in psychotherapy has recently received growing attention, with a focus on understanding the ways that religion and spirituality relate to therapists, clients, and treatment methods. Three main areas are covered: religion/spirituality and therapists, religion/spirituality and clients, and religious/spiritual interventions. Research indicates that therapists are open to religious/spiritual issues, that clients want to discuss these matters in therapy, and that the use of religious/spiritual interventions for some clients can be an effective adjunct to traditional therapy interventions. This presentation will review of existing psychotherapeutic interventions for spiritual suffering and meaning-centered group psychotherapy. Psychiatrists worldwide call for more clinically useful definitions of religion and spirituality and suggest that new methods of clinical practice that employ both Western and Eastern religion and spirituality need to be developed and tested. The need for more clinically focused religious and spiritual assessments is highlighted. They recommend greater clergy-psychotherapist collaboration and propose that clinicians lead and collaborate with researchers to further meaningful research on religion and spirituality. Finally, the authors identify areas of graduate training that require strengthening and provide corresponding guidelines.

References
ZONAL WORKSHOPS

ZW-01
Recent mental health issues and developments faced in SAARC region

Organised by Thirunavukarasu Manickam (India)

In Asian countries still the stigma is a problem in promotion of mental health. Still in some places they believe that Marriage will cure the mental illness. We have different roles in marriage and the obligations to be fulfilled are numerous. In India we have various Laws related to marriage and divorce according to the religion and beliefs. So we face lot of difficulties as well as problems in the follow up of cases. The Indian psychiatric society has brought out a suggestion, instructions like guidelines for the psychiatrists how to go about dealing with the questions related to marriage and mental illness. This we like to high light so that it will be useful experience for all of us.

Recent mental health issues and developments faced in SAARC region.
A. Issues related to Psychiatric rehabilitation in Disasters in the SAARC region.
B. Marriage and mental health, certain developments in Indian Psychiatry.

Guidelines for managing issues related to marriage in patients with severe mental illness

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Mental illness is one of the commonest grounds for divorce in India. Significant stigma exists in society regarding mental illness and it is widely perceived that mental illnesses are not treatable or curable. The unique phenomenon where the parents of the bride and groom arranging the marriage between them is widely prevalent in the Indian society even today. The marriage of persons with major mental illness may cause ethical dilemmas for psychiatrists. Families of individuals with mental illness often seek guidance from mental health professionals on whether marriage is advisable or not, whether illness will recur after marriage or whether a history of mental illness should be acknowledged. Psychiatrists have an important role to play in helping families of mentally ill individuals make informed decisions regarding this matter. Our workshop will address socio-cultural aspects of marriage, effect of illness on marriage, assessment, psycho-education and documentation, problems faced by psychiatrists in dealing with the patient and her family, issues relating to divorce and its aftermath. Common misconceptions regarding mental illness and marriage and important landmark judgments will be discussed. These guidelines were developed by the speciality sections on Women Mental Health and Forensic Psychiatry of the Indian Psychiatric Society.
ZW-02
HIV/AIDS CARE AND PSYCHIATRY IN CENTRAL/WEST AFRICA

Organised by Joseph Adeyemi (Nigeria)

Out of the 34 million Persons Living with HIV/AIDS (PLWHA) in the world, 69% were in Sub-Saharan Africa in 2011. Most of the countries of Central and West Africa are in the pandemic range. With 80% anti-retroviral coverage in the region, many more are living longer but have to contend with the challenge of strict treatment adherence and the angst of living with chronic disease.

Other than the counseling that takes place before and after screening and the health education programme that is part of the care offered, very little attention is given to the early detection and treatment of emotional disorders among PLWHA. Yet, the HIV virus is known to be highly neurophilic; risk factors of exposure such as substance use, needle sharing, unsafe sexual practices, male homosexuals; adjustment to the sero-positive status and stigmatization; anti-retrovirus related complications among others predispose to emotional disorders including psychosis, dementia, anxiety disorders, depression and suicide among these subjects. Yet, Psychiatrists are hardly ever on board in any of the HIV/AIDS treatment programmes in the index location.

The objective of this symposium is to share experience and provide a forum to examine the relevance of psychiatry in the management of un-referred PLWHA using the three presentations from the WPA Zone 13 as reference.

Discussants would be expected to examine the merit or otherwise of greater holistic care for PLWHA in light of the high prevalence of unrecognized emotional illness among them and proffer solutions that could further make living a more pleasant experience for them.

References

A study of profile of mental health burden of HIV/AIDS in a West African treatment centre

Olajunju, A, Ogundipe, O, Adeyemi, J
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The enormous mental health needs of People Living with HIV/AIDS (PLWHA) based on existing literature have been considered a valid reason for mainstreaming mental service into HIV care.

Objective: The objective of this study was to determine the burden of suicidal ideation and psychiatric morbidity among PLWHA in a West African HIV clinic.

Method: The study participants were 295 HIV-positive adults recruited using systematic random sampling method. The demographic profile of participants was elicited and their suicidal intention determined using the Beck Depression Inventory (BDI). The Structured Clinical Interview for DSM-IV, Non-patient version (SCID-NP), was administered to assess the burden of psychiatric morbidity.

Result: Of the 295 participants interviewed, 13.6% had suicidal ideation, while approximately one-quarter (25.1%) had diagnosable psychiatric illness. Depression was the commonest mental disorder detected, as 44(14.9%) had DSM IV Axis 1 diagnosis of major depressive disorders. Anxiety disorders, concurrent Nicotine with Alcohol dependence and cannabis abuse were elicited in 24(8.1%), 4(1.3%) and 2(0.7%) participants respectively.

Conclusion: Thus, a higher mental health burden among PLWHA in comparison to the general population was observed. This study further underscores the need for integration of comprehensive psychiatric services into HIV care.

References
Alcohol-related problems and high risk sexual behaviour in patients with HIV/AIDS attending medical clinic in a Nigeria University Teaching Hospital

Olisah, V. Adekeye, O, Sheik, T, Yusuf, J
Department of Psychiatry, Ahmadu Bello University, Zaria, Nigeria

Objectives: This study was designed to determine the rate of alcohol related-problems in patients with HIV/AIDS and its association with high risk sexual behavior.

Methods: A consecutive sample of 120 patients with HIV/AIDS attending the Medical Out-patient Department (M.O.P.D) in Ahmadu Bello University Teaching Hospital (A.B.U.T.H), Zaria, Nigeria was assessed. All participants were screened for alcohol related problems using the Alcohol Use Disorder Identification Test (AUDIT). High risk sexual behavior was assessed using the HIV Risk-taking Behavior Questionnaire (HRBQ).

Results: Alcohol-related problems were found in 28.3% of participants (10% had hazardous use, 3.3% had harmful use and 15% had alcohol dependence). There was a significant association between alcohol-related problems and risky sexual behavior.

Conclusions: Alcohol-related problems are fairly common in people already infected with HIV/AIDS and are associated with high-risk sexual behavior. Thus, screening and treatment should be part of an effective HIV intervention program.

References

Challenges and Prospects of Mental Health Care for People Living With HIV/AIDS in Nigeria

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In Africa, Nigeria is one of the three (3) countries with the highest population of people living with HIV/AIDS. Individuals living with HIV/AIDS are at high risk of developing mental health problems due to the direct effect of the virus on the brain, adjustment to the illness, effect of antiretroviral therapy, stigma and discrimination. Neuropsychiatric disorders have been estimated to coexist with HIV/AIDS in as many as 2 out of every 5 cases and often interfere with treatment adherence. In Nigeria, there is dearth of information on the mental health needs of HIV/AIDS patients. Though, mental health care has been incorporated into primary health care in Nigeria, the effect of this integration is yet to be felt especially in rural communities. In order to improve access to mental health care for HIV/AIDS patients, counselors trained in skills required to recognize common mental disorders should be involved in HIV/AIDS treatment programmes and should be made to collaborate with primary health care personnel in rural communities in order to extend care. This paper focuses on the factors that limit the access of HIV/AIDS patients to mental health care in Nigeria and suggests culturally appropriate services that may improve the situation.

Depression and CD4 cell count among patients with HIV in a Nigerian University Teaching Hospital

Olisah, V, Sheikh, T, Adekeye, O
Department of Psychiatry, Ahmadu Bello University, Zaria, Nigeria

Objectives: The purpose of this study is to determine factors associated with depression among HIV-infected adults receiving anti-retroviral therapy.

Methods: A consecutive sample of 120 patients with HIV/AIDS attending the HIV/AIDS Out-patient clinic in Ahmadu Bello University Teaching Hospital (A.B.U.T.H), Zaria, Nigeria was assessed. The Center for Epidemiologic Studies Depression Scale (CES-D) was used to screen for depressive symptoms, and the Schedules for Clinical Assessment in Neuropsychiatry (SCAN) was used to confirm the diagnosis of depressive disorder. Univariate and multiple regression analyses were conducted to identify socio-demographic characteristics and disease-related factors associated with depression. Among 120 HIV-infected participants assessed for depression, 19% had depressive disorder. Adjusting for age, gender, education, and source of income, patients with CD4 counts <50 cells/μl were more likely to be depressed as 80% of depressed patients had CD4 counts below 50 cells/μl.

Conclusion: Depression was common among HIV-infected persons in Nigeria and was associated with low CD4 cell counts. The screening and treatment of mental health problems such as depression should be considered an integral component of HIV care and support.

References
**WORKSHOPS**

**W-01**

**Lesbian, gay, and transgender mental health 2013**

*Organised by Gene A. Nakajima (United States)*

In this workshop, four Lesbian, Gay, Bisexual, and Transgender (LGBT) mental health topics will be presented with ample time for discussion. Dr. Adelson, clinical assistant professor from Columbia University in New York, will review the American Academy of Child & Adolescent Psychiatry's Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents. Key concepts including methodology, definitions, scientific background, and practice principles relating to clinical research and ethical issues will be presented. The role of mental health clinicians in fostering healthy psychological development in these populations and treating mental health problems for which they are at risk will be discussed. Dr. Aladjem, an Israeli-American psychiatrist, who is associate professor from New York University will speak about a diverse group of clients from all over the world who suffered discrimination and human rights violations in their homelands due to their sexual orientation. He will explain how these LGBT people could qualify for political asylum in the US through the advocacy of psychiatrists and other mental health providers. The NYU/Bellevue program for Survivors of Torture is providing evaluations, treatment, and documentation essential to this process. Dr. Teverbaugh will discuss three transgendered clients who occupy different levels of care in a community mental health system. Interventions by case management and board-and-care staff are discussed. The psychiatric provider offers support, makes referrals to LGBT peer support agencies, and consults with a specialized medical team. Dr. Nakajima a Japanese American psychiatrist will discuss the mental health implications of same sex marriage from a global perspective. He will explore the stigma that lesbian and gay couples who are not allowed to get married experience and discuss the benefits that come with marriage. He will also review the American Psychiatric Association’s supportive position statement on same sex marriage.

### Introducing the American Academy of Child and Adolescent Psychiatry's Lesbian, Gay, Bisexual, and Transgender Practice Parameter

**Adelson, S**  
*Columbia University College of Physicians and Surgeons, Department of Psychiatry, Division of Gender, Sexuality and Health and of Child and Adolescent Psychiatry, New York, NY, United States*

**Aims/Objectives:** To inform mental health clinicians about the American Academy of Child & Adolescent Psychiatry (AACAP)'s Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents published in September 2012 and discuss current, state-of-the-art standards of practice related to children and adolescents who may be lesbian, gay, bisexual or transgender (LGBT).

**Methods:** Expert clinical consensus guidelines formulated from comprehensive, systematic literature review are reviewed.

**Results:** Eight practice principles are discussed for the clinical evaluation and management of lesbian, gay, bisexual or transgender youth. The scientific background, research needs, and ethical issues related to these practice principles are discussed.

**Conclusions:** mental health clinicians can treat several mental health problems for which lesbian, gay, bisexual or transgender youth are at elevated risk, often due to stigma, and can help foster healthy development in this special population.

### References


The role of mental health providers in helping survivors of human rights violations on the basis of sexual orientation achieve asylum in the US

Aladiem, A  
*NYU School of Medicine, NYU Bellevue Program for Survivors of Torture, New York, United States*

**Aims/Objectives:** A diverse group of clients from all over the world who suffered discrimination and Human Rights Violations in their homelands because of their sexual orientation may be eligible for Political Asylum in the United States (US). This presentation will highlight the complex issues specific to LGBT (Lesbian, gay, Bisexual and Transgendered) clients who apply for asylum. It will examine the issues of Human Rights Violations that they have experienced. It will address cross cultural and internalized homophobia as barriers to fighting for equal rights and examine how acculturation influences differing moral codes of acceptance of sexual orientation.

**Methods:** Program evaluation of the NYU Program for Survivors of Torture

**Results:** Successful outcome of the applications for Political Asylum on grounds of Human Rights Violations due to sexual orientation require evaluation and treatment of current mental health and trauma histories. It requires documentation of medical and psychiatric treatment, use of social services, legal liaisons, affidavits and testimo-

ies of expert witnesses in immigration federal courts and proper identification and advocacy in immigration detention centers.

**Conclusions:** Medical and Psychiatric diagnostic evaluations, individual psychotherapy, group psychotherapy are effective tools in the treatment and advocacy for successful granting of Political Asylum in the US.

**References**

Case presentation: Three transgendered clients and their treatment for serious mental illness in a community mental health clinic

Teverbaugh, P  
*Outpatient Mental Health, Santa Cruz County Mental Health, Santa Cruz, United States*

**Aims/Objective:** Being a compassionate advocate for patients with major mental illness is a central responsibility for the community psychiatric treatment team. Psychotic illnesses predispose patients to social isolation and cognitive difficulties. Transgender clients are particularly vulnerable to poor outcomes due to the impact of their major mental illness as well as the stigma of being transgendered. These three case studies demonstrate the creative solutions employed by members of a community psychiatry treatment team for transgender clients with different levels of functioning.

**Method:** Chart review and interviews with treatment providers.

**Results:** Clients with different levels of functioning and different levels of self-acceptance received individualized interventions. The team interacted with community support organizations including LGBT organizations and specialized medical treatment teams.

**Conclusions:** Effective advocacy for transgendered clients includes developing a knowledge of community resources and a fostering a culture of flexibility and creativity among the treatment team.

**References**

Mental health implications of Same Sex Marriage

Nakajima G.  
*SE Mission Geriatrics, CBHS San Francisco, San Francisco, United States*

**Aims/Objectives:** Laws have changed allowing same sex marriage in many places in the world, including, Spain, South Africa, Argentina, Norway, Mexico City, and several states in the US. The mental health implications of same sex marriage from a global perspective will be discussed. The stigma that lesbian and gay couples who are not allowed to get married experience, and the benefits that come with marriage, will be explored. He will also discuss the American Psychiatric Association’s supportive position statement on same sex marriage.

**Methods:** Literature review. The process of proposing and passing a position statement in the American Psychiatric Association will be reviewed.

**Results:** After 6 years of deliberation, the American Psychiatric Association passed a supportive statement on Same Sex Marriage. Preliminary position statements were passed and literature review papers and resource documents were endorsed before the APA finally agreed to pass a position statement which fully endorsed same sex marriage.

**Conclusions:** Many factors contributed to the lengthy deliberation of the APA to pass the resolution. Same sex marriage has not been scrutinized much among psychiatric associations outside the United States. Possible reasons for the reluctance of global psychiatric institutions to support same sex marriage will be discussed.

**References**
W-02
Mental Health of Deaf People – Scientific Background and Best Practice

Organised by Matthäus Fellinger (Austria)

Background: About 15 to 26 per cent of the world’s population are affected by various degrees of significant hearing loss with a wide variety of psychosocial consequences. This workshop focuses on people with severe to profound deafness with onset before language has been established, with a prevalence rate of 7 per 10,000. Many deaf people prefer to communicate in sign language and form deaf communities with a distinct culture. These deaf communities are of high value to their members but are difficult to access for hearing individuals and medical professionals. Available studies show rates of mental health problems 2 to 5 times higher in deaf people. Various factors, especially constrained language development, affect the mental health condition of deaf individuals. Approximately 30% have additional disabilities and complex mental health needs. Deaf people face extended barriers to health care and report fear, mistrust and frustration in health-care settings. Even with the use of a skilled interpreter the examination of deaf patients’ mental state requires specific knowledge.

Objective: The aim of this workshop is to provide information about on the most relevant research findings on different aspects of the mental health of deaf people, and enable the participants to have meaningful interactions with deaf patients in a culturally sensitive way. Models of psychiatric health care appropriate for deaf people are discussed.

Method: This interactive workshop will be divided into 3 parts:
1. Background information on epidemiological data, correlates of mental health problems, specific mental health disorders, management and treatment
2. Practical advice on the basics of interacting with deaf people in a constructive way in psychiatric settings. Sign language concepts and basic signs are introduced.
3. Role play training, time for questions

References

W-03
Human-machine interactions: Psychology in the Internet age

Organised by Elias Aboujaoude (United States)

As the Internet and Internet-related technologies grow in reach and penetrance, so do concerns about their possible negative psychological impact. The question has evolved from worrying about Internet overuse to concern regarding texting-while-driving and whether video games are increasing violence rates and decreasing attention spans. By presenting select studies, we will track the field’s progress over the last decade, highlighting important findings in epidemiology, comorbidity, neurobiology, and treatment, while emphasizing how slowly the research has accumulated in comparison with the lightning pace of technology evolution. Excessive online video game use will be explored as a subfield where research has suffered from arbitrariness and poor coordination. As a result, there is no shortage of diagnostic criteria, but little consensus on key issues, including boundaries between normal and pathological and between various forms of excessive online gaming. The relationships between excessive online gaming and psychopathology will also be discussed, with reference to their specificity and conceptual and temporal primacy. We will endeavor to shed more light on what may constitute risk factors for developing online video game problems and on whether and how the pre-existing psychopathology is affected by excessive online gaming.

In highlighting the recent direction of research in the field, we will discuss how neuroimaging data, in particular, are informing the conversation and what the emergence of "candidate areas" in the brain that seem implicated in this problem may tell us about our vulnerability to abusing the Internet and related media. The argument will be bolstered by new data emerging from studies that have been conducted in a variety of populations, including healthy individuals who play online video games; professional online video game players; subjects with problematic online video game use; and subjects with major depression or attention-deficit hyperactivity disorder who have comorbid problematic online video game use.
W-04

Psychotherapy Education in Psychiatry

Organised by Priyanthy Weerasekera (Canada)

The past few decades have witnessed significant advances in psychotherapy research. This research has contributed considerably to our understanding of the importance of psychotherapy in psychiatry. Although many variables have been explored, some have received greater attention than others. Common factors such as the therapeutic alliance have been found to predict outcome early in treatment independent of therapy type. Empirically supported treatments have also been developed for many of the psychiatric disorders. Specific training techniques such as the use of manuals, audio and video tapes, and the use of competency rating scales have been found to enhance therapeutic skills. New technologies such as web-based training and webcams have also been incorporated in training. This workshop will critically review the empirical psychotherapy literature, and discuss its influence in psychotherapy education. How this research can influence psychotherapy training will be demonstrated by presenting two training curricula: the SUNY Upstate and McMaster Psychotherapy training programs.

The SUNY Upstate program emphasizes the importance of teaching the common factors essential to all therapies with later training in specific therapies. Residents first receive a course in the factors common to all psychotherapies, which if followed by courses in psychodynamic and CBT. In the following years they chose from an array of specific therapies which include systems-centered therapy, dialectical behaviour therapy, IPT, and family therapy. The McMaster program trains residents in specific therapies with attention being given to alliance development in early training. Therapies chosen for training include: supportive, cognitive-behavioral (CBT), psychodynamic, interpersonal (IPT), family, couple and group therapies. Both programs incorporate novel technologies in supervision and in training. These techniques can be adopted in other programs to promote competence in our trainees.

W-05

Liberating the butterfly: Advanced amalgamated interventions for complex autism

Organised by Ruth Lea Brand Flu (United Kingdom)

The treatment of an autism condition can be quite complicated due to the associated mental health and learning problems which are not amenable pure autism interventions and mainstream bio-psychosocial interventions. Required autism specific and generic interventions are lacking due to insufficient cross-over expertise of autism specialists and mainstream mental health professionals. A comprehensive analysis of the aetiology of the particular problem and its interpretation is required in terms of the additional psychosocial stressors from very young age, neurocognitive burden and idiosyncratic behaviours that mask, mimic or colour mental health issues. This group of patients is not easily motivated and it can be difficult to gain trust of carers who have developed a closed in style of coping with the difficulties. Great emphasis will be on covert and overt trauma including recursive interactive reciprocal trauma from birth. Misinterpretations, including blame of the environment and in particular attachment will run through the discussion.

Difficulties to be discussed are depression, obsessive features, psychosis, catatonia, ADHD characteristics, sensory processing difficulties, eating disorders’ specific learning difficulties and other complexity such as forensic issues. Sub threshold cases with clinical significance are also part of the debate. The second part of the workshop involves a brief overview of the core autism specific interventions with their limitations and pitfalls. Advanced conversational techniques to illicit the difficulties as a platform for interventions will be demonstrated. This is followed by a review of medication and psychotherapeutic interventions and how they can be tweaked for a tailor made approach.

Aims: For the professional to develop a structured method to deconstruct complex autism cases
Increasing skills for differential assessment and interpretation of the most commonly presented psychopathology
Increasing the autism perspective/stance: To promote a core understanding of required amalgamated interventions from different theories and multi-professional/lay perspective
W-06

Personal Health Systems for Bipolar Disorder: Presentation of the Results of the MONARCA Project

Organised by Christian Haring (Austria)

The symposium presents the lessons learned on the design, development and evaluation of a paravasive computing-based system for supporting the treatment of patients with bipolar disorder. The findings present are the result of over three years of activity within the MONARCA (Monitoring, treAtment and pRediCtion of bipolar Disorder Episodes) EU project. The challenges listed and detailed in this symposium may be used in future research as a set of relevant items in the development of innovative solutions of mental health treatment and in a broader way for future research on personal health systems.

The X-Rays of Psychiatry: Using Mobile Technology to Support Treatment of Mood Disorders

Mayora, O.
Creat Net, Trento, Italy

This presentation will discuss about the overall approach of MONARCA project on bipolar disorder monitoring. Moreover, the presentation will highlight the lessons learnt on the design, development and evaluation of the pervasive computing-based system for supporting the treatment of bipolar disorder. The findings presented here are the result of over 3 years of activity within the MONARCA EU project. The talk will highlight the relevant to be used in future research as key items useful in the development of innovative solutions for mental health treatment.

Unobtrusive Electrodermal Activity Measurements for Monitoring of Bipolar Patients

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Personal Health Systems are part of a distributed, decentralized health care system which has the potential to release resources at hospitals and at the same time provide continuous care and improve life quality for its patients. These systems require new type of sensor technology and signal processing procedures. In the case of mental disorder patients, therapists are interested in collecting long-term physiological data to monitor patients continuously without the need to meet them face-to-face. Ideally, during periods without pathological findings, patients can live their daily life without having to feel stigmatized for their disorder but still having the security of being monitored by therapists. To fulfill this vision, patients are wearing next-generation sensor nodes. These nodes have to be mobile, small, lightweight, unobtrusive, and comply with the certification rules for medical devices. The MONARCA system consists of several sensor nodes and assessment strategies. In this work, we present the specific requirements, design and implementation of a mobile measurement system for measuring electrodermal activity which is known to be a relevant marker for mental states. The measurement is done unobtrusively at the patient’s foot. The sensor is hidden under the sock and can be worn continuously. This system is currently used for a data collection trial at the psychiatric hospital in Tirol. Practical challenges and solutions from a technical point of view as well as some first results of the medical trial are presented.

Monarca Trials – The Potential of Using a Smartphone for Monitoring Bi-polar Disorder

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All the developments in the smart-phone sector, in recent years, have opened up new possibilities, not only in the field of technology but also in health care. Since modern smartphones include a various number of built-in sensors they can be used for far more applications than the traditional cell-phone utilization. For example, a smartphone can be used to record and analyze behavior-patterns or recognize level of activities or social interaction. In this talk a study will be introduced which purpose it was to investigate the potential of a smart phone in order to monitor bi-polar disorder by recording and analyzing behavioral patterns and changes and their correlation to the actual state of bi-polar patients. We will give an overview of the study itself, how data of patients was gathered, what patients participated and how long the study lasted. Furthermore we will present interesting results, which show how much potential actually lies in the usage of smartphone in order to assist the therapy and diagnosis of bi-polar affective disorder.

WORKSHOPS
Voice Analysis with Mobile Phones for Monitoring of Bipolar Patients

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Speech is known for being a common indicator for pathologic mood changes. Nowadays, speech features are taken into account in clinical routines in a subjective way. One example is the Young-Mania Rating Scale which asks the therapist to classify the patient’s speech in respect of rate and amount. Following the ideas of pervasive healthcare, this work presents a technical solution to analyze voice in an objective and unobtrusive way during daily life. A smart phone application is being implemented which runs in the background and continuously analyses the patient’s voice during phone calls.

Medical Aspects in MONARCA System

Haring, C.
Department of Psychiatry and Psychotherapy, State Hospital, Hall in Tyrol, Austria

The lecture presents the lessons learned on the design, development and evaluation of a paravasive computing-based system for supporting the treatment of patients with bipolar disorder. The findings present are the result of over three years of activity within the MONARCA (Monitoring, treAtment and pRediCtion of bipolAr Disorder Episodes) EU project. The challenges listed and detailed in this symposium may be used in future research as a set of relevant items in the development of innovative solutions of mental health treatment and in a broader way for future research on personal health systems.
COURSES

C-02
Treatment of Schizophrenia
Falkai, P.
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This course will give an overview on the changes DSM-V has yielded especially to psychotic disorders. As PF is participating in the revision process for ICD-11, it will be possible to discuss the pros and cons for both systems. The largest part of the course will however, based on case vignettes, be used to discuss guideline based treatment regimes for schizophrenia. Beside established pharmacological treatment options WF will give an introduction of what future strategies might yield. Beside psychotherapeutic treatments further interventions including brain stimulation (rTMS, tDCS and other) as well as life-style interventions (e.g. exercise, substitution of nutrition) will be discussed to give a good overview of what can be regarded state of the art treatment for psychotic disorders, especially schizophrenia.

C-03
How to read and write a scientific paper
Fleischhacker, W.
Department of Psychiatry and Psychotherapy, Medical University Innsbruck, Innsbruck, Austria

Educational objective
1) What to focus on when reading a paper
2) Important steps in writing a scientific manuscript
3) Choice of journal
4) How to deal with a rejection

Course Description
Each of the four subtopics will be discussed in the context of practical examples. The course is meant to be interactive, also building on personal experiences and specific questions from the participants.

The scientific knowledge base in psychiatry is rapidly expanding and so are research papers and scientific journals. Both the scientist and the clinician are challenged with this informational overflow. While the clinician will be mainly interested in publications of clinically relevant research and the scientist will focus on recent developments in his/her field of specific interest, a basic understanding of the ground rules of scientific publishing is key for both groups of interest, as well conducted science will need to be published in respectable journals and, in turn, must be understandable and appreciated by the practicing clinician.

This course therefore attempts to provide the foundations of reading and writing a scientific paper which is helpful to the clinician and the basic scientist alike. In addition, these general recommendations will be complemented by some more specific suggestions regarding the organization of a manuscript, the choice of publication formats and journals and the intricacies of the peer review process.

C-04
Human based Psychiatry: Theory and clinical practice
Musalek, M.
Anton Proksch Institute, Vienna, Austria

Educational objective
1. Definition and position of Evidence-based Medicine (EbM)
2. Advantages and Disadvantages of Evidence-based Medicine (EbM)
3. Theoretical Foundations of Human-based Medicine (HbM)
4. Diagnostics in Human-based Medicine (HbM)
5. Treatment in Human-based Medicine (HbM)
Course Description
Each of the four subtopics will be introduced by a short lecture reviewing the state of the art. The main part of the course, however should be the intensive and extensive case-oriented and case-based discussions of practical problems arising in the field of diagnostics and therapeutics in Human-based Medicine.

The approach, which we call Human-based Medicine (HbM), no longer finds its theoretical basis in the positivism of the modern era, but rather owes its central maxims to the post-modernist ideal that ultimate truths or objectivity in identifying the final cause of illness remain hidden from us for theoretical reasons alone. The main theoretical premise of HbM, the dependence of being on context, enables the simultaneous coexistence of several apparently contradictory “truths”. Evidence-based Medicine (EbM) and HbM are thus not mutually exclusive opposites; rather, despite superficial differences in methods of diagnosis and treatment, EbM must be integrated into HbM as an indispensable component of the latter. HbM treatment above all involves a completely different therapist-patient relationship. The former monologue directed at medical analysis should be replaced by a warm-hearted dialogue; where “psychoeducation” used to play a primary role, a more profound understanding must now evolve based on the principle of reciprocity. The treatment of the individual now focuses not exclusively on his or her deficiencies but instead on resource-oriented strategies. This would also require the development of a new aesthetic in psychiatry, to create an appropriate basis for a therapeutic process of this kind. A humanistic therapy approach of this kind in psychiatry, in which the person once again becomes the measure of all things, can only be realised in clinical practice via a dynamic multidimensional diagnostic process and treatment within the scope of inter-disciplinary cooperation.

List of recommended readings
NEW RESEARCH REPORTS

NRR-01

Affective disorders

Goethe’s anxieties, depressive episodes and psychotherapeutic strategies

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Background: Goethe was one of the most creative writers, productive scientists, and effective statesmen that ever lived. His descriptions of feelings, emotions, and mental states related to anxieties, depressive episodes, dysthymia, and creativity are unique in their phenomenological precision and richness. His life and work can thus serve as an excellent example enhancing our understanding of the relationship between anxiety, depression and creativity. Furthermore, he described (self-)therapeutic strategies that reinforce and refine modern views.

Results: Several distinctive depressive episodes can be diagnosed in Goethe’s life. They were characterized by extended depressive moods, lack of drive, and loss of interest and self-esteem combined with social retreat. Goethe displayed diffuse and phobic anxieties as well as dysthymia. His (self-)therapeutic strategies were: (a) the systematic use of helping alliances, (b) behavioral techniques, (c) cognitive reflection on meanings and beliefs, (d) psychodynamic and psychoanalytic remembering, repeating, and working through, and (e) existential striving for self-actualization, social commitment, meaning, and creativity. Modern psychotherapeutic approaches can be exemplified and enhanced by reflecting upon the (self-)therapeutic efforts of one of the most creative persons that have ever lived.

References


European project of therapy resistant depression

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Treatment of depression is still a challenge in everyday clinical practice as well as in research, since a sizeable number of depressed patients do not respond to the first medication given. The European project of therapy-resistant depression is one example for studying clinical, biological as well as treatment variables in different centers. It was found that among other variables comorbid anxiety disorder predicts therapy resistance to antidepressants and additionally that specific candidate genes are associated with this outcome.

The case for routine genotyping in the management of patients with MDD

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2 Genetics Research Center, Genomas, Inc., Hartford, CT, United States

Objective: Debate continues about the utility of routine genotyping. We examined two MDD cohorts to determine if the prevalence of *CYP2D6* polymorphisms associated with sub-normal (null, poor, deficient) and supra-normal (ultra-rapid) metabolism of antidepressants (ADs) supports the use of genotyping in the clinical setting.

Methods: Cohort A was 150 consecutively admitted inpatients in 1/2007-3/2007. Cohort B was 63 treatment-resistant outpatients assessed in 2009-12. The MDD diagnoses and treatments were clinician determined. Genotyping of 18 *CYP2D6* functional polymorphisms was performed with Lumine assays to detect small nucleotide variations, deletions or duplications. Similar assessments of *CYP2C9* and *CYP2C19* were also performed.

Results: 75 of 150 inpatients (50%) and 37 of 63 outpatients (58.7%) had *CYP2D6* polymorphisms associated with sub-normal (n=106) or supra-normal (n=6) metabolism; 112 inpatients (74.7%) and 33 outpatients (52.4%) were prescribed ADs that are *CYP2D6* substrates.

Conclusions: Given that at least half of each sample had polymorphisms associated with altered AD metabolism and that the majority received medications with high *CYP2D6* affinity, genotyping to determine individual metabolic capacity should be routinely performed in treatment-resistant patients to guide AD prescribing.
References

SOPROXI chat-groups: a novel online support for suicide survivors

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2 Department of mental health, Soproxi project, Padova, Italy

Objectives. The SOPROXI project (www.soproxi.it) offers online support for suicide survivors via chat rooms. Here we describe the characteristics of online group participants and their outcome measures.

Methods. Twenty-eight survivors were allocated to 8 online groups (20 weekly, 60-minute sessions each), between February 2012 and May 2013. At baseline, participants provided background information and filled-in 4 assessment questionnaires, which, along with an additional satisfaction questionnaire, were repeated at follow-up.

Results. Participants were mostly women (92.9%), with high school (46.4%)/university (42.9%) education; 10 of them dropped-out before completion of the sessions (mean participation rate: 75.1%, on average 15.0 sessions). At follow-up, psychological well-being had generally improved, significantly at the BDI (p<0.01) and BSI (p<0.05), and at the BSI subscales somatisation (p<0.01) and anxiety (p<0.05), with minimum changes in stigma levels (p>0.5). The ICG score decreased significantly more in those who concluded 8-1 sessions before the scheduled conclusion (p<0.05). All the participants reported high/moderate satisfaction with the group sessions, group moderators and the overall SOPROXI project.

Conclusion. Online services may facilitate the access to care for suicide survivors and are highly appreciated. Future online interventions should specifically focus on stigma.
Aims: The aim of this study was to determine the burden and impact of different temperaments on the organic and affective origins of addiction. It also should lead to the definition of subgroups of opiate addiction for basic clinical research and better therapeutic outcomes.

Methods: In the period from September till November 2010,101 consecutive patients with history of opiate dependency from Oum El Nour rehabilitation center/Lebanon were interviewed. Two scales were applied, i.e. Lesch Opiate Typology for assessment of Opiate addicts and M-TEMPS modified by Erfurth et al.

Results: According to Lesch typology Type IV was considered the organic group with chronic difficulties where 48.5% of the sample met its criteria. Type III compromised the depressive group where 41.6% of the sample met the criteria. 9.9% represented the remaining 2 types where type II is the anxious group who uses drugs to deal with their fears while type I includes all with severe withdrawal. Among the anxious group 70.6% were Type IV while in the cyclothymic group 60.7% were Type IV.

Conclusion: Opiate addiction has a strong temperamental basis. Our data confirm the validity of Lesch typology in opiate addiction. There is a high overlap of cyclothymic, anxious temperament and Lesch type IV addiction. Our data shows the burden of cyclothymia in opiate addiction. We need future investigations using subgroups defined by typologies and temperament.

References

Early social isolation model of schizophrenia promotes formation of alcohol preference in rats

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The aim of the study was to create the experimental model of comorbid mental disorders: schizophrenia and alcohol abuse. One possible experimental models of schizophrenia is the model of the early social isolation. The study was carried out on 45 male Wistar rats. Experimental animals aged 21-24 days were landed from the parental cells into the individual ones for 35 day isolation. then during 4 month experiment all animals have got 15% ethanol 3 times a week after daily drinking deprivation. Alcohol preference was evaluated in the "two-bottle-test". Behavior parameters and anxiety level was estimated in the "open field" test, Porsolt test and response to the auditory stimulus.

The isolated rats have shown significantly higher alcohol preference in the "two-bottle test" since the beginning of the experiment. They have demonstrated greater locomotor activity in the "open field test". Experimental rats have been significantly more sensitive to the auditory stimuli and remained longer in the start area of the "open field". In the Pordolt test the isolated rats were significantly higher active swimmers and decreased swimming time after alcoholization.

Early social isolation model of schizophrenia promotes formation of alcohol preference which may be explained by self-medication mechanisms.

Guideline for dual diagnosis of ADHD and SUD

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Until recently there was no guideline for the screening, diagnosis and treatment of attention deficit / hyperactivity disorder (ADHD) in patients with a substance use disorder (SUD).

We organized focus groups to obtain more information about the expectations and experiences of patients with attention deficit hyperactivity disorder (ADHD) and substance use disorder (SUD) and about the opinions of addiction care professionals. This information has been used to develop the first multidisciplinary guideline for identification and treatment of ADHD in addicted patients. The analysis revealed a great difference between...
added inpatients and outpatients as to the possibilities of diagnosing and treating ADHD. It is difficult to make a proper diagnosis in patients who are not fully abstinent, as there are no validated diagnostic instruments for this target group.

Observation is seen as more important than questionnaires but there have been no studies on the utility of observation. Patients often ask for non-pharmacological treatment. The positive experiences in the residential addiction services with non-pharmacological well-grounded, structured treatment methods for addiction offer a perspective to develop specific methodologies adapted to patients with comorbid ADHD.

References

Assessment of Knowledge and Attitudes of Adolescents about Drug Abuse in Baghdad City

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Objectives: Assess the knowledge of adolescents about drug abuse. Assess attitudes of adolescents concerning the drug abuse behavior. Identify the relationship between knowledge, attitudes and some of demographic variables (Age, gender, level of education, and sector area), Determine the relationship between knowledge, attitudes toward drug abuse.

Methodology: The study was carried out in both males and females adolescents students from intermediate schools of Al – Rusafa in Baghdad city. The sample consist of (300) adolescents students to assess knowledge and attitudes of adolescents about drug abuse. A questionnaire was constructed for the purpose of the study which consisted of (3) parts. These parts included the general information, demographic characteristics, adolescents' knowledge about drug abuse, and adolescents' attitudes about drug abuse. The overall items which were included in the questionnaire were (88) ones.

Results: A significant association between drug abuse and adolescents’ (Age, gender, Class, and sector area).

Conclusion: There were association in adolescents' knowledge and attitudes and some demographic variables (Age, gender, Class, and sector area).

Recommendation: Health education program can be designed and constructed for adolescent to promote their knowledge and attitudes to assume an optimal level of self management within the parameters of their problem.

References


Novel Neuropsychiatric Assessment of Repetitive Concussion in Athletes

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Sports-related traumatic brain injury (TBI) continues to be a significant source of morbidity for athletes. The objective assessment of concussion (mild TBI) remains as complicated as the organ that is being assessed. One limitation to current evaluation tools is that they require voluntary responses that may be purposefully thwarted in baseline exams, so that post-injury results do not prevent an athlete from returning to the field. More detailed voluntary assessment tools are time consuming and must be administered by licensed professionals, therefore having limited utility as sideline or return-to-play assessments. Current pilot data utilizing the Quotient® assessment tool (BioBehavioral Diagnostics Co.) in collegiate athletes has demonstrated post-concussive changes in baseline metrics. Alterations in eye movements, including convergence and saccadic range and accuracy, have also been shown to be an objective measure of both acute and chronic global brain dysfunction. In this study, our inter-disciplinary research team will continue to develop and validate the technology to obtain an objective, portable and involuntary assessment of mild TBI using neuro-cognitive and oculomotor biomarkers.
References

Concussion in Sports: A Psychiatric Perspective

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The role of concussion in youth sports is one of the most important topics in sports psychiatry/medicine. Emerging data has documented the potential long term negative consequences of repeated low grade concussion, with youth and female gender being important risk factors. Despite the significant increase in the extant scientific literature, the need to change the current culture in contact/collision sports concerning head trauma remains a challenge. This film is intended to help parents better understand the need for brain safety in youth sports. Its goal is to stimulate discussion and encourage continued research into this important aspect of youth development and cultural identity worldwide. The presentation will air the film, and be followed by a discussion for how to best use it as a public mental health prevention tool.
NRR-03
Psychopathology

The Brief Multidimensional Assessment Scale (BMAS): A Mental health Check Up

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There is increasing interest in using quantifiable measures, that do not take too much time to complete and which tap into multiple domains of a patient’s situation, to assess the clinical status of patients at every health encounter and over the course of an illness. This study assessed the psychometric properties of the BMAS, a brief (less than 1 minute) four question scale designed to assess quality of life, symptoms, functioning and relationship satisfaction. 248 psychiatric outpatients completed the BMAS and the Outcome Questionnaire 45 (OQ45) as part of their standard ongoing care. Internal consistency using Cronbach’s alpha was .75. Test retest reliability using Pearson’s r ranged from .45 (symptom severity, which can fluctuates daily) to .79 (quality of life) for each of the BMAS items. Concurrent and convergent validity between BMAS and OQ45 scales were all significant. The BMAS demonstrated acceptable reliability as well as concurrent and convergent validity. It is a useful assessment tool for patients with any clinical condition for which it is desirable to track how the patient is experiencing his or her life situation at a given point in time and when there is a desire to monitor change over time.

References

Information and Attitudes of the Relatives of Individuals with Mental Illnesses on Non-Medical Applications They Use For Their Patients

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This study was carried out to determine the information and attitudes on non-medical applications of the first degree relatives of individuals with mental illness and the factors influencing this condition.

First degree relatives of the patients monitored in psychiatry polyclinic participated in the research between January 2012 – May 2012. (n=80). Data of the research were collected through “Descriptive Information Form”, “Information and Attitude Data Form for Non-medical Applications” and “Help Seeking Attitude Scale”. 60% of participants have resorted to the applications regarding non-medical treatment for their patients whom they present care, 34.3% of those have stated they have applied to these practices as these persons are in desperation and hopelessness and 26.5% due to their personal belief. 89.1% of participants have sought religious/spiritual application but 67.5% have indicated that they do not want to keep on this application, 78.7% said that application has not affected well-being status. It has been found that help seeking attitudes of the individual who use non-medical applications.

As use of non-medical applications is at high rates in psychiatric cases, health workers should raise their awareness on this subject and give information about the importance of the continuance of medical treatment.

References
ADHD & Co morbidity - Clinical Significance and treatment aspects

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Attention Deficit Hyperactivity Disorder (ADHD) affects 3 to 6% of school aged children. The risk for co-morbidity with other psychiatric disorder is high and the presence of co-morbidity disorder warrants special consideration in the treatment of patients with this disorder. 3 subtypes of the syndrome have been delineated in DSM-IV, including ADHD predominantly inattentive, ADHD predominantly hyperactive – impulsive and ADHD combined type.

There is a paucity of research concerning ADHD and co-morbidity from Indian country. The presentation highlights the prevalence of ADHD among children (aged 3-12 yrs) attending psychiatric out-patient departments and the psychiatric co-morbidity. In general children attending the out-patient clinic, 64 (16.7%) were found to have ADHD. The mean age of boys with ADHD was 9.1 yrs whereas the mean age of girls was 7.8 yrs. 22-44% of ADHD had co-morbid conduct disorder. 15-50% of ADHD had co-morbid mood disorders. 8-20% of ADHD had co-morbidity with Anxiety disorders.

There are many important clinical implications for the study. The higher incidence of delayed development, broken homes, and parental discord in children with ADHD calls for appropriate intervention in the family both for treatment and prevention. Also medications played a crucial role in treating the ADHD comorbid disorders.

References


Hermeneutic methods as a key to understand psychiatric phenomena

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Nowadays the dichotomy between two schools of psychiatries, i.e. biological psychiatry and philosophical psychiatry, became perceptibly. At present, we find ourselves in an extremely biological phase of psychiatry and a great many of psychiatric disturbances are caused by disbalance of neurotransmitters in CNS, esp. in brain. On the other hand, we cannot still conceive and explain a lot of psychiatric phenomena by means of neurobiological investigations.

To solve this problem, we should refer to phenomenology which is partially based on hermeneutical. Hermeneutics is the study of the interpretation of texts. One can also consider psychopathological symptoms and syndromes as a text. One of the founders of scientific philosophical hermeneutics was H. G. Gadamer. His hermeneutic approach has the following features:

To seek understanding rather than explanation

To acknowledge the situated location of interpretation

To recognize the role of language and historicity in interpretation

To view inquiry as conversation

To be comfortable with ambiguity

Above noted features can be applied in psychiatric practice. As for example of first feature, we could regard delusion of persecution as distortion of self-preservative instinct. Surely, hermeneutic methods in psychiatry can’t explain all kinds of phenomena, but these methods help us to create holistic model of understanding in psychiatry.

References

2. S. A. Velleman “How psychiatrists think – On Heidegger’s phenomenological approach and the scientific method in medical practice”

3. V. P. Samokhvalov “Taurida journal of psychiatry, v.6, № 3(20), 2002, p.4-11.”

4. wikipedia.org
Identifying and assessing autism and neurodevelopmental disorders in Nigeria

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Blazing Trails International Centre and the Department of Psychiatry at the College of Medicine, University of Lagos and the Lagos Teaching Hospital, with the support of Guaranty Trust Bank (GTB), have embarked upon a model program for identifying and assessing Autism and other developmental disabilities in Nigeria in order to determine their needs for intervention and make necessary recommendations. The process and screening instruments developed might be useful to health care providers working in developing countries where the required mental health experts may be in limited supply. It is estimated that over 1.2 individuals live with autism in Nigeria.

In many developing countries, like Nigeria, the aforementioned population routinely face discrimination or medical disparity from local health systems. The medical disparity is generally the result of limited skill of general duty health professionals to properly diagnose, and inadequate resources to support global “best practices” for autism treatment. The limited access to established diagnostic process and tools undermine the accurate assessment and ascertainment of the appropriate interventions. This workshop will describe indigenization of the procedures for screening and assessing neurobiological disorders, address cultural impediments to awareness, manpower development, and models for success in Nigeria and developing nations.

Auto- and heterodestruktive behavior in patients with the borderline personality disorder

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Patients with borderline personality disorder (BPD) frequently have parasuicidal anamnesis, abuse of substances, furthermore, the coinciding affective disorder increases this risk (Korolenko, Zagoruyko, 2004), the combination of external and internal straight aggression is connected with the low state of Ego-functioning, which is typical for BPD (Korolenko, Zagoruyko, 2005). Data analysis, obtained in the course of our study speaks about high degree of impulsive behavior in patients. Impulsive behavior was directed both toward the satisfaction of hedonistic desires and toward the satisfaction of auto-/heterodestructive tendencies. Heterodestructive behavior in the women being investigated included antisocial actions, episodes of physical violence, periodic threats of violence, episodes of damage to strange property, periodic participation in any fight. Autodestructive behavior was highly represented in all groups being investigated was included: the episodes of physical self-damage, suicidal threats, suicidal gestures and suicidal attempts, it promiscuities. Regardless of the fact, what purposes pursued impulsive behavior - the satisfaction of destructive or hedonistic needs, under the effect of the alcoholic realizations it acquired brutal nature, what, actually, was evidence of the loss of control - biological and social, which was most vividly represented in the group of the persons with the antisocial features.

References
Redesigning neurotechnology for psychodynamic purposes

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Objectives: The participants should be able to recognize the risk of existing divergent perspectives in psychiatry related to the same subject but not sharing the points of each other subdomains, and that is, today, methodologically possible to allow for one perspective testing the another's formulations through interdisciplinary instruments.

Purpose: This work aims to demonstrate the level of fragmentation of psychiatry's approaches and how counter-productive it can be for its desired goals, and propose an integrative view and technology to surmount this limitation.

Methods: A set of perspectives and devices shall be articulated to overcome epistemological limitations related to the nature of their methods, objects and subjects; limitations associated to objective methods narrowing the initial definition of expected states and excluding the subjectivity surrounding, can be balanced by using the Theory of Complexity, that avoids to assume that all the variables of interest are well known by using methods for the assessment of global information as analysis of brain entropy and dimensionality of EEG and MEG, to be done in real-time for psychodynamic purposes.

Conclusions: Although possible, it’s needed practice and some development for the integrative methodology becomes useful in the practice of psychodynamics.

References

NRR-04
Miscellaneous 1

Comorbidity and use of psychotropic drugs in male domestic violence offenders

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Background: domestic violence offenders have been studied well over the last two decades. Still little is known about patient characteristics in clinical samples.

Aim: the aim of this study was to assess psychiatric comorbidity, use of psychotropic drugs and type of aggression in a sample of male patients following treatment for domestic violence.

Method: all records of patients receiving treatment in the period 2007-2012 (N=284) were reviewed and retrospectively analysed. Psychiatric diagnosis was formulated according to DSM-IV-TR criteria, severity of aggression was measured by the Buss-Durkee Hostility Inventory-Dutch version (BDHI-D).

Results: 155 patients (54%) had at least one other axis I disorder (depressive disorder, PTSD, ADHD, substance use disorder...) next to an impulse control disorder or similar, resulting in higher prescription rates of psychotropic agents. This group also experienced more indirect aggression than patients without axis I comorbidity.

Conclusion: male domestic violence offenders can suffer from various axis I disorders. This may influence pharmacological prescribing and the type of aggression.

References

BDNF plasma levels in drug naïve patients with schizophrenia: Do disordered eating attitudes have an influence?

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Objective: No study has examined the influence of disordered eating on circulating brain derived neurotropic factor (BDNF) in patients with schizophrenia, but there is some evidence that BDNF may be involved both in the pathophysiology of schizophrenia and in regulating eating behaviors. In this study we aimed to compare plasma BDNF levels between drug naïve schizophrenia patients with and without disordered eating.

Methods: A sample of 92 consecutive new attendees of the psychiatric out-patients clinic, University Hospital, Zagazig, Egypt, with a DSM-IV diagnosis of schizophrenia, was assessed clinically and by the PANSS. Patients were also compared with themselves and with 100 non-psychiatric controls using the Eating Attitudes Test
(EAT-26) and plasma BDNF measured by sandwich ELISA.  

**Results:** Plasma BDNF levels were lower in patients (791±199 pg) than controls (1184±952 pg) (p<0.001) but did not differ between patients with- and without- disordered eating (761±236 pg;813±165 pg, respectively) (p=0.217).  

**Conclusions:** Findings are in support of the view that BDNF would be associated with schizophrenia. However, they did not support our expectation that the presence of disordered eating attitudes in patients with schizophrenia would exert additive effects on plasma BDNF levels.

**A Proton MRS study of brain in patients with OCD and their first degree relatives**

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This study aims to identify alterations in neurochemicals that are specific to obsessive compulsive disorder (OCD) using proton MR spectroscopy (MRS) of caudate nucleus, anterior cingulate cortex and medial thalamus and to identify their role as vulnerability markers by comparing them with the first degree relatives of these patients and healthy controls. The study groups included subjects diagnosed with OCD (n=26); first degree relatives (n=20) and normal controls (n=16). A cross-sectional case-control study design was employed. Clinical assessment was carried out using appropriate scales. Volume-localized ¹H-MRS was carried at 1.5T and the absolute concentration of metabolites was determined using LC Model software.

The three groups did not differ in terms of socio-demographic variables. Post hoc pair wise comparisons showed that N-Acetyl aspartate levels in OCD patients < family controls < normal controls (p<0.001). Absolute neurochemical measures in caudate nucleus correlated with disease severity (YBOCS score) (p<0.05). This study provides further evidence on the role of caudate nucleus and anterior cingulate cortex in the pathophysiology of OCD. Further, similar findings in family controls suggest the possible role of these neurochemicals as putative disease markers. Replication of similar studies and future studies recruiting psychotropic-naïve patients is required for a better understanding.

**References**


**NRR-05**

**Miscellaneous 2**

**Social inclusion of people with mental health problems in the UK and Hong Kong: A comparative study**

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The study was conducted in the UK and in Hong Kong and aimed to compare the concept of social inclusion¹ in the two countries. Group exercises investigated what the concept meant for individual members. Groups included people with severe mental illness, common mental disorder, professional mental health staff and excluded groups.

**Method:** concept mapping² uses sticky labels to enables the generation of ideas which are then grouped together into common clusters.

**Results:** Sixty six participants in the UK (9 groups) and 61 in Hong Kong (7 groups). There was considerable overlap in the concept maps in the two countries. There was an emphasis in both countries on the material origins of inclusion. In both countries the social exclusion of people with mental health problems was said to result from health inequalities, stigma, and stereotypical beliefs. The results of the groups of people with mental health problems in both countries will be presented in more detail in the presentation. A greater understanding of all the parameters of social inclusion will improve the design of social and community services for people with mental illnesses.

**References**

Promoting social inclusion and recovery in Wales: Evaluation of a £15m investment

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The BIG Lottery Fund (Wales) invested £15 million pounds in innovative community mental health projects delivered by non-statutory (independent third sector) services (2009-2014). 18 projects were funded, most aimed to improve social inclusion and promote recovery.

**Method:** Documentary analysis of grant applications and most recent project reports; thematic analysis of transcribed telephone interviews with all project managers; consultation with nominated respondents and site visits.

**Results:** There has been a clear impact on some aspects of policy and on practice. The recovery and person centred approach adopted by some projects has been taken up by planners and commissioners and built into future plans for community services. Operational engagement with all the projects was very good in all parts of Wales. Respondents were clear that projects filled important service gaps, and were complementary to existing provision. There were examples of the successful cloning of projects in neighbouring areas.

**Conclusion:** New commissioning arrangements in the mixed economy of welfare mean that there are opportunities for projects to bid to continue to provide services, providing a lasting legacy for the £15m investment. Third sector organisations are, however, somewhat distant from policy, strategy, development and planning groups, and find it hard to exert direct influence.

**References**

Prison Psychiatry – Recent Developments

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A high and possibly increasing prevalence of mental disorders in prisoners has been demonstrated in recent surveys. In comparison to the general population, prisoners have an increased risk of suffering from a mental disorder. Mental disorders increase the risk of suicide, which is considerably higher in prisoners than in the general population. Suicide is the leading cause of death in penal institutions, especially during the early stage of confinement. For mentally disordered prisoners, there is often an increased risk of being victimized, as well as the potential for high rates of decompensation and deterioration.

Ethical dilemmas in prison psychiatry do not only arise from resource allocation but also include issues of patient choice and autonomy in an inherently coercive environment. Furthermore, ethical conflicts may arise from the dual role of forensic psychiatrists giving rise to tension between patient care and protection of the public. This paper will discuss some ethical issues arising in this field. Relevant issues to be dealt with are the professional medical role of a psychiatrist and/or psychotherapist working in prison, the involvement of psychiatrists in disciplinary or coercive measures; consent to treatment, especially the right to refuse treatment, the use of coercion, hunger strike and confidentiality.

**References**
Comparison of Topiramate and Risperidone for the Treatment of Behavioral Disturbances of Patients with Alzheimer’s Disease

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Introduction: Behavioral disturbances are determining factors in handling patients with Alzheimer dementia. The current pharmacotherapy for behavioral symptoms associated with dementia is not satisfactory. Our goal was to compare a new anticonvulsant, topiramate, with a usually used medication, risperidone, for controlling behavioral disturbances of patients with Alzheimer dementia.

Method: Elderly patients with a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition diagnosis of Alzheimer disease and significant behavioral disturbances were randomized to receive, for a period of 8 weeks, a flexible dose of either topiramate (25 Y50 mg/d) or risperidone (0.5 Y2 mg/d). Outcome measures were the Cohen-Mansfield Agitation Inventory, Neuropsychiatry Inventory parts 1 and 2, and the Clinical Global Impression.

Result: Forty-eight patients were randomized to treatment with either topiramate or risperidone, and 41 patients (21 of 25 in topiramate group and 20 of 23 in risperidone group) completed the trial. Both groups showed significant improvement in all outcome measures without important difference (Neuropsychiatry Inventory total score P G 0.531, Z = 0.62; Cohen-Mansfield Agitation Inventory P G 0.927, Z = 0.09; Clinical Global Impression, P G 0.654, Z = 0.48). There were no significant changes in the cognitive status of patients (assessed by Mini-Mental Status Examination) taking topiramate or risperidone during the trial.

Conclusion: Treatment with a low dose of topiramate (25Y50 mg/d) demonstrated a comparable efficacy with risperidone in controlling behavioral disturbances of patients with Alzheimer dementia.

References

Tau protein in intestinal endotoxemia caused by impact of Alzheimer’s disease

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Objective: To study the effect of intestinal endotoxemia (IETM) on Alzheimer’s disease and its possible mechanisms. Methods Through cognitive function in patients with neuropsychological testing into the test group, divided into the AD group and healthy controls 40 cases in each group. Lipopolysaccharides (LPS) level was detected by CE TALTNFa and Tau protein levels were detected by ELISA. Results MMSE in patients with AD, ADAS – Cog scores compared with control group, MMSE scores significantly lower than control group (t = 16.473, P < 0.001), ADAS – Cog score significantly higher than the control group (t = 18.067, P < 0.001); LPS and TNF alpha and Tau protein level is significantly higher than control group (t = 5.317, P < 0.001, t = 0.001, P < 0.001; t = 0.001, P < 0.001). Conclusions Patients with Alzheimer’s disease accompanied with intestinal endotoxemia (IETM). It may be play an important role in the course of AD.

Keywords: Intestinal endotoxemia; Alzheimer’s disease; Tau protein; LPS ; TNFa

References

The work was supported by Scientific and Technological Project of Shanxi Province (2007031092-8); Shanxi Province Scholarship Program (2007-13-89); The General Hospital of The Chinese People’s Armed Police Forces Postdoctoral Sustentation Fund. ( 42217); Shanxi Province Scholarship Returnees science and technology activities Program (2013-68) grant.
The role of P38, JNK and NF-KB in LPS activating MG in Alzheimer disease rats

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Objective: The study was to explore the role of P38, JNK and NF-KB in LPS activating microglia in Alzheimer disease (AD) rats which were established by D-galactose and aluminum trichloride (AlCl3).

Methods: Adult Wistar rats were subjected to 90 days of intraperitoneal injection with D-galactose and AlCl3 to establish the AD model. After the administration, the level of Lipopolysaccharide (LPS) in the serum was determined by tachypleus amebocyte lysate method; The expression of P38, JNK, NF-KB and OX-42 in the brain were determined by Western-blot and Immunofluorescence method.

Results: The expression of OX-42 in the brain of AD rats and the control group both have positive fluorescent particles, fluorescence intensity (767.2±35.4) vs (1054.2±128.4), compared the two groups (t=2.534, P<0.01), difference have statistical significance. Compared with the control group, the expression of p-P38, p-JNK in the brain of AD’s rats were markedly increased (P<0.01). Compared two groups, the expression of NF-KB in the brain of AD’s rats were markedly increased (t=4.631, P<0.01).

Conclusions: The P38, JNK and NF-KB played a important role in LPS activating microglia in the AD’s rats model which were established by D-galactose and AlCl3.

Keywords: Intestinal endotoxemia, LPS, Alzheimer disease, P38, JNK, NF-KB

Study on the intestinal endotoxemia in the cell apoptosis of Alzheimer disease rats

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Objective: To explore the intestinal endotoxemia (IETM) in the cell apoptosis of Alzheimer disease’s rats which were established by D-galactose and AlCl3, so as to provide basis for understanding the effect of IETM in the process of AD.

Methods: Adult wistar rats were subjected to 90 days of intraperitoneal injection with D-galactose and AlCl3 to establish the Alzheimer disease’s model. After the administration, the study and memory ability of the AD’s rats were observed by Morris water maze; the level of LPS in the sera of AD’s rats was determined by tachypleus amebocyte lysate method; the level of TNFα in the sera of AD’s rats were determined by radioimmunity method; the apoptotic neuron was detected by TdT-mediated dUTP Nick End Labeling (TUNEL).

Results: Compared with the normal control, the level of LPS, TNFα, brain cells apoptosis rate and TUNEL staining positive cells number in the brain of AD’s rats were markedly increased (P<0.01).

Conclusion: The level of LPS, TNFα and brain cells apoptosis rate in the brine of AD’s rats were markedly increased, and IETM maybe an important reason of the apoptotic in AD.

Keywords: Intestinal endotoxemia; LPS; Alzheimer disease; D-galactose; AlCl3

References

The work was supported by Scientific and Technological Project of Shanxi Province (2007031092-8); Shanxi Province Scholarship Program (2007-13-89); The General Hospital of The Chinese People’s Armed Police Forces Postdoctoral Sustentation Fund, (42217); Shanxi Province Scholarship Returnees science and technology activities Program (2013-68) grant.

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Study on level of intestinal endotoxemia in APP, PS1, BACE in hippocampus of Alzheimer disease’ rats

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2. Institute of Vertigo Disease, The General Hospital of The Chinese People’s Armed Police Forces, Peking, China

Objective: The objective of the study was to explore whether intestinal endotoxemia participate in the development of Alzheimer disease’ rats.

Methods: Adult Wistar rats were subjected to 90 days intraperitoneal injection with D-galactose and AlCl3 to establish the model of Alzheimer disease’ rats. After the administration, the study and memory ability in the rats were observed by Morris water maze. The level of LPS in the sera of Alzheimer disease’ rats was determined by tachypleus amebocyte lysate method. The level of TNFα and IL-1 in the sera were determined by radioimmunoassay. The expressions of amyloid β-protein precursor (APP), presenilin 1 (PS1) and β-ite APP-cleaving enzyme (BACE) in hippocampus were detected by RT-PCR.

Results: Compared with the normal control, the level of LPS in the sera and the expressions of APP, PS1, BACE mRNA in the hippocampus were markedly increased (P<0.01).

Conclusion: The rat model of Alzheimer disease established by D-galactose and AlCl3 exposure is accompanied intestinal endotoxemia. This result suggests that intestinal endotoxemia plays an important role in the development of Alzheimer disease’ rats.

Keywords: Lipopolysaccharides; Alzheimer disease’ rats; Galactose; AlCl3

References

The work was supported by Scientific and Technological Project of Shanxi Province (200703109Z-8); Shanxi Province Scholarship Program (2007-13-89); The General Hospital of The Chinese People’s Armed Police Forces Postdoctoral Sustentation Fund, (42217); Shanxi Province Scholarship Returnees science and technology activities Program (2013-68) grant.

Social cognition in patients with dissociative amnesia

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Aims: We review data on social cognition (affective and cognitive theory of mind, simulation, empathy, social judgment, moral judgment) from our own patients with dissociative amnesia. We compare with data from patients with amnesia due to neurological diseases.

Methods: Using as a guiding framework the classification of social information processing (1), we provide a critical discussion of results obtained with various tasks tapping on social cognition in patients with dissociative amnesia. Data come from nearly three dozens of own patients with dissociative amnesia who were investigated medically, psychiatrically, neuropsychologically and neuroradiologically.

Results: We obtained nonhomogeneous results, which may reflect the various types of dissociative amnesia, the presence of comorbidity, the variability of tasks used in the studies and the variable reliance of different tasks tapping on social cognition on executive functions, emotional processing, self-referential processing (2-4).

Conclusion: Knowledge about the pattern of metabolic and microstructural changes in patients with dissociative amnesia as well as a fine-grained analysis of the neural correlates of various aspects of social cognition might provide an understanding of when and how episodic autobiographical memory contributes to social cognition.

References
Addiction

Substance abuse in slum population in Indore (Madhya Pradesh, India)

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Indore is the largest city of the Indian state of Madhya Pradesh. A central power city, Indore exerts a significant impact upon commerce, finance, media, art, fashion, research, technology, education, and entertainment and has been described as the commercial capital of the state, with an estimated 2,160,631 residents as of 2011. The present epidemiological study was conducted to estimate the prevalence and pattern substance abuse and associated socio demographic factors and motivating factor in slum population of Indore(Madhya Pradesh). Door to door all population was surveyed by the author with team. Out of 5516 surveyed population 56.6% were substance abusers. In order of frequency tobacco (53.9%), alcohol (46.5%), cannabis (8.9%), sedative and hypnotics (2.0%) solvents (1%) and cocaine (0.1%); 92% population was abusing Pan Masala and it has been analysed separately. One side this population is deprived of their basic needs other side high prevalence of substance abuse worsens their physical and mental health. This survey reflects that the need to take special care to curb burden of substance abuse in this deprived community of slums.

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Pathological gambling and psychiatric comorbidities

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Aims/Objectives: Though clinically underrecognised, high levels of multimorbidity between Pathological Gambling (PG), Substance Use Disorders, and other mental disorders are well established. The Victorian Statewide Problem Gambling & Mental Health Program (VSPGMHP) was founded by Alfred Health in 2009. Goals of the program were to build linkages between services, promote recognition of comorbidity and facilitate access to treatment for Pathological Gambling and other mental disorders.

Methods: A multidisciplinary clinic was established. 144 clients with Pathological Gambling and comorbid mental disorders were referred between 2010 and 2012. A range of interventions were provided, including psychological therapies, pharmacotherapies and comprehensive treatment plans for referrers.

An education and training program was also provided to a wide range of health professionals. Evaluation was undertaken by the Monash Alfred Psychiatry Research Centre.

Results: 70% of referred clients endorsed measures of severe depression, 61% of severe anxiety, with high rates of suicidality and occupational dysfunction. Many reported substantial improvements through clinic-based interventions.

Nine clients were admitted for residential, exposure-based Cognitive Behavioural Therapy, targeting PG. Marked reductions in gambling, depression, anxiety and impaired functioning were seen for these clients.

Conclusions: The VSPGMHP achieved encouraging results with a complex client group in its first three years. Pathological gambling remains an underrecognised psychiatric comorbidity.

References

ORAL COMMUNICATIONS
A model for emergency department registered nurses to address patient substance use

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Purpose: This project delivers an educational and skill-building curriculum to Emergency Department Registered Nurses (EDRNs) to teach them to identify and address patient alcohol and drug use as it contributes to a patient’s emergency room visit. By identifying and addressing patient alcohol and other drug (AOD) use, EDRNs can reduce the immediate and long-term health risks associated with high risk substance use among emergency department patients.

OC-03
Psychotherapy

Transcending boundaries of diagnoses and symptoms to a centeredness on the human person and their world

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Aims/Objectives: This paper describes how the author in her work as a Psychodramatist on an acute ward, works within the treating team to assist them to understand the complexity of a young woman’s presentation beyond her symptom-based criteria. Through the illustration of a vignette, the author demonstrates how antidotes of knowledge and understanding beyond those defined by constrained conceptions of mental illness are both necessary and crucial to adequately and effectively appreciate, as well as, needed in order to relate to each individual’s unique plight and the particularities within each of their situations. Only then, the author argues, can we ensure that the human person in front of us and the roots of the maladies of their soul, is the main locus of concern and inquiry - not some diagnostic criteria or construct, which depersonalizes and predetermines the limits of care.

Method: Psychodrama

Results: The treating team gain a broader understanding of a young woman’s phenomenology and how she relates to her existence.

Conclusion: Surpassing purely symptom-based understandings in acute psychiatry.

References

Design: Project design includes a qualitative and quantitative evaluation component of an evidence-based practice training and implementation program within the emergency department. Trainers utilize a specific evidence-based practice: Screening, Brief Intervention, and Referral to Treatment (SBIRT), to provide EDRNs a public health model for universal AOD screening.

Results/Outcomes: Preliminary outcome data indicate that EDRNs and other staff in the emergency department responded well to the training. The qualitative data showed that EDRNs found the training to be beneficial. Participants indicated some uncertainty with respect to documentation and billing, common implementation-related issues. The quantitative data show that both perceptions and attitudes toward patients with AOD problems and knowledge of SBIRT significantly increased from pre- to post-training. Further, the motivation sub-scale on the AAPQQ was significantly correlated with the knowledge score, indicating a possible relationship.

The psychiatrists role in treating male domestic violence offenders.

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Background: Over the last decade many treatment programs have been established in the Netherlands both for perpetrators and victims of domestic violence. In the multidisciplinary team the psychiatrist is responsible to assess every patient individually from a psychiatric point of view and if necessary give pharmacotherapy.

Aim: In this talk the psychiatrists role is established in working with male domestic violence offenders who are referred on a voluntary basis.

Method: Emphasis is put on thorough physical examination and specific psychiatric interviewing. Experience in pharmacotherapy and common pitfalls when working in a multidisciplinary team are discussed.

Results: the psychiatrist plays a key role in assessing psychiatric comorbidity (e.g. depressive disorder, PTSD, ADHD). The sequence of treatment is up to debate within the team. The evidence for pharmacotherapy in this patient group is rather based on experience than on sound evidence. Integration of both aspects is nevertheless desirable.

**Conclusion:** It is important as a psychiatrist to assess psychiatric comorbidity and treat separate disorders accordingly in perpetrators of domestic violence. This process involves discussions in the team about the sequence of treatment.

**References**


**Psychoanalytical psychotherapy and Christianity**

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2 Department for drugs addicts, Orthodox Community of rehabilitation of drug addicts „Land of the Living”, Novi Sad, Serbia

**Introduction:** Psychological development occurs through psychoanalytic psychotherapy as well as through Christianity. All psychological-spiritual experiences of patient and therapist are in transfer-contra-transfer area. Christian spiritual experience of sacrifice for sake of salvation corresponds to psychoanalytical setting of communication and giving for sake of psychological development.

**Objectives:** We observe the following psychoanalytical-Christian clinical entities: forgiveness, envy, psychological development, dependence, communication level, closed inner space. We are showing individual and group psychoanalytical protocols where we separately observe content of Christian spiritual experience of patients.

**Method:** Protocols of individual psychoanalytical psychotherapy are from private practices, and protocols of group psychotherapy are from Prison hospital department for drug addiction and from Orthodox Community for rehabilitation of addicted persons. The author – therapist has Orthodox spiritual experience, but retains neutral therapeutic attitude.

**Results:** Christian spiritual experience of therapist directly contributes to development of psychoanalytical process. Forgiveness is proportional with prolific object relationship.

**Conclusion:** During the psychoanalytical psychotherapy the patient makes progress as much as facilitated by the therapist. At the same time the feeling of Grief of Christ Crucifixion and Joy of Christ Resurrection in the therapist, facilitate successful psychological development of the patient.

**References**


**Thesis, Topos, Pathos**

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The aim of this exercise is to speculate on a moment that will generate the material conditions of what is to become alienation, and lead to the emergence of a subject that might-have-been. In this respect, a Thesis is conceived, the loss of which will develop into the emergence of Topos within which the subject will be driven to recover, and, at the same time, to not recover the former. To the extent that the posing of the question of the Other’s desire is the ultimate prerequisite for the emergence of subjectivity as such, which, in turn, acquires a structure according to the response given, the oedipal is itself the always-already of subjectivity itself. The Other always appears somewhere else, as something else, unrecognisable and inconsistent, and when the subject arrives at a confrontation, the confrontation had had already taken place. It is there where each kind of small death is small not because it’s less of a death, but because it’s but a mere reflection of and on the big one. What forms there, between one death and the other, is the Topos where the subject roams, and, although always-already dead, ‘si muove’ (eppure).

**References**


ORAL COMMUNICATIONS
Pollyanna syndrome in psychotherapy – or pseudotherapy

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Pollyanna syndrome, the name being taken from a story of a girl and a book of the same title, literally means being constantly optimistic to the point of being nauseating. The occurrence and danger of such attitude in psychotherapy is discussed. Assuming that the aim of psychotherapy is not to console but to lead to changes of behavior and choice making, it is discussed what kind of arguments should be avoided and how, utilizing some philosophical approaches, reliable and credible arguments can be created. The purpose of philosophy, at its beginning was to “treat the soul” - in today’s terms, to address emotional disturbances.

Attempts to find a meaning and sense of whatever happens to a man remain the ever-existing human drive. It can be, at the same token, an efficient tool of healing. Provided that such explanation is deep and sound, and, at the same time - adoptable and acceptable. As the therapist by saying “things will not be so bad” or “you must be positive” or “don’t worry, feel happy” actually consoles himself, rather that supporting the patient.

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Compliance versus freedom; behind the choice, facing the consequences

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There are many ways to exercise one’s freedom and there is a consensus that “The right to swing my fist ends where the other man’s nose begins.” Matters become more complicated when it comes to your own nose. The paper discusses the situation when the compos mentes patient decides not to be compliant with treatment, in other words - takes freedom from dependency on medications. The possible reasons for such a choice, including psychodynamic, philosophical (concepts of responsibility and autonomy) and psychoanalytical (referring to Transactional Analysis theory) are discussed.

The practical approach, in which the patient is presented with the options of exercising his freedom from treatment, and resorting to his “strong will” and expectance to be “in luck”, as opposed to the option of renouncing his freedom in favour of compliance, in hope for more safety and comfort, is presented.

The concepts of “strong will” and “good will” are presented. The analogies social and political cases are quoted. Consideration is given to the fact that our tendency of valuing and exercising free will, understood as “relying on self” rather than ‘relying on support’ changes during the course of life.

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OC-04

Family research and woman's mental health

Family of origin traumatic situation and the picture of neurotic disorders: neurotic personality traits

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Aim: To examine whether the feeling of worsening of the family of origin, or the memory of its persecution by the environment reported by patients, are associated with a specific picture of neurotic disorders in terms of symptoms and neurotic personality traits.

Methods: Medical records of 1063 patients, including the results of personality questionnaire KON-2006 [1] and Life Inventory, filled in before treatment, were analyzed. Personality profiles and the distribution of values of global level of neurotic disintegration were compared between groups of patients formed depending on the remembered by the patients position of the family of origin in the environment [2].

Results: Patients reporting in a structured interview traumatic situation of the family of origin - a sense of worsening of the family or memory of its persecution - were characterized by a significantly higher degree of some neurotic personality traits, and a greater global level of neurotic personality disintegration.

Conclusions: The obtained results suggest that in the process of psychotherapy traumatic situations affecting the family of origin of patients should be take into account, also in the case of main diagnosis being neurotic disorders or personality disorders, not only stress-related disorders.

References


High personal anxiety and long-term risk of stroke in female population aged 25-64 years in Russia

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Aim: To determine the effect of personal anxiety on relative risk of stroke in female population of 25-64 years in Russia.

Methods: Under the third screening WHO "MONICA-psychosocial"[1] program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk in 1994. Spielberger’s test was used to estimate personal anxiety levels. From 1995 to 2010 women were followed for the incidence of stroke. Cox proportional regression was used for relative risk (HR) assessment.

Results: High level of anxiety (HLA) was revealed in 60.4% women. Stroke was developed in 5.1% women over 16 years of follow up. HR of stroke over 16 years of the study was 3.5-fold higher (95.0%CI: 1.020-12.015; p<0.05) in women with HLA compared to those with lower anxiety levels. There were tendencies of increasing rates of stroke incidence in married women with incomplete higher/vocational and high-school education with HLA. Significant differences in stroke rates were in heavy ($\chi^2=7.33$ df=1 $p<0.01$) and moderate manual laborers ($\chi^2=4.52$ df=1 $p<0.05$) with HLA.

Conclusions: There is high prevalence of HLA in Russian female population aged 25-64. Over 16 years of follow-up women with HLA have significantly higher risk of stroke, especially married women in manual occupational class.

References
Non psychotic pregnancy denial: a case report

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Pregnancy denial is a woman's subjective awareness of being pregnant. It could be associated with psychosis, social isolation, mental retardation, but it is often presented by non psychiatric as well as socially integrated women.

Patient: A 25 ys married woman was admitted after delivering at home her second daughter. She complained about never realizing her status and about the lack of prenatal care she gave her child (in contrast with the first pregnancy).

Test: SCID II, Beck Depression Interview, Beck Anxiety Interview, Edinburgh Postnatal Depression Scale, Beck Hopelessness Scale, and WHOQoL were negative.

Clinical: No psychiatric signs or symptoms were detected.

Conclusions: according to many studies, we can describe a woman without any sign of psychiatric illness or mental retardation, who gave birth to a child without realizing her status. She is completely adequate as a mother with both her daughters, and further psychiatric controls (after a short follow up) were considered inappropriate.

References

Marital functioning of patients treated in a day hospital for neurotic disorders

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Aim: Assessment of marital functioning of patients treated in a day hospital for neurotic disorders and its relationship with the experienced psychopathological symptoms.

Method: Marital functioning was measured with the Polish adaptation of the Family Assessment Measure by M. Cierpka, and the level of neurotic symptoms was assessed using the Symptom Checklist KO "0". Subsequently, correlations between particular areas of marital functioning as well as self-assessment of functioning in the family and the intensity of symptoms were analysed.

Results: Some aspects of functioning of patients' marriages diverged from the desired level, women were not satisfied with task accomplishment and role performance in their marriages, while men only with task accomplishment. Self-assessment of own functioning in the family revealed that women were dissatisfied with task accomplishment, role performance and control. Men shared only the latter conviction. Neurotic symptoms level practically did not correlate with the assessment of marriage functioning while it was correlated with self-assessment of functioning in the family.

Conclusions: Assessment of own functioning in the family made by patients treated for neurotic disorders depends on the gender as well as on severity of psychopathological symptoms. Such a relationship does not occur in the assessment of marital functioning.

Study on affective disorders in opioid-dependent women

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The work was initiated to study peculiarities of opioid-dependent women’s affective disorders taking place after detoxication to develop complex of differentiating therapy programs (1, 2, 3).

We examined 50 female opium addicts hospitalized at the Tertiary Detox Center, Public Health Ministry, Republic of Uzbekistan (Tashkent) aged from 18 to 56 (mean age 31.8 ± 1.09 years). Hospital anxiety and depression scale (HAD) was used.

The following variants of affective disorders were found typical. Emotionally labile variant was registered in 22 (44%) examinees, clinically significant anxiety and depression being found in 16 (72.7%) According to HAD anxiety/depression scored 11.4 ± 0.33. In 12 (24%) patients depressive variant of drug morbld addiction exacerbation after detoxication was found, significant level being observed in 7 (58.3%). Mean score corresponding to subclinical anxiety level was 10.7 ± 0.41. Total depression subscore was 12.7 ± 0.4 to be the evidence for depression level clinically manifesting. Dysphoric variant was found in 8 (16%) women, clinically significant anxiety being observed in 62.5% of them. Clinically significant anxiety level was observed in all patients; depression subscore demonstrated subclinical depression.

The findings demonstrated significant affective disorders in opioid dependent women to be managed with differentiating therapy by the variant.
References

Hostile behaviors in adolescents: consequences of parental behavior

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Introduction: Teenagers have been studied in various contexts of violence. Influenced by socio-demographic and family background, adolescents with hostile behaviors, may adopt an asocial conduct of marginality and crime, undermining the entire life course. Objectives: Analyze the influence of sociodemographic variables on the behavior of adolescents; Identify the interference of family background variables on adolescents’ violent behavior.

Methods: A quantitative, analytical, descriptive, correlational, experimental and not cross study on a sample of 1,890 individuals of both sexes with an average age of 16:30 years, attending the 10th, 11th and 12th grade. Instrument for data collection: Inventory of Buss-Durkee Hostility (BDHI); Inventory of Perceived Parental Behavior to face (CRPBI); Scale of Perceived Parental Conflict (CPIC); Scale of Emotional Child Safety Parental Subsystem (SIS).

Results: 1890 adolescents, 863 (45.7%) male gender, χ² = 16.3 and 1027 (54.3%) of female gender, χ² = 16.23; Live in the city (68.7%), co-habite with the parents (82.9%), that have married parents (86.3%). BDHI) most of the adolescents with hostile behaviors - (CRPBI): Sample tends to acceptance, psychological control and permissive control. There are positive correlations. (CPIC): There is a positive relationship between all factors p = 3.000 (SIS) – There are positive correlations between the factors. Gender, area of residency, educational attainment level of the father and mother end monthly incoming influence hostile behaviors of the adolescents.

Conclusion/Suggestions: Develop intervention strategies in schools, discussed with school principals, teachers, parents and students in order to prevent the escalation of hostile behaviors in adolescents.

References


Can Valerian Improve Menopausal Sleep Quality?

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Menopausal women may have sleep problems, which can lead to low quality of life. Aim: To evaluate effects of Valerian on sleep quality in menopause Methods: This is randomized triple-blind controlled trial. 100 healthy 50-60 years menopause women with insomnia, had been selected from 250 volunteers, whom had been visited in Public clinics of West of Tehran. Tools had two main parts of Personal characteristics and Pittsburg Sleep Quality Index (PSQI). Samples randomly divided to two groups. Each group received twice a day for four weeks 530 mg of valerian extract or 50 mg Starch as placebo. Data analyzed by (T-Test). All ethical points were considered. Results: Equality of personal characteristics and sleep quality before intervention were checked. Valerian led to significant decrease in average of PSQI in compared to placebo (Valerian group before intervention: 9.8± 3.6, after one month intervention: 6.02± 2.6) (p=0.000). Also 30% in valerian group and 4% in placebo group had five score s decreased. There were significant difference between Sleep square in two groups (p<0.000) Conclusion: Findings from this study add to scientific evidence that support use of valerian in the clinical management of insomnia in Menopause.

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OC-05
Mental Health Care

Dimensionality of psychiatric patients’ difficulties and needs for care: exploratory bi-factor analysis

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Aims: Patients tend to present heterogeneous profiles of difficulties and needs. This study investigated with a new method the factorial structure of psychiatric patients’ difficulties and needs for care. The aim was to determine whether patients’ difficulties and needs are structured and can be synthesized in specific domains.

Methods: Patients’ difficulties and needs were assessed with ELADEB², an 18-domain self-report scale. 471 profiles of psychiatric patients were analysed through Bi-factor exploratory factor analysis. This method allows the simultaneous extraction of a general-factor that reflects the commonality between items, and specific-factors that account for the unique influence of specific domains.

Results: A four-factor model including one general and three specific factors of difficulties was most adequate. Specific factors were “Finances & administrative tasks”, “Transports & public places” and “Family & children”. Moreover, patients’ needs were also best represented by one general and three specific factors: “Finances & administrative tasks”, “Transports, public places, housework & self-care” & “Family, children, friendship & love stories”.

Conclusion: Psychiatric patients differed in their overall level of difficulties and needs. They presented difficulties and needs in specific life domains organised in three independent dimensions: administration, functional disability and interpersonal relationships.

References

Analysis of mental health service funding models

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Objectives:
1. Analyse financial models in high/middle/low-resource countries
2. Examine implications of funding models including impact on mental health service users, particularly financial burden and equality of access
3. Provide recommendations on mental health funding

Methods: Desk/Internet research on financial models both health and mental health given a) overlap and b) lack of research exclusively on mental health funding models. Based on research findings and conclusions, provide recommendations on mental health funding.

Results:
1. Health/Mental health care funding models vary greatly worldwide
2. Different regions tend to favour different models
3. Funding model chosen frequently depends on political factors not economic criteria
4. Social health insurance appears to offer best financial protection from high out-of-pocket expenses/financial burden
5. Out-of-pocket payments disproportionately affect low-income groups and risk creating health inequalities
6. Inadequate mental health funding leads to economic costs elsewhere
7. As WHO advise, no one funding model applicable everywhere

Conclusion: Given the importance of mental health, both in social and economic terms, it is crucial governments employ an effective mental health funding system that responds to their respective country’s needs. This funding system should strive towards universal access while taking into account the country’s level of resources, political-economic system, social structure and the needs of mental health service users.
The impact of austerity policies on the mental health of the more vulnerable members of society

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Objectives: Examine impact of British government’s austerity policies in response to current economic recession on more vulnerable members of society, assessing a) how they contribute to negative social determinants and mental health inequity for this sector of the population; b) evidence they have led to increase in mental health problems and c) what measures might be adopted to negate negative mental health consequence of austerity

Methods:
1. Review hardcopy/internet literature on British austerity policies and their impact on mental health of vulnerable people
2. Liaise with mental health organisations/stakeholders on their experiences in this area
3. Develop recommendations to mitigate negative mental health impact of austerity policies on vulnerable people

Results:
1. Austerity policies have directly impacted upon mental health of vulnerable people and risk provoking increases in mental health inequality in Britain
2. Mental health stress/issuses caused not only by actual policy but by means of implementation

Conclusions:
1. Increased universalism of access to mental health services would help decrease negative impact of austerity policies
2. Government policies should be ‘vulnerability proofed’ to mitigate mental health impact upon vulnerable groups
3. Further research needs to be undertaken to clarify exact negative consequences of austerity on mental health of vulnerable people

Psychopathological disturbances in the Informal Caregiver of the mentally ill

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Is of great relevance to professional practice to know the factors that interfere with psychopathological disorders of informal caregivers of the mentally ill, as this is a little explored area. As such, it aimed to: analyze the relationship between the socio demographic variables of the informal caregiver and psychopathological disorders of the informal caregiver, to analyze the relationship between overload and personality of the informal caregiver with psychopathological disorders of the informal caregiver, evaluate the influence of socio demographic variables the mentally ill on the psychopathological disturbances in informal caregiver.

Methods: it was made a cross-sectional, descriptive correlacional, quantitative study, in which participated 100 informal caregivers of mentally ill, most of whom are female, aged 20 years minimum and maximum of 80 years. For the measurement of the variables, were used measuring instruments of acknowledged reliability, measured and validated to the Portuguese population: Scale of Anxiety, Depression and Stress (EADS-21), the scale and Informal Caregiver Overload Personality Inventory Eysenck (EPI)

Results: It was found that there are significant differences in the relationship between employment status with the caregiver burden; was no influence of time providing care and burden, particularly in relation to impact on care-man rule, is much more dependent care that the woman, we inferred that caregivers have higher rates of depression, anxiety and stress when caring for dependents male; participants with neuroticism are mostly females, women had rates higher average consistent with higher levels of depressed mood, anxiety, stress, than men; participants aged between 47 and 57 years presented the highest rates of depression, anxiety and stress, there were higher levels of depression, anxiety and stress in careers who provide care for dependents younger.

Conclusion: Caring for the mentally ill, as evidenced by the results presented, has negative repercussions in terms of overload, stress, anxiety and depression.

References
Coping Strategies and Mental Disorders among Patients with Recurrent Breast Cancer

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Objective: To assess the psychiatric co-morbidities in patients with recurrent breast cancer such as depression, anxiety and body image and their effects on coping strategies and quality of life. Subject and Method: This is a case-control comparative study, where three groups were recruited and compared in the study. Group A consists of 30 subjects who had diagnosed as recurrent breast cancer on follow up with mammography and ultrasound. Group B: Consists of 70 subjects who were referred for radiology (mammography and ultrasound) follow up after radical mastectomy. These 70 subjects were assessed before having the radiology results. Group B subsequently were divided into: Group B 1: subjects who showed recurrence in the radiology. Group B2: subjects who had free radiology. All participants were subjected to: Present State Examination (PSE), Hamilton depression rating scale (HDRS), Hamilton anxiety rating scale (HAM-A), Body Images Scale, Coping Processes Scale. Results: Ninety one per cent of patients had anxiety disorder while 71% of the patients had mood disorders. There were statistically significant differences between the three groups regarding HDRS. Conclusion: Psychiatric co-morbidities is higher in patients with recurrent breast cancer especially anxiety and it increases the impairment in quality of life in those patients.

References
OC-06

Schizophrenia

Cigarette smoking and schizophrenia

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It has become increasingly clear that heavy cigarette smoking is intimately associated with the schizophrenic disorders and this may have implications for the underlying neurobiology of schizophrenia. The rate of smoking in patients suffering from schizophrenia is at least 2-3 times that in the general population, and the smoking among those patients is at heavier rates than the general population. The reason of this association could be seen as some aspects of schizophrenia might lead more patients to smoke, or smoking could be an etiological factor in schizophrenia but genetic and environmental factors might lead both to nicotine dependence and schizophrenia. In the management of schizophrenia, smoking could be implicated in the increased mortality in schizophrenia, its well established that smokers require high doses of neuroleptic medications, together with the financial burden on the smokers, raise the issue of offering treatment for nicotine dependence to the patients with schizophrenia.

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Small saccades and image complexity during free viewing of natural images in schizophrenia – preliminary results

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In schizophrenia, dysfunctions have been reported during visual tasks. In more ecological scenarios patients appear to make fewer and longer visual fixations and display shorter scanpaths. It is not clear whether these measurements reflect alterations in their proficiency to perform basic eye movements or relate to high-level mechanisms. We utilized free exploration of natural images as a model of an ecological context. We quantified visual exploration, scanpaths, saccades and visual fixation, using the Research eye tracker algorithm (SR) and compared this result with a computation that include small (micro) saccades (EM). Initially, we evaluated 8 patients and 8 healthy controls (HC) and tested whether the decrement in the number of saccades and fixations, as well their increment in duration resulted from the increase occurrence of undetected small saccades. We found that when utilizing SR algorithm, patients display shorter scanpaths as well as fewer and shorter saccades and fixations. When we employed the EM algorithm, difference in these parameters between patients and HC were no longer significant. We found that image complexity plays an important role in exploratory behaviors, demonstrating that this factor explain most of differences between eye-movement behaviors in schizophrenics. These results contribute to find biological markers in schizophrenia.

References
Auditory hallucinations and its mechanism

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Auditory hallucinations are one of the most frequent and reliable symptoms of psychosis [1]. However, the neurocognitive and neurophysiological bases of auditory and verbal hallucinations remain obscure [2]. These hallucinations are thought to result from disordered monitoring of inner speech [3]. In this article, the synaptic and psychopathological mechanisms for the auditory hallucinations are discussed. Auditory hallucinations might be occurred due to a failure of synaptic connectivity. The disturbances of the spine are caused by temporary abnormal neuronal excitations and failure of synaptic connectivity will be observed. The abnormality in the neurotransmission of glutamic acid and GABA will cause a musical hallucinations, heightened auditory awareness [4] and “Les eidolies hallucinosiques” (which is hallucinations without delusions)[5]. By adding the abnormal neurotransmission of dopamine and/or serotonin to GABA and glutamate abnormalities, the delusions will be applied to the “Les eidolies hallucinosiques” and it will become a paranoid hallucinations (“Les hallucinations délirantes”). The valproic acid that inhibits the GABA degrading enzyme and agonist of the NMDA receptor will be the first choice for “Les eidolies hallucinosiques” from immediately after onset. If the patient complains the paranoid symptoms, the dopamine and serotonin receptor antagonist will be desirable.

References

Schizophrenia outreach in Larkano (SOUL) – demonstration project in the city of Larkano, Pakistan: overview and preliminary findings

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Aims: In Pakistan, psychiatric services are scarce with notable absence of community or outreach services. Most patients live with disabling symptoms and face violation of their fundamental human rights. The project is innovative, not previously undertaken in Pakistan. It aims at recognition and treatment of schizophrenic patients utilising home based outreach service and includes free of cost provision of pharmacological treatment, psychosocial support to patients, psycho education to carers and generating clinical and functional outcomes.

Methods: Project design developed and agreed by host psychiatry department. Training was undertaken for all the staff including outreach nurse which included clear tasks for professionals, rational prescribing of antipsychotic medication and use of clinical and social functioning outcome measures.

Results: Preliminary findings on clinical and functional outcomes of 23 patients measured over a year are promising. Nearly 70% of the recruited patients have achieved resolution of psychotic symptoms. One fourth of patients have achieved functional recovery but similar proportion is considered to have treatment resistant illness.

Conclusion: Low cost intervention involving outreach nurse working under supervision of psychiatrists can lead to robust improvements and outcomes for patients with schizophrenia. Future steps include negotiating work opportunities for recovering patients and subsidised provision of Clozapine medication.

References
A new test to measure emotion recognition in Tunisian patients with schizophrenia

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Context: Deficit in the recognition of facial emotions is regarded as a vulnerability marker in schizophrenia. Though substantial researches have documented the universality of several emotional expressions, researches have shown evidences for cross-cultural differences of facial emotion recognition.

Objective: The aims of the study are the development of a new test designed to measure differences in emotion recognition ability, and to examine deficit in facial emotion identification in Tunisian patients with schizophrenia and their healthy siblings.

Design: The test was constructed from photographs of the face of a famous actress representing the Ekman’s six basic emotions: happiness, anger, disgust, sadness, fear, and surprise.

Participants: Patients with schizophrenia (n=68), their first-degree relatives (n=64) and healthy controls (n=57) were included in the study.

Results: Patients with schizophrenia performed significantly worse than controls on the constructed test. Their first-degree relatives performed better than patients and worse than controls. Criterion validity was demonstrated by the receiver operating characteristic (ROC) curve analyses resulting in a sensitivity of 84% and a specificity of 77% for the diagnosis of schizophrenia.

Conclusion: These findings were consistent with previous studies carried out with different ethnic groups, suggesting cross-cultural similarities in facial recognition impairment in schizophrenia.

References

Prevalence of metabolic syndrome and metabolic abnormalities in drug-naive patients with schizophrenia

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Introduction: Metabolic syndrome refers to a set of cardiometabolic risk factors, including abdominal obesity, hyperglycemia, dyslipidemia, and elevated blood pressure. Some studies have shown that patients with schizophrenia have a tendency to develop metabolic syndrome.

Aims: To determine metabolic abnormalities and the prevalence of metabolic syndrome based on the definitions of ATP IIIA in a group of drug-naïve patients with schizophrenia.

Method: Prospective study of 30 drug-naïve patients admitted for first episode of schizophrenia, compared with a matched healthy control group.

Results: Prevalence of metabolic syndrome among drug-naïve patients admitted for first episode of schizophrenia was 12.9% and 3% among control group. 41.9% of drug naïve schizophrenic patients had a low HDL-Cholesterol prevalence and only 3.1% of matched healthy controls had a low HDL-Cholesterol prevalence. The relationship between the metabolic syndrome four weeks after starting antipsychotic treatment and low HDL-Cholesterol prevalence was found significant: odds ratio =13.3 [1.23-143.4] >> 1 with a sensitivity >75% and a specificity >82.4%.

Conclusion: Our results did not highlight a higher prevalence of metabolic syndrome among drug-naïve patients with schizophrenia. However, drug-naïve schizophrenic patients had a low HDL-cholesterol prevalence, which may be a marker of vulnerability to metabolic syndrome after starting antipsychotic treatment.
Links between socio-professional and cognitive functioning and remission in schizophrenia

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Introduction: Remission in schizophrenia as defined by the consensus of Remission in Schizophrenia Working Group (RSWG) is based on purely clinical criteria omitting the cognitive and socio-professional impact. This restriction is probably underpinned by a correlation between the clinical aspects and both social and cognitive aspects.

Objective: Comparative assessment of social and cognitive functioning in remitted compared with non-remitted schizophrenic patients.

Methodology: Cross-sectional study in a sample of Tunisian outpatients with schizophrenia (according to DSM-IV-TR).

Social functioning was evaluated by the Global Assessment of Functioning Scale (GAF). Cognitive function was assessed by the Clock Drawing Test (CDT) and the Mini Mental State Examination (MMSE).

Results: The study enrolled 60 outpatients. About two thirds were females. The median age was 46. The average scores were 23/30 (MMSE) and 2.3/5 (CDT). A significant positive correlation was noted between the CDT and MMSE scores (p=0.001). Patients in remission had significantly higher GAF (p=0.008) and CDT (p=0.034) scores. A link was noticed between higher MMSE scores and better socio-professional adaptation (p=0.029).

Conclusion: Clinical remission was significantly associated with a better social and cognitive functioning and. CDT seems to be a rapid predictive test for clinical remission. MMSE is rather associated with social remission.
Depression

Impacts of somatic symptoms on the depression and suicidality in community-dwelling elders

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Objectives: Older adults commonly experience somatic symptoms, and those who do are more likely to have depressive disorders as well. Our goal in this study is to examine the influence of the number and severity of somatic symptoms on the severity of depressive symptoms, including suicidality, in elderly adults.

Methods: A total of 3210 elderly adults aged 60 years or over (1388 males and 1770 females) participated in this study. The Korean version of the Beck Depression Inventory (BDI) was used to measure depressive symptoms. Somatic symptoms were assessed by the Patient Health Questionnaire-15 (PHQ-15).

Results: Both mild and severe somatic symptoms significantly increased the risk for severe depression and high suicidality. Severe somatic symptoms doubled the risk for severe depression and suicidal intent.

Conclusions: Somatic symptoms not fully explained as medical illnesses are closely associated with late-life depression, even after adjustments for comorbid physical illnesses and other confounding factors. The presence of somatic symptoms concurrent with, but not fully explained by, comorbid physical illness or disability seems to be an independent marker for predicting the severity of late-life depression and suicidality.

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Amygdala activation across psychiatric disorders - a dimensional approach

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Objective: The amygdala seems to be a core region of especially negative - emotion processing. Functional imaging studies have found altered activation of the amygdala in psychiatric disorders like depression\(^1\) and mania\(^2\). To the best of our knowledge, altered amygdala activation has not been compared between different psychiatric disorders. In this study, we used a dimensional approach\(^3\) which seeks to identify neurobiological correlates of core psychological mechanisms. We compared responses to emotional stimuli across major psychiatric disorders.

Methods: We used functional magnetic resonance imaging (fMRI) and an emotional picture paradigm in n=175 subjects suffering from alcohol dependence (n=29), schizophrenia (n=37), major depressive disorder (n=25), bipolar disorder (acute manic episode; n=12), panic disorder (n=12) or attention deficit/hyperactivity disorder (n=20) and in healthy controls (n=40).

Results: Over all diagnostic groups, a significant activation of the left amygdala was found during the presentation of unpleasant pictures. We did not find significant effects of group.

Conclusions: Responses to emotional pictures did not differ across psychiatric disorders in our study, although altered amygdala activation has been reported in different psychiatric diseases. A dimensional approach that targets reward anticipation or basic learning mechanisms and their neuropsychological correlates might be more prosperous.

References
I'm irreverent, but why?

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Introduction: The Hostile behaviors in adolescents, may be associated with mood disorders in this particular case, the depressive symptoms. The escalation of violence and depression in adolescents is increasing, making it increasingly desirable to explore these aspects as an answer to this problem. Objectives: To analyze the relationship between Hostile Behaviors and depression in adolescents; Relate depression with Hostile Behaviors in Adolescents.

Methods: A quantitative, non-experimental, cross-sectional, descriptive and correlational study. Sample of 1890 adolescents, (54.3%) were female and the average age of 16.26 years. Participants attending the 10 th / 11 th / 12 th grade and Professional Course, Secondary School City of Viseu. The data collection instrument consists of a questionnaire for sociodemographic characteristics; Depression Scale (Reynolds, 1989); Inventory of Buss-Durkee Hostility (BDHI).

Results: As regards depressive symptoms we concluded that 9 out of 10 young, has no depressive symptoms (96.5%) and the majority of which have lies in the age group of 17 years or more. Sex is also discriminating with regard to depression because are the females that show more depressive symptoms; We can say that there is a relationship between Hostile Behaviors and Depression, being the presence of depression higher in youth who present Hostile Behaviors.

Conclusions: The Hostile Behaviors in Adolescents associate themselves across sociodemographic variables and depression, there is a correlation between Hostile Behaviors and adolescents with depressive symptoms.

References

Major depressive disorder is an easily cured inflammatory disorder

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Objectives: On analyzing the immune dynamics of depression treated with Interferon1, depression was attributed to a rise in macrophage activity, causing a radical change in treatment.

Methods: The study targeted 294 depressives (average age 48.8±21.2) presenting at this clinic over 4.5 years. Of these, 267 were treated using kampo medicines (kampo group) and 27 were not (control group). Parallel treatment with anti-depressants was disregarded. DSM-IV-TR and SDS were used to diagnose and evaluate the process. The treatment used the mixture of Ryokeijutsukanto and Orengedokuto, this mixture for bronchial asthma2 and atopic dermatitis3. In the control group, 81.5% took anti-depressants.

Results: In the kampo group, 22.1% (59/267) withdrew, and 97.6% (203/208) achieved CR. 2.4% (5/208) were unafected. In the control group, 22.2% (6/27) achieved CR, thus kampo treatment was significantly useful (P<0.0001). Despite no significant difference in SDS at first, after symptom fixation SDS was 33.3±5.1 (n=208) vs 46.3±8.7 (n=27), significantly lower in the kampo group (P<0.01). The kampo group took an average 65.4±90.5 days for CR (n=203), with or without anti-depressants. Slight side-effects occurred in 2.2% of kampo patients.

Conclusions: This fact indicates that depression is easily cured by appropriate treatment for inflammation.

References
Suicidal behavior amongst homosexuals confronting partner relationship rupture

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Objective: To determine occurrence of suicidal behavior in homosexual patients face to partner’s relationship ending.

Method: Descriptive and longitudinal trial for assessment homosexual patients with suicide behavior because of break-up partner’s link last week, along 2011, checking socio-demographic features and clinical diagnoses adjusted to DSM IV-TR criteria.

Results: From 720 patients who attempted suicide, we found that 30 of them (4.2 %) declared their homosexual condition and recent stressor of partner relationship ending. 17 were homosexuals(56.7 %) and 13 lesbians(43.3 %). Most prevalent age was 30 y.o in 13 patients (43.3 %), 28 patients (93.3 %) were single, 15 patients (49.9 %) had university level. Principal diagnosis was Major Depressive Disorder(MDD) in 23 patients (81.0 %), Bipolar Disorder(BD) in 6 patients (16.7 %). Most frequent associated disorder was Borderline Personality(BPD) in 13 patients (43.3 %). Food and Psychoactive Substance Disorder in 5 patients for each one(16.7 %). First attempted suicide method was pills overdose in 16 patients(53.3 %). Whole sample made previous suicide attempt, poor adherence to treatment in half of them.

Conclusions: we found a prevalence of suicidal behavior, after ending relationship, in homosexuals over lesbians, being mostly young, single and with a university level. Most of patients suffered MDD generally associated to BPD, Food Disorders as well Psychoactive Substance abuse, poor adherence to treatment and high incidence of previous suicide attempts, added to stigma.

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OC-08
Therapy

Psychological effects of Healthy Hill-walking and Water Exercise for the retired elderly in Japan

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Objective: The purpose of this study is to evaluate the psychological effects on hill-walking and water exercise for the retired elderly as a health promotion program designed for climatic terrain treatment in Kaminoyama, Japan.

Method: Questionnaires were given before, after, and the following day of the hill-walking or the water exercise. The questionnaires included a 12-item mood scale (MCL-S.2) and questions on subjective physical conditions. Data was collected on 3 days of healthy hill-walking and on 3 days of water exercise from May to December in 2012. Every walking was supported two public health nurses. The score analyzed using SPSS20.0.

Results: Twenty-three elders, (3 male and 20 female, age average=62.7) continued for this one-year-program and participated as this research subjects. 10(43%) subjects had some unpleasant symptoms in their physical or psychological conditions. The score of Pleasantness and Relaxation significantly increased and the score of Anxiety decreased on one day of walking (p<.05). The score of Pleasantness and Relaxation increased and the score of Anxiety decreased on three days of water exercise (P<.05).

Conclusion: It is possible to be effective in mood alteration by the point that water exercise is performed under stable environment and hill-walking has various walking course.

References

Specialized psychiatric care under conditions of somatic care unit

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Objective: identification of prevalence of mental disorders in patients of somatic care unit.

Methods: epidemiological, clinical-dynamic, psychopathological, questionnaire screening.

Results: Three groups of patients have been distinguished. Group 1 – 430 risk group patients. The patients received counseling-diagnostic help by psychiatrist, and were referred to appropriate specialized institutions. Group 2 (n=618) and group 3 (n=932) consisted of persons with mental disorders. They needed course (group 2) and systematic (group 3) therapy by psychiatrist of primary care unit. Prevalence of revealed mental disorders (groups 2 and 3) among population served by the primary care unit has constituted 50 per 1000 persons. Contingent for detailed research was constituted by 680 patients with mental disorders (group 3). This group included patients with mental disorders and somatic pathology. As a basic comorbid somatic pathology the greatest specific weight is possessed by cardiovascular diseases (hypertensive illness of stage II-III, ischemic heart disease, vegetovascular dystonia) - 52.7% of patients that constitutes 50% of all patients with cardiovascular pathology under dispensary account at primary care unit.

Conclusions: Obtained data with account for character of mental pathology and its severity allowed differentiating basic therapeutic approaches to appropriate groups of patients accomplished under conditions of territorial primary care unit.

Art therapy or psychopathological research? – “Notes of a madman” by Edvard Munch

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Objective: It is well known that the Norwegian painter Edvard Munch deliberately confronted his psychotic problems in the creative activity as artist. The climax of his strategy is a series of panels “Notes of a madman”, the significance of which this study aims to show in the context of psychiatry.

Methods: Five cardboard panels of illustration and passage by Munch, OKK T 2547- a21, a25, a31, a33, and a49 and his writings related to the panels are the primary materials. Their position among a mountain of all his works, their biographical background, and psychiatry then are also considered.

Results: The contents on the five panels can be regarded as direct or indirect expression, explanation, or analysis of schizophrenic experiences. Some depictions must be of Munch’s own experiences and some others may be of other patients’. It is suggested that he tried to place the series of panels and related writings in the core of an autobiographical work.

Conclusion: “Notes of a madman” should be a pioneering study in psychopathology or psycho-analysis in those days as well as the first step into self-study or narrative therapy in psychiatry today.
References

Effectiveness of Intensive Care Management for severe mentally ill in Ichikawa

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Since 2004 kohnodai hospital has downsized psychiatric beds and introduced ICM (Intensive Care management) for community care and developed the community care system among medical services and warfare agencies in Ichikawa city. It could make many patients who had long-term hospitalization or were frequent users of psychiatric emergency to achieve safe and stable life in the community.

The aim was to compare the efficiency of ICM service with standard community services for the patients with SMI (severe mentally ill).

The patients who were with SMI and hospitalized in Kohnodai hospital from November 1 2011 to August 31 2012 were divided two groups, those who were living in Ichikawa and living in elsewhere and compared outcome about readmission to psychiatric ward, drop out from community service and improvement of social function at 12 months.

We will provide the result in the presentation and moreover refer to the effect of the care management system.

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J. Nielsen, M. Dahm, H. Lublin and D. Taylor Psychiatrists’ attitude towards and knowledge of clozapine treatment JPsychopharmacology 2010;24,965
OC-09

Diagnostics and outcome

Bayesian Analysis as a Predictor of outcome rate.

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Power calculations in clinical trials depend on an estimation of a change in effect size, and this depends on an estimation of the rate of the (measured) event in the population. It may be that using a Bayesian approach authors would be able to better estimate the rate of events, which would help with estimation of power.

We used a data-set on early intervention described elsewhere (Gale, in press). We identified three where a transition rate and was available and we could estimate a post screen probability of transition to psychosis.

Using Bayes' theorem, we estimated the screen positive (using the CAARMS) transition rate in the first trial at 11.1%. Screen positive participants, at six month follow-up, had a transition rate of 10.1%. (Yung 2006). The same authors reported two year follow-up; we estimated the transition rate at 17.2% and the reported rate was 16.0%. Another author used the PRIME questionnaire: we estimated the rate of transition at 17.2% and the reported six month follow-up rate was 11.9%. These results are preliminary. However, this may be a more appropriate method than using earlier trials, particularly if the rate of events is changing (McGorry, 2002)

References

Gale C, Glue P, Gallagher S. Bayesian analysis of post-test predictive value of screening instruments for the Psychosis High Risk JAMA Psychiatry (in press)
McGorry PD, Y.A., 2002. Randomized controlled trial of interventions designed to reduce the risk of progression to first-episode psychosis in a clinical sample with sub-threshold symptoms. Arch Gen Psychiatry 59, 921–928.

Coding for one broad category of feeding and eating disorders in ICD-11

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Background: Diagnostic transitions are common in eating disorders (EDs). The same individual may first suffer from a feeding disorder and later from a succession of EDs. This paper was developed as a part of discussions related to the World Health Organization’s revision of the ICD-10, although the ideas presented here do not represent official proposals.

Aim: To create one ED category for all ages.

Method: Codes using 1–4 digits behind the decimal were created similar to those for bipolar disorder in ICD-10.

Results: In order to make it easy for non ED-specialists and non-psychiatrists, post decimal codes begin with present weight, followed by past weight using the same numbers as for present weight. The third digit behind the decimal codes present mental and behavioural pathology, the fourth history of mental and behavioural pathology using the same numbers as for present mental and behavioural pathology.

Conclusion: Especially if done in a computerized way (to be presented in a companion paper) it should be easy to code EDs using a developmental approach.

References

EDX: An electronic system for diagnosis of eating disorders according to the proposed ICD-11 criteria.

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Background: The current classification of feeding and eating disorders (EDs) is undergoing major change in the upcoming ICD-11. Thus, new tools for screening, diagnosis and assessment will be needed. This paper was developed as a part of discussions related to the World Health Organization’s revision of the ICD-10, although the ideas presented here do not represent official proposals.

Aim: To develop a diagnostic tool for EDs according to ICD-11 definitions that would be easy and quick to use across a broad range of clinical and research settings.

Method: Operationalization of the current working definitions of all EDs of the ICD-11 into self-rated items and development a software algorithm for diagnoses and codes. The software was tested on junior and senior residents for ease of use.

Results: The software with branching and skipping can be used e.g. in the waiting room on any Windows platform. The questions could be altered slightly to allow the calculation of DSM-5 time frames.

Conclusion: This software can be used for diagnosis, training (e.g. by encouraging history taking) and research, all at low cost.

References

Early outcomes of Asperger syndrome

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Clinical outcomes of Asperger syndrome (AS) in adults are still low-studied.

Objectives: complex assessment of adults, who suffered from AS in childhood.

Subjects and methods: 107 patients, aged from 18 to 36, F/M=18/89. AS was identified with the help of screening scales ASDASQ and ASDI. A retrospective analysis of medical histories along with mental status examination according to ICD-10 criteria was conducted.

Results: 38% of the patients during the period of observation were entirely compensated both clinically and socially, 28% were in stable condition, but continued taking medication. 22% of the patients had in the past blurred psychotic episodes.

Clinical and psychometric analysis distinguished five types of AS outcomes. Integrated type was characterized by uneven intellectual development, susceptibility to bipolar disorder (BD) and obsessive-compulsive disorder (OCD). Patients with bizarre type revealed overvalued interests, pathological personality reactions, dysthymia, anxiety and phobic disorders. Inhibited type demonstrated stereotypes, social withdrawal, OCD, anxiety and depressive disorders. Borderline type exhibited compulsive sociability with propensity to other’s behavior imitation, suicidal tendencies, BD, addictions and depersonalization. Hyper-normative type was characterized by exaggerated social roles adherence, somatoform, anxiety and obsessive symptoms.

Conclusion: AS has a relatively favorable prognosis, but these patients deserve a differentiated approach.

Diagnostic classification of mental disorders in primary health care settings: exploring non-specialist physicians’ view.

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Objectives: Although the ICD-10 is made available in 3 versions (i.e. DCR for research [1], CDDG for specialists [2] and PHC for primary health care [3]), the ICD-10-PHC has been out of print in Japan and no alternatives have been provided. The objective of this research is to explore how non-specialist physicians recognize mental disorders. [Methods] 5 physicians not specialized in mental health were recruited, who were first presented with video-taped patients with various mental disorders and then interviewed about the stimuli. During the interview participants were also asked about their daily practices in general. In consideration of burden to participants, each physician was presented with 4 cases out of 8 in total. 3 participants worked at a university-based general hospital, and 2 worked at local clinics.
Results: Awareness of the presented disorders was generally high. Schizophrenia and bipolar disorders were seen as extremely similar because of incoherent speech and unrealistic contents of the speech. Overall participants confirmed that they did not use any diagnostic classification systems in their daily practice.

Conclusion: We conclude that there is a pressing need for a diagnostic classification that is suited to non-specialist physicians who do encounter patients with mental disorders in their practice.

References

First memories: clinical utility and diagnostic validity
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Exploring first memories is a routine part of a through psychiatric interview. However, the clinical relevance and diagnostic significance of the obtained information is not clear and straightforward. We have developed a semi-structured interview schedule aimed at identifying different aspects of first memories including the onset and content of memory recall and its emotional significance for the patient. Using this questionnaire, we have collected data on a sample of 60 patients with diagnosis of affective, psychotic and substance use disorders. We have cross-referenced obtained information about with their socio-demographic data and current psychopathology. In this paper, we will present the preliminary results of this study putting an emphasis on diagnostic, therapeutic and prognostic utility of the patients’ first memories.

Cycloid psychosis - a case report
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The development of the concept of cycloid psychosis goes back to the problem of “atypical psychosis” which arose from Kraepelin’s dichotomy of endogenous psychosis. The term zykoide psychosen was first introduced by Kleist, who believed that this group of disorders was separate from both schizophrenia and manic-depressive insanity. This concept was later used by Leonhard to describe a benign form of endogenous psychosis characterized by a sudden onset, an episodic course and complete recovery between episodes. Rejecting nosological hybridisation, the independency of these psychoses was emphasized. Representing one of the three main groups in his subdivision of psychoses with “schizophreniform” symptomatology: anxiety-happiness psychosis, excited-inhibited confusion psychosis, and hyperkinetic-akinetic motility psychosis. In the current diagnostic manuals, those psychoses spread over various diagnostic entities like bipolar affective disorder, schizoaffective disorder, acute polymorphic psychotic disorder (ICD), brief psychotic disorder (DSM), or even schizophrenia. But recent studies show that cycloid psychosis has a high diagnostic stability and thus seem to be an independent nosological entity. Full recovery after each episode warrants significantly better outcome and social function compared to schizophrenic patients, similar to healthy controls. We present a case of a 27 year-old patient that illustrates the characteristics of a hyperkinetic-akinetic motility psychosis and discuss its treatment.

References
Epidemiology and genetics

Family-genetic investigations and prevention of mental disorders in various age groups of many-national populations

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Objective – creation of system of genetic prevention of mental disorders in families for many-level risks complex identification and management.

Material and methods – systemic analysis of mental disorders based on author’s models - many-level model of family functioning and ontogenetic cycle of the family. We have examined 502 family systems (proband and his/her relatives) suffering from different mental disorders at the age from 3 to 73 years living on territories of Siberian Federal Okrug of Russia.

Results – genetic processes typical for a young forming population are underway.

In group of first degree relatives of patients with schizophrenic disorders, psychopathology is typical for 16,8% persons, including schizophrenia being noticed in 1,9% of cases. Risk group includes averagely 1,2 siblings, 0,3 children and 0,07 grandchildren. In families of persons with non-psychotic mental disorders, total psychopathology constitutes 18,8%, risk group includes – 1,4 siblings, 1 child and 0,2 grandchildren. In 50,6% of families of children suffering from mental disorders there are other children.

Empirical risks of onset of endogenous, non-psychotic and child mental disorders, age-related targets of their prevention have been defined. Ongoing functional model of Center of Family-Genetic Prevention based on Mental Health Research Institute SB RAMSci is described.

The role of molecular genetic polymorphism drd4, dat in the formation of vital exhaustion like risk factor’s CVD in male population 25-64 years in Siberia

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3 Laboratory of molecular and genetic studies, FSBI Institute of Internal Medicine SB RAMS, Novosibirsk, Russian Federation

Aim: to study influence of vital exhaustion (VE) on risk CVD and its association with specific polymorphisms of genes DRD4, DAT.

Methods: As part of WHO «MONICA» random representative sample of men aged 25-64 years (n = 657) was surveyed in 1994. To assess the level of vital exhaustion was used MOPSY scale [1]. The incidence of news cases of arterial hypertension (AH), myocardial infarction (MI) and stroke was revealed over 14-year follow-up. Cox - proportional regression model was used for an estimation of hazard ratio (HR).

Results: Risk of AH over 5 years in men with high level of VE, in comparison with group of men with low level of VE was 3,2 times higher, over 10 years HR=1,6 times, over 14 years HR=1,4. Risk of MI over 5 years was 2,7, within 10 years HR=2,25, within 14 years HR=2,1. Risk of stroke within 5 years (HR=3,2), 10 years (HR=4,9 14 years (HR=2,1) (p<0,05). High VE was significantly associated with VNTR genotypes 4/7 gene DRD4 and 9/9 gene DAT.

Conclusion: VE predictor the higher risk of AH, MI and stroke in middle-age men and VE associated with VNTR polymorphisms genotypes DRD4 and DAT.

The role of social determinants of health in trends in morbidity and mortality associated with alcohol dependence, 1999 to 2008

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Aims: There is substantial evidence regarding increasing alcohol-related harms despite apparently stable alcohol consumption trends(1). We explore trends in morbidity and mortality linked with alcohol-related mental disorders.

Methods: All hospital admissions and deaths in Victoria, Australia were examined for the period 1999-2008 where mental disorders due to alcohol were identified as a primary diagnosis, or cause of death. Trends in patient demographic characteristics, treatment, and socioeconomic disadvantage were examined using Proportional regression models to identify significant changes over time.

Results: While gender and age trends remained stable, there were significant increases in hospital admission rates for alcohol-related mental disorders in both metropolitan and rural areas, driven by steeper metropolitan increases (metropolitan rate annual percentage change (APC) 14.4 cf. rural APC 1.8). Despite this, rates of patients remained higher in rural areas, with rural mortality rates also higher. The proportion of patients admitted to private hospitals increased, from 30% to 47% of admissions. Over time, socioeconomic disparities in morbidity increased.

ORAL COMMUNICATIONS
**Conclusion:** Mental disorders due to harmful alcohol use represent an increasing burden on the community in terms of morbidity and mortality, with socioeconomic factors influencing these trends. Targeted screening and early intervention is needed for patients at disproportionate risk of harm.

**References**


**Suicide rates in age group 65 years and above – 10 years data from Portugal**

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In Portugal, the age group 65 years and above has been described as having the higher rates of suicide. Given the high rates of deaths certified as having an undetermined intent (UI), there could be gross underreporting. Deaths certified as suicide and autopsied, in the decade 2001 – 2010, in the South Branch of the National Institute of Legal Medicine and Forensic Sciences (n=1506) were reviewed. The data include sociodemographic characteristics of the victims and basic and direct causes of death. Results showed that 34% of the cases had 65 years of age or above (adjusted suicide rate of 23.4% for the age group in 2010). Among these, 72% were male and 31% had committed suicide by hanging (followed by intoxications, with 20%). In the same 10 years period, 345 deaths of UI were autopsied, with 30% of cases being 65 years of age or above (adjusted rate of 5.8‰ in 2010). As expected, in those 65 years of age or above, the expressive rates of suicide (even above the data published by Statistics Portugal) and of deaths of UI, suggest additional efforts are required towards a better understanding of individual motivations for suicide in this age group.

**Premenstrual Symptoms in Medical Students of Tehran**

Taavoni S

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Premenstrual syndrome (PMS) is a common disorder during women’s reproductive ages, which are characterized by a range of cyclical physical and psychological symptoms.

**Aim:** To determine the frequency and severity of PMS in dorm students.

**Method:** In this cross sectional study, 571 volunteer medical students, with age 17-34 years, who accommodated in dorms of one of Medical Sciences University in Tehran, were involved after filling in informed consent. Study questioner had three main parts of socio demographic, 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and visual analog scale (VAS) for assessing severity of premenstrual symptoms.

**Results:** Average of age was (21.63 ± 2.63) years. 89.2% had experience of PMS. Most prevalent symptoms were, decreased interest in usual activities (85.4%), affective liability (83.8%), irritability (81.4%), lack of energy (76.3%), depressed mood or dysphoria (71.7%), concentration difficulties (68.4%), physical symptoms i.e. breast tenderness, bloating (62.3%), anxiety or tension (60.7%), marked change in appetite, overeating, or food cravings (57.5%), feeling overwhelmed (53.1%), hypersomnia (58.6%) or insomnia (39.9%).

**Conclusions:** Due to having experience of PMS in 89.2% of student, it is necessary to do a study for finding its associated factors, for finding the way for prevention.

**References**

Barriers to psychiatric care among military and veterans populations: initial assessment.

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Aim/Objective: More than 20% of the 2.6 million veterans who have been deployed since 2003 in Iraq and Afghanistan suffer from PTSD and other psychological disorders. A substantial gap exists between the need for and the use of mental health services. One of the factors affecting access to psychiatric care has been identified as stigma which has been established by several studies. Some internal barriers are closely related to the construct of stigma, defined as a negative and erroneous stereotype about a person.

Methods: This presentation provides an overview of external and internal barriers at the patient, provider, and institutional level. It specifically focuses on the presenter’s own findings concerning personal and social barriers to psychiatric care following examination of more than 3000 US veterans diagnosed with PTSD or other mental disorders.

Results: Personal or social barriers including personal values and military culture play a major role in accessing psychiatric care including: the stigma of being diagnosed or seeking psychiatric care and the belief that a psychiatric diagnosis will negatively affect careers.

Conclusion: Knowledge of this topic can assist clinicians to increase access to quality psychiatric care for military and veteran populations.

References

Post-trauma symptoms in a group of people persecuted for political reasons.

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The aim of the study was to examine the severity of particular PTSD symptoms and its global severity in people suffering from chronic untreated post-trauma symptoms. The study population was a group of 329 people persecuted for political reasons in the years 1939–1968 and never treated for PTSD. A psychiatric examination and Polish adaptation of the civilian version of the Mississippi PTSD Questionnaire was used.

Results: The cluster B symptoms associated with reliving the trauma are frequent in the study group, with the exception of flashback. Cluster C symptoms are the most diverse in terms of severity and frequency. The most frequent of these are restricted range of affect, avoidance of thoughts and feelings, and avoidance of reminders, which, however, rarely reach maximum severity. The least frequent is amnesia, which also tends to be mild in severity. Cluster D symptoms (arousal) occurred very frequently in the subjects, but were mild or moderate in severity. Overall, PTSD in the study group tended to be moderate (50%) or mild (40%) in severity.

Conclusions: People subjected to political persecution may still demonstrate the full spectrum of post-traumatic stress symptoms in their psychopathological profile even many decades after the trauma.

References
OC-12

Miscellaneous 2

Interaction of candidate genes (5-HTTLPR, GRIN2B) and childhood trauma to the development of borderline personality disorder in Chinese Han samples

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Objective: To investigate the interaction gene polymorphisms of 5-HTTLPR, GRIN2B and childhood trauma to the development of BPD in Chinese Han samples.

Methods: 107 BPD patients, 91 non-BPD patients (both of them had been excluded schizophrenia and bipolar disorder), which determined by Revised Diagnostic Interview For Borderlines (DIB-R), and 112 healthy control had been assessed childhood trauma by CTQ and ETISR-SF. Five candidate genes (5-HTTLPR, TPH1 rs1799913, 5-HTR2a rs6313, GRIN2A rs4880213, GRIN2B rs7301328, rs1805247) had been tested through PCR and Snapshot.

Results: (1) 5-HTTLPR gene polymorphisms are related to BPD: the frequency of S’alle in BPD is higher both than healthy control (p=0.044) and non-BPD (p=0.005). 5-HTTLPR is associated with impulsive behavior. (2) GRIN2B polymorphisms are associated with BPD: rs7301328 (C/C) gene type is significant higher than which with G/C and G/G gene type (p=0.024) when exposed to many types of childhood trauma, the rate of BPD in which with 5-HTTLPR (S’/S’) gene type is significant higher than which with L’/L’and L’/S’ gene type.

Conclusions: 5-HTTLPR and GRIN2B are associated with BPD. Rs7301328 and 5-HTTLPR might mediate the effect of childhood physical abuse to the development of BPD.

What Madness has in store for Science?

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Objective: When defining madness, scientific knowledge usually begins with an individual’s behavior and his neural functioning. As such, via all available resources, science intends to reduce the manifestations of madness to an apparently normal behavior pattern. However, madness does not respond as well to scientific practices as science would like to believe. Often, patients use medications and clinical practices according to their own discretion, choosing not to respect what was prescribed or recommended. If what science intends for madness can be deducted from manuals, remedies and clinical practices, one must ask: what sort of plans does madness have for science?

Materials and Methods: Qualitative case study and theoretical analysis.
**Results:** Patients that receive psychiatric medication at irregularly scheduled intervals do not necessarily suffer negative effects.

**Conclusions:** The psychiatrist must be conscious of the fact that medication use produces psychological effects, not only on a chemical level, but also on a relationship level between the patient and the drugs themselves. Treatment should not ignore the option of medication refusal or that of an irregular schedule of administering medication, once the medication’s therapeutic effects appear to be connected as much to the chemical interaction as to the psychological effect of the act itself of taking the medication.

**References**


**Psychological Syndrome Analysis in the Theoretical Framework of Postnonclassical Metodology in Clinical Psychology and Person-centered Approaches in Medicine**

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**Introduction:** The syndrome analysis of mental functions is one of the key methodological principles used in Russian clinical psychology (Vygotsky-Luria School) [1].

**Purpose of study:** The main goal of this study is to show high efficacy of the psychological syndrome analysis in the framework of postnonclassical methodology for solving issues in psychodiagnostics and psychotherapy fields.

**Methods:** The main method of this study is psychological syndrome analysis. We examined 290 MVP patients [2].

**Results:** The outcomes suggest that the MVP patients’ psychological reactions and clinical characteristics form a certain pattern, which can be described as a psychosomatic syndrome within a complex hierarchical structure. Syndrome’s structure is determined by number of factors: the motivational factor (with domination by the failure-avoidance motive); the factor of emotional-regulation disorders; and a psychophysiological factor.

**Conclusions:** We suggest that a syndrome analysis can be used for diagnostic and even prognostic tasks both in clinical psychology and medicine [3]. According to our opinion, the psychological syndrome analysis is highly efficient on the current stage of the science evolution due to potential of new methodological context of postnonclassical model of rationality and completeness of Vygotsky’s Cultural-historical theory concerning person and its mind as a self-developing systems [4].

**References**
OC-13
Cultural psychiatry

Ruqya (quranic healing) and mental illness in Tunisia
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Background: In the Islamic world in general, and in Tunisia in particular, Quranic healing or “ruqya” is widely believed to cure many psychiatric disorders. In this paper, we propose to scrutinize the different aspects of the practice of ruqya in Tunisia.

Methods: The study comprised participant observations, in-depth interviews and unobtrusive investigations of Quranic healers “raqis”. A thematic analysis was used.

Results: Although used to treat virtually all kinds of diseases, Quranic healing in Tunisia is more often used to treat psychiatric disorders. Most “raqis” believe they are able to distinguish “genuine” medical disorders requiring pharmacological treatment from other disorders caused by “sihr” (witchcraft), “ayn” (evil eye) or possession by jinns. Reciting specific verses from Quran is believed to cure the latter conditions by dispelling witchcraft, dissipating the evil eye or evicting jinns.

Conclusion: According to the popular belief in Tunisia, some psychiatric symptoms might be attributed to the effects of “sihr” (witchcraft), “ayn” (evil eye) or possession by jinns. Patients seek treatment by ruqya either in combination with or in lieu of standard mental health care.

References

A cross-cultural comparison of climacteric symptoms, help-seeking behaviors and attitude towards menopause between Mosuo women and Han Chinese women
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Objectives: Cultural background has been shown to influence climacteric symptoms of women. This study aimed to compare different characteristics of climacteric symptoms, illness perceptions, and attitudes towards menopause of Mosuo women, a Chinese ethnic minority with matriarchal structure, and Han Chinese women, and to explore cultural impact.

Methods: Through convenience sampling, 51 Mosuo and 47 Han women aged from 40 to 60 years were enrolled. Respondents completed questionnaire for quantitative evaluation of climacteric symptoms, illness perceptions, and attitudes towards menopause. 6 Mosuo women participated in semi-structured interview.

Results: Compared to Han, Mosuo women reported less depressive mood and milder symptoms. Mosuo tended to believe there was no relationship between personal efforts and rehabilitation and displayed more positive attitudes towards menopause. Correlation analysis suggested that more negative attitudes were associated with more severe climacteric symptoms. Mosuo women’s responses to the interview showed that in the same cultural group the climacteric symptoms were closely linked with the person’s own life experience and cognitive model.

Conclusion: Different symptoms in Mosuo and Han women might be related to cultural differences, including different women’s social status, illness conceptions and attitudes towards menopause. However, particular life experiences and cognitive model also contributed to individual symptoms.
Quality of Life and Social Network Structures – Relevance for Mental Health in Migrants?

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Social exclusion is one of the major stress factors in humans and contributes to a wide spectrum of mental disorders. Social exclusion also appears to be a key factor that contributes to increased rates of mental disorders such as schizophrenia or affective disorders in migrants. Findings that e.g. psychosis rates are elevated in neighborhoods with low numbers of migrants suggest that social support is a resilience factor. Here we show that quality of life is indeed associated with low levels of psychic and somatic complaints and a high level of social support and inclusion in Turkish women living in Berlin. However, too close family ties can also affect well-being and quality of life in a group of young women who are confronted with family expectations with respect to their social roles.

Dissociative amnesia: An acculturation-bound syndrome?

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Objectives: In immigrant populations, stressful experiences arising during migration could produce an increased allostatic load that may target various body systems. Dissociative symptoms were extensively studied as part of posttraumatic stress disorder in refugees. Scarce data however exist on the relationship between the dissociative amnesia and psychological stress in migrants. Hereby we aim to review own data from nine patients who developed dissociative amnesia on a background of immigration.

Methods: Patients were investigated medically, psychiatrically, neuropsychologically, neuroradiologically.

Results: Six patients developed chronic dissociative symptoms after objectively mild physical injuries. Seven patients showed severe retrograde amnesia, one combined retrograde and anterograde and one only severe anterograde amnesia. Neuropsychological profiles of the patients revealed pronounced memory impairments and additionally executive and social information processing dysfunctions. Findings from standard structural imaging were unremarkable. Available data from functional and newer structural imaging indicated metabolic and micro-structural alterations in brain areas relevant for mnemonic processing.

Conclusion: Stresses related to migration could trigger chronic dissociative amnesic disorders. Cognitive flexibility, emotional processing abilities, language competence, and culturally shaped explanatory models of illness have mediating effects. Combining neuroimaging methods may further our understanding of the link between immigration, stress and dissociative amnesia in the future.

Innovative services in mental health care among migrants in Denmark

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With globalization attention is increasingly paid to patients of other ethnic backgrounds and that staff should obtain competencies to fulfill the needs of minority groups. Presently approx. 10% of patients treated in Danish psychiatric institutions has a non-Danish background. According to the National Board of Health all regions have to provide services directed towards patients with other ethnic background as well as traumatized refugees. Services differ from one region to the other, but in general with an emphasis on multidisciplinary teams. But it is however a fact that evaluating treatment outcome of traumatized refugees cared for by the different services offered has made slow progress despite the rapid expansion of such programs in Denmark as well as worldwide. And this is despite the increasing focus on and need to provide documentation that services work, and that facilities provide the best and most efficient care.

The paper will give an outline of the diversity of services including spiritual services; use of cultural formulation; randomized study comparing different kinds of therapy; pain school with a discussion of advantages and shortcomings of the different kinds of care.

References


Mental health and life quality among immigrant college students

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This study section of a larger study aims to know the mental health and quality of life among college students from Campus I of the Federal University of Paraíba / FPB. The instruments used were the Self-Reporting Questionnaire-20 [SRQ-20], and the World Health Organization Quality of Life [WHOQOL-BREF], the data was processed by the Statistical Package for the Social Sciences [SPSS 1.9] and analyzed by statistical descriptive inferential. 303 students participated, where 62.4% were female and 42.2% live in João Pessoa for less than three years. As for the quality of life evaluation, were observed significant differences between the two groups’ average in the psychological, social, and environmental domains. Immigrant students had averages 3.58, 3.39, 2.52, and non-immigrant students had averages of 3.59, 3.63, 3.68 respectively, p = 0.00. From the total, 17.81% of the participants showed the likelihood of the presence of common mental disorders, 54.3% of these are women. Given these results it is important to pay attention to the need to create effective personal support services, organizational and inter-relation inclusive, offered by the institution to its new students from different cities, which would allow a successful investment in their academic lives.

References

OC-14
Child and adolescence psychiatry

Insecure attachment style increases somatization in late childhood primary care attenders

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Somatoform symptoms are one of the most common in pediatric primary care. Deficient clinical presentation often not allow classify these patients in psychiatric somatoform diagnostic categories. Although due prevalence, pathways of somatic symptom presentation are recently studied. (1,2) Some research find different attachment style role in somatization, our aim is to enlarge scope.

Cross – sectional study investigate the level of somatoform symptoms and psychosocial and developmental risk factors, particularly the attachment style, in 8-12 year old primary care attenders from five primary care practices in Riga, Latvia, analyzing medical records for somatoform symptoms in three year period. Children with functional symptom, somatoform symptom or somatoform disorder diagnosis (N=96) was tested for current somatization using Children’s Somatization Inventory -24 (CSI). (3) Child Attachment Interview (CAI) used for determination of child representation of mental state regarding attachment. (4) Psychosocial data was obtained from parent self reports.

43 % showed high level of somatization symptoms according CSI. Secure attachment style was find in 35%. Insecure attachment styles was associated with higher somatization levels (P<.05). Higher somatizers showed more signs of disorganized attachment and early separation from mothers. Results approve attachment related pathway of somatization.

References
Pervasive Refusal Syndrome – A Nosological Puzzle

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Objective - Pervasive refusal syndrome is described as a condition comprising varying degrees of refusal across several domains; social withdrawal; resistance to treatment and is potentially life threatening with no detectable organic cause. The nosological puzzle is a matter of debate and diagnosing it as part of eating disorders or catatonia was studied.

Methods – Reports of pervasive refusal syndrome with focus on symptoms related to eating disorders and catatonia were reviewed along with a case study from our institute.

Results – ICD-10, DSM-IV or DSM-V do not classify pervasive refusal syndrome. Literature debates its inclusion as part of eating disorders or catatonia. Female predominance, refusal to eat with low weight, body image distortion, depressive features, premorbid personality issues similar to eating disorders and withdrawal, negativism, resistance like catatonia have been noted, with 67% cases having complete recovery. Along with above symptoms, need for electroconvulsive therapy and antipsychotics due to symptom severity make our case unique but our patient sadly had fatal outcome.

Conclusion – Complex symptom profile and multiple differential diagnoses poses challenges to fit pervasive refusal syndrome in the current classificatory system. Larger numbers and follow-up studies are needed for categorizing it either with eating disorders or catatonia.

References

Sleep patterns and problems among children with ADHD: The impact of symptoms severity and subtypes

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The present study was conducted to describe sleep patterns and problems in a sample of Egyptian children with ADHD and to examine the impact of symptoms severity and subtypes on their sleep.

Methods: The parents of 100 ADHD children, aged 6 to 12 years, filled out the Children’s Sleep Habits Questionnaire (CSHQ) and Conners’ Parent Rating Scale-Revised: long version (CPRS-R:L) in Arabic. The parents of 100 normal control children filled out the CSHQ.

Results: The ADHD group had significantly higher scores on bedtime resistance, sleep duration, sleep anxiety, parasomnias, daytime sleepiness and global sleep disturbance (CSHQ total score) than in the control group. There were significant positive correlations between oppositional, hyperactivity, cognitive problems/inattention, and ADHD index subscales raw score and CSHQ scale scores. Children with Combined subtypes had significantly higher scores than controls in bedtime resistance (p<0.001), sleep anxiety (p<0.001), parasomnias (p=0.001), daytime sleepiness (p=0.014), and total score (p<0.001). There were no significant difference between ADHD subtypes in regard to CSHQ scale scores (p>0.05).

References
Blood and brain glutamate levels in children with autistic disorder

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Despite of the great efforts that move forward to clarify the pathophysiologic mechanisms in autism, the cause of this disorder, however, remains largely unknown. There is an increasing body of literature concerning neurochemical contributions to the pathophysiology of autism. We aimed to determine blood and brain levels of glutamate in children with autistic disorder and to correlate between them. The study included 10 children with autism and 10 age- and sex-matched healthy controls. Blood glutamate levels were measured using high performance liquid chromatography technique. Brain glutamate levels were measured using proton magnetic resonance spectroscopy. The mean blood and brain glutamate levels were significantly higher in patients than controls (p < 0.001).

There was highly significant positive correlation between blood glutamate level and brain glutamate levels in the four tested brain regions (p < 0.001). Glutamate plays an important role in the pathogenesis of autism. Further larger studies are required to support our findings.

References
OC-15

Suicidality, Disasters and Mental Health

Gun laws, access to mental health treatment, and the prevalence of gun violence: an international and comparative look at a critical balance

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Recent events in the United States have drawn attention to the violent use of firearms and an examination of the role mental illness plays in the incidence of gun violence. Indeed the legislatures of several states are in the process of amending laws that impact the availability of guns, the patient-therapist relationship, and the ease of involuntarily committing the mentally ill to treatment facilities. The New York legislature, for example, is considering legislation mandating that therapists notify law enforcement authorities of any patients “likely to engage in conduct that would result in serious harm to self or others.” The Colorado legislature is debating a bill that would authorize involuntary commitment of patient who poses a “substantial probability” of harming others. This paper attempts to place these developments in context by conducting an international and comparative examination of gun laws, access to mental health treatment, and incidence of gun violence. We investigate the role of mental illness in gun violence and the role of the therapist in treatment of potentially violent patients and the impact of the law on the patient/therapist relationship. We also scrutinize the relationship between gun ownership and gun related violence.

References


Developing a national surveillance system for suicidal behaviour: first findings of population level harm

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Aims: Suicidal behaviour is a major public health issue. Although suicide is a priority area for development of effective policy and treatment, there is currently a paucity of robust and timely data for monitoring suicidal behaviour at a population level. This study presents first findings from a national suicidal behaviour surveillance system.

Methods: Ambulance records potentially related to suicidal behaviour were extracted, reviewed and coded. Data include detailed information regarding patient characteristics, paramedic assessment and treatment. Data for Victoria, Australia are presented, and represent a service population of approximately 5.5 million residents.

Results: Between September 2012 and January 2013, there were 53 suicides, 2,840 suicide attempts, 2,862 suicidal ideation cases with no suicide attempt, 946 self-injury cases, and 187 self-injury threat cases. The most common suicide modality was hanging, while drug overdose was most common for suicide attempts. Males represented 64% of completed suicides, whereas women represented 63% of suicide attempts. The median age was lower for suicide attempts (33 years (range 10-96)) than for suicides (41 years (range 15-86)).

Conclusion: This surveillance system provides a significant contribution to public health, policy and service delivery, and represents a unique system for ongoing and timely population level monitoring of suicidal behaviour.
Review of suicides in the adolescent and young adult populations, at Lisbon (2001-2010)

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Objectives: Suicide is the second leading cause of death in adolescents and young adults, with major social and economic impact. Self-injury behaviors in the adolescent population of Lisbon are 3 times more frequent in females, with intoxication being the most frequent method. However, suicide rates remain poorly explored, which this work aims to assess.

Methods: Retrospective study of the deaths autopsied and certified at the South Branch of the National Institute of Legal Medicine and Forensic Sciences, from 2001 to 2010. Cases reported as suicide, aged 15 to 34 years-old, were selected. Sociodemographic characteristics, cause of death and ancillary results were reviewed.

Results: Suicide between 15 and 34 years-old corresponded to 412 cases (27.3% of the 1506 overall suicides), for an adjusted suicide rate of 7.4‰ in the age group (in 2010). 325 (78.9%) were males, median age of 29 years (mode of 34 years). Intoxications (30%) and neck constriction (22%) were the most frequent methods, and psychotropics were among the most used drugs.

Conclusions: Results are in accordance with literature. Identification of sociodemographic characteristics and methods of suicide, aiming to understand individual motivations, may contribute to improve both daily clinical orientation and suicide prevention programs in this age setting.

How much does a financial crisis really cost?

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It is a well known fact that financial crises tend to affect the most vulnerable societal groups. People with mental illness are almost invariably among those hit first and hardest. This happens both directly by affecting their income and by extension their security, autonomy and opportunities, and also indirectly, for instance by affecting their mental health services. Thus their disease burden in increased and their prospects of re-integration within society worsen, perpetuating and multiplying their suffering and care needs. There is good evidence that crisis consequences like inequality, debt and unemployment also affect otherwise healthy people, reducing their quality of life and often precipitating mental illness. The personal, financial and societal cost of this failure of illness prevention and health promotion is enormous, but is commonly overlooked by policy makers suggesting urgent financial reforms. This presentation aims to present evidence-based arguments supporting the mental health agenda during times of financial pressure, arguments which may prove useful to mental health professionals who find themselves defending under this pressure.

Experiences of high school students with a peer who committed or attempted suicide: A focus group study

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Background: Suicide is a major public health problem for adolescents in South Africa. Peers become more important during adolescence and can be a significant source of social support. The study’s objectives were to assess students’ knowledge about suicide, perceived risk factors, signs of poor mental health in adolescents who committed suicide, students’ awareness of available mental health care and resources, and beliefs about prevention.

Methods: Focus group discussions were conducted to elicit the thoughts and feelings of high school students who had a peer who committed or attempted suicide.

Results: Participants reported to be affected by the suicide attempt or completed suicide. They displayed little knowledge of warning signs for suicidal behavior. They identified several risk factors for the suicide of their peers, such as poor relationship issues, teenage pregnancy, punishment, and attention seeking behavior. Resources for students with mental health problems and survivors of suicide attempts were not perceived to be available at schools and elsewhere.

Conclusion: The findings suggest that school-based suicide prevention programs based on theory and evidence should be developed. Counseling services for students with mental health problems and suicide survivors should be available and made known to students at risk and peers.

The Tunisian revolution: Which psychological aftermath?

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Background: During the Tunisian Revolution, many people witnessed bloody scenes; others were confronted to the death of their relatives, friends or colleagues. Such circumstances have probably resulted in various psychiatric disorders.

Objective: This study aims to outline the different mental disorders directly linked to the events of the Tunisian Revolution and to scrutinize the sociodemographic and clinical features associated with these disorders.
Methods: A cross-sectional study was undertaken. We included all patients who first presented at the outpatient clinic at Razi hospital with psychiatric symptoms directly linked to the Tunisian Revolution between January 15th and October 15th, 2011. Data were collected by the means of a form detailing social, demographic and clinical characteristics. Diagnoses were made on the basis of DSM-IV-R criteria.

Results: Our population consisted of 107 subjects: 28 women (26.2%) and 79 men (73.8%). Mean age was 40 +/- 12. The majority (66.4%) were married. Agents of order represented the largest occupational group (36.4%). The most prevalent psychiatric disorders included major depressive disorder (30.8%), adjustment disorders (30.8%), post-traumatic stress disorder (PTSD) (27.1%) and acute stress disorder (7.5%).

Conclusions: Most studies about trauma emphasize on PTSD. This study highlights the diversity of psychiatric disorders that can occur following man-made disasters.

References

OC-16
Comorbidity

Link between metabolic syndrome and mood and anxiety disorders in middle-age subjects

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Metabolic syndrome (MS) is associated with an increased risk of developing a variety of chronic diseases, including psychiatric disorders. (1) We examined the associations of depression (D) and anxiety (A) with the components of MS (lipid spectrum, glucose level (GL)) in middle-age subjects.

Methods and results: Data analysed from 271 patients with MS according IDF criteria, (aged 30-60 years). Current D and A were confirmed by psychodiagnostic interview according to the criteria of ICD-10. All patients passed through: MMSE test, scales HADS, HARS, HAM-A. GL and plasma indicators of lipid spectrum were assessed using NCEP criteria.

Subjects were divided into 2 groups, group A – with D and/or A (139) and group B -without affective disorders (132). Using Mann-Whitney test significant connection between high levels of total cholesterol (TC), cholesterol low density lipoprotein (LDL-C), lipoproteins of very low density (VLDL), the GL and affective disorders in group A were obtained. Subjects with D and A and mild cognitive impairment (MCI) had higher level of VLDL and LDL-C in comparison with only MCI subjects.

Conclusion: There is link between affective disorders and components of MS. Increased level of LDL and VLDL provoke comorbidity of MCI depression and anxiety.

References

The relationship between hysteria and epilepsy – revisited

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The concept of hystero epilepsy was proposed by Charcot. Babinski criticized that ‘hystero epilepsy’ was an invention by Charcot and not a discovery of a new illness by him. The author is of the opinion that the hysterical person exhibiting a pseudo shake is not because she/he had witnessed the ‘true shake’ from another person as thought by Babinski and the “pseudo shake” which is related to castration anxiety is the reminiscence of the behavior [loud cry, frothing, thrashing movements of the limbs] of the suffering of the animal or human undergoing the ritual sacrifice in the prehistoric times. The “true shake” of the neurogenic seizure [including the loud cry, frothing and incontinence] is also very much similar to the suffering of the sacrificed animal which gives a suggestion of a possible link between the two. If so what will be the link?!! Is Ect, an equivalent of a sacrifice?.

References
1. Charcot: Constructing Neurology by Christopher G. Goetz., Michael Bonduelle and Tobe Gelfand – page 174
Objective: Among patients undergoing the procedure of coronary-artery bypass surgery (CABG) cognitive functions deficits are often observed. This operation can also be complicated with symptoms of depression and anxiety. As the above conditions may coexist, the purpose of this study was to observe the intensity of depressive and anxiety symptoms before and after the procedure, and their impact on the cognitive functioning of operated patients.

Methods: It included 50 subjects, who were assessed for the intensity of depression with the use of the Beck Scale (BDI), and for the anxiety as state and trait with the use of STAI scale on the first day before the operation and 5-7 days after the operation. At the same time cognitive functions were analyzed with the use of Vienna Test System (VTS).

Results: The change of intensity of anxiety and depression and most of the analysed cognitive functions, except learning ability, were statistically significant. However the correlation of depressive and anxiety symptoms with the cognitive deficits achieved the level of significance only with the reference to attention disorders.

Conclusions: The achieved results show that there is an independence of the cognitive functions examination from the present emotional state in examined patients.

Emotional impact of patient bereavement on nursing staff in a cancer hospital

A Study of Cognitive Functions in Kidney Transplant versus Hemodialysis Patients in Kasr El Aini Nephrology Center – An Egyptian Experience

Aims: Office of national statistics reported that over 260,000 patients die in NHS in England and Wales and the mortality in patients with cancer is quiet higher. Studies done by various researchers including Kubler Ross has indicated that death of a known person affects an individual adversely. Costello in 2001 reported that nursing staff have more patient contact than any other hospital staff. This survey aims to explore emotional response amongst nursing staff in a cancer hospital while dealing with grief from patient death and the support services which could be helpful in such a situation.

Methods: A questionnaire was used to collate information on areas such as staff experience, involvement in a clinical situation where a patient died and emotional effects from this event. The impact on staff’s social, occupational functioning, physical health was from this event was also studied and current supports to staff affected by patient bereavement was also analysed.

Results: The initial review of survey showed that staff are affected by patient bereavement with impacts on various aspects of their life. There needs to be greater understanding of this impact of patient care and services needs to be designed to support nursing staff in this imperative area.
Background and Aim: Morbidity rates of cardiovascular diseases are among people with severe mental illnesses (SMI) two to three times bigger than in the general population. This study estimates the prevalence of some cardiovascular risk factors among people with a SMI, comparing them to healthy controls, in a Mediterranean diet area.

Methods: We selected 119 inpatients with SMI admitted to a psychiatric ward. A control group of the same size was recruited in the same hospital. Sociodemographic data were collected and was calculated the prevalence of some cardiovascular risk factors and metabolic syndrome. The association between these data was studied with univariate analyses and logistic regression models.

Results: Inpatients with SMI had greater values of BMI, systolic blood pressure, triglycerides, total cholesterol / HDL ratio and metabolic syndrome. Multivariate analysis revealed, for the index group, a more than threefold risk of metabolic syndrome, compared to controls.

Conclusions: Psychiatric patients look more exposed to cardiovascular risk factors than the general population, but less exposed than patients with SMI from the USA. Besides, antipsychotics have not shown a relevant contribution to the outcome measures. However, this study confirms the need to reduce the impact of cardiovascular risk factors on people with SMI.

References

**OC-17**

**Human sexuality**

**Treatment of sexual dysfunctions as consequences of a traumatic brain injury**

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Sexual function is the most vulnerable patients after traumatic brain injury (K. R. Britton, 1998). Disorder of desire, erectile dysfunction and premature ejaculation may occur after brain injury (SA Torosian, 1967, PI Zagorodniy, 1970). We studied 52 men aged 18 to 50 years, who had a brain injury. Increased sexual desire (at 28.5%), increased sexual desire at 2%, a combined disorder (Increased sexual desire, erectile dysfunction) was detected in 34% of patients, 16% of male have erectile dysfunction. Delayed ejaculation was at 17.5%. Character, the severity of the injury, the consequences of traumatic brain injury (neuropsychological, speech disorders, movement disorders, etc.) should be considered in the treatment of such patients. Tranquilizers with vegetostabilized action are the drugs of choice in the treatment of anxiety-phobic and hypochondriacal syndromes senestoccurring with autonomic disorders. Neuroleptics used in the expression of these disorders. Drugs with vegetotropic action are needed to address autonomic dysfunction. The use of drugs with normothymic activity, as well as antiepileptic drugs with dysphoria.

The program of treatment and rehabilitation should include a combination pharmacotherapy, behavioral and educational approaches. Principles of therapy: dehydration and resolve therapy, vasoactive drugs, anticonvulsants, nootropics, psychotropic drugs.

**References**

Mental disorders (asthenic syndrome, impaired consciousness, affective disorders, mental disorders, epileptic syndrome, pseudodementia, post-traumatic hysteria) may develop at different times after traumatic brain injury. The program of treatment and rehabilitation should include a combination pharmacotherapy, behavioral and educational approaches. Establish programs for sex education should be an integral component of the rehabilitation of these patients, because life has become in his new capacity. Principles of therapy: dehydration and resolve therapy, vasoactive drugs, anticonvulsants, nootropics, psychotropic drugs. Thus, an adequate comprehensive medical treatment effects of traumatic brain injury is an integral part of treatment and rehabilitation provided to patients with sexual dysfunction.

**Child sexual abuse: an irremediable hurt?**

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The phenomenon in object results ubiquitous both regarding victims’ gender and socioeconomic conditions. The important consequences linked to what they suffered—either immediately or with adolescent or adult onset—are mediated by age and family support to trauma reprocessing as well as by the frequency of repetition of the abuse or familiarity with the abuser. These factors appear to be of primary importance—both at a physical and a psychic level— and may be expressed in multiple manifestations, hence it would be impossible not to pay timely attention to possible alarm signals revealing suspected abuse suffered by an underage person. Specific attention will be directed towards some of the consequences for which child sexual abuse is considered to be a primary cause (e.g., Post Traumatic Stress Disorder) and the perpetuation of such abuse, both short-term as well as long-term. Poor training, regarding this field, of various professionals (pediatricians, teachers, etc.) who each day work with minors, as well as poor treatment possibilities already experimented, puts emphasis on the urgent need for prevention (including in-depth diagnosis / therapy) and early intervention.

**References**

A randomized prospective trial of the quality of life and sexual function before and after biofeedback physiotherapy with or without sex therapy in women with pelvic floor disorders

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Objectives: To assess of the quality of life and sexual functioning before and after biofeedback physiotherapy with or without sex therapy in women with pelvic floor disorders.

Materials: 72 women with pelvic floor disorders (mild stress incontinence, mild pelvic organ prolapse) randomly divided into 2 groups. The inclusion criteria were the presence of the sexually active partner. The exclusion criteria were pregnancy and the period of 3 months after birth. The groups were matched for age, socioeconomic status, educational level status.

In the group 1 (N=38) performed the pelvic floor muscle training (PFMT) with biofeedback. The group 2 (N=34) performed biofeedback physiotherapy with sex therapy. They were evaluated including Russian version of the Female Sexual Functioning Index (FSFI), the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ), and a questionnaire for quality of life (the 36-Item Short Form Health Survey (SF-36)). P values of less than 0.05 were significantly considered.

Results: Indicators did not differ significantly between subgroups before the treatment, but 1 month after the treatment authentically differed.

Conclusion: Revealed that the combination of biofeedback physical therapy with sex therapy is very effective for improving the quality of life and the sexual functioning in women with pelvic floor disorders.

References
Internalised homophobia, quality of life and coping styles among men who have sex with men and women who have sex with women in Nigeria

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Aims/Objectives: Internalized homophobia (IH) represents a self-directed hostility by the homosexual toward himself or herself. Cabaj suggested that internalized homophobia is a major dynamic in neurosis in ego-dystonic homosexuality. The objective of the study was to determine the prevalence of IH among men who have sex with men (MSM) and women who have sex with women (WSW) in Nigeria and the relationship between IH, coping styles and quality of life (QOL).

Methods: A descriptive cross sectional study was conducted among 103 MSM/WSW using the snowballing sampling technique, they completed a Socio-demographic Data Schedule, the Internalised Homophobia Scale, the World Health Organization Quality of Life Scale – Brief version (WHO QOL-BREF) and a brief COPE scale. Associations were determined using correlations.

Results: Twenty two (24%) of the sample had IH, IH was positively correlated with QOL, as was adaptive coping while maladaptive coping was negatively correlated with QOL.

Conclusion: Coping with homosexuality can be challenging and a need exists for MSM/MSW intervention programs to target the coping styles of these vulnerable individuals to improve their QOL.

References

Perception of partnership: loving and being loved and neurotic disorders picture. Sexuality-related and sexuality-unrelated symptoms

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Aim: Analysis of links between the patients’ assessments of their current partner/marital relationship in terms of loving and being loved, and the occurrence of selected symptoms.

Methods: Associations between the traits of relationship and the present symptoms were analyzed on the basis of symptom checklist KO "0" [1] and Life Inventory completed at pretreatment by 3929 patients admitted to a day hospital (1980-2002) [2].

Results: Features of current relationship are linked to occurrence of sexuality-related symptoms as well as others (sexuality-unrelated). Some of the evidenced associations are modulated by patients’ sex: in males perceptions other than “being loved very much” were linked to higher sexuality-related symptoms’ odds ratios; among females feelings other than “loving partner very much” were linked to higher sexuality-related and unrelated symptoms’ odds ratios.

Conclusions: Specific reported traits of patients’ relationship such as “being loved very much” or “loving very much” are associated with a lower incidence of sexuality-related and unrelated symptoms. Some sex-related differences were found.

References

Parental nudity and psychosexual development

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Purpose: Public baths where total nudity was set have led the community to complete embrace the idea of a nude body and to let go of the erotic meaning linked to it. The objective of this work is to explore the impact of parental nudity on the psychosexual development of children and adolescents.

Methodology: 200 adolescents aged 13 to 18 years were randomly recruited. A heteroquestionnaire comprehensively assessing the psychological and behavioural impact of parental nudity was used. The software used to analyse the results was SPSS version 13.0.

Results: 2/3 of the sample was male, the first memory of a naked body goes back to when the child was on average 4.5 years. The fascination accounted for 50% of the psychological impact. 100% reported that this had no impact on their preceding sexual orientation. As age increased, the feeling of fascination prevailed in boys. The analysis of the psychological impact by location shows that adolescents experience the fascination in the house and the Turkish bath (respectively 53% and 69%).

Conclusion: Today, everyone is trying to make their children adopt an attitude towards the body that is somehow between bashfulness and unobtrusivenes: parentalnudity clearly has an impact on the psychosexual development of the child.
POSTERS

October 28 – Addiction

P-1-1-01
Naifar: Qatar Addiction Treatment and Rehabilitation Centre: A new concept and model for comprehensive integrated health and social care substance misuse service

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The Supreme Council of Health of Qatar has approved the establishment of naifar: the Qatar Addiction Treatment and Rehabilitation Centre (QATRC). The approved design is a large construction which includes facilities for outpatients, day care and residential care units for acute treatment, recovery and social rehabilitation with supported housing unit (half-way house) and special units for women, adolescents and patients with dual diagnosis of mental illness and substance misuse and a secure unit for people referred from the criminal justice system.

QATRC vision is to be an internationally recognized centre of excellence for providing comprehensive healthcare and social care, teaching and training and research for the benefit of people with substance misuse. The national strategic plan for addictions aims to provide a comprehensive and integrated health and social care service that is community based and integrated across all sectors including services provided in primary and specialist medical and mental health services. QATRC will be launched and become operational in 2014.

One of the most challenging objectives is the workforce development plan to deliver the skilled human resources to deliver QATRC vision and mission and meet the care needs of the people of Qatar.

P-1-1-02
The alcohol consumption among medical students in the State of Mato Grosso, Brazil

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Objectives: To analyze the pattern of alcohol consumption among medical students in the state of Mato Grosso. Methods: It’s a cross-sectional epidemiological study. The sample contains 428 students from two medical schools in the state. There is one private and one public institution. The project was approved by the Ethics Committee of the University of Cuiabá, and the instrument used was a form about psychoactive substances use, an adaptation of the World Health Organization questionnaire. Results: 82.5% admitted having used alcohol in the last three months. Among those who admitted having used alcohol in this period, 52.8% are male and 50.4% belong to the private institution. The first use of alcohol among medical students occurs from 15 to 19 years of age. 18.4% of those who used alcohol reported that it affected daily activities and 14.7% had some type of family, health or social problems related to the consumption. 12% have tried to stop using it, but they failed. Only 0.5% have sought treatment. Conclusion: Considering the high prevalence observed, it may be necessary to reinforce the health educational policies to reduce the alcohol consumption among these students.

References


P-1-1-03
Psychological aspects of family co-dependence
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Objective: The article is devoted to consideration of adaptive-defensive properties and peculiarities of psychological help for women with family co-dependence conditioned by alcohol dependence of their husbands. Material and methods: Psychological content of co-dependence testifies to different type of health disturbances and personal functioning as compared with substance dependence. This conditions search for approaches which make possible creation of complex medicopsychological preventive and counseling programs. Results: It has been identified that in most female patients with such disturbances adaptive-defensive complex is manifested in neurotic forms of response. With account for revealed peculiarities we have created programs of psychological correction with the aim of heightening of efficacy of receipt of positive experience on overcoming difficult life situations. Such directedness of psychological work allows revealing personal resources and promoting resilience. Conclusion: We believe relevant and practically significant done work in association with increasing number of patients with co-dependence problems.

P-1-1-04
Neurocognitive Dysfunction in substance abusers – A Hospital based Study
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Aims/Objectives: The present study was planned to understand harmful effects of substance use on neuropsychological functioning of the patients with substance dependence.

Materials & Methods: The study was conducted at Dayanand Medical College and Hospital, Ludhiana, India. A total of 30 known substance dependent patients (diagnosed as per ICD 10 criteria), both indoor as well as outdoor were evaluated for their intellectual and memory functioning using Wechsler intelligence test (verbal, Indian version which has 4 subtests ie information, digit span, arithmetic and comprehension), Alexander’s Pass Along Test (to see executive function) and PGI memory test (Indian version of Wechsler memory test) and then the results were compared with the control group. Patients with any other medical disorder, head injury, seizure disorder and any premorbid psychiatric problem were excluded from the study.

Results: The protocol shows that majority of patients show significant deficit in comprehension parameters of verbal intelligence and arithmetic ability. The protocol also reflects that the patients have impairment in delayed recall and recognition of visual stimuli.

Conclusion: So social rehabilitation programs should be scientifically planned keeping in mind the neuropsychological aspects to help the patients improve their standard of living.

P-1-1-05
Results of a study of high school students taking marihuana and its effects through the Spect and neuropsychological tests (2011-2012)
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The effects of marijuana on brains of teenaged student users are analyzed. We take as a reference a study performed by the authors in 2007, in which the correlation between the consumption of marijuana and effects on cognitive functions involved in scholastic learning. Twenty three cases were analyzed of a total of 40 students who took exclusively marijuana and they were compared with the same number of non-smokers. The findings show significant impairment in the following areas: prefrontal, Brodman 25 subgenual, and the Hippocampus. The results are highly matched with the neuropsychological tests given in the sense that, like with the 2007 study, significant differences are found between the two groups as far as the tests measuring cognitive functions are concerned A comparative study of high school marijuana smokers and non-smokers through the results of NeuroSPECT and neuropsychological tests. The sample was made up of students from public high schools in Santiago. Significant differences were described in the tests of NeuroSPECT and in the neuropsychological tests of smokers, compared to non-smokers. The NeuroSPECT technique to evaluate effects of marijuana was only used on diagnosed addicts, but not on high school habitual smokers who were had not been diagnosed as addicts.

References
P-1-1-06
Relation between emotional intelligence and alcohol, cannabis and cocaine use among adolescents

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Objectives. The goal of this study is to analyze the relation between the level of emotional intelligence and the alcohol and cannabis consumption in Spanish youngsters.

Results. Participates were 1,562 Spanish adolescents between 13 and 17 years. The Trait Meta-Mood Scale was administered to assess three components of emotional intelligence. Alcohol, cannabis and cocaine, use and frequency were evaluated.

Conclusion. It is strange that emotional intelligence does not predict to be consumer or not, in different psychoactive substances. While in the case of alcohol, the model is significant, and for cannabis and cocaine consumption, not. An possible explanation is that the frequencies are very low for both substances. Furthermore, it should be noted that a large number of variables are involved in this phenomenon and we should study how to emotional intelligence can to establish a mediating effect with these variables.

P-1-1-07
Social skills and self-efficacy as predictors of alcohol use in Spanish adolescents

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Objectives. The objective of this study is to evaluate the effect of social skills, general self-efficacy and the interaction of both in a sample of Spanish adolescents.

Results. The questionnaires Matson Youth Social Skills and the General Self-efficacy Scale were applied to a sample of 1,689 Spanish adolescents attending school. The application was during the classes by an experimenter to groups of 20-30 students.

Conclusion. Social skills appear to be the unique variables associated with having or no alcohol consumption, as well as the frequency of consumption. This fact is important for implement interventions with social skills modules to prevent this type of behavior. Self-efficacy is not significant. This may be because it has not been specifically evaluated specifically for alcohol refuse.

P-1-1-08
Smoking and its Psychiatric Co-morbidity within a Sample of Inpatients in a General Hospital in Cairo

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Objectives: estimating the prevalence of smoking in the patients who are admitted to general hospital during six months period and determining the relationship between smoking, stress, anxiety, depression and personality character in those patients.

Method: A selective sample composed of patients who were admitted to neurology, chest, oncology and general surgery departments. They were fully conscious and cooperative. Patients were classified into four categories: current, past, passive, and non-smokers. Smoking Questionnaire, The Symptom Checklist-90-R, Eysenck Personality Questionnaire, Social Readjusting Rating Scale, Beck Anxiety Scale and, Beck Depression Inventory were applied.

Results: Most of the current smokers fell in the "mild anxiety" and "severe anxiety" scales. Past smokers showed (mild anxiety 58.6 %, severe anxiety 27.6 % and 13.8 % have low anxiety). Eighty percent of current smokers have mild and moderate depression, 69 % of past smokers have mild and moderate depression with a high statistical significance. Current and passive smokers showed the highest mean levels on the symptom checklist. Similarly, the highest mean levels seen in the current smokers regarding psychoticism. The highest mean level of neuroticism is seen in the current smokers.

Conclusion: current smoker have higher anxiety, depression, stress and psychoticism personality character.

P-1-1-09
Supervised Versus Non-Supervised Urine Testing For Drug Dependence: First Pilot Study In The Middleeast

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Ordinary supervised urine testing for drug dependence has many problems in accuracy, fighting stigma and patient acceptance. Unsupervised urine testing using the new RUMA marker system is a unique method to overcome all those problems. In our study we try to compare the 2 methods.

Design: this study was conducted on 101 drug dependent patients (95 males, 6 females). All of them were asked to drink the marker then after 45 minutes, supervised urine samples were collected and tested by both ordinary methods (kits) and by HPLC and then another samples were collected un supervisely to measure the acceptance.

Results: RUMA marker testing detected 11% more than the ordinary testing one, 5% of them were adulterated urine, 5% +ve results by Marker and -ve with rapid testing while 1% was false +ve by rapids testing and +ve with marker and HPLC. Regarding satisfaction 38% of patients were satisfied while 62% non-satisfied with su-
pervised urine testing, while 81% were satisfied and 19% non-satisfied with non-supervised urine testing.

References
5-Abbie Hoffman, Jonathan Silvers: Steal this urine test -fighting drug hysteria in America.

P-1-1-10
Prevalence of psychoactive substance misuse in Hong Kong – preliminary results of Hong Kong Mental Morbidity Survey

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Aims/Objective: Substance misuse is one of the pressing public health concerns in Hong Kong. It carries significant mental morbidity, affects personal functioning and quality of life. The prevalence of psychoactive substance misuse, its societal and cultural factors offer specific understanding on the related mental health problems.

Methods: Questionnaire on substance misuse were administrated to estimate the prevalence of psychoactive substance misuse and its important clinical correlates among first 4,310 participants of the Hong Kong Mental Morbidity Survey (HKMMS).

Results: The prevalence of psychoactive substance misuse was 4.0% (N=171). Substance misuse in younger age group (16-34) were more common than older age group (35-54) (p<0.01). The percentage of drug abusers in male (5.7%, N=101) is higher than that in female (2.8%, N=70) (p<0.001). Among 171 lifetime drug abusers, 40 (23.4%) participants were considered as having significant levels of neurotic symptoms.

Conclusion: Substance misuse is an arising problem for Hong Kong. The figure is potentially under-estimated. As compared to the UK Adult Psychiatric Morbidity Survey (APMS) conducted in 2007, the prevalence of drug use was 9.2%. Specific information on patterns and prevalence of the drug misuse in Hong Kong should be carefully evaluated.

References

P-1-1-11
Enhancement of treatment adherence and clinical outcomes of substance abusers by adopting collaborative service mode

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Objectives: A collaborative service model with various professionals, community service partners and carers was adopted by a Substance Abuse Clinic in Kowloon East of Hong Kong to enhance the treatment adherence and clinical outcomes.

Methodology: Subjects were the new cases referred to the clinic from October 2008 to February 2011. Cases notes of the patients receiving treatment as-usual were reviewed as control. The patients’ treatment compliance, the working relationship with clinical staff, the psychological state and motivation to quit were measured.

Result: 269 cases were assessed. Ketamine (over 40%), methamphetamine (20%) and cough mixture (10.6%) were common abused substance. Adjustment disorder (40%), psychosis (29%) and depressive disorder (21%) were the common psychiatric comorbidities. The overall attendance rate was over 80% comparing with less than 65% for those receiving treatment as-usual. The outcome in the working relationship with the clinical staff, the treatment compliance, the psychological state and the motivation to quit were significantly enhanced within the first 6 months of treatment.

Conclusion: High defaulting is one of the barriers to the success of substance abuse treatment. A collaborative service model of substance abuse clinic service could enhance the treatment adherence, and the clinical outcome.

P-1-1-12
Carbamazepine in alcohol withdrawal in community: a review of clinical practice in North England

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Aims: It is estimated that 1 in 5 patients in hospitals and primary care suffer with alcohol dependence (Mayo-Smith, 1997). Benzodiazepines are the recommended choice of medication in alcohol withdrawal (Brathen et al, 2005) but their use needs intense monitoring (Chabria, 2008). Studies have proven the safety, and efficacy of Carbamazepine in treatment of alcohol withdrawal (Barrons et al, 2010).

We are evaluating the recent use of Carbamazepine in our community settings for the management of alcohol withdrawal.

Methodology: The method used was a retrospective analysis of a specific group of patients in whom Car-
bamazepine was used over the past 6 months. The characteristics of the sample, reason for use of Carbamazepine, the clinical outcomes and costs of treatment were the studied. This was compared with patients in whom benzodiazepines were used.

Conclusions: The comparison between two groups shows that Carbamazepine is as effective if not better than Chlordiazepoxide. The cost of this treatment is cheaper. This option would give the clinicians advantages of less sedating effect, little potential for abuse, reduce the possibility of seizures and reduce the kindling effect of benzodiazepines.

References

P-1-1-13
Characteristics of Excessive Online Game Users and Their Dissociation Experience
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This study investigated as to whether there is any difference in mediated presence during online game, sensitivity of dissociation experience, and game use pattern. Total 34 male subjects were divided into over-use group (N=17) and control group (N=19). The subjects performed mediated presence scale (MPS), dissociation experience scale (DES), and Korean internet addiction proneness scale for adults. [1] (KIAPS) In MPS, overuse group showed significantly higher scores than control group in telepresence (t=2.537, p=.016) and social presence (t=3.300, p=.003). In KIAPS, overuse group showed significantly higher scores than control group in inclination toward virtual reality (t=2.258, p=.031), tolerance and preoccupation (t=2.630, p=.013), and self-awareness of internet use (t=3.412, p=.002). In overuse group, DES showed a significant correlation with telepresence (r=.521, p=.031), and tolerance and preoccupation (r=.507, p=.038). Overuse group experienced more mediated presence by being immersed in online game addition than control group but any difference of dissociation experience was not shown between two groups. However, dissociation experience showed significant correlations with telepresence, inclination toward virtual reality, and tolerance and preoccupation in overuse group only. It is considered that dissociation experience may have correlation with increased mediated presence during game use and increased addictive tendency. [2]

References

P-1-1-14
Assessment of Factors Associated with a Return to Gambling by Participants in Gamblers Anonymous
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Objective: To investigate whether compulsive gamblers who participated in Gamblers Anonymous (GA), a self-help groups, returned to gambling, and to identify the factors that were associated with those who returned to gambling after participating in GA.

Methods: The subjects were 58 pathological gamblers who had participated in GA group meetings. We divided the subjects into 2 groups, a group who had returned to gambling and group who had not returned to gambling, and we investigated associations with their basic information, the GA 20 questions, State-Trait Anxiety Inventory Trait Version (STAI-T), Generalized Self Efficacy Scale (GSES), and Effortful Control Scale for Adults (ECSA).

Results: The replies regarding whether they had returned to gambling after participating in GA showed that 25 (43.1%) had not and 33 had (56.9%). A logistic regression analysis showed that GSES and ECSA “inhibitory control” as significant factors that were associated with whether a subject returned to gambling.

Conclusions: It was suggested that self-efficacy was increased by participating GA meetings and accumulating “successful experiences” of continuing to stop. The results also suggested that it may be possible to identify people who have a temperament that makes them tend to return to gambling by evaluating their inhibitory control.
P-1-1-15
Understanding the brain circuits involved in addiction and updated pharmacological management

Imaging studies show decrease grey matter volume in the medial orbitofrontal, anterior cingulate and frontopolar cortex to be associated with drug addiction.

Substance abuse would be associated with impulsivity that is related to grey matter volume deficits in prefrontal areas.

Fronto-striatal brain systems implicated in self-control in both dependent individuals and their biological siblings who have no history of chronic drug abuse may support the idea of an underlying neurocognitive endophenotype for stimulant drug addiction.

Adequate planning and clarity with the patient concerning their goals is required as the same pharmacotherapy may be used for substitution as well as withdrawal/detoxification.

Pharmacological management should be tailored according to the specific substance abuse alcohol, nicotine, opioids, benzodiazepines, stimulants, associated comorbidity, abuse in pregnancy, for younger and older people, as well as for 'club drugs' and polydrug users.

Initial evidence to support using baclofen as a new adjunct to managing acute alcohol withdrawal symptoms, one that is likely to reduce the use of benzodiazepines for this condition. Whether baclofen can offer other outcome advantages, such as shorter hospital stays and more-rapid resolution of withdrawal symptoms, or having the risk of chronic abuse is a matter of debate.

References

P-1-1-16
New synthetic drugs of abuse

Use of synthetic drugs is rapidly growing and emergency physicians and psychiatrists are struggling to deal with the epidemic. Captions in the media such “Synthetic drugs sent thousands to ER” are frequent occurrence. Over the past couple of years, there have been news reports on young couples intoxicated on the so-called “bath salt” and “spice”. These products are often sold in legal retail outlets as “plant food and herbal incense” respectfully, and labeled “not for human consumption”, to skirt existing laws on illicit drugs and avoid FDA regulatory oversight of the manufacturing process.

Bath salts are synthetic derivatives of cathinones that are originally based on a plant khat, which has psychoactive properties and is native to East Africa and Middle East. Synthetic marijuana, often known as “spice” or “K2” consists of plant material that has been laced with terahydrocannabinol, the psychoactive ingredient in marijuana. Use of synthetic marijuana is alarmingly high, making it the second most commonly used illicit drug among high school seniors.

According to the American Association of Poison Control Centers, in 2011 there were twice as many calls relating to human exposure to synthetic marijuana than in 2010. For the same time periods, the poison control centers received more than 20 times greater number of phone calls that were related to bath salts exposure. The main concerns from synthetic drugs intoxication are that they have powerful adverse effects on cardiovascular system, and causing psychiatric effects leading to dangerous and bizarre behaviors.

In this workshop, the author will describe synthetic cathinones and synthetic cannabinoids in more detail and will have an interactive discussion with the participants. Additional discussion will be on regulatory issues, chemical structure, manufacturing, medical and psychiatric concerns, and treatment. The author will also address the new emerging group of synthetic hallucinogens, 2C-I.

P-1-1-17
An alcohol related dementia after delirium tremens

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Introduction: Delirium tremens is an acute delirium that is usually caused by alcohol withdrawal, after heavily alcohol consumption. The main symptoms of delirium tremens are confusion, reduced attention, disorientation, fever, hypertension and possible grand mal seizures.

Case Report: 62 years old, alone living male was brought to the hospital after found unconscious at home and has been hospitalized in the intensive care unit. His initial examination revealed cortical atrophy and several blood tests were abnormal. He started to use alcohol since 2003 and gradually increased the amount. Initial treatment was Vitamin B, diazepam 40 mg/day. He has been discharged as alcohol dependence, delirium tremens. He had stopped to use alcohol and one week after his discharge he was brought back with incoherence and absurd behavior. He was confused and was speaking meaningless. He could not find his room and had concentration problems. He has been prescribed olanzapine 30 mg a day, vitamin B1, quetiapine 200 mg a day and antidepres- sant treatment has been stopped. His sleep improved and agitation stopped but amnesia, mood swings, orientation and concentration problems continued.

Discussion: Alcohol itself can initiate cortical atrophy due toxic effects. In our case visual hallucinations have been accepted as symptoms related with dementia.
**P-1-1-18**

**Propofol addiction after short term use**

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**Introduction:** Propofol is used to induce or maintain anesthesia during different procedures. The prevalence of propofol abuse or addiction is described as 1.9%.

**Case Report:** 38 years old, female. She started to use propofol IV in August 2012. Her complaints were anhedonia, difficulty to concentrate, hypersonnia, lack of appetite, unhappiness and suicidal ideation at the admission in September 2012. She has been hospitalized and 16 hours after the last propofol dose anger and panic attacks, distress, anxiety, sweating, palpitations, nausea, weakness, irritability, stomach spasm and severe sleeplessness has started. She had excessive craving for propofol and was angry not getting it. Venlafaxine, mirtazapine, quetiapine, and alprazolam has been used during the hospitalization period. After day 5, sleep was better but stomach spasms, panic attacks and irritability continued in the same severity. On day 10 she was better and didn’t have any withdrawal symptoms. Alprazolam and quetiapine have been reduced gradually after week 3.

**Discussion:** Propofol abuse can start very soon after using it. In our case depressive symptoms were not treated properly and the patient started to use propofol for its mood altering, euphoric effects. Treatment propofol withdrawal is not well described in literature.

**P-1-1-19**

**Use of psychoactive substances among adolescents who seek to enter the labor market**

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**Objective:** Investigate the use of alcohol and other drugs among adolescents who study in public schools in Porto Alegre, Brazil, and hope to find a place in the market as trainees.

**Methods:** This study integrates a cross-sectional design research. Adolescents responded to the following instruments: demographic data, Alcohol Smoking and Substance Screening Test, Childhood Trauma Questionnaire and Addiction Severity Index. Measurements were self-reported and used SPSS 17.0 for statistical analysis.

**Results:** 200 students aged 15 years+ answered to questionnaires. 65% reported to have been drinking in the past 3 months and 19.9% have already used illicit drugs. The boys reported greater alcohol (73.3% X70.7%), marihuana (21.8% X18.8%) and cocaine / crack (9.7% X3.3%) consumption than girls. 5.1% were arrested by police by criminal offense and of these 41% were under drug effects.

**Conclusion:** The high consumption of cocaine by the boys seems to reflect the current situation the state of Rio Grande do Sul is facing with the spread of this drug. Preventive interventions are important.

**References**


**P-1-1-20**

**Effect of anxiety and depression on addictive behaviour among students**

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The objectives of this study is the researching of the affective symptoms influence on the level of using, and the motivation of tobacco, alcohol and drugs consumption, and developing of addictions prevention programs which differentiated in the groups that have or do not have anxiety and depression.

**Methods.** 468 students were screened for affective symptoms (Hospital Anxiety and Depression Scale) and addictive behaviour. After that the comparative analysis between groups of students with and without anxiety and depression was performed.

**Results.** 39.3% of students have addictive behaviour (alcohol abuse and / or drug use). 44% of addicts’ students have affective symptoms. Anxiety significantly increases the level of alcohol abusing, but with no significant change in the structure of alcohol consumption motivation. Levels of tobacco and drugs consumption increased insignificantly. At the same time in the structure of consumption motivations, the role of avoiding problems (ataractic motivation) and hyperactivation is increasing, and the role of getting psycho-physiological pleasure (hedonistic motivation) markedly reduced.

If there is a depression, a similar trend is even more pronounced.

**Conclusion.** Based on presence or absence of affective symptoms, the students need different programs for prevention of addictive behaviour.
October 28 – Mood Disorders

P-1-2-01 Depressive syndrome in a patient suffering from adrenocortical insufficiency

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Background & Aims: Endocrine disorders can result in numerous psychiatric symptoms. Adrenocortical insufficiency, in particular, was associated with cases of depression. The aim of this work is to highlight the specificities of clinical course and management of depression associated with adrenocortical insufficiency.

Methods: Case report of a patient suffering from adrenocortical insufficiency who consulted with a severe depressive syndrome. Clinical, biological and imaging findings are reported.

Results: A 42 year old female was diagnosed with primary adrenocortical insufficiency at the department of internal medicine and she was started on hydrocortisone 20mg qd. She also reported severe depressive symptoms with suicidal thoughts and she was started at the same time at amitriptyline 25mg tid. Depressive symptoms improved very rapidly and disappeared within few days. Amitriptyline was discontinued progressively. She was kept on hormone replacement therapy only. She had no relapse of her depressive syndrome but she is still under psychiatric supervision with regular assessment. Thus, replacement therapy relieved depressive symptoms.

Conclusion & References: Adrenocortical insufficiency can be associated with a depressive syndrome. This condition can improve on hormone replacement therapy (1) but according to some authors, an antidepressant medication may be necessary (2). We reported the case of a severe depressive syndrome that improved on replacement therapy.

References

P-1-2-02 Hypothyreosis and depression

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Introduction: Depression is considered the earliest described disorder in the history of medicine and in recent time it belongs to the most frequent mental disorder. Depression is a leading medical problem in female population. On the other hand, hypothyreosis is the most frequent thyroid disease, which predominantly affects women.

Depressive episodes are characterised by loss of interest, being in a bad mood, reduced life energy, anhedonia, low self-esteem and self-confidence, feeling of being guilty and worthlessness. Sometimes they are accompanied by sleeping disorders, bad appetite and suicidal tendencies. There are common symptoms of hypothyreosis and depressive episodes such as fatigue, exhaustion, loss of libido and menstrual cycle.

Aim: Evaluation of incidence of thyroid hormone disbalance in patients with depression.

Method: Examination of thyroid hormones in hospitalised patients in psychiatric ward of Sremska Mitrovica General Hospital (Dg:F32,F33 according to ICD during the period from May to October in 2012)

Results: We have examined 40 patients with depression. 11 patients had increased TSH or decreased T3 or T4 hormone. 27,5% of the total number of patients had hormonal disbalance.

Conclusion: There is a significant percentage of subclinical and clinical hypothyreosis in the population of depressed patients.

References
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P-1-2-03
A biopsychosocial model of interferon-α-induced depression
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Objectives: The aim of this prospective study was to gain a more comprehensive picture of the biopsychosocial effects of interferon-α (IFN-α) treatment of patients with chronic hepatitis C. The predictors of depressive development and changes in health-related quality of life, life satisfaction and cognitive ability would be measured with the inclusion of the social context. Furthermore, the effects of IFN-α on indoleamine 2,3-dioxygenase, the level of tryptophan supply in the brain, and the development of neurotoxic kynurenine metabolites were investigated.

Methods: Psychiatric and biological assessments were carried out at six different times: before, during, and after the end of treatment.

Results: During IFN-α treatment 22 (53.7%) patients fulfilled the criteria for a treatment-related depressive disorder at least once during treatment. Contributing factors are tryptophan depletion (trypotphan to competing amino acids quotient), increased neurotoxic challenge (kynurenine to kynurenic acid quotient), less social support, female gender, preexisting psychiatric vulnerability, means of transmission, low financial security, impaired sexual satisfaction, small circle of friends, impaired role physical, strong body pain, low general health and vitality, reduced social functioning, impaired mental health and role emotional.

Conclusions: The awareness of relevant risk factors of IFN-α treatment-induced depression is essential to develop preventative treatment strategies.

P-1-2-04
Clinical staging of Bipolar Disorder and Oxidative Stress
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Aims: Recently oxidative stress has been discussed to be associated with the course of Bipolar Disorder (BD). This analysis aims to investigate the association between oxidative stress and clinical staging (1).

Methods: Clinical staging of 47 patients with BD (type I and type II diagnosed via SKID-I) was performed. Furthermore, blood was taken through a venflon after 20 minutes of rest and oxidative stress parameters (Cu/Zn SOD= Superoxide dismutase, TAC= Total antioxidativ capacity, MDA= Malondialdehyde) were analyzed. A partial correlation analysis (corrected for age) was performed to elucidate a linkage between staging and oxidative stress parameters.

Results: Bipolar patients with high staging showed a decreased amount of TAC (r=0.435, p<0.01), but increased levels of Cu/Zn SOD (r=0.294, p=0.081) and higher levels of MDA (r=0.332, p<0.05).

Conclusion: High staging shows increased oxidative stress parameters (e.g. higher levels of the lipid peroxidation product MDA), which could be explained by the reduced protective antioxidative capacity (TAC). Furthermore the trend of association between increased levels of the antioxidative enzyme SOD, which detoxes harmful superoxide aniones into hydrogen peroxide, seems to present the reaction to the exaggerated oxidative stress in progressed states.

References

P-1-2-06
The effect of Isotretinoin therapy on depression and quality of life in severe acne
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Objective: Acne is the most common skin disease and among various treatment drugs isotretinoin is the most powerful one but has some adverse effect. The aim of present study was to evaluate the effect of isotretinoin on depression and quality of life in a group of patients undergoing isotretinoin therapy before and after the treatment course.

Methods: 98 patients with severe acne were enrolled in this prospective study consecutively, and underwent isotretinoin therapy receiving 0.5mg/kg/d of isotretinoin for 16 weeks. Isotretinoin effects on quality of life and depression were evaluated using DLQI and BDI questionnaires, respectively.

Results: 98 patients suffering from severe acne (38 male and 60 female) were enrolled. Treatment of acne was associated with improvement of quality of life scores in both male and female patients (p=0.001). Considering the cutoff value of 13 for mild depressive mood in BDI score, totally 48 (49%) of enrolled patients (21 male and 33 female) had mild depressive mood before commencement of treatment in this study. Analysis of before and after treatment BDI scores, showed that number of patients and also mean score of BDI were increased in both male and female patients after treatment (p<0.05).
Conclusion: Isotretinoin therapy of patients suffering from acne improved their quality of life, although, depression accentuated in patients to some extent.

Key words: isotretinoin, depression, quality of life

P-1-2-07
Mixed states therapeutic: from theory to practice

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Introduction: Mixed states are characterized by the coexistence of manic and depressive symptoms in the same mood episode. In clinical practice, identification of such states is essential.

Objective: The study’s purpose was to evaluate our clinical practice for the treatment of mixed access and compare with international recommendations.

Materials and Methods: This is a retrospective study of the records of patients with bipolar disorder, mixed access hospitalized in our department from August 2009 to January 2012.

Results: The sex ratio was 0.52 (23 men / 22 women.). The average age was 39.4 years. In the majority of patients, treatment of mixed episode was based on a combination of drugs. Prescribed combinations were: Conventional neuroleptic (haloperidol) and antiepileptic (valproique acid) in 44% of cases, haloperidol and antiepileptic (carbamazepine) in 24%, Atypical antipsychotic (Olanzapine) and antiepileptic (valproique acid) in 16% of cases.- Atypical antipsychotic (risperidone) and valproique acid in 8% - olanzapine was prescribed as monotherapy In 8% cases.

Discussion: Our therapeutic conduct is in compliance with the international recommendations.

Conclusion: The occurrence of mixed episodes is often associated with poor response to treatment, greater recurrence of episodes and a higher risk of suicide. The recognition of these conditions and the use of appropriate treatment are needed to improve the prognosis of the disease.

References

P-1-2-08
Clinical Features of patients with Bipolar II Disorder at a Psychiatric Practice in Urban Area of Tokyo, Japan –Duration to Diagnosis etc.-

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Aims/Objectives: It tends to take a long time for the patients with bipolar disorder to be diagnosed appropriately1-3). Patients with bipolar II disorder at a private psychiatric practice in urban area of Tokyo were investigated.

Methods: 20 outpatients regularly visiting the psychiatric practice on June 1st, 2012 and having been diagnosed with bipolar II disorder (DSM IV-TR) were investigated.

Results: There were 14 women and 6 men. The median age was 48.5. Their diagnoses at their first visit were as follows: 8 major depressive disorders, 7 bipolar disorders, 2 suspected bipolar disorders, 3 others. Their median follow up period was 88 months. For 16 patients, the intervals between the onset of their first episode of mood disorder and diagnoses of bipolar II disorder were detected. They varied from 5 to 500months. The intervals between their first visits to diagnoses with bipolar II disorder were also analyzed. They were divided into shorter ones and longer ones. It took more than 6 years for 6 of them.

Conclusion: For some patients, it took a long time to be diagnosed with bipolar II disorder despite the careful interview. Further investigation is necessary to reveal what is related to prolonged diagnoses.

References

P-1-2-09
Patient satisfaction for the treatment of depression in Korea

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Objectives: As the prevalence of mental disorder is increasing in Korea, as the socio-economic burden is also growing. However, the use of mental health services are insufficient. Therefore, the purpose of this study is to provide basic data for improving mental health service uses and identify the treatment status of psychiatric patients. We investigated the satisfaction and treatment needs of psychiatric patients.

Methods: This study was performed at 9 General Hospital psychiatry departments. Objects were adult patients over 18-year-old diagnosed as Major depressive disorder,
Anxiety disorder, Somatization disorder according to DSM-IV-TR criteria. Questionnaire was developed through literature review and mental health professional’s opinion and was revised through personal interview and prior inquisition.

**Results:** Total 737 respondents, 67.4% of respondents were receiving psychiatric care for depression, and 98.9% of respondents were taking drugs, once per month. Satisfaction and treatment needs for psychiatric care were high. Non-psychiatric treatment- exercises and hobbies showed high-level results.

**Conclusions:** According to this research, satisfaction and treatment needs to psychiatric therapy is relatively high, whereas difficulties are found due to negative perception about mental disorder and social prejudice. Therefore, accessibility to psychiatric treatment should be strengthened through various publicization activities to improve public perception to mental disorders.

**References**

**P-1-2-10**
Depression screening in primary care in Tunisia

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Objectives: 1) to determine the prevalence of depressive symptoms within the last two weeks in patients attending primary care services using the PHQ-9 questionnaire. 2) to assess the severity of depressive symptoms in patients attending primary care services regardless of the chief complaint. 3) to assess the proportion of patients with depressive symptoms and associated comorbidities (cardiovascular diseases, diabetes mellitus, cancer, cerebrovascular diseases).

Methods: Cross-sectional study involving 1000 subjects attending primary care services regardless of the chief complaint, using of the PHQ-9 questionnaire. 2)

Results: Our sample is comprised of 1000 subjects of whom two thirds are female. Overall prevalence of depression was 12.1% (9.3% in men and 13.5% in women). Moderate depression was found in 19.3% of cases (14.4% among men and 21.8% among women), moderately severe depression in 7% (5.7% among men and 7.7% among women), and severe depression in 3.7% (2.1% among men and 4.5% among women). Depression was positively correlated with taking long-term medical treatment for chronic diseases and with comorbidity with cardiovascular, endocrine, musculoskeletal, neoplastic, and dermatological conditions.

Conclusion: Prevalence of depressive symptoms in patients attending primary care services in Tunisia seems relatively high. Depression is associated with long-term treatment for chronic physical conditions.

**References**

**P-1-2-11**
PTSD as risk factor in rapid cycling bipolar disorder

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**Objective:** PTSD is a common comorbidity of bipolar disorder. This study investigate the impact of PTSD in Rapid Cycling.

**Materials and methods:** 100 patients diagnosed at least from two years with Bipolar Disorder I and II were assessed with the MINI 0.6 and ADE for comorbidity with Anxiety disorder, PTSD, and mood episodes and were followed for a period of three years. This is a naturalistic study and curing doctor decides for the therapeutic treatment. Data were collected from December 2009 to December 2012 in Community Mental Health Center 2 and Psychiatry’s Service.

**Results:** In 39 men and 61 women included in the study, 19 of them have a PTSD history. 31% of patients presented rapid cycling (DSM IV TR criteria) during three years of follow up. 53% of patients with rapid cycling have PTSD in history. The use of antidepressants in the treatment did not influenced in the rapid cycling. The presence of PTSD is associated with the occurring of depressive episodes with mixed features (Irritability, racing thoughts, distractibility).

**Conclusions:** Lifetime PTSD has an impact on the development of rapid cycling bipolar patients, despite of the
use of antidepressants, as well as it affects the symptoms of depressive episodes.

References

P-1-2-12
Posttraumatic Stress and Alexithymia in North Korean Defectors

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Posttraumatic stress disorder (PTSD) was reported to be associated with alexithymia. As North Korean Defectors experienced various psychological traumas, PTSD is very common. However, depression was also reported to be associated with alexithymia and to be common in North Korean Defectors. We aimed to investigate the association between alexithymia and PTSD symptoms in North Korean Defectors independent of depression. Two Hundred Eighty North Korean Defectors (154 females) completed the Torontox Alexithymia Scale-20, the Impact of Event Scale and the Center for Epidemiological Studies-Depression scale. PTSD symptoms significantly correlated with Factor 1 (difficulty identifying affect) and Factor 2 (difficulty describing affect)(all p<0.001), but not with Factor 3 (external oriented thinking). After controlling age, sex and depressive symptoms, the association between PTSD symptoms and Factor 1 remained significant (P<0.001), while the association between PTSD symptoms and Factor 2 was no longer significant (p=0.33). All three PTSD sub-domains (i.e. reexperience, hyperarousal and avoidance) showed similar findings; the independent association with Factor 1, the depression-mediated association with Factor 2, and the little association with Factor 3. Current results suggest that the associations between PTSD symptoms and alexithymia may be different according to the component of alexithymia.

References


P-1-2-13
Headache and nausea during treatment of patient with depressive disorder with psychotic symptoms

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Aim: To present case of patient with depressive disorder with psychotic symptoms who had headache and nausea during treatment.

Case report: Patient, 45 years old, with diagnosis of depressive disorder, was admitted to the hospital treatment because of restlessness, tension, depression, and insomnia. Also, at admission to the hospital the patient had delusions of reference. At the beginning of hospital treatment the therapy with fluvoxamine was initiated in daily dosage of 100 mg in the evening, along with zolpidem 10 mg in the evening and quetiapine in daily dosage of 300 mg. On the third day of hospital treatment the patient had headache and nausea that he associated with treatment with fluvoxamine. The treatment with fluvoxamine was discontinued and mirtazapine was introduced in therapy in daily dosage of 15 mg in the evening. The daily dosage of mirtazapine was gradually increased to 30 mg in the evening. Also, the daily dosage of quetiapine was gradually increased to 400 mg. After two weeks of such treatment the patient was feeling better, his mood was more adequate, delusion of reference vanished, headache and nausea disappeared and he was motivated to continue such treatment.

References
P-1-2-14
Body fat distribution and obesity in bipolar disorder

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Aims/Objectives: Obesity is one of the severe problems in the treatment of bipolar disorder (BD) (Fagiolini et al. 2008). Numerous medical co-morbidities (e.g. cardiovascular diseases, endocrine disturbances, etc.) and psychological dysfunctions (e.g. increased depression severity, cognitive deficits, and decreased emotional health) have been associated with obesity in BD (Goldstein, 2011; Fagiolini et al., 2002; Fagiolini et al., 2005). However, less is published about body fat distribution in BD. The current study aims to evaluate subcutaneous adipose tissue (SAT) profiles in BD patients.

Methods: A sample of 100 BD patients (53 men, 47 women) was measured with the lipometer®; an instrument to assess body fat distribution at 15 anatomically clear defined body sites (Möller et al, 2000). Additionally, traditional anthropometric measures including body mass index and girth measures were evaluated and compared with data of 57 healthy controls.

Results: Overweight and obesity are highly prevalent in BD (70%). Moreover, the SAT results indicate that BD patients exhibit a higher amount of central obesity compared to healthy controls (p=5.50, p<0.05).

Conclusion: The present study provides detailed information about obesity and body fat distribution in BD. Our findings broaden existing knowledge about obesity in BD by implementing lipometer® data.

References

P-1-2-15
Sociocultural factors influencing medication adherence in Tunisian patients with bipolar disorder

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Background & aims: Adherence to medication is a predictor of illness course and outcome in psychiatric illness. The aim of this study was to assess drug treatment adherence in patients with bipolar disorder and to identify sociocultural factors associated with adherence.

Methods: A cross-sectional study was conducted in a sample of Tunisian bipolar1-outpatients. A questionnaire was used to assess personal perceived treatment effects, concerns and expectations, and sociocultural perception of psychotropic drugs. MARS (Medication Adherence Rating Scale) was used to assess adherence.

Results: The study enrolled 73 outpatients. Their mean age was 41 and 58.3% were females. Forty percent of patients showed poor adherence. 60% expected to experience side effects and 19.5% declared themselves ready to stop treatment if side effects occurred. Half of patients had used traditional or alternative medicine and 50% believed that taking medication may be influenced by religious beliefs. Adherence was significantly higher in married patients (p=0.04). Resort to traditional and alternative medicine was associated with a poor medication adherence (p=0.01) as well as the side-effect expectation (p=0.01).

Conclusion: Better understanding of the factors involved in suboptimal adherence with medication for bipolar disorder is crucial because modifiable risk factors could become targets for future interventions.

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Montes and al., Suboptimal treatment adherence in bipolar disorder: impact on clinical outcomes and functioning, 2013

P-1-2-16
Cognitive dysfunction in Bipolar Disorder – a case report and review of the literature


For a long time, cognitive impairment was considered a secondary feature of Bipolar Disorder (BD), related to social and psychological factors. Nowadays, it is recognized as playing an integral part of the clinical expression of BD.

Longitudinal brain structural studies in bipolar disorder patients suggests progressive loss of grey matter volume in prefrontal and anterior cingulated cortex, associated with neuropsychological changes in executive functions. These alterations have similar pattern with Frontotempo-
Rational Dementia (FTD), indicating a possible common neurodegenerative pathway between both processes. Some authors propose the concept of a Bipolar Dementia, with a neuropsychological and imaging profile similar to FTD, but with better outcome. Starting in a case report, the authors review the literature on this topic, establishing the clinical and neuroanatomic parallelisms between cognitive impairment in BD and FTD and raising questions about the relationship between the two diseases. This is an exciting area of study with promising future developments in scientific knowledge.

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P-1-2-17
Gestational length, birth weight and later risk for depression

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Background: Data from literature suggest an association between low birth weight, shorter gestational age and increased risk for later depression (1).

Objective: The objective of this study is to assess correlations between low birth weight, shorter gestational age and later risk for depression in adulthood (at 26 years).

Methods: This study builds on the 1970 British Cohort Study (BCS70). Data was collected at birth and age 26.

Results: Comparing the group of people with early gestational age with group of people with normal gestational age there is an increased risk for later depression in people with an early gestational age (p=.047) with OR=1.760. The risk remains statistically significant (p=.042) after controlling for potential confounders (birth weight, parental socio-economic status and childhood cognitive functioning) with OR=1.885. There are statistical significant (p=0.002) differences between people who would later develop depression and people who did not, with the former having lower birth weight.

However, after controlling for gestational length and the potential confounders, no statistically significant relationship between low birth weight and late depression was found (p=.225).

Conclusions: Shorter gestational age may represent a risk factor for later depression while low birth weight does not represent a risk.

Key words: prenatal factors, depression.

References

P-1-2-18
Parental age and risk for depression in offspring

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Background: Parental age has been reported as a risk factor for some severe mental illness in offspring. Studies focused most on schizophrenia (1), advanced paternal age increasing risk for schizophrenia in offspring, similar data appeared for autism and bipolar disorder.

Objective: To observe if there are any correlations between parental age and later risk for depression in theirs' offspring.

Methods: This study builds on the 1970 British cohort study (BCS70). Data about depression of members is age 26.

Results: There were not any statistical significant differences between parental ages of children destined to depression at 26 years compared with children without depression (same age), data being analyzed with t-test (mothers p=0.965, fathers p=0.287). Using logistic regression (unadjusted data) parental ages under 20 (p=0.001) and maternal ages under 20 (p=0.001) appeared to increase the risk for depression in offspring. However, after controlling for other parent age and for other parent age and parental socio-economic status the parental age did not appear to represent risk factor for later appearance of depression in theirs' children.

Conclusions: Parental age is not associated with increasing the risk for depression in theirs' children when these children became adult.

Keywords: age, depression, risk factors

References

P-1-2-19
Topiramate augmentation in patients with resistant major depressive disorder

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Background: Despite evolution of new antidepressant treatment, clinicians still encounter challenges in the treatment of depressed patients. Our objective is to survey the efficacy of topiramate augmentation in resistant major depressive disorder (MDD).

Method: This augmentation trial was designed as an 8-week randomized, placebo-controlled, double-blind study. Fifty three patients with DSM-IV diagnosis of MDD who had failed to respond to at least 8 weeks of treatment with an adequate dose of one of the SSRIs (fluoxetine, citalopram or sertraline) were included in the study. Patients were randomized to receive a flexible dose of topiramate (100-200 mg/day) or placebo beside
their current antidepressant medication for a period of eight weeks.

**Results:** 42 patients completed the study and there were 6 and 5 dropouts in topiramate and placebo groups, respectively. The topiramate group demonstrated significant improvement over the study period based on mean HAM-D score at week 8 compared to baseline (P=.000, Z=3.699). Those receiving topiramate demonstrated to have a mean decrease of 32.0% in HAM-D score, compared to only 5.5% for those receiving placebo.

**Conclusion:** Our double-blind placebo-controlled study demonstrated that topiramate augmentation potentiated the efficacy of selective serotonin reuptake inhibitors (SSRIs) in treatment of resistant major depressive disorder.

**References**


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**P-1-2-20**

**Exercise and mood swings in bipolar disorder**

**Aims:** The aim was to look at the impact of exercise on mood fluctuation in bipolar disorder.

**Methods:** All 62 patients underwent diagnostic interview with SCID-I and were questioned about previous mood swings. The amount of exercise was evaluated with the International Physical Activity Questionnaire, where metabolic equivalent-minutes/week of moderate and vigorous-intensity leisure-time activity were divided into no (MET-minutes/week = 0), moderate (MET-minutes/week > 0 ≤ 1000) and high exercise (MET-minutes/week > 1000). Univariate analyses of variance and post-hoc tests with Bonferroni-correction were performed via SPSS 20.

**Results:** It revealed significant difference between exercise groups in the amount of manic episodes (F = 3.754; p <.05). No exercise (M = 8.24; SD = 8.18) significantly differed from moderate exercise (M = 3.31; SD = 1.8), while there was no difference between high exercise (M = 4.44; SD = 3.14) and the other groups. There was no significant difference in depressive episodes (F = .462; ns).

**Conclusion:** Patients who perform moderate exercise had significantly fewer manic episodes than patients who did not perform any, whereas excessive exercise showed lower changes in mood swings compared to no-exercise. The amount of depressive episodes did not change significantly between groups.

**P-1-2-21**

**Alexithymia and Crohn’s disease: a case-control study in 70 patients**

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**Background:** Alexithymia literally means “inability to express emotions with words”. Our study aimed to assess the prevalence of alexithymia in a Tunisian population of patients with Crohn’s disease and to investigate the relationship between this disease and alexithymia.

**Methods:** This cross-sectional study included patients treated for Crohn’s disease in remission for at least six months, and controls matched for age and gender. Sociodemographic, clinical and therapeutic data were recorded for each patient.

Alexithymia was assessed using the scale of Toronto (TAS-20) in its validated Arabic version.

**Results:** We included 70 patients with Crohn’s disease and 70 matched controls. Patients were significantly more likely to be alexithymic than controls (43.3% versus 27.1%, p=0.036). Mean TAS20 score among patients was 54.7±11.37 (range: 32-82) significantly higher than among controls 50.13±10.43 (p=0.015). Patients had significantly greater difficulty describing feelings to other people (p=0.007), and more externally-oriented thinking (p=0.03).

The relationship between alexithymia and Crohn’s disease seemed to be affected by the number of hospitalizations, the number of acute exacerbations per year, the presence of extra intestinal manifestations and the surgical treatment.

**Conclusion:** Our study shows that alexithymia is common in patients with Crohn’s disease. A psychological intervention aiming the alexithymic dimension seems essential.

**References**

Hypomania in patients with diagnosis of affective disorder

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The prevalence of bipolar disorder is 1% in the general population, this disorder is diagnosed initially as unipolar depression due to the difficulty to detect episodes of hypomania. The Hypomania Checklist (HCL-32), is a self-report questionnaire with 32 hypomania items designed to screen for hypomanic episodes. The objective of this study is to examine the prevalence of hypomania in patients with unipolar depression. Corraborate the efficacy of the HCL-32 to detect symptoms of hypomania.

The presence of hypomanic symptoms was assessed by the HCL-32 in a sample of 100 subjects diagnosed with bipolar I disorder (n = 30), bipolar II disorder (n = 3), unipolar depression (n = 27), and anxiety disorder (n = 10) according to DSM-IV-TR criteria. A control group of healthy subjects was selected (n = 30). The discriminative capacity was analyzed by the ROC curve. The AUC was 0.65 which did not indicate a good capacity. The sensitivity (S), specificity (E) and prevalence (P) of hypomania in unipolar patients for the following cut-off points were analyzed.

The HCL-32 has a high sensitivity but a low specificity as screening instrument. This might explain the high proportion of hypomania found in this study.

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44 remitted bipolar out patients (25 depressive and 19 manic according to the polarity of recent episode), and 30 healthy individuals completed the World Health Organization Quality of Life Instrument-Short Version (WHO-QOL-BREF).

Outpatients with recent depressive episode reported the lowest overall (qol ) and health satisfaction and had the lowest scores on psychological domain among all groups. Polarity of most recent episode didn’t correlate significantly with qol. In outpatient group as a whole, several clinical factors including previous depressive episodes were significantly correlated with WHOQOL-BREF scores.

QoL is impaired in remitted bipolar outpatients. Despite the insignificant association between polarity of most recent episode and qoL, our data confirm that depressive symptoms are among the most significant contributors to reduced qol in bipolar disorder. The importance of gaining full remission is associated with improved qol.

References

P-1-2-25
Neural correlates of antidepressant treatment effects in depression

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Aim: fMRI studies in major depression have revealed prefrontal, limbic and subcortical abnormalities during an acute episode which normalize following antidepressant treatment (1). The present meta-analysis compares and evaluates treatment effects of different antidepressant classes on brain activity in depressed patients. A recent meta-analysis (2) was limited to studies of emotional processing tasks. The present meta-analysis includes cognitive as well as emotional tasks and compares the effect of different antidepressant classes.

Methods: Studies were retrieved using a systematic literature search. Inclusion criteria included diagnosis of major depressive disorder, fMRI studies with baseline and post-antidepressant treatment activations, and studies providing standard Talairach or MNI coordinates. Exclusion criteria included unpublished studies and non-antidepressant adjunctive therapy. 25 studies were included. Quantitative meta-analysis was performed using parametric coordinate-based-meta-analysis (3). Comparisons of antidepressant classes were performed.

Results: Following SSRI treatment, there were significant decreases in the ACC, amygdala, parahippocampal gyrus and OFC. Following treatment with SNRI, decreases in the ACC and insula were observed as well as increases in the DLPCF.

Conclusion: Antidepressant treatment effects are evident on prefrontal, limbic and subcortical networks underlying major depression. Comparison between classes revealed common and distinct therapeutic mechanisms of action on brain activity to SSRI and SNRI antidepressants.

References

P-1-2-26
Preoperative depression and anxiety performance in candidates for different cardiac surgeries

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Background and Objectives: The objective of the present study was to evaluate the proportion of clinically relevant anxiety and depression in a sample of Iranian patients who candidate for different types of cardiac procedures at a referral heart center in Iran.

Design and Setting: A cross-sectional study at The Tehran Heart Center between June and October 2010.

Patients and Methods: Four hundred and fourteen participants were recruited from a consecutive series of patients undergoing different types of surgeries were included. Anxiety and depression were measured a day before various types of cardiac operations with the "Hospital Anxiety and Depression Scale – Persian Version" (HAD).

Results: One hundred patients (24.15%) had mild anxious symptoms, 53 patients (12.80%) had moderate anxious symptoms, and 29 patients (7.00%) had severe anxious symptoms. Moreover, mild, moderate, and major
Depressive problems were revealed in 16.67%, 5.31%, and 14.25% of the patients, respectively. A greater proportion of women than men reached the diagnostic threshold for both depression and anxiety according to the HAD scale.

Conclusion: The prevalence of early depression and anxiety disorders before cardiac surgeries is notably high among Iranian patients, particularly women.

References

P-1-2-27
Drowsiness during treatment of patient with depressive disorder and somatic symptoms

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Aim: To present a case of patient with depressive disorder and somatic symptoms who had drowsiness during treatment.

Case Report: Patient, 43 years old, with diagnosis of depressive disorder, was in psychiatric treatment for the past six months. Before the psychiatric hospital treatment the patient was occupied with somatic symptoms (headache, dizziness, abdominal pain and pain in the chest) and was feeling restless. The diagnostic analysis was performed and somatic illness was excluded. In the beginning of the psychiatric hospital treatment the patient was restless, irritable and occupied with somatic symptoms. Treatment with tianeptine was initiated in daily dosage of 37.5 mg, along with alprazolam in daily dosage of 0.5 mg. The first several days after initiation of such treatment the patient was drowsy and complained that drowsiness affects her social functioning. On the sixth day of treatment the patient said that she was not drowsy anymore and during conversation was less occupied with somatic symptoms. The treatment with alprazolam was gradually discontinued. Later during hospital treatment she said she thinks that somatic problems were actually caused by depression and anxiety that lasted for a long period of time.

References

P-1-2-28
Prevalence of depression among patients in "Arzobispo Loayza" National Hospital Coronary Care Unit (UCICOR), Lima, Peru

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Objective: to determine the prevalence of major depressive disorder in patients of the UCICOR of the Loayza Hospital, Lima, Peru, prior to entry. Cardiovascular disease is responsible for deaths and sequels, decreased productive capacity and increase social costs. Depression is one of the most common psychiatric disorders and, according to the WHO, by the year 2020 it will be second global health problem. In a coronary care unit, inpatients are living a potential threat to their life. It’s constitutes a highly traumatic event, which can increase depressive episodes. Literature reports a depression prevalence of 20% in this population and the existence of depression prior to the coronary event. Depressed individuals are at in higher risk of experiencing damages to health and compliance failures that may increase the risk of myocardial reinfarction.

Method: patients admitted to UCICOR are interviewed before their discharge with one demographic chart, depression section of MINI Diagnostic Scale and Hamilton Scale for Depression, This last scale is applied only if the patient received depression diagnoses. It will constitute the assessment up to complete the registration of 100 patients.

Results: we has been evaluated 32 patients in two months. 31.25% of patients presented depression before their admission to UCICOR.

References


P-1-2-29
Bio psychosocial determinants of depression in a primary care patients simple in Chile

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Objective: To identify risk and protective factors for the appearance and evolution of depressive episodes taking into account the interaction between genetic and environmental factors for the onset of a major depression in a random sample of patients at primary health care centers in the Province of Concepción.

Method: A follow-up baseline study was proposed of 6 and 12 months on an initial random sample of 2480 patients attending primary health care centers in the Province of Concepción. From each patient, information on the presence/absence of depression and a number of potential risk and protective factors were collected. Furthermore, only once, a biological sample (saliva) was taken for genetic determination. The analysis of polymorphisms SHTTLPR and uMAO in this study was conducted using techniques based on polymerase chain reaction (PCR). In the specific cases of SERT and MAO-A, the genotyping was conducted using conventional amplification techniques with specific primers and then electrophoresis. Participation in the study was voluntary; this was expressed through the patient’s signature on an informed consent form.

Results: The existence of genetic-environmental interactions and a relationship between these interactions and the source of depression may be interpreted in terms of relative risk, which is of great interest when defining risk groups for the disease according to a genotype and specific clinical or life-history variables. In our case, preliminary results show an association of s/s genotype with an increased risk of depression, similar to that reported in other studies. However, the polymorphism in the MAO is not a risk factor associated with depressive disorders. Additionally, the identification of incidental and prevalent depressive episodes and the associated service use provided relevant information about the treatment and development of the pathology; such information can contribute to the assessment of public policy in the area.

Conclusion: There are smaller studies derived from this line and PREDICT network have studied the genetic risk in sub-samples in Europe countries and Chile, a low and medium income country. Preliminary results show the importance of two genes (SERT and MAO-A) in the increased risk for depression in individuals exposed to stressful life events and/or abuse in childhood and who also are genetically vulnerable because they carry a risk genotype (Cervilla et al., 2006; Cervilla et al., 2007). In the sample there is an association between the 5HTTLPR s/s genotype and increased risk of depression, which was independent of age and gender, but is not apparent association with the high-activity variant uMAO.

P-1-2-30
Development and validation of a risk prediction algorithm for episodes of major depression in general practice attendees in Chile

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Context: Strategies for prevention of depression are hindered by lack of evidence about the combined predictive effect of known risk factors.

Objectives: To develop a risk algorithm for onset of major depression in primary care attendees in Chile.

Design: Cohort of adult general practice attendees followed up at 6 and 12 months. We measured 39 known risk factors to construct a risk model for onset of major depression using stepwise logistic regression. We corrected the model for over fitting and tested it in an external population.

Participants: In 10 primary care center in Chile 2480 attendees were recruited. The algorithm was developed in 2034 attendees who were not depressed at recruitment and had follow-up data on depression status. It was tested in a sample of patients from six European countries who were not depressed at recruitment. The main outcome measure was the onset of DSM-IV major depression.

Results: Eight factors were identified. Four of the 8 factors in the risk algorithm were unmodified (age, sex, educational level achieved and results of lifetime screen for depression). Others four are related with the current status (physical health and mental health subscale scores on the Short Form 12, satisfaction level with the home situation and satisfaction with her/his couple life). The algorithm’s average C index was 0.746 (95% confidence interval [CI], 0.707-0.785), a bit lower that the algorithm in European attendees (C-Index=0.790 (95% CI, 0.767-0.813) and in a Spanish sample (C-Index=0.82; 95%; CI=0.79-0.84).

Conclusion: A risk algorithm for onset of major depression is an important tool to design and implement preventive intervention for depression.
October 28 – Neurosciences

P-1-3-01
The effects of prenatal morphine exposure on spatial memory in rats

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Background: Opiates such as morphine are abused during pregnancy. These substances can induce long–term psychological and behavioral alterations in exposed children. Since long-term potentiation (LTP) is considered as a cellular and molecular basis for learning and memory and there are reports that chronic morphine exposure can interact with the induction of LTP. Thus the present study was designed to determine whether the exposure to the morphine during mid to late gestation permanently alter spatial-memory.

Objective: to determine the effects of prenatal morphine exposure on spatial memory.

Materials and Methods: 18 pregnant rats randomly assigned to morphine and saline control group. Morphine or saline were administrated (S.C) to female rats twice a day (08h and 20h) on gestational days 11-18, (5 mg/kg morphine for 3 days and 10mg/kg for 5 days), pups (P90) were trained in an 8-arm radial maze apparatus.

Finding: Our results show that prenatal morphine exposure impairs spatial memory.

Keywords: Morphine, prenatal, memory, rat

References

P-1-3-02
The effects of prenatal morphine exposure on spatial learning

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Background: Drug abuse during pregnancy is a growing problem in all developed countries of the world. Maternal drug abuse affects the developing system and its long-term effects can persist till adulthood so it can decreases the rate of their maturation. Thus the present study was designed to determine whether the exposure to the morphine during gestation permanently alter spatial-learning.

Objective: To determine the effects of prenatal morphine exposure on spatial learning.

Materials and Methods: 18 pregnant rats were divided to morphine, saline and control groups. Morphine or saline were administrated (S.C) to female rats twice a day (08h and 20h) on gestational days 11-18. (5 mg/kg morphine for 3 days and 10mg/kg for 5 days), pups (P90, n=6) were trained in an 8-arm radial maze apparatus.

Finding: The results indicate that prenatal morphine exposure reduces the time needed to learn these trials, but they needed more time to complete regular trials.

Conclusion: Prenatal morphine exposure impair normal spatial learning.

Keywords: Morphine - Prenatal-spatial learning-rat.

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P-1-3-03
Borderline Personality Disorder and Schemas Orientate Words Processing - fMRI study

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Introduction: Schemas are self-defeating life patterns of perception, emotion, and physical sensation. Borderline personality disorder patients are characterized by a negative self-image and pronounced vulnerability to negative stimuli activating schemas, which leads to strong negative emotions and conflict in social situations.

Aims: The aim of our study is to find the differences of schemas orientate words and emotional faces processing in borderline personality disorder compared to healthy controls. To identify neuronal correlates of negative self-image in BPD patients.

Method: Fifteen patients suffering from BPD and HC were studied in fMRI during the exposition of negative schemas related words compared with positive schemas related words and emotional faces (angry, neutral) compared with fixation points. Psychopathology was assessed using Clinical Global Impression rating scale (CGI), Beck Anxiety Inventory (BAI) and Borderline personality severity index (BPDSI).

Results: Schema-oriented words showed right amygdala activation and strong prefrontal and dorsal cingulum activation in BPD group compared with HC. Emotional faces activations differ in both groups, BPD patient activated more anterolateral brain regions, HC activated more posteromedial areas.

Conclusion: Schema-oriented words are very hurtful for BPD patients and our fMRI findings confirmed this clinical experience.

References

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Supported by the project IGA MZ CR NT 11047-4/2010

P-1-3-04
Assessment of neuroprotective effects in the basal ganglia and cerebellum for haloperidol (animal model)

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Aims/Objectives: Haloperidol is a first-generation antipsychotic with widespread use in major psychiatric disorders, due to the powerful effect of blocking D2 receptors, property that cause tardive dyskinesia and extrapyramidal phenomena. It follows the neuroprotective capacity of haloperidol in the basal ganglia and cerebellum.

Methods: Animal model study (rats, 200-250g, maintained throughout the study in stress free living condition: temperature, humidity, ambient and food). Studied substances were administered intraperitoneally, for 14 days (N0 – control, N1 – haloperidol – 0.20mg/kg/day, N2 – dexamethasone 0.20mg/kg/day), the animals were sacrificed on day 15 and the samples were histologically processed.

Results: After histopathological processing at the level of the striatum, caudate and putamen were highlighted neuronal structural changes and vacuolisation of white matter with pynocitosis and microbleeds. The intensity of histopathological manifestations was almost identical to dexamethasone and haloperidol. In cerebellum was observed hemispheric neural structures abnormalities, predominantly changes in Purkinje cells and microbleeds in vermis. Lesions were more intense for haloperidol compared with dexamethasone.

Conclusions: Haloperidol has a low level of neuroprotection in the basal ganglia, and a medium level for cerebellum.

P-1-3-05
Neuropeptide S rescues behavior in a rodent model of PTSD by increasing brain derived neurotrophic factor (BDNF) and neuropeptide Y1 receptor (NPY-Y1R)

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Neuropeptide S is an anxiolytic and arousal peptide in rodents while in humans it is associated with panic disorders (Reinscheid et al 2005; Domschke et al 2011). We have shown that NPS given centrally has anxiolytic effects in rat models of high anxiety-like behavior and in a
genetic model of depression, where it affects anxiety-like but not depression-like behavior (Slattery et al 2013; Wegener et al 2011). Further, we have demonstrated a strong association between the magnitude of behavioral responses to predator scent stress (PSS) and decreased neuropeptide Y (NPY) expression in the hippocampus, periaqueductal gray, and amygdala (Cohen et al. 2012). NPY infused into hippocampus reduced prevalence rates of EBR. To further elucidate neurobiological correlates of behavior, rats were exposed to PSS or unused litter and NPS or vehicle infused 60 min later. After 7 days the behaviors were assessed by the elevated plus-maze and acoustic startle response. Following euthanasia brains were prepared for analysis of immunoreactive NPY, NPY-Y1R, and BDNF positive cells in the hippocampus. Treatment with NPS had marked protective effect; no animal treated with NPS displayed EBR. PSS significantly reduced NPY, NPY-Y1R and BDNF expression in hippocampus. NPS microinfusion into amygdala increased NPY-Y1R and BDNF but had no effect on NPY.

References

P-1-3-06
Relationship between anxiety state and brain activities during the ambiguous facial expression recognition in the university students
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Background: We used event-related functional magnetic resonance imaging (fMRI) to examine the neural basis for the relationship between ambiguous facial expression recognition and anxiety state.

Methods: Sixteen, right-handed1 females participated in the study. Before scanning, we assessed the anxiety state of each subject using the State-Trait Anxiety Inventory Form JYZ scale2 (STAI). During fMRI, subjects were shown photographs of persons exhibiting four randomly displayed facial expressions: neutral, angry, ambiguous negative (AmN), and ambiguous positive (AmP), and were instructed to judge which emotions were displayed. We then examined correlations between STAI scores and relative fMRI responses (P<0.001, uncorrected).

Results: Somatosensory (SI), orbitofrontal (OFC), anterior cingulate, premotor (preM), and posterior cingulate (PCC) cortices were activated in the angry vs. neutral; dorsomedial prefrontal, PCC, and preM were activated in the AmN vs. neutral; and OFC, SI, and middle temporal cortex in the AmP vs. neutral. STAI scores were negatively correlated with SI activation in the angry vs. neutral.

Conclusion: The negative correlation between STAI scores and activities in the SI agrees with this region being involved in the affective reading of facial expressions3. Although subjects correctly guessed the emotions of people in the photographs, this was more difficult for highly anxious people.

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P-1-3-07
Association study of the CYP19 gene and gender identity disorder
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Objectives: Gender identity disorder (GID) is characterized by a strong and persistent identification with the opposite sex, discomfort with one’s own sex, and a sense of inappropriateness in the gender role of that sex. Family and twin studies indicate that GID may have a genetic component, and it was estimated that GID may be responsible for 62% of the variance in GID morbidity, indicating it is a strongly heritable disorder. Therefore, we investigated the association between the CYP19 gene and GID.

Methods: Subjects were 242 transsexuals (74 male-to-female patients (MTF) and 168 female-to-male patients (FTM)), and 275 healthy age- and geographical origin-matched controls (106 males and 169 females). We genotyped two polymorphisms, rs2899470 and rs2470152, in the CYP19 gene.

Results: There were no significant differences in genotypic or allelic distribution of any polymorphism in the CYP19 gene between the two groups. The two SNPs, rs2899470 and rs2470152, showed linkage disequilibrium with each other. We then analyzed the haplotype distribution, but no significant difference was found between patients with GID and control subjects.

Conclusion: The present findings do not provide any evidence that genetic variants of the CYP19 gene confer individual susceptibility to MTF or FTM transsexualism.

References
P-1-3-08
Accelerated tau aggregation, apoptosis, and neurological dysfunction due to chronic oral administration of aluminum in a mouse model of tauopathies

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To clarify whether long-term oral ingestion of aluminum (Al) can increase tau aggregation in mammals, we examined the effects of oral Al administration on tau accumulation, apoptosis, in the central nervous system (CNS), and motor function using tau transgenic (Tg) mice that show very slowly progressive tau accumulation. Al-treated tau Tg mice had almost twice as many tau-positive inclusions in the spinal cord as tau Tg mice without Al treatment at 12 months of age, a difference that reached statistical significance, and the development of pretangle-like tau aggregates in the brain was also significantly advanced from nine months. Al exposure did not induce any tau pathology in wild-type (WT) mice. Apoptosis was observed in the hippocampus in Al-treated tau Tg mice, but was virtually absent in the other experimental groups. Motor function as assessed by the tail suspension test was most severely impaired in Al-treated tau Tg mice. Given our results, chronic oral ingestion of Al may more strongly promote tau aggregation, apoptosis, and neurological dysfunction if individuals already had a pathological process causing tau aggregation. These findings may also implicate chronic Al neurotoxicity in humans, who frequently have had mild tau pathology from a young age.

References


P-1-3-09
Influence of rs4680 (COMT) and rs6276 (DRD2) on diagnosis and clinical outcomes in patients with major depression

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The gene coding for the catechol-O-methyltransferase (COMT) and the one coding for the dopamine receptor 2 (DRD2) have been linked with major depression (MD) and with the response to antidepressants in several studies. The aim of the present study is, therefore, to investigate possible influences of rs4680 within COMT and rs6276 within DRD2, analyzed both individually and in combination, on the diagnosis and clinical outcomes in a sample of Korean MD patients treated with antidepressants. To this aim, 184 Korean in-patients suffering from MD treated with either paroxetine or venlafaxine and 220 healthy control subjects were included in the present study. We were not able to find any association between the two variants under investigation and diagnosis of MD, as well as with antidepressant response. Although limited by several factors, including the small sample size and the impossibility to extend our findings to patients treated with different antidepressants, the results of our study provide support to the notion that these variants might not play a major role in the etiology and clinical outcomes of MD.

References
**P-1-3-11**

**Chronic ketamine use increases serum levels of brain-derived neurotrophic factor**

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Ketamine is a non-competitive N-methyl-D-aspartate (NMDA) receptor antagonist which interferes with the action of excitatory amino acids including glutamate and aspartate. Long-term ketamine abuse may interfere with memory processes and inhibit the induction of long-term potentiation in the hippocampus, an effect probably mediated by its NMDA antagonist action. Neurotrophins such as brain-derived neurotrophic factor (BDNF) and nerve growth factor (NGF) serve as survival factors for selected populations of central nervous system neurons, including cholinergic and dopaminergic neurons. BDNF may regulate LTP in the hippocampus and influence synaptic plasticity. The purpose of this study was to test the hypothesis that ketamine use in humans is associated with altered serum levels of neurotrophins. We measured the NGF and BDNF serum levels in two groups of subjects: frequent ketamine users and healthy subjects. Our data show that BDNF serum levels were increased in chronic ketamine users as compared to healthy subjects, while NGF levels were not affected by ketamine use. These findings suggest that chronic ketamine intake is associated with increases in BDNF serum levels in humans. Other studies are needed to explore the pharmacological and molecular mechanism by which ketamine may induce modification in the production and utilization of BDNF and alter normal brain function.

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**P-1-3-12**

**Relationship between impulsivity and attention in borderline personality disorder**

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**Introduction:** Although impulsivity and attention have been studied extensively in various mental disorders, is not yet well established the relationship between these functions in subjects with borderline personality disorder.

**Objective:** The main objective of this study is to assess whether there is a correlation between impulsivity and attention in subjects diagnosed with borderline personality disorder, compared with healthy volunteers.

**Methods:** We performed a case-control study, enrolling 14 subjects with borderline personality disorder diagnosed by SCID II, without current Axis I pathology, excluded with SCID I. The control group was confirmed by 16 healthy volunteers of similar demographic characteristics, mental disorders was ruled out with SCID I and SCID II. Were excluded subjects with medical conditions or who were taking medications at the time of the evaluation.

We applied Barratt Impulsiveness Scale (BIS-11) and a computerized continuous performance test (CPT). It was performed parametric and nonparametric test and multiple regression analysis.

**Results:** We found higher impulsivity and lower performance on attention in borderline personality disorder subjects, noting that in this group show marked deficits in performing CPT even those subjects with lower levels of impulsivity.

**References**


P-1-3-13

White matter hyperintensities and brain perfusion imaging in Alzheimer’s disease

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Background: Alzheimer’s disease (AD) has been regarded as a risk factor of White matter hyperintensities (WMHs). The aim of the study was to clarify the regional perfusion imaging in the brain of AD patients with WMHs, and to investigate the clinical feature of these patients.

Methods: We performed magnetic resonance imaging (MRI) scans of the outpatients at the Memory Clinic of Okayama University Hospital and quantified WMHs using the visual Scheltens scale. Twenty-eight AD patients with low scores on the Scheltens scale and 28 age, cognitive scale, and sex-matched AD patients with high scores were selected. All subjects underwent brain single photon emission computed tomography (SPECT) and psychological examination. SPECT images were analyzed by Statistical Parametric Mapping 8.

Results: AD patients with a high WMHs score revealed significant high apathy score of the Neuropsychiatric Inventory subscale than those with a low. Compared to patients with low scores, patients with high scores significantly showed hypoperfusion in the inferior and middle frontal gyri.

Conclusions: Our results suggest that WMHs of AD is closely related to the functional activity of the inferior and middle frontal gyri and might influence on several behavioral and psychological symptoms of dementia.

References
October 28 – Old Age Psychiatry

P-1-4-01
The personality aging

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Introduction: The old age psychiatry distinguishes itself not only by the specificities of psychiatric pathology and medical comorbidities of patients in this age group, but also by the particularities and dilemmas on this life phase. Personality characteristics are an important factor in patients of all ages, being crucial for understanding the elderly.

Objectives/Aims: Make a revision of the literature about personality and scientific evidence supporting various theories covering the final stages of life.

Methods: Search in the PubMed / Medline and Medscape databases with the following key words: personality theories; aging. Consult reference books of personality theories and old age psychiatry.

Results/Conclusions: Generically, personality theories can be divided into three major groups. In psychometric or factorial approach, personality is a homogeneous structure whose stable aspects predominate over those that are modified (Cattel and Eysenck). In the developmental approach, the personality evolves through mechanical stages (Erikson and Loewing). A sociocognitive approach presents personality as a dynamic structure that is under the control of individual’s activity (Whitbourne). I highlight the personality theories that discuss the issue of personality throughout life. Jung was the first to consider that major changes in personality occurred after adolescence. After him, many followed.

References

P-1-4-02
Balancing the costs and quality of two memory service models: a memory clinic service versus a traditional community mental health based service

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Objective: To compare the cost and quality of two different memory service models.

Methods: Two rural or suburban areas were matched in terms of population size. All referrals over the same four month period to a memory clinic service (Group A) and to a traditional community mental health team (CMHT) (Group B) were examined. The Client Service Receipt Inventory was adapted (aCSRI) to capture the costs to secondary care health services of patients passing through these two services over a six month period.

Results: In Group A, 97% patients were seen by a doctor and a member of the multidisciplinary team, with one patient seen by a member of the team only. In Group B, 45% of patients saw a doctor, whilst 55% of patients saw a doctor and then were referred to a member of the community team. The total costs of both services were not statistically different. Both services offered a high quality diagnostic service. However, the memory clinic based service was able to offer more “specialist” care in a systematic way to more patients.

Conclusions: A memory clinic model offered a multidisciplinary service to more patients. The clinic based service was cheaper and provided more specialist service.

P-1-4-03
Group intervention with elders: psychologist as an interlocutor in the aging process

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Objective: to report the experience of a support and orientation group of people with the age of and above 65 years.

Method: Sample made up of elderly with ages between 65 and 90 years, mostly female. The intervention period was 4 months, in which two groups took turns every other week, to deal with a greater variety of members. Each group had 6 to 8 participants and the sessions lasted 100 minutes; they all took place in a Basic Health Unit in São Paulo.

Results: The main complaints brought by this population group: the feeling of being forgotten by members of the family; the incomprehension regarding this process; the physical limitations; recurrent thoughts on death; the impossibility of making long-term life projects and the difficulty to respond to certain stimulations of desire. The group worked as a support net strategy, widening their emotional ability of dealing with matters, provided greater sociability and affection in the relations amongst members; socializing rules were discussed; and the decrease in follow-ups and fit-ins in sessions in the mental health area.

Conclusion: The group works as an interaction net for its members, being a safe space for an adequate conduction of aspects pertaining to aging.

References
**P-1-4-04**

**Light therapy seen by the technicians of an Elderly Psychiatric Department: evaluation after one year of experience**

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**Introduction:** After a methodical study of the benefits of Light Therapy (LT) in elderly patients, the equipment was presented to all technicians and LT was included in the therapies for patients with cognitive impairment, seasonal depression, sleep disorders and dementia.

The aim of this study is to explore the opinion of technicians about LT, understand the different etiological factors contributing to low use and what can be improved to integrate the therapy in their clinical routine.

**Methods:** Participants included were technicians of the Department. The instrument of evaluation used was a self response Questionnaire.

**Results:** All analysis were performed in the 55 technicians. The majority of the participants were nurses (55%). Overall, the technicians consider LT integrated into care (72%), believe in their efficacy (75%) and recognize their benefits in elderly (70%).

**Conclusions:** The results demonstrate that the greatest need is the training of technicians. The protocol will be simplified in order to facilitate its implementation and the adherence of technicians.

With the advocacy for a holistic approach, LT would certainly be a worth addition in the existing tools for management of mental health disorders in elderly. The motivation of the technicians is crucial to seek a balance between their needs and their difficulties, always aiming the best care.

**References**


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**P-1-4-05**

**No association between coflin-1 rs11227332 polymorphism and Alzheimer’s disease**

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Hirano bodies composed mainly of actin and coflin (CFL1) have been observed in Alzheimer’s disease (AD) brain. CFL1 rs11227332 polymorphism is a nucleotide change within intron1 (A>G), which may have functional consequences, since the G allele disrupts a putative transcription factor binding site for cAMP-responsive element binding protein. We evaluated the possible association between rs11227332 polymorphism and AD risk in itself and in combination with apolipoprotein (APOE) ε4 allele.

DNA sample was collected from 334 patients with late-onset AD and 212 elderly, cognitively intact, healthy control subjects. The clinical diagnosis of AD fulfilled the criteria for NINCDS-ADRDA. The genetic analyses were performed by PCR-RFLP and TaqMan real-time PCR methods.

Compared with the controls, there was a higher frequency of CFL1 A/A genotype (AD:66.2%, control:61.8%) and lower frequency of A/G and G/G genotypes in the AD group, however, the difference did not reach statistical significance (A/G: AD:29.3%, control:32.5%; G/G: AD:4.5%, control:5.7%; p=0.554). Logistic regression analysis revealed no interaction effect between CFL1 and APOE polymorphisms (p=0.527).

Our study suggests no individual influence of the CFL1 rs11227332, and no combined effect of the CFL1 rs11227332 and APOE ε2/ε3/ε4 polymorphisms on the susceptibility to AD. This work was supported by a grant from TÁMOP-4.2.2A-11/1/KONV-2012-0052.

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**P-1-4-06**

**Sleep quality of older adults in nursing homes**

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**Introduction:** Admission to nursing homes is often associated with major changes in the way the elderly live, possibly leading to sleep disorders.

**Aims:** The aim of our study was to assess sleep quality in the elderly living in Manouba nursing home.

**Methods:** We carried out a cross-sectional, descriptive and analytical survey, involving old people living in Manouba nursing home. Assessment was performed using scales commonly used in geriatric practice and validated in Arabic: Pittsburgh Sleep Quality Index (PSQI), Geriatric Depression Scale (GDS) in its short 15-item version, Katz Activities of Daily Living (ADL) and Cumulative Illness Rating Scale for Geriatrics (CIRS-G).

**Results:** 32 subjects participated in our study. The majority (68.8%) were male, institutionalized for an average period of 6.3 years. Mean age was 71.6 years. More than half of the subjects (56.3%) had depression, and 93.8% had one or more chronic conditions. The majority of residents (73%) were identified as "poor sleepers" based on a global PSQI score> 5. Sleep disorders were attributed to nocturia, nocturnal or premature awakenings and pain.

**Conclusion:** Early detection of sleep disorders in nursing home residents can help them get an optimized and efficacious treatment.
 References

P-1-4-07
The effectiveness of an occupational therapy program for health promotion using cosmetics among dwelling elderly: A pilot study

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Objectives: The purpose of this study was to evaluate the effectiveness of an occupational therapy program for health promotion using cosmetics among dwelling elderly.

Methods: The group consisted of 13 participants and the program consisted of 8 sessions. In lectures we elicited discussion among them on the importance of good life balance. In the practice, they learned how to choose and apply makeup. After applying makeup they then performed a meaningful task of their choice. Quality of life (QOL) and occupational competence were assessed before and after the task using the WHOQOL-BREF1 and Occupational Self Assessment (OSA)2. OSA assesses a person’s occupational competence in daily life tasks according to three aspects: volition, habituation, and performance capacity3. The analysis was a within-group comparison and QOL and OSA were calculated using the Wilcoxon signed-rank test.

Results: The follow-up rate for the group was 92.8% (13/14), and median age was 78. There was a significant improvement in the habituation of OSA (p=0.034), and there was a significant improvement trend in social relationship in QOL-BREF (p=0.071).

Conclusion: The results indicated a fair possibility of using makeup as a health promotion agent in elderly.

References

P-1-4-08
Effect of potentially inappropriate antidepressant pharmacotherapy in the elderly

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Objectives: The PRISCUS list is a classification of potentially inappropriate medications (PIM) for elderly adapted for Germany [1]. We aimed to investigate the effect of antidepressant PIMs on all-cause hospitalization.

Methods: We analyzed claims data of a German health insurance. The study population was selected based on following criteria: ≥ 65 years, at least one depression diagnosis and one antidepressant (ad) prescription in 2009, a PIM-free period of ½ year previous to the first ad prescription, insured throughout 2008-2010/2 (N=41,793). Propensity score matching (controlling sex, age, previous hospitalisation, polypharmacy, dementia, residential care) and the McNemar χ2-Test were employed to compare patients receiving PIM (cases) with patients receiving non-PIM ad (controls).

Results: The mean age of the study population was 76,7 years (SD=7,0) and 79,8 % were female. 15,6 % of the elderly patients received at least one PIM prescription. The matching algorithm could balance all covariats. 26,9 % of the cases vs. 26,7 % of the controls were hospitalized within ½ year after the first prescription (χ2= 0,06; p=.802).

Conclusion: We could not find an adverse effect of PIM on hospitalization. International studies found inconclusive results [2]. Further research investigating the validity of the PRISCUS list is recommended.

References
P-1-4-09
Cognitive Impairment and Depression in Egyptian Non- Cirrhotic Chronic Hepatitis C Virus Infection

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Background: Patients with chronic HCV infection (CHC) have neuro-psychiatric compared to the general healthy population.

Aim of the study: to assess the rate of cognitive impairment and depression in patients with chronic hepatitis C infection and their relation.

Methods: 150 chronic HCV infection non cirrhotic Egyptian patients enrolled in the study. Patients are neither alcoholics nor substance abusers, no past history of psychiatric disorders, never exposed to current or past interferon therapy. They were assessed using GHQ (1), Mini-mental state test (2) and BDI-II questionnaire (3).

Results: As assessed by GHQ, 73 Patients (48.67%) have current psychiatric morbidity. Among which, 61 patients (40.67%) were suffering from depression. Meanwhile, 24 patients (16%) were found to have cognitive impairment. Patients with cognitive impairment have higher mean age (52.167 vs 38.397 years; P <0.001), illiterate and with higher liver disease activity t (P<0.001). Patients with high liver disease activity are 66 times more to develop cognitive impairment (OR=66).

Conclusion: There is strong association between CHC and cognitive impairment and depression, yet they present independently. Cognitive impairment is related to high liver disease activity, which is helpful in providing appropriate planning for health services in such a prevalent health problem in Egypt.

References

P-1-4-11
Perceived Stress, Coping Strategies and C-Reactive Protein in Middle-Aged and Older Adults

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Objectives: Perceived stress and coping strategies may influence the risk of cardiovascular disease through their possible association with inflammation, but data remain controversial. We examined the associations of perceived stress and coping strategies with high-sensitivity C-reactive protein (CRP) in a Japanese general population.

Methods: This cross-sectional study included 2,971 men and 4,902 women aged 40-69 years without a history of inflammation-related disease or elevated CRP levels (3,000 ng/mL or higher). A self-administered questionnaire ascertained perceived stress and 5 items of coping strategies (emotion expression, emotional support seeking, positive reappraisal, problem solving, and disengagement). Analyses were performed by gender with adjustment for age, lifestyle, socioeconomic, and psychosocial factors.

Results: Unexpectedly, elevated perceived stress was associated with lower CRP levels in men (P_interaction = .021) but not in women (P_interaction = .027). In men, ‘disengagement’, showed an inverse association with CRP (P_inter = .027), and ‘emotional support seeking’ revealed an inverse association with CRP (P_inter = .028) at the high stress level (P_interaction = .021).

Conclusions: Both perceived stress and coping strategies may be associated with systemic inflammation in middle-aged and older men, yet caution must be exercised before accepting the stress-inflammation-disease pathway.

References
P-1-4-12
Quality of life of the athletes of the third age

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Physical Activity is a theme that has been a hit in our society’s daily life.

Objective: To evaluate the quality of the athletes’ life who are in their third age in the city of Ponta Porã, Mato Grosso do Sul.

Method: It refers to an exploratory and descriptive study that provided us with assessment and analysis of the data obtained through the research instruments of 60 participants, physical activities, regular practitioners’ belonging to the ‘Projeto Conviver de Ponta Porã.’

Results: The studied participants presented better scores in: Social Functioning (85,83); Mental Health (81,73); Functional Capacity (80,75). The worst scores were: Physical Handicap (59,17); Emotional Limitation (64,41) and General State of Health (66,58). In the item chronic disease in relation to the SF-36, was found the greatest number of areas with alarming levels and confined the QOL of the elderly: Functional Capacity, Pain, General State of Health.

Conclusion: This study has shown to verify that the contents of QoV of senior athletes from the city of Ponta Porã, MS; participants of the “Projeto Conviver”, are good, strengthening the importance of sports events and physical activities designed for the elderly.

References


P-1-4-14
Focusing on depression in the elderly: Preliminary results of the 10/66-Dementia Research Group Prevalence Study in Portugal.

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Background: Psychiatric epidemiological data is still relatively scarce in Portugal, namely in which concerns disorders of the elderly. Notwithstanding, existing data suggest that old age is associated with a higher risk of developing psychiatric problems1.

Objectives: to investigate the prevalence of depression in the elderly, as part of the implementation of the 10/66-Dementia Research Group Population-based Research Protocol2 in Portuguese settings.

Methods: A cross-sectional survey was implemented of all residents aged 65 and over of two areas in southern Portugal (Mora and Fernão Ferro). Evaluation included a cognitive module and the Geriatric Mental State-AGECAT (GMS). Training was conducted with supervision of the 10/66-DRG coordinators. We report the first results regarding one of the areas (Mora).

Results: 596 elderly participants have been evaluated so far (mean age: 75,9;sd:6,8 ; 58%– women). The prevalence rate for GMS depression was 22,3% (95%,C.I. 19-25,9), while the prevalence rate for 10/66 dementia was 8,5% (95%,C.I. 6,3-11).

Conclusions: The results should be interpreted with great caution, as the study is still unfinished. However, the preliminary data shows that the depression rate is high. The results are congruent with previous studies conducted in the same catchment area, although at primary care level1.

References
October 28 – Quality of Life

P-1-5-01
A controlled study of subjective quality of life in Nigerian outpatients with bipolar affective disorder

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Aims/Objectives: The aim of this descriptive cross-sectional study was to measure self-reported quality of life in a sample of Nigerian outpatients with bipolar affective disorder in a teaching hospital in South-western Nigeria.

Methods: Ninety three outpatients with ICD-10 bipolar disorder were consecutively recruited. They were matched for age and sex with control groups consisting of 84 outpatients receiving treatment for diabetes mellitus and 100 healthy subjects. Quality of life was measured with the World Health Organization Quality of Life-Bref version instrument (WHOQOL-Bref).

Results: Both patient groups had reduced mean scores in all the WHOQOL-Bref domains compared to the healthy controls. Suprisingly, the bipolar patients had statistically significant better scores than the diabetic patients in the physical, social and environmental domains, a finding which is in constrast to some previous studies. There were correlations between some illness related variables and some of the WHOQOL-Bref domain scores. None of the variables had predictive effects on any of the domain scores.

Conclusions: The quality of life of Nigerian patients with bipolar affective disorder has been largely neglected. More studies are needed to further explore the interactions between different sociodemographic and illness related variables and quality of life in Nigerian patients with bipolar disorder.

References

P-1-5-02
Correlation between marital satisfaction and family functioning in a Spanish sample

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Aims: To analyze the association between marital satisfaction and family functioning on a heterogeneous sample of Spanish couples.

Methods: 566 married individuals (283 couples) were recruited into two groups: dysfunctional couples seeking therapy, and volunteer couples. After signing informed consent, they were administered the Dyadic Adjustment Scale (DAS) (Spanier, 1976) and the Family Assessment Device (FAD) (Epstein et al., 1983). Scores of couple members were matched for statistical analysis using SPSS v.15.0.

Results: No association was found between the different subscales of the FAD and DAS. Associations were found between General Functioning measured by the FAD, and all but one DAS subscales: Dyadic Consensus: .593; Dyadic Satisfaction: .671; Dyadic Cohesion: .567. A strong association (.712) was found between the FAD General Functioning global scale and the DAS Total Satisfaction global scale.

Conclusion: In our sample, an important association exists between family functioning and marital satisfaction in both functional and dysfunctional couples.

References

P-1-5-03
Prospective study of marital success

Cano-Prous, A.1, Martin-Lanas, R.1, Osorio, A.2, delIrala, I.2, Beunza-Nuin, M. I.1, Calatrava, M.2, Lopez-Del Burgo, C.2
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Objectives: Our main objective was to design a prospective follow-up study (AMAR: Antecedents of Marital Adjustment Research) intended to analyze couples from short before marriage all throughout their married life. We present the design of the study, and provide statistical
data from the pilot test conducted with the basal questionnaire on a sample of Spanish couples about to get married.

**Methods:** We constructed a basal questionnaire including relevant variables reported in the literature. One hundred and twelve participants were recruited at catholic pre-marital courses, where they filled in the basal questionnaire. Responses of couple members were matched for statistical analysis to test within-couple concordance. Correlations of variables were also analysed to test reliability of the questionnaire. Statistical analysis was performed with Stata software.

**Results:** Within-couple concordance was found on variables such as living together, having had sex, having talked about having children and about their education or planning household tasks. Associations among variables also suggest reliability of the questionnaire.

**Conclusions:** Statistical data drawn from the pilot test suggest good within-couple concordance and reliability of the questionnaire. Following suggestions of participants, new variables concerning the feelings of partners were considered for inclusion.

**P-1-5-04**
**Predictor of Quality of Life for Residents of an Epidemiologic Catchment Area in Montreal, Canada**

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**Objective:** The aim of this study is to identify predictors of Quality of Life (QOL) in the general population of Montreal.

**Method:** The data come from a longitudinal study (Epidemiologic Cathment Area in Montreal). The study recruited a randomly selected sample of 2,434 individuals between 15 and 65 years of age at T1, 1,823 were re-interviewed two years later (T2). QOL was measured by the Satisfaction with Life Domains Scale. Direct interviews gathered data on: socio-demographic variables, life events, coping abilities, social support, perceptions of neighbourhoods, income, mental disorders, psychiatric family history and mental health services utilization. Social and built features of the environment were determined using Geographic information System (GIS). Hierarchical linear regression, using a forward entry and backward deletion procedure was used to identify predictors of QOL at T2, among the variables assessed at T1.

**Results:** The final model explains 40% of the variance of QOL. Seven blocks of variables and single variables were found to be significant predictors of QOL, including socio-demographics, stress and coping, social support, perception of health, mental health status, services utilisation and perception of neighbourhoods.

**Conclusion:** Predictors of QOL will enable the development of more effective mental health promotion programs.

**P-1-5-05**
**Burnout syndrome among residents in Tunisia**

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**Introduction:** Burnout is following exposure to chronic stress. Medical residents are exposed to this risk and even more since the revolution.

**Objective:** The purpose of this study was to evaluate the prevalence of burnout and seek risk factors among medical residents in Tunisian hospitals.

**Methodology:** It is a cross-sectional study conducted between December 2012 and January 2013, with medical residents working in university hospitals services of four Tunisian university hospitals. Residents were asked to anonymously complete a self-administered questionnaire involving socio-demographic parameters and the Maslach Burnout Inventory.

**Results:** Our sample included 60 residents in the fourth year from different specialties. They responded to our anonymous survey on the evaluation of hospital services, the sex ratio was 1.36 with a mean age of 29.5 (1.03). 43.3% of residents have a severe emotional exhaustion. 56.7% have a severe state of depersonalization. 57% have a severe reduction of personal accomplishment. Our study identified a prevalence of high degree burnout corresponding to 16.7%.

**Conclusion:** Burnout is a reality among medical residents. Implementation of preventive strategies would be needed. These preventive measures are necessary to ensure a better quality of care at the university hospital services.

**P-1-5-07**
**Quality of Life and Personality Traits off public sector employees**

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The public sector employees are apparently financially more secure, since they do not risk being fired from day to night. However some of these employees may be dissatisfied with the activities they perform, but keep their jobs precisely for this stability. So the present study aimed to evaluate the quality of life (health-related) and personality (according to Teoria de Trocas) among employees of the State Department called Secretaria de Estado de Habitação e das cidades of Mato Grosso do Sul. For that we used three instruments: a socio-demographic survey (Questionário Sócio-Demográfico QSD), The Medical Outcomes Study 36 - Item Short-Form Health Survey (SF-36), and a personality test (Bateria Fatorial de Personalidade BFP). The statistically significant results related to the QSD were the domains of Pain, Vitality, Social Functioning, and Mental Health SF-36, and with the domains Neuroticism, Extraversion, Agreeableness and Realization of BFP. Therefore,
women are more assertive and communicative, older individuals tend to be more calm, stable, and with better quality of life, married individuals tend to be more relaxed and emotionally stable, and individuals who sleep more have more quality of life in social aspects, and also have the best quality social interactions.

References

Objectives: This study aimed to determine the prevalence of depression, anxiety and stress among dialysis patients and to analyze the association between psychological profiles and QOL.

Method: Depressive Anxiety and Stress Scales (DASS21) was used to measure levels of depression, anxiety and stress and WHOQOL-BREF for quality of life

Result: A total of 15 HD centres and 6 CAPD centres involved in this study with target study population of 1470 patients. From 1312 subjects, 317 subject (24.2%) were depressed, 475 subjects (36.1%), and 154 subjects (11.7%) were having anxiety. There is strong negative correlation between QOL and DASS ($r^2 = -0.52$). Which means those with high level of depression, anxiety and stress would have poor quality of life. Depression is related to poor financial support, poor family support, females and low education ($p<0.001$).

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October 28 – Suicidality

P-1-6-01
An analysis of suicidal behaviour from a transcultural perspective

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Suicide is multifaceted with several factors contributing to its aetiology. Psychological, biological, social, environmental and cultural factors are all significant and need to be analysed in great depth. This piece of work analyses the cultural factor and compares the various rates of suicide across the globe investigating possible reasons for this variation.

Having researched the data on suicide rates from the World Health Organisation and after meticulous scrutiny I have drawn a few conclusions. The varied rates of suicide can be classified into three groups; ‘high,’ ‘moderate’ and ‘low.’

In summary the highest rate of suicide is seen in Eastern Europe and the lowest in South America, Muslim regions and a few Asian regions. In Europe and the United States mental disorders, especially depression and alcohol abuse, are the biggest risk factor for suicide. However, in Asian countries, impulsivity plays a far more significant role in suicide risk. Dissimilar to the more organic mental disorders, such as schizophrenia, the suicide rate between countries is much more varied. Undoubtedly there is a strong relationship between socio-cultural variables and psychopathology.

References

P-1-6-02
An Intervention for Depression Suicidal Behavior Patients with Emotion Modulation Therapy

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Aims: To clarify the suicide prevention effect for the depression people by Emotion Modulation Therapy (EMT)

Methods: Subjects: 20 patients living in QLD, Australia diagnosed Major Depression or Bipolar Disorders Analyzed: Tape recorded the approach and used qualitative method

Ethical Consideration: This study was started after approving from the Ethical Committee of Kanazawa Medical University

3 Stages of treatment: by changing ‘habit’
1. Learn about connection between dysfunctional behaviours and effort
2. Develop insight into need to control effort
3. Learn how to use performance as a gauge of effort

Results: 3 stages were extracted from the data. The narrative approach session with EMT improved the daily performance and acquire the coping strategies of self-care at the crisis of the subject. They became free from self-reproach and persecution complex after the sessions. The subjects became to free from suicidal thought.

Conclusion: The depression patients could change their negative thought patterns (keep wishing for suicide, extreme thought) by EMT approach. But the part of them were keeping their persistent thoughts. This points out the need to continue their medical treatment. The result of this study showed that narrative approach with EMT was effective in depression people and suicide prevention.

References
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P-1-6-03
Specificities of the new country dealing with rising problem of suicides: Case of Kosovo

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Entrance: Kosovo, a country with the lowest rate of suicides in the region; since 2000 (after the war) it is facing with its increase.

Purpose: Suicide presentation in Kosovo in the last decade in front of society’s efforts and difficulties toward its decreasing/prevention. Representation of Government’s, professional organizations’, NGO’s and religious standpoints, measurements and strategies toward suicides in our society.

Methodology: It is a quality and quantity study. The Law/Order and Mental Health structures have been analyzed retrospectively including the plans, strategies and works of Ministry of Health, professional associations and of NGO’s.

Results: In the year 1980 the suicide rate in Kosovo was reported at the rate 1.3 (at former Yugoslavia the rate was at 14,7). In the period of 2003-2012 there have been found the 596 of suicide cases. The current rate is estimated to be 4,5. This increase has challenged the new
country, which has just got out from e terrible war and which has many political transition, social and economic difficulties. The Mental Health system in the Community started to rebuilt from zero. Professional associations have addressed this problem scientifically at first. Mental Health strategies have likewise tried to set a preventive policy on the track as priority. A national strategy for preventing suicides has been sponsored by the government. Holes in the treatment are evident besides the efforts. Furthermore their effect is investigated for implementation of this treatment.

**Conclusion:** The addressing of suicide complexity suffers most in new countries and the ones in the development. This especially burdens the professionals and makes them feel expended in cost-efficiency.

**Key words:** suicide, Kosovo, preventive policies, strategies.

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**P-1-6-05**

*Reduction in Suicide Risk with Electroconvulsive Therapy (ECT): Preliminary Data from Phase I of the PRIDE Study*

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ECT is regarded as the fastest antidepressant treatment with remission rates of 60-70% after 2-3 weeks (6-9 ECT). Among symptoms that resolve quickly are suicidal thoughts/behaviors. We report change in suicide ratings after ECT from the Prolonging Remission in Depressed Elderly (PRIDE) study.

PRIDE is an NIMH-supported, multi-site study in which unipolar depressed geriatric patients receive ultrabrief pulse (UBP) right unilateral (RUL) ECT augmented by venlafaxine. Ratings are made at baseline and before each ECT, using item#3 of the Hamilton Rating Scale for Depression 24-item (HRSD24),which assesses suicidal thoughts/behaviors on a scale of 0-4. Complete resolution of suicidality occurred when Item#3 decreased to 0 and
remained 0 for all subsequent ratings, including at least two terminal ratings. As of December 2012, 152 patients had entered PRIDE. Of these, 30 had HRSD34 item#3 ratings of 3 (active suicidal thoughts) or 4 (active suicidal attempt) at baseline, indicating high suicide risk. After the course of treatment, 76.7% (23/30) of patients had complete resolution of suicidality. 40% (12/30) of patients had complete resolution of suicidality after 3 or fewer ECTs, within 1 week of treatment. Of the 23 patients whose suicidality resolved completely, 61% had resolved after 3 or fewer ECT. 83.3% of patients (25/30) had a final HRSD34 item#3 score of 0. At baseline, the mean HRSD34 item#3 score was 3.3 (SD=0.47), which decreased to 1.3 (SD=1.0) after only one ECT. ECT works quickly and reliably to decrease suicidality. A more benign form of ECT, UBP RUL ECT, has potent anti-suicide effects.

References

P-1-6-06 Depression, accompanied by suicidal behavior
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The problem of depression is one of relevance to the modern medicine. The aim of the study – to optimize therapeutic approaches to correcting depression accompanied by suicidal behavior in young adults. 75 patients of both sexes aged 17–35 years old, committed suicide attempt and being examined and treated in the psychiatric department. The survey revealed that the clinical picture of depression in the patients examined most frequently observed depressed mood – 79.5% of the patients and affect boredom (boredom, sadness, grief, sadness) – 44.6%, asthenic symptoms (fatigue, weakness, irritability, stress and fatigue), increased susceptibility to previously neutral stimuli, difficulty concentrating, increased attention, difficulty in remembering the current events) – 35.7%, and the various manifestations of anxiety (internal stress to the inability to relax, different kinds of fears, unexplained anxiety, anxiety) – 68.9%. Feature of depressive disorders was their massive somatization characterized polymorphic vegetative-visceral disorders – 68.7% of patients. Based on the obtained in the course of the data we have developed a pathogenetically based method of correction depression involving suicidal behavior, which includes the use of complex psychotherapeutic programs, in conjunction with medical treatment.

P-1-6-07 Suicide – legitimate or pathological?
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Suicide is a subject of debate since the Ancient Greece. The discussion is extensive and intersected by philosophical, cultural and religious issues. For some, like Plato, Albert Camus, Rousseau and Kant suicide is immoral and unethical because it rejects freedom. "It's an attempt to escape the absurd" and a "manly cowardice and lazy." Opposite to this current, are those who consider suicide as a legitimate choice of the human will. Seneca, Confucius, Schopenhauer or Szasz argued that suicide may be a solution to real problems, rejecting the idea that it is always an irrational desire. Man, as a living organism, is ruled by the principle of conservation, seeking adaptation and survival. Psychiatry, as a medical science, frames the desire to die in the psychopathology of Depressive Disorders (and not only). But sometimes this can be assumed in a superficial way. The complexity of life, the inexorable human suffering and the free will, raise questions that deserve consideration. The authors inquire about the role of psychiatry in establishing the concept of legitimate or pathological wish of death.

P-1-6-08 Personality mechanisms of suicidal behavior in military conscripts
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Introduction: Suicide committed by the military, are the most severe accidents. They have not only a moral and economic consequences, but also a great social impact. Therefore, for the army of suicide and autoaggressive behavior remains relevant. Methods: Current analysis were 149 military, who surveyed and treated at psychiatric department of Central Military Clinic Hospital of Armed Forces, behavior of suicide. Aged between 18–39. Results: We conscripts with personality disorders when exposed psychogenic factors decomposition develops neurotic type with asthenic or asthenoneurotic variants (35,4%), as well as affective type with subdepressive disorders (34,6%). These psychopathological states predispose to suicidal acts. In personality characteristics in conscripts with true suicide attempts revealed similar character accentuation soldiers with completed suicide: asthenic – 20%, schizoid – 20%, sensitivity-schizoid – 53,3%. Personality characteristics of conscripts with suicide attempts by demonstratively blackmailing mechanisms are mainly character accentuation on epileptic type – 45,7%, unstable – 22,8%, hysteroid – 17,1%. Conclusion: The totality of these traits in conscripts increased suicide risk to 62,4% and can serve as a basis for inclusion in the risk for the potential for exclusion, predisposing to suicidal acts.
P-1-6-09
Suicide and homicide stories of mentally ill patients in the newspaper

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Objectives: Coverage of suicide and homicide acts committed by mentally ill people in the media is a recurrently studied topic. The main objective was to find out whether the occurrence of articles dealing with suicidal or homicidal activity of mentally ill corresponds to the prevalence of those acts in the whole population.

Methods: The study sample comprised 450 newspaper articles pertaining to the topic of mental illness identified during five weeklong periods in 2007. All articles dealing with suicide and homicide stories were identified and the real prevalence of suicide and homicide was obtained.

Results: The percentage of articles mentioning suicide behavior was 4.0, 3.5 and 7.0 in Croatia, Czech Republic and Slovak Republic respectively. Homicide was portrayed in 25.3, 12.3 and 15.1 percents of the articles. The standardised death rate by 100 000 inhabitants was due to suicide 15.0, 11.9 and 8.8 and due to homicide 1.4, 1.0 and 1.2, respectively.

Conclusion: Even though prevalence of suicide in society is ten-times higher than the prevalence of homicides and the ratio in the subpopulation of mentally ill people should be even more distinct, in contrast, the coverage of homicides committed by mentally ill people outnumber the suicide ones almost five-fold.

P-1-6-10
What do Hungarian teachers know about suicide?

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Aims/Objectives: The priority of suicide prevention training among helping professionals became increasingly prominent in recent research and practice. These professionals certainly lack the competence for both recognition and dealing with the problem of suicide risk. Because of their involvement with people at possible risk, however they do play an important role as “gatekeepers”. The aim of our study was to assess teachers’ knowledge of suicide in relation to the level of burnout and coping style.

Methods: The Hungarian version of the short form of Hubbard McIntosh’s Suicide Questionnaire, Maslach’s Burnout Questionnaire for Teachers and the Coping Inventory for Stressful Situations (CISS-48) was administered to 102 teachers during a post graduate training.

Results: Teachers’ knowledge about suicide significantly exceed that of the average population. Whereas compared to other helping professionals they scored significantly lower. Teachers’ knowledge about suicide correlated negatively with both avoidant and task oriented coping styles.

P-1-6-11
Comorbid Panic Disorder and Suicide Attempts in Major Depressive Disorder

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This study aimed to examine the relationship between comorbid panic disorder (PD) and clinical characteristics associated with suicidal risk as well as the likelihood of suicide attempt. A total of 223 outpatients with current major depressive disorder (MDD) participated in the study. Both subjects with PD (33%) and without PD (67%) were compared on the history of suicide attempts, current psychopathologies and traits of impulsivity and anger. Subjects with PD had higher level of impulsivity, depression and hopelessness and were more likely to report a history of suicide attempts. Suicide ideators with panic disorder had higher suicide ideation scores than suicide ideators without PD. Subjects with PD were younger at the time of first major depressive episode and first suicide attempt than those without PD. They also experienced more number of episodes than those without PD. Logistic regression analyses indicated comorbid PD to be significantly associated with a history of suicide attempts, and this association persisted after adjusting for demographics, comorbid alcohol use disorder, psychiatric history and impulsivity. These findings suggest that comorbid PD in patients with MDD may be associated with more severe burden of illness and independently increase the likelihood of suicide attempts.

References

P-1-6-12
What kind of professionals is needed for the management of suicide attempters in Japanese community?

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Aims/Objects: To clarify what kind of professionals is needed for the management of suicide attempters, and also to explore where those professionals should be placed and what their roles are expected.

Methods:
Survey1: We conducted a survey to medical doctors, nurses, government officers (n=54), and asked 3 open-ended questions as follows: what kind of professionals is needed for the management of suicide attempters in community; where those professionals should be placed; what roles of the professionals are expected. The answers of the questions were analyzed by ‘summarizing content analysis’ (Mayring, 2004) and categorized.

Survey2: We originally created a multiple choices questionnaire based on the results from survey1. A total of 511 medical staffs, government officers, and emergency medical technicians agreed to participate in the survey 2.

Results: The answers of “social worker,” “psychologist,” and “community health nurse,” were frequently observed as professionals who support suicide attempters in Japanese community, and those professionals were needed to be placed at ‘administrative agencies’ and ‘emergency hospitals.’ The most prospective role of the professionals was ‘cooperation,’ such as for coordination across the agencies and hospitals.

Conclusion: These results may contribute to establish the support system for suicide attempters in Japanese community.

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P-1-6-13
CYP2D6 Genotype and Suicide Risk

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CYP2D6 ultra-rapid metabolizers may have an increased risk of suicide, but the mechanism is unclear. Here we focused on CYP2D6 genetic polymorphisms and their associations to various responses to SSRIs including suicide outcome. Major depressive disorder (MDD) is a common and widely distributed mood disorder that is associated with severe symptoms and functional impairment. The most serious consequence of MDD is suicide, an important cause of early death throughout the world. Suicide can be prevented with optimized MDD treatment. Selective serotonin reuptake inhibitors (SSRIs) are the current first-line therapies for MDD, but in the United States about 30–50% of patients do not respond sufficiently to acute treatment. An increased risk of suicide, especially in adolescents, has emerged as a serious concern in the use of SSRIs for MDD. Recent advances in pharmacogenetics have revealed genetic factors in drug metabolism to define interindividual differences in responses to many therapeutic drugs and the importance of cytochrome P450 2D6 has been recognized in the metabolism of SSRIs. The evidence arising from research on psychiatric pharmacogenetics can both advance understanding of the pharmacological mechanism of SSRIs and lead to clinical applications in treating MDD and preventing suicide.

References
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P-1.7-01
Breast cancer and domestic violence: limitations of the hospital psychologist’s care

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Objective: Clinical case study of a breast cancer patient and in a domestic violence situation.

Method: Case report of a 39 year old patient, unmarried, evangelical and with incomplete primary education. She was seen during hospitalization, with three weekly visits for evaluation. She was diagnosed with breast cancer in 2011, performed surgery, chemotherapy and radiotherapy. Her initial complaint was related to dissatisfaction with the surgical outcome and changes in body image. In the course of the assessment, the patient revealed a situation of domestic violence, where the partner abused her physically and psychologically, maintaining a conflicting relationship for sixteen years and this condition continues as the main complaint.

Result: the hypothesis of the battered woman syndrome was created, due to the symptoms of low self-esteem, fear, depression, guilt and passivity prior to illness, as well as exposure to risk situations and aggression.

Conclusion: Although the emotional effects were identified in the patient due to the cancer, there is also the need for specialized care for domestic violence.

References

P-1.7-02
Emotional reactions and feelings awakened in patients with breast cancer resulting from the medical visit

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Method: Sample of 40 hospitalized patients by the Mastology team, who attended the medical examination at the bedside. A Socio-demographic sheet, an Investigative Questionnaire of the Physician’s Visit for patients, created for this specific purpose, and Anxiety and Depression Scale - Hospital Anxiety and Depression Scale (HAD) were used.

Results: Among the patients, 47.5% were married, 20% never married, 17% are widowed, 10% maintain a stable relationship and 5% divorced. 27.5% were housewives, 20% employed, 15% autonomous, 15% do not work and 15% have never worked and/or studied. 72.5% are Catholic, 15% are Protestant and 10% belong to other religions. 32.5% did not complete primary education and 30% have completed secondary education, 77.5% earn up to four times the minimum wage. 37.5% said they feel safe during the medical visit, 27.5% anxious, 27.5% valued, 22.5% enlightened, 12.5% ashamed, 15% insecure, 10% distressed, 10% confused, 10% embarrassed, 5% no privacy and 5% uncomfortable. According to the HAD scale, 42.5% of patients had anxiety symptoms, with an average of 8.3 per patient, and 20% had depressive symptoms, a 5.3 mean per patient.

P-1.7-03
Monitored visit to the maternity as a way to minimize anxieties, concerns and fears in pregnant women

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Objective: To investigate the factors that generate anxiety, fears and concerns regarding the moment of birth and hospitalization.

Method: 68 pregnant women in their third trimester were evaluated, where they had a pre-scheduled visit to the maternity premises between July 2011 to July 2012. The instrument used was the file of Observation and Register of doubts, anxieties and concerns at the moment of visitation.

Results: 100% of the patients demonstrated concerns in guaranteeing a family member’s company during birth, where 82% of these expressed a fear from the fantasy of baby exchange and 18% reported the need for emotional security with the presence of a family member. 62% reported anxiety in taking control of the maternal function such as bathing, cleaning the umbilical stump and breastfeeding. 73% of these patients were primiparous and 100% had fear of the unknown and 50% expressed concerns about the quality of care provided by resident physicians.

Conclusion: When there is space for the expression of anxieties, worries and fears, it is possible to minimize the negative effect of these demonstrations. The information
and guidance provided at the time of the visit provide a possible deconstruction of myths and beliefs about childbirth.

References

P-1-7-04
Psychological demand of patients with a gynecological cancer diagnosis at the Santa Casa de São Paulo

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Objective: To evaluate the psychological demand of patients over the age of 60 that received a diagnosis of gynecological cancer.

Method: a transversal descriptive study was carried out with 12 patients over 60 years with a diagnosis of gynecological cancer who underwent psychological counseling. A psychological evaluation protocol developed by the institution’s Department of Psychology was used.

Results: Women over the age of 60 represent 22% of patients attending the psychology outpatient for gynecological cancer. These showed the following psychological demands: depressive symptoms (83%), anxiety symptoms (42%), family conflicts (58%), denial of the situation of illness (42%), persecutory thoughts (17%), and changes in everyday life with the illness (17%). Of these, 50% had psychological demands related to conflicts prior to illness and the other 50% demand-related illness situation.

Conclusion: Patients receiving outpatient treatment had depression as their main demand, highlighting the need for individualized care. Although the literature points out that depression is associated with cancer, a group of these patients had significant emotional repercussions related to issues prior to illness and more than half reported family conflict, both of which may influence the way the patient relates and deals with the illness.

References

P-1-7-05
Sexual desire disorder among female healthcare personnel in Malaysia

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Introduction: Sexual desire disorder is a common and complex condition that is influenced by a wide range of physical and psychosocial factors and impacts negatively upon an individual’s relationships and overall quality of life1-4.

Objective: To determine the prevalence and risk factors of Female Sexual Desire Disorder(FSDD) among healthcare personnel in selected healthcare facilities in Malaysia.

Methods: Stratified random sampling was used to select female healthcare workers from three large tertiary hospitals in Malaysia. A total of 201 women were eventually selected to participate in the study and were assessed for depression, anxiety and sexual function using validated questionnaires. Their partners were assessed for erectile dysfunction (ED).

Results: 18.9% of the women suffered from FSDD. Women with low sexual desire were more likely to have higher educational attainment (OR=3.06; 95% CI; 1.22-7.66), have lower frequency of sexual intercourse (OR=12.81; 95% CI; 4.43-37.83), have 2 or more children (OR=3.05; 95% CI; 1.02-9.09), a duration of marriage of 20 years or more (OR=2.62; 95% CI; 1.27-5.40), and having a spouse with ED (OR=2.86; 95% CI; 1.08-7.56).

Conclusion: Approximately one in five female healthcare personnel in Malaysia suffer from FSDD.

References
P-1-7-06
Makeup issues with women with mental disorder - By inquiries for occupational therapists-

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Aims: Among Japanese women with mental disease, there are ones who have issues with makeup. Nevertheless, the issues have not been clarified. The purpose of this study is to identify what kind of problems they have and when those issues occur by using questionnaire.

Methods: A questionnaire was sent to psychiatry occupational therapists (OT) who work at psychiatric hospitals and clinics by mail. It had five closed questions regarding OT and patients, and one opened question regarding a scene of becoming unnatural make-up. The opened question was categorized, labeled, and summarized with ICF categorization.

Results: Collected answers were 131(51.2%). The majority of makeup issues were too thick foundation, too thick lipstick color and outstanding cheek. When those issues occur were as follows: physical reconditioning (6) and others in health condition. Problems with mental condition (58), sings for bad mental condition (4) and others in body functions. Working on challenging occupations (19), having particular interpersonal relationships (7) and others in activities and participation. Environmental change (2) and others in environmental factors. One’s conviction is not right (14) in personal factors.

Conclusion: It indicated that cosmetics what are easy to be seen too loud were issues for female patients, and these issues were caused by a few reasons.

P-1-7-07
Cerebral structural changes in depression in women – markers for low quality of life

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Aims/Objectives: Depression in women is a public health problem, with an evolution that associates frequent somatic and psychiatric comorbidities. The brain structural changes showed by CT are possible markers of unfavorable evolution with social dysfunction and decreased quality of life.

Methods: We studied a lot of N=25 women (age 40-50 years), diagnosed with recurrent depressive disorder (DSM-IV-TR) and minimum 15 years of evolution, hospitalized for a new depressive episode (HAMD17>23) in the 1st Psychiatry Clinic of Craiova (1 January 2010 - 31 December 2011). It was realized CT examination, the assessment of social stress (Social Stress Indicators) and quality of life (WHOQOL) and all the data were analyzed in comparison with number of depressive episodes, quality of previous remissions and somatic comorbidities.

Results: Structural brain changes (temporal lobes, cerebellar and frontal atrophies, pineal gland and choroid plexus calcifications) were significantly correlated with social stress. Low quality of life was associated with somatic comorbidities and the high number of previous admissions.

Conclusions: Unfavorable evolution of depressive disorder was positive correlated with brain abnormalities, intense social stress and the somatic comorbidities were an important indicator for the decrease of quality of life.

P-1-7-08
Depression and suicidal ideation in spouses of alcoholics: a preliminary study

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Introduction: Alcohol abuse in husbands affects whole family and specifically the spouses. It causes poor physical and mental health of wives.

Objectives: Our aim was to identify the correlation between alcohol consumption in husbands and depression and suicidal ideation, if any, in their wives.

Methods: 30 patients (wives of alcoholics) were recruited in this cross-sectional study. Husband’s alcohol consumption was graded using AUDIT and wives were assessed using PHQ-9 for depression and MSSI for suicidal ideation.

Results: There was a significant positive correlation of AUDIT score with PHQ-9 score (r=0.848, p=0.000) and with MSSI score (r=0.664, p=0.000). Scores on MSSI and PHQ-9 also correlated significantly positively (r=0.806, p=0.000).

Discussion: Alcohol consumption in husbands can cause depressive symptoms and suicidal ideation in their wives. Thoughts of their children’s future prevent them from ending their life. Mental health aspects of wives should also be seriously looked into while managing the patients of alcohol dependence.

Keywords: depression, suicide, wives of alcoholics
P-1-7-09
Association between endogenous reproductive factors and severe depressive symptoms in postmenopausal women according to psychological disorder history: findings from the e3n cohort.

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Aim: To examine the association between lifetime reproductive factors and severe depressive symptoms (SDS) in postmenopausal women, and the potential modifying effect of past psychological disorder (PPD)(1).

Methods: For 53,255 postmenopausal women in the E3N study, detailed reproductive characteristics and information on PPD were obtained. The Centre for Epidemiological Studies Depression Scale (CES-D) was used to assess SDS (CES-D≥23). Multivariate logistic regression models estimated the risk of SDS overall, and according to the presence and timing of first PPD (without, PPD premenopausal, early menopausal or late menopausal).

Results: Irregular midlife menstrual cycles were associated with an increased risk of SDS, except for women with early menopausal PPD(2). Parity was inversely associated with SDS(3). Decreasing age at first full-term pregnancy (FTP) was associated with an increased risk of SDS with PPD, whereas increasing age at last FTP increased the risk of SDS without PPD. The direction of the association between age at menopause and SDS varied according to the timing of first PPD (without, PPD premenopausal, early menopausal or late menopausal).

Conclusion: Certain reproductive factors were associated with SDS, but many associations differed according to PPD. Further studies in this area are warranted.

References

P-1-7-10
Cross-sectional association between lifetime MHT use and severe depressive symptoms in postmenopausal women: findings from the e3n cohort.

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Aim: To assess the association of menopausal hormonal therapy (MHT) use and severe depressive symptoms (SDS) in postmenopause according to past psychological disorder (PPD) (1,2).

Methods: Lifetime MHT use and history of PPD of 54,857 women were obtained. SDS were identified using the Centre for Epidemiological Studies Depression Scale (CES-D≥23). Multivariate logistic regression models were used to estimate the risk of SDS overall and according to the first PPD (none, PPD in premenopause or in postmenopause).

Results: Current use of MHT was associated with an increased risk of SDS, limited to women with a history of PPD first experienced after menopause (3). Among past users, the risk was significantly higher in those who had stopped using MHT since 3 years or more (4). A trend of decreasing risk was observed with increasing duration, whatever the history of PPD. A higher risk of SDS was found with the cutaneous compared to the oral route of estrogen administration, and with use of unopposed estrogen, while the risk of estrogens combined with various types progestagens differed according the history of PPD (5).

Conclusion: Certain characteristics of MHT use may be associated with postmenopausal SDS, depending on history of PPD. Further studies are warranted.

References
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P-1-7-11
Domestic violence – the role of the Community Mental Health Center

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Aims: To demonstrate an importance of active role of health centers (HC) in the recovery process of the victims and treatment of the violators as the part of the health care for both groups, with special emphasis on the role of the Community Mental Health Centre (CMHC).

Method: Review of the work in CMHC Prijedor as the main bearer of the care for victims of domestic violence and facilities for mandatory treatment of the violators (after the court judgments) in the City of Prijedor during the period January 2011- December 2012.

Results: In the two years period HC Prijedor has been reported 51 case of the domestic violence while 9 court judgments for mandatory treatments (psychosocial or treatment of alcohol addiction) were submitted. Continuous treatment have 8 victims (16%) and 3 violators (<35%).

Conclusion: The results indicate the significance of HC and CMHC Prijedor in recovery and empowerment of victims but also in prevention of recurrence of violent behavior of the abusers. However, significantly low number of victims and the violators use a HC and CMHC Prijedor in the treatment process. We recommend a better use of resources and capacities of the CMHC Prijedor for these issues in the future.

References

P-1-7-12
Gender self conception in women with alcoholism

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The research of constitutionally-psychological descriptions and features of gender behavior took place in 92 women suffering from alcoholism. The main tasks of the investigation were:
1. To define constitutionally-psychological descriptions of women with recurrence dependence.
2. To explore character of gender behavior transformations in women suffering from alcoholism.

P-1-7-13
A psychosis case exacerbated during menstrual period

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Introduction: Estrogen has effects on cognition, mood and behavior due to its effects on CNS. Researches show that psychotic symptoms can have changes during the menstrual period.

Case Report: 49 years old, single, not working female. First psychotic symptoms started at age 14 and is using antipsychotic medications since the last 20 years regularly. Her symptoms were visual and auditory hallucinations, paranoid delusions, inappropriate affect, insomnia, aggression, and irritability during her attendance. Reality testing was impaired. She was using amisulpride 800 mg/day. Her prolactine level was high and B12 was low. Neurological and medical examination was normal otherwise. She received B12 treatment and her amisulpride has been switched to quetiapine 600 mg/day. Her prolactine level was normal 3 months later. She has been followed after that and she had psychotic symptoms including visual and auditory hallucinations, insomnia, aggression, and irritability every month starting 2 days before menstruation and continuing for 1 week.

Discussion: Menstrual psychosis has been defined as an acute, short term psychosis related to menstrual period. Our case can be described as schizophrenia with exacerbation of psychotic symptoms during the menstrual period. It’s important for clinicians to ask their schizophrenic patients the relation of symptoms with their menstrual period.
P-1-7-14
Motherhood along the life cycle: A study with biographical interviews

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Objectives: This work derives from the project “Life of a Woman”. This is a qualitative and exploratory study, that sought to learn how the concept of maternity is built and experienced by women along the life cycle.

Method: Data was collected via biographical interviews with twenty participants over 40 years old. Data was analyzed using the Discourse Analysis.

Results: Maternity was revealed to be part of the women’s vital structures and the results were divided into four categories: living through maternity as daughters, the choice (or not) of maternity, living through maternity and future expectations around maternity. Based on what was investigated, it is apparent that the concepts of maternity are diverse, complex, multifaceted, and present different implications in the lives of women.

Conclusion: Singular experiences can be transforming, liberating or lead to feelings of captivity.

References

P-1-7-15
Body image distortion and familiar relationship patterns among girls with anorexia nervosa

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Aims/Objectives: The aim of this study was to explore the character functions in the families of patients with anorexia nervosa (AN) due to the analysis of their narrative structure. Do the girls suffering from anorexia nervosa treat their body the same way as their parents treat them? I assumed that the representations about one’s self and the methods of stress regulation are in close connection with the interactive patterns working in the family.

Methods: The Fallon-Rozin Human Figure Drawing Task was administered to 26 women diagnosed with AN and 26 healthy female controls (HC). Apart from this, I asked my participants to write biographical episodes in previously defined topics because in biographical episodes are self-object representations and mechanism.

Results: According to the narrative-psychological content analysis the mothers of AN are more “anguishing persons” and “overprotective” in comparison to the mothers of the HC who are more likely to appear as “helper” agents in the narratives of HC. The fathers possess the roles of “physical abusers” and “parentificators” in the stories of AN contrasted with the HC.

Conclusion: The eating disorder is the manifestation of a developmental obstruction and these representations can be examined in biographical texts.

References
October 28 – Miscellaneous

P-1-8-01
Assessment of the quality of clinical letters sent by psychiatrists to general practitioners (GPs)

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Rationale: In literature most emphasis so far has been put on the 1st appointment letter sent by psychiatrists to general practitioners rather than on follow up appointment letters (1).

Aims/Objectives: This current audit aims to: 1) Compare the results with the ones of the initial audit carried out in 2009 in the same clinical settings (South East Hertfordshire Community Mental Health Teams, East of England Deanery, UK) 2) Assess the quality of clinical letters sent by psychiatrists to general practitioners 3) Make recommendations for future improvement.

Method: This clinical re-audit was carried out on a retrospective basis; 150 patients who attended the outpatient clinics from 01/03/2012 until 31/03/2012 were identified via CareNotes (electronic patient records) and the clinical letters were checked against the following criteria: Diagnosis, ICD-10 Code, CPA level, Care co-ordinator, Medication, Mental state examination and Follow-up arrangements.

Results: The quality of the letters was found to be improved against ICD-10 Code, CPA level, Care co-ordinator and Mental state examination documentation, decreased against Medication and diagnosis and same against Follow-up arrangements.

Conclusions: Further action needs to be taken, such as the establishment of an agreed standard formula of clinical letter across every Trust or Deanery.

References
1) Davey C, Desai A.B., Shajahan P.M.. Are we giving the establishment of an agreed standard formula of clinical letter across every Trust or Deanery.

P-1-8-02
A study on Post traumatic stress symptoms after snake bite

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Introduction: Although the accessibility of antivenom immunoglobulin and rapid transportation abilities may affect the morbidity related with snake bites, it cannot influence psychiatric effects of it.

Methods: All snake bite victims who referred to Imam Reza Hospital, Mashhad Medical University, from May 2010 until July 2012. Psychiatric evaluation was done by a psychiatrist in the first day of admission, 21, 42 and 180 days later. We excluded all patients who had previous psychiatric problem, positive history of any psychotropic drugs and the patients younger than 8 years old in this study.

Results: The most common psychiatric symptom was Avoidance criterion. Mean reexperience criterion score in female was 1.7(SD=0.9) and in male 0.5(SD=0.6) that it has meaning value (p<0.001) at significance level. Mean avoidance criterion score in female was 2(SD=1.0) and in male 1.0(SD=1.0) (p=0.002) and finally mean hyper-arousal criterion score 1.5(SD=1.2), in male 0.3(SD=1.2) (P=0.003). Patient’s age has negative correlation with reexperience criteria (R=-0.628, p<0.001) , Avoidance criteria(R=-0.717, P<0.001) and hyper-arousal criteria(R=-0.471, P<0.001). Finally, 15% of all snake bite victim developed PTSD.

Conclusions: Snake bite has the potential to develop post traumatic stress disorder. We suggest psychiatric evaluation for all victims of snake bites especially women in younger age.

References

P-1-8-03
Differential diagnosis of posttraumatic stress disorder in Intellectual Disability

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Posttraumatic disorder is a heterogeneous stress related syndrome that is often misdiagnosed in individuals with intellectual and developmental disabilities. This presentation will focus on the impact of developmental cognitive, communication and adaptive deficits associated with IDD on recognition, diagnosis and treatment approaches.

Methods: The presentation consists of case examples and a review of the current neurobiological research data into fear conditioning, sensitization of repeated traumatic experiences, deficits in extinction and issues related to adaptive skills and resilience.
Results: It is estimated that 50-90% of individuals with IDD are victims of traumatization. In the neurotypical population, approximately 10-15% of affected individuals go on to develop posttraumatic stress disorder. This discrepancy reflects gene-environment interactions that impact neuroplasticity, excitatory/inhibitory balance and limited resilience.

Conclusion: PTSD is often unrecognized or misattributed to other primary psychiatric disorders. In many clinical settings, expertise in cognitive behavioral therapies is unavailable. Empirical approaches to pharmacotherapy are often unsuccessful. Newer treatment ideas are focusing on memory retrieval and destabilization of memory consolidation; alternation of arousal and fear; and behavioral and pharmacological efforts to prevent or disrupt associative conditioned fear and learned helplessness.

References

P-1-8-04
Psychopathological aspects of alimentary obesity

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Obesity for a long time was considered as a psychosomatic illness, but comorbid with obesity mental disorders was not sufficiently studied.

Objectives: Assessment of mental state of the patients, applied to endocrinology clinic for the treatment of alimentary obesity.

Subjects and methods: 62 patients (45 women, 17 men), aged 35 ± 12, who suffered from alimentary obesity for 16 ± 9.2 years. The average value of body mass index (BMI) is 39.8 ± 6.1. Mental disorders were diagnosed clinically according to ICD-10 criteria.

Results: All 62 patients had mental disorders. 13 (21.0%) generalized anxiety disorder, 6 (9.7%) – social phobia, 8 (12.9%) – specific phobia, 2 (3.2%) – panic disorder, 6 (9.7%) – depressive episode, 11 (17.7%) – adjustment disorder, 10 (16.1%) – dysthyemic disorder, 3 (4.8%) – bipolar disorder, 5 (8.1%) – somatoform disorder, 4 (6.5%) – hypomania, 6 (9.7%) – cyclothymia, 6 (9.7%) – organic mental disorder. Besides, 17 patients had comorbid mental disorders. 23 (37.1%) – people had personality disorder of emotionally unstable type, 11 (17.7%) – anancastic, 5 (8.1%) – dependent, 8 (12.9%) – anxiety, 3 (4.8%) – schizoid, 6 (9.7%) – hystrionic. 9 (14.5%) patients revealed eating excesses, 14 (22.6%) patients had a tendency to night eating, 4 (6.5%) to continuous eating. 6 (9.7%) had carbohydrate craving, 4 (6.5%) – stress eating. 11 (17.7%) patients have been diagnosed as atypical nervous bulimia.

Conclusion: Alimentary obesity is characterized by multiformal psychopathological symptomatology of anxiety depressive and personality type.

P-1-8-05
A severe case of factitious disorder successfully treated with Flexible Eclectic Psychotherapy

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Objectives: Factitious disorder can be a chronic debilitating illness associated with severe morbidity, mortality and with excessive use of medical resources. To date there are no treatments that have proven to be effective. We postulate that psychotherapy that is empathic with an understanding of the patient’s attachment style, cognitive distortions, defense mechanisms, and that is supportive, can give us the best results.

Methods: We present the case of a 36 years old woman with severe factitious disorder that resulted in a stroke and amputation of her left arm.

Results: Our patient responded to ten sessions of Flexible Eclectic Psychotherapy. She returned to functioning and was able to take care of her son and the relationship with her husband improved. She has been stable without a recurrence of symptoms or medical interventions for ten months.

Conclusion: The results suggest that Flexible Eclectic Psychotherapy could be an effective and affordable treatment for some case of factitious disorder. The strength of the therapeutic alliance is crucial in the treatment of these patients. Psychotherapy needs to be flexible, adaptable and adjusted to the patient’s needs. Further studies are necessary to determine the long-term benefits of Flexible Eclectic Psychotherapy in the treatment of factitious disorder.

References
P-1-8-06
The Integrated Psychotherapy/Knobloch and 20 years of INCIP

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"Is it possible to integrate different orientations of psychotherapy? And what is the value of such an integration?"  

Our answer is: Integrated Psychotherapy/Knobloch is one of the earliest efforts to integrate the psychotherapies. In regards to Knobloch’s approach are some comments by prominent psychotherapy researchers. Prochaska and Norcross in their book Systems of Psychotherapy: A transtheoretical analysis (2012) stated „Even the Iron Curtain isolating Eastern Europe and the government there imposing a single system of treatment (Pavlovian conditioning) could not stop psychotherapy integration. From 1950 in Czechoslovakia, Ferdinand Knobloch (1996, Knobloch and Knobloch, 1979) created an integrated approach combining various theories well embracing individual, group and family modes of treatment. Inspired by the therapeutic community, this integrated psychotherapy predated many contemporary approaches and foreshadowed several contemporary principles of psychotherapy“. And according to Professor Jerome Frank (1979) “Impossible as it may seem, the system of Integrated Psychotherapy described in this book approaches such an ideal”. For these accomplishments, Ferdinand and Jirina Knobloch, became laureats of the Gratias Agit Award of the Czech Republic in 2004: “The Knobloches are the most prominent figures of Czech psychotherapy in the post-war era. They developed new ideas and forms of treatment and transferred them abroad. (Their book Integrated Psychotherapy has been published in 5 languages.) Integrated psychotherapy was used in the treatment of thousands of patients, both in ambulatory treatment and psychotherapeutic communities in Czechoslovakia and Canada. Integrated Psychotherapy/Knobloch is a flexible system which is open to new ideas from other schools of psychotherapy. In the institute INCIP (The International Center for Integrated Psychotherapy/Knobloch and a Healthy Life Style) located in Czech Republic has trained more than thousand psychotherapists in the theory and techniques of Integrated Psychotherapy. The INCIP offers the training courses in English. The co-ordinator of INCIP is Dr.phil. Iva Enachescu-Hroncová,PhD. Please contact: incip@volny.cz, telephone 0042-573 335 133, mobil 0042 605 480 120. More information: www.incip.cz

P-1-8-07
Adaptation of phonemic and semantic verbal fluency tests for Turkish language

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Objective: The aim of this study was to obtain preliminary normative data for verbal fluency and investigate the effects of age, gender, and education on verbal fluency in native Turkish-speaking individuals.

Materials and Methods: A pilot study was conducted first to determine 3 letters with differing levels of difficulty for completing the phonemic fluency task. First names and animals were chosen for the semantic fluency task, and an alternating semantic task (first name-animal) was also used. The study comprised 415 participants.

Results: Level of education had a main effect on all verbal fluency tasks; performance improved as the level of education increased. Only the name production task was affected by gender; females produced more first names than males. Age had an effect on first name generation and semantic alternating fluency tasks; the word production rate decreased as age increased.

Conclusions: The effects of level of education, age, and gender on verbal fluency observed in the present study are in accordance with many reports from the West. The implications of these effects for native Turkish-speaking individuals and Turkish culture are discussed.

References

P-1-8-08
Body dysmorphic disorder: a case report

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Introduction: Body dysmorphic disorder (BDD) is an intriguing disorder that consists of a distressing or impairing preoccupation with an imagined or slight defect in appearance. It causes impairment in functioning, and is associated with poor quality of life.

Case: Mr. H, a 28-year-old single barman without personal antecedents, presented with a chief complaint of obsession with his appearance. Since five years ago, he had disliked his supposedly “big and bumpy” nose, “pointy” chin, and “big” ears. He stopped going to his job and became intoxicated with alcohol and cannabis to diminish his anxiety, with much hours each day consumed by mirror checking and efforts at camouflage; and suicidal ideation.

Mr. H had had four cosmetic surgeries, which had cost nearly 5000 € and drained his sister’s savings, without amelioration of his body image concerns. He was addressed to our department of psychiatry and started on fluoxetine. His rituals decreased markedly and he was able to resume work.

Conclusion: In BDD patients typically present to cosmetic surgeons for treatment of their perceived or imagined defect. It is important that dermatologists and surgeons diagnose this condition; more so as available psychiatric treatments are very promising for patients with this disabling disorder.

References

P-1-8-09
Psychotherapy and creativity

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Creativity, the activity to construct something new and useful, is an elementary aspect of life. This contribution advocates the position that creative elements are also present in psychotherapy. Creativity can be found in relational, behavioural, cognitive, psychodynamic, systemic and existential approaches to psychotherapy. It is shown that the shaping of the therapeutic relationship as the basis of every successful psychotherapeutic process is a creative challenge. On the cognitive–behavioural level, creativity also plays an important role in developing and implementing new perspectives and behaviours. Psycho-dynamically, the verbalization of emotions and unconscious wishes and conflicts can also be considered as a creative task. Finally, on an existential level, psychotherapy appear as a means to form novel and useful constructions of reality. Recognizing and utilizing creative resources of psychotherapy correspond to a ‘creative attitude’, which is an effective factor in psychotherapy.

References

P-1-8-10
Contusio cerebri and PTSD

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Contusio cerebri, is a form of traumatic brain injury, is a bruise of the brain tissue. Like bruises in other tissues, cerebral contusion can be associated with multiple micro hemorrhages, small blood vessel leaks into brain tissue. Contusion occurs in 20–30% of severe head injuries.

Objective: This study examined patients with contusio cerebri to explore how many of them have PTSD after the injury.

Method: 35 patients with contusio cerebri completed the Questionnaire for PTSD.
Result: 20% of the patients with contusio cerebri have PTSD. The correlation between patients with co morbidity of PTSD and contusio cerebri shows statistical significance.

Conclusions: The high rate of correlation between PTSD and contusio cerebri was found.

Keywords: PTSD, contusio cerebri, correlation

P-1-8-11
The level of aggression among physiotherapists-questionnaire analysis

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Objectives: According to the International Labour Organization, the medical community is the second largest in the classification of exposure to violence in the workplace. The study objectives are to evaluate the correlation between such factors like seniority and exposure to the aggressive behavior with the level of the aggression occurring within the professional group of physiotherapists.

Methods: The study was conducted among 50 physiotherapists from Opole and Silesian voivodships. To evaluate the above correlation there were used two types of questionnaires: author’s questionnaire and Buss-Perry Aggression Questionnaire.

Results: The most common form of aggression performed by patients is verbal aggression (86% of respondents). 6% of respondents have experienced physical aggression. 18% said they had witnessed the behavior classified as emotional self-aggression, no one came in contact with the physical self-aggression.

Conclusions: Effect of negative emotions in relationships with colleagues is considerable, the overall level of aggression and hostility is increasing.

P-1-8-12
How we treat generalized anxiety disorder in Serbia

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Objective: To analyze which therapy does GP and psychiatrist in Serbia prefer for patients with generalized anxiety disorder (GAD).

Method: The study was conducted among psychiatrists in Serbia. The sample consisted of 60 psychiatrists (representing about 7% of all psychiatrists in Serbia) who attend a non commercial and non pharmaceutical scientific meeting. They were asked to complete the multiple-choice questionnaire about their therapy selection for patients with GAD.

Results: Before the psychiatric consultation, most of the GAD patients received benzodiazepines, half of them received herbal supplements and one third received SSRIs or psychotherapy. Most of the psychiatrists would prescribe benzodiazepines (95%) in combination with SSRIs/SNRIs (55%) or psychotherapy (25%) as first-line treatments. Some of them would prescribe herbal supplements or TCIs but only few of them would prescribe pregabalin. In the hypothetical case that they would have GAD most of the psychiatrists would opt for SSRIs (85%) as a monotherapy or in combination with benzodiazepines (60%) or psychotherapy (55%).

Conclusion: Most psychiatrists would administer benzodiazepines (sometimes in combination) as the first choice for patients with GAD but most of them would take SSRIs/SNRIs for themselves in the same circumstance. These preferences are not in accordance with recent evidence-based treatment guidelines.

References
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P-1-8-13
Psychiatry and psychology surfers

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Our website is intended for use by the public, who has questions regarding mental health. We, AIPSIMED, Italian Association of Psychiatrists and Medicine, are a group of Italy’s health care professionals, who work in public mental health are for adults as well as children. Here we have published one hundred pages of contacts with the public from the 5th of August, 2008 to the 28th of Dec., 2009. We answer specific questions put to us by the public. In the material we have published here, there were 409 people seeking information from this site. This number comprised 170 females, 220 males and 142 close family members (informants). Within the 409 people, there were 29 children from 0–15 years in this number of children 19 were seeking information about learning disabilities, the other 10 requested information about various treatments. In the case of the 142 close family members the questions were regarding Alzheimer’s disease, depression, mood disorders and psychosis. The majority of people seeking our help were between the ages of 20 and 40 years old. All of our services are totally free of charge. We suggest this kind of service, in addition to addressing the public’s concerns, is also helpful in the matter of alleviating stigma regarding mental illness.
P-1-8-14
Jikoshu-Kyofu treated with cognitive behavioural therapy: a case report

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Few reports of successful treatment using cognitive behavioural therapy (CBT) for Jikoshu-kyofu (JKF), a subtype of Taijin-Kyofu-Sho have been published. A 27-year-old Singapore Chinese accounts executive presented with the fear of emitting body odour for the past one year. Her symptoms first started when a passer-by coughed behind her. Subsequently, her anxieties were precipitated whenever she saw persons covering their noses or coughing. She would use antiperspirants to mask her perceived smell.

She did not engage in obsessive-compulsive behaviour and did not avoid eating, speaking, or working in the presence of others. There were no depressive symptoms or features suggestive of organicity, and her electroencephalogram was normal.

Her reluctance to take medications allowed the exclusive use of CBT as the primary treatment modality. She was advised not to use antiperspirants and was asked to observe whether there was an increase in the number of persons coughing or touching their noses behind her. Cognitive restructuring and further behavioural experiments enabled her to disprove her irrational beliefs. After only 4 sessions of CBT, her SPIN ratings decreased by 59% and BSPS ratings by 86%. Six months after the cessation of therapy, she continued to remain well.

References

P-1-8-15
Jikoshu-kyofu: a subtype of social anxiety

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Taijin-Kyofu-Sho has long been described as a Japanese culture-bound social anxiety disorder, and according to DSM-IV, is defined as a persistent and excessive fear of giving offence to others through blushing, gaze, or body odour.

One of its four sub-types is Jikoshu-kyofu (JKF), a phobia of emitting foul body smell, and its Western equivalent seems to be that of "olfactory reference syndrome" (ORS). The latter condition has not been included in the DSM-IV, in view of the possibility of overlaps with other established disorders such as monosymptomatic hypochondriacal psychosis, mood disorder, or obsessive-compulsive disorder. Subsequent observations seem to suggest that the clinical characteristics of JKF are identical to those of ORS except for an earlier age of onset of JKF. Although ORS appears to be a delusional condition, by contrast, JKF's broad spectrum stretches from social anxiety to delusional disorder (somatic type). More recently, the condition has been described in the United States, Singapore, Korea and elsewhere, thus dispelling the notion that it is a culture-bound syndrome specific only to Japanese society.

It would seem reasonable to use antidepressants, antipsychotics or cognitive behavioural therapy as treatments for these conditions.

References

P-1-8-16
Progressive Psychiatry: prioritizing human-relations in acute psychiatric settings.

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Aims/Objectives: This paper examines the function of acute psychiatric settings in light of challenges and opportunities in future psychiatry. With national mental health policies increasingly focusing on community based care, acute settings have inadvertently become places of crisis/symptom management, rather than, places of humanistic treatment of the most acutely unwell and vulnerable. The author argues that if we are to further the development of a human-based psychiatry, a paradigm shift needs to occur in the way acute settings currently operate and/or are viewed: from containment, management and bed-occupancy administration, to a model of care that places value on how people are related to and engaged with, above and beyond their illness constructs. She demonstrates this ethos through an illustration of her work as a Psychodramatist on an acute ward with a young man consumed with the belief that he carries a ‘highly contagious virus’. The author reveals how they work together past the walls of his contagion, so that he as a human being is at the center and measure of his world, not his virus/the protective gloves he wears.

Method: Psychodrama

Results: The treating team transcend their understanding beyond clinical picture to a young man’s humanity.
Conclusion: The human-element is the cornerstone of psychiatry.

References

P-1-8-17
Predictors of posttraumatic stress symptoms following road traffic accident (RTA) in patients on admission in a trauma unit

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Objective: To assess the prevalence of posttraumatic stress symptoms in road traffic accident (RTA) victims and identify possible predictive factors.

Method: All patients admitted to the trauma unit following RTA were included in the study, however 121 (90%) agreed to participate. All completed the revised Impact of Event Scale (IES-R), the Hospital Anxiety and Depression Scale (HADS), and a socio-demographic questionnaire.

Result: Mean age of respondents was 36.2 years (SD=14.6), 56 (54%) were married. Lower limb injury was the most common form of injury in 69% of cases. Mean hospital stay before assessment was 27 days. On the IES-R, 47% had high score on the avoidance scale, 42% had high score on the intrusion scale, and 39% had high score on the hyperarousal scale. On the depression subscale of the HADS, 38% scored above the cut off point. Sex (x2 =11.6, p =0.001), marital status (x2 =14.3, p = 0.001) and educational status (x2 =15.3, p =0.001) were all significantly associated with posttraumatic stress symptoms. Being single, female and the presence of depressive symptoms significantly predicted posttraumatic stress symptoms

Conclusion: Psychosocial variables are important in the occurrence of posttraumatic stress in RTA victims.

References

P-1-8-18
Comparative effect and side effects of electrocon- vulsive therapy and repetitive transcranial magnetic stimulation

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An extensive range of brain stimulation approaches are now being widely used in the treatment of patients with psychiatric disorders. Both electroconvulsive therapy and repetitive transcranial magnetic stimulation (rTMS) have been tested in clinical practice. rTMS has now been extensively investigated for over 15 years, with a large body of research now supporting its antidepressant effects and exploring its longer term use in maintenance protocols. rTMS accelerated the rapidity of the antidepressant response in first-episode young depressive patients while improving cognitive functions and in executive performance, Restrictions in the Mental Health Act 2007 (MHA) on the use of ECT and delayed approval of TMS in some countries are not in line with current clinical evidence of their efficacy and safety. The prohibitions aim to ensure safeguards are in place but the legislation fails to balance these objectives with the potential clinical benefit offered by these effective treatments.

References
P-1-8-19
Psychological impact of Crohn’s disease: a case-control study

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**Background:** Crohn's disease is a chronic and debilitating disease. In addition to the gastrointestinal manifestations, psychiatric manifestations, mainly anxiety and depression, are common.

The aims of our study were to assess the prevalence of depression and anxiety among Tunisian patients with Crohn's disease in comparison with a control group and to identify predictive factors of these disorders.

**Methods:** This cross-sectional study included 70 patients treated for Crohn's disease in remission for at least six months, and 70 controls matched for age and gender. Anxiety and depression were assessed using the Mini International Neuropsychiatric Interview (MINI), the Beck Depression Inventory (BDI) and the Hamilton Anxiety Rating Scale (HARS).

**Results:** Depression was found in 45.7% of patients (21.4% of whom had severe depression) versus 22.8% of controls (p=0.006). There were significantly more anxious subjects among patients (57.2%) than among controls (37.2%) (p=0.007).

Univariate analysis revealed that older age, being a woman, disease duration and activity, anoperineal lesions, extra-intestinal manifestations, history of severe acute exacerbation and the surgical treatment were associated with depression (p<0.05).

Conclusion: Our results emphasize the importance of anxiety and depressive symptoms in Crohn's disease. Therefore, clinicians should systematically screen for those disorders in order to provide a specific care.

**References**


P-1-8-20
Post traumatic stress disorder : study of 120 cases

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The prevalence of posttraumatic stress disorder (PTSD) differs depending on the study: 1-3% in the general population, reaches 29.8% - 32.6% among military veterans. The aim of our study is to highlight the diagnostic difficulties among members diagnosed with PTSD and to determine the psychiatric comorbidity.

This is a retrospective study involving 120 patients with Posttraumatic stress disorder according to the criteria of DSM IV-R, collected during a period of 24 months. The average age of patients was 40.38 years. All patients were male, 72.3% of patients had a long stay in operational area (more than 20 years). 98% of patients had chronic PTSD. A traumatic event of war was noted in 61.6% of cases. The time between the traumatic event and the onset of PTSD was more than six months in 78.4% of cases (delayed onset of PTSD). Psychiatric comorbidity was noted in 97.4%, 82.3% of patients had at least two concurrent disorders.

In our context the diagnosis of PTSD is often late. The presence of a psychiatric comorbidity is highly prevalent and often mask the diagnostic. That indicate the interest of a systematic search for a traumatic event in the history of each military with chronic psychological disorders.

**References**


P-1-8-22
A Preliminary Study of Treatment Response between SSRIs and SNRIs in Patients with Panic Disorder

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Objectives: We tried to compare treatment response between SSRIs and SNRIs in patients with panic disorder (PD).

Methods: Outpatients who were first diagnosed with PD and no medication history were recruited. They were randomly assigned to receive SSRIs or SNRIs. Panic Disorder Severity Scale (PDSS)¹ was checked on 1st, 4th, and 8th week. Treatment responder was defined in the case of above 50% reduction in PDSS score at 8th compared to 1st week.

Results: 14 patients with PD were evaluated. 12 of them were received SSRIs and 2 of them were received SNRIs. The percentage of treatment responders was 41.7 in SSRIs treated patients and was 100 in SNRI treated patients.

Conclusion: The percentage of treatment responders in SNRIs treated group was much higher than that in SSRIs treated group. However, many factors affecting treatment response in PD should be considered such as the number of patient recruited, genetic polymorphisms of neurotransmitters², and other psychopathologies. Therefore, based on this preliminary study we suggest a further study involving large sample treated with both kinds of drugs and other factors² to investigate a better treatment method for the individual with PD.

References

P-1-8-23
Effect of lunar phase cycle (full moon) on psychiatric emergency room presentation in tertiary care hospital settings

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Studies of the effects of moon cycles on mental disorders and psychiatric emergencies have always been of interest, yet, previous studies on the effect of lunar phases on psychiatric admission rates have been inconsistent.

Purpose: The purpose of this study is to find the link between full moon phases of the lunar cycle and various psychiatric presentations in tertiary care settings within in a five-year time span.

Method/Results: Data for emergency psychiatric visits at 2 tertiary care hospitals was obtained from a five-year period. Presentations were divided by ICD -10 criteria into 11 categories. We compared the clustered diagnoses of participants who presented at the hospitals during the full moon to those of a control group of patients that did not present on the full moon. Patients were included in the full moon group who presented from 6 pm to 12 am on the first day of the full moon and 12 am- 6 am on the second day of the full moon.

Conclusion: There is no change in the frequency and gender of presentation of different diagnoses between these groups. Patients presented to psychiatric emergency on full moon nights are younger than those who presented on non-full moon nights.

References
1. Lunar phase cycle and psychiatric hospital emergency visits, inpatient admissions and aggressive behavior. Seyyed Mohammad Reza Kazemi Bajestani a, Alireza Amirsadri b, Seyyed Ali Akbar Samari c, Arash Javanbakht b,d,e,March 2011 (Vol. 4 | No. 1 | Pages 45–50)
P-1-8-24

Seasonal variations of psychiatric emergency presentations to the Tertiary Care Hospital Settings

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Background: Visitations to the ER are often observed to follow certain seasonal patterns.

Objectives: To determine seasonal patterns of psychiatric diagnoses presented to the emergency department in tertiary care settings.

To examine seasonal variations of basic demographics of psychiatry patients presented to emergency room.

Methods: Data for emergency psychiatric presentations from 2 tertiary hospitals was obtained from a five-year period.

Emergency room presentations were divided by ICD -10 criteria into 11 categories. The data was first divided according to season (winter, spring, summer, and fall). Seasonal trend of psychiatric diagnoses was studied.

Results: In this study we examined the seasonal difference in emergency room presentations of mental diagnoses. The data was first divided according to season, and then all seasons were compiled to form a baseline rate, which was then used in comparison with individual seasons.

Conclusions:

1. Psychiatry patients in the “fall” were significantly younger. As well, psychiatry patients in the summer were significantly older than those who presented in all other seasons.

2. The Presentation of psychiatry patients in cluster “substance related disorder” was significantly higher during fall seasons.

3. There were no significant differences amongst the number of presentations in all the four seasons.

References


P-1-8-25

Characteristics of “Heavy User” in a psychiatric department in Vienna

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Objectives: “Heavy Users” of the Health Care System show a complicated course of disease and cause high costs of treatment.

The aim of this study was to analyse the impact of epidemiological and psychosocial risk factors of patients with a high rate of readmissions (“heavy user”) at a regional psychiatric department in Vienna.

Methods: 65 patients (2.8% of the sample) met the criterion of n≥5 admissions in at least one year within the study period (2007-2011) and have been included in the group of “heavy users” of the department. This group has undergone a further analysis regarding to the following variables:

- Epidemiological characteristics of patients
- Characteristics of illness
- Characteristics of hospital treatment

Data regarding the frequency of ambulant consultations at the department as well as at the Community Mental Health Centers in Vienna (PSD-WIEN) have been collected and analysed.

Results: In the study period of 5 years 2.8% of all patients have been identified as “heavy user”. This small group of the cohort accounted for 18% of all admissions at the department. Further results will be presented and discussed.

References


P-1-8-26
Attitude toward illness in dermatological patients

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The psychological investigation was held on among persons suffering from dermatological disorders. The aim of the investigation was to define types of attitude toward illness in dermatological patients. In the research we used methods of psychological investigation (including psychological testing of attitude toward illness) and methods of math statistics. In our research we meant, that each person may have several types of attitude toward illness. It was found out, that the most widespread type of attitude toward illness was the hypochondria type (53%). Also the most frequently met types of attitude toward illness were melancholy (30%), neuroasthenic (25%), sensitive (23%), disphoric (28%) and anxious (19%). Thus, it is possible to mark, that personality imposes an imprint on the origin, motion and the end of disease. From the other side, personality changes under the influence of illness and treatment. That is why in the mental condition somatic patients disharmonious processes develop, there is violation of socialization and biotsocial adaptation.

References

P-1-8-27
Risperidone and lamotrigine augmentation strategies in OCD

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OCD is serious mental illness with the prevalence of 2.5 %. SSRI and CBT are the first-line treatments. The aim of our study was to show efficacy of antipsychotic and lamotrigine augmentation.

Methods: 8 patients with OCD on three months treatment with fluoxetine 60-80 mg/d, using Y-BOCS scores. Four of them received augmentation with risperidone / dosages range 2-3 mg/d, and four anticonvulsant and glutamate modulator lamotrigine 200 mg/d. Trial period was 12 weeks.

Results: Lamotrigine group resulted in a mean decrease of 30% on Y-BOCS compared with 25% decrease in risperidone group.

Conclusion: The most common obsessions in our trial was impulses of hurting a parent or child, compulsion as cleaning and reassurance-seeking, vocal and motor tics. Risperidone caused significant improvement in patients with tics. Lamotrigine and risperidone augmentation on SSRI established the efficacy. Augmentation should be used in people who show poor response to SSRI alone even at higher dosages.

References
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P-1-8-28
Treatment for mobbing victims by telepsychiatric services

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Objective: In this paper, we showed the experience and effect of various treatment models including consultation for mobbing victims by telepsychiatric services.

Methods: Sample data included 100 examinees. They have been treated in Center for telepsychiatry in virtual psychiatry ambulance for various psychiatric syndromes, all having the same denominator-mobbing, as ethiogenetic factor. Sample data included control group of 62 subjects of mobbing victims who were not treated. The following instruments were used: Questionnaire of socio-demographical, Telepsychiatric interview (with teleconsultation), Beck’s scale for self-esteem of depression, Hamilton’s scale for depression (HAM-D) and for anxiety(HAM-A).

Results: We found mental health and psychiatric diagnosis 62 (62%) and other Diferent somatic diagnosis 35 (35%) and only 3 (3%) without any diagnosis. From 62 (62%) Mental health and psychiatric diagnosis 46(74,2%) is with symptoms of depression (p<0,05). With treatment by telepsychiatry with teleconsultation 62 (62%) patients with psychiatric diagnosis after mobbing, result is 55 (88,7%) reduces consequences to mental health. Among subjects in the control group, there were 62 patients with mobbing who were not treated. A control group of 62 subjects does not reduces consequences of mental health more than 30% (N=18).

Conclusions: With consultation for mobbing victims by telepsychiatric services result is significantly reduces consequences to mental health for mobbing victims.

References
P-1-8-29
The role of emotion regulation in eating disorders

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Aims/Objectives: Preliminary evidence indicates that individuals with eating disorders (ED) show emotion regulation (ER) difficulties. However, it is yet unclear whether different types of ED differ in their ER profile. The aim of our study was to compare the three aspects of eating habits (cognitive restriction, binge eating and emotional eating) with the difficulties of ER among high-school students (n=150).

Methods: The two questionnaires we used were the “Three-Factor Eating Questionnaire - Revised” containing 21 items (TFEQ-R21) and the “Difficulties in Emotion Regulation Scale” (DERS).

Results: The growing body mass index indicates greater effort in the deliberate regulation of eating. Difficulties in ER (e.g. lack of emotional clarity) correlate positively with maladaptive eating habits (i.e. binge eating and emotional eating).

Conclusion: Our findings suggest that difficulties in ER play an intermediary role in the development of maladaptive eating habits. The analysis of these emotion regulating difficulties can contribute to the better understanding of psychiatric disorders and to the development of preventative measures.

References
October 29 – Child Psychiatry

P-2-1-01
Children submitted to tonsillectomy and adenotonsillectomy before and after surgery: intellectual and school performance evaluation

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Objective: To evaluate and compare the learning and intellectual performances of children submitted to tonsillectomy or adenotonsillectomy, before and after surgery.

Materials and Methods: 83 children between the ages of 7 and 11 were evaluated by a psychologist employing a longitudinal and descriptive study in the pre and post-surgery groups. The first evaluation was performed just before surgery, and the second and third evaluations one and six months after the surgical procedure. The sociodemographic form, Raven’s Colored Progressive Matrices Test and the School Performance Test were used.

Results: The group of children in this study presented a statistically significant evolution in their intellectual performance evaluations (p < 0.05) and also school performance evaluations in writing, mathematics and reading sub-tests (p < 0.001).

Conclusion: Based on our findings we concluded that tonsillectomy or adenotonsillectomy performed in children with obstructive respiratory disorders produce a positive impact on intellectual and school learning development.

References

P-2-1-02
Evaluation of simultaneous parent-children groups in a psychology service at a basic unit of health

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Objective: to present the intervention carried out with male children, with age between 07 and 11 years, with “hyperactivity” complaints and indiscipline, as well as their parents in a Basic Health Unit (BHU) in São Paulo.

Method: 4 meetings were held by a Psychology professional, where the groups (parents and children) were divided into two separate rooms and took place simultaneously. The children’s group was made by 10 children and provided a playful environment, whereas the group of parents provided a listening, welcoming and guiding place.

Results: A decrease in insecurities was observed, as well as acceptance of less aggressive strategies when punishing inadequate behaviour; and also changes in the parents’ expectations regarding the children’s behaviour. In the children’s group indiscipline and agitation were related to the need for attention. The complaints for agitation and indiscipline take up most of the vacancies for child psychology assistance at the BHU where the intervention was carried out. There is a distancing from the family once the individual appointments began, as if the child was the only one responsible for their behaviour, even though during individual sessions the complaints mentioned by the parents cannot be seen.

Conclusion: Group intervention had higher adherence rates than individual.

References

P-2-1-03
Association between sleep and behavioural problems among children with enuresis

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This study was conducted to describe sleep problems in a sample of children with enuresis and to investigate the association between sleep and behavioural problems.

Methods: In this cross-sectional study, 100 children with enuresis were recruited from paediatric enuresis clinic. The children’s sleep problems and behaviours were assessed by the Children’s Sleep Habits Questionnaire and Child Behaviour checklist.

Results: The most frequently reported sleep problems were in daytime sleepiness, bedtime resistance and sleep anxiety subscales. Children with T-scores 60 in internalising, externalising and total behavioural problems had higher scores on daytime sleepiness subscale and total score than children with T-scores < 60. Multivariate logistic regression analysis revealed that daytime sleepiness subscale was significantly related to behavioural disturbances.

Conclusions: Sleep problems are common among this sample of children with enuresis, and the presence of sleep disturbance such as daytime sleepiness could explain the association between enuresis and disturbed daytime behaviour.

References


P-2-1-04
Heavy metals and trace elements in hair and urine of a sample of arab children with autistic

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The aim of this study is to examine possible environmental risk factors and sources of exposure to heavy metals and trace elements in children with autism spectrum disorder versus controls.

Methodology: The participants were 25 Autistic Spectrum Disorder (ASD) children (3 and 9 years). All children were attendants to the Child Psychiatric Clinic in Erfan Psychiatric Hospital in Jeddah, KSA. A control group of 25 children without an psychiatric or medical disorders was age and sex matched. All parents signed informed consent forms. All autistic children were subjected to a full clinical child psychiatric sheet and diagnosis was according to the Diagnostic and DSM IV criteria. The severity of autistic symptomatology was measured by the Arabic version of Childhood Autism Rating Scale (CARS). Both groups were subjected to the Questionnaire on Exposure to Heavy Metals, Physical Symptoms, and Child Development. Hair and baseline urine samples were taken from both groups and sent to the Micro Trace Minerals GmbH, Germany.

Results: There was statistically significant differences in the mean hair levels of arsenic, cadmium, barium, cerium, lead, magnesium and zinc. There were also statistically significant differences in the mean urine levels of aluminum, barium, cerium, mercury, lead and urine copper and germanium.

References

P-2-1-05
Pragmatic skills in attention-deficit hyperactivity disorder

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Aim: To study the pragmatic language deficit in ADHD children.

Methods: This study included 62 consecutive newly diagnosed ADHD children according to Diagnostic and Statistical Manual of mental disorders IV-TR criteria, their age ranged from 6-8 year. Then they were referred to the Phoniatic unit, Kasr Al-Aini for pragmatic assessment. Forty four normal control children (age and sex matched), were included in the study. The included samples were subjected to the protocol of language and pragmatic assessment applied in Kasr Al-Aini. Twenty-four children with ADHD were excluded as they had history of delayed language development. Four control children were also excluded because of phonetic errors. The 38 ADHD children and 40 controls were subjected to the following psychiatric assessment: Semi-structured interview to confirm that the patients have ADHD, Wechsler Intelligence scale for children (WISC), and Connors’ Parent Rating Scale Revised: long version (CPRS-R: L).

Results: ADHD children got less significant scores in intention, narrative, conversation, and total pragmatic scores than controls. There was significant negative correlation between inattention Conners’ subscale with intention and narrative pragmatic subscales. Also, significant negative correlation between social problems Conners’ subscale and intention and conversation.

References
Contents and patterns of drawings of high-functioning children with autism spectrum disorders

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Aims/objectives: Many of children with Autism Spectrum Disorders (ASD) seem to be obsessed with mechanical tools, machines, and physical systems and experimental studies imply that they have accelerated or superior development in this domain. The purpose of this study is to observe and analyze the contents of drawings of high-functioning children with ASD who are obsessed with technology/physics–related objects to see the effects of this physics fascination on the contents and patterns of their drawings.

Methods: We investigated and analyzed each patient’s particular case and the content of his drawings and paintings.

Results: Each patient has at least one particular technology/physics–related feature as the dominant subject of his drawings. The feature is also the object of the child’s daily obsessive preoccupation. While most of these children have lower than normal drawing skills, they usually are well capable of drawing the object of obsession skillfully and with details.

Conclusion: It seems that this physics–related fascination not only conveys these children’s higher levels of understanding of physical representations as already shown in the literature, but they also enhance the child’s drawing skills in that particular area.

References

Efficacy of DMSA therapy in a sample of arab children with autistic spectrum disorder

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The aim was to provide evidence that DMSA detoxification treatments cause a reduction of the heavy metal burden in autistics, and lessens their symptoms associated with ASD (Autistic Spectrum Disorder).

Method: The participants were 44 children, age 3 to 9 years of age, with Autistic Spectrum Disorder (ASD) according to DMS-IV. The severity of the autistics symptomatology had been measured by the Childhood Autism Rating Scale (SCARS). Urine samples were collected before and after the DMSA challenge test, comparing urine metal output. We also compared the results of the DMSA detoxification with behavioral effects, typical for ASD.

Results: The DMSA challenge test increased the urine metal output for a number of potentially toxic metals. Statistically significant difference were noted between the baseline urine and DMSA challenge test regarding the level of cadmium, mercury, and lead. We also noted that behavioral effects, typical for ASD (autism spectrum disorders) were reduced with this method of detoxification. A comparison between CARS Subscales and Total Score before and after a 6-month chelation program showed greatest improvements for Verbal and nonverbal communication (P<0.001), Taste, Smell and Touch (P 0.001) and Relating to People (P 0.005). Other improvements were noted for Adaptation to Change and Improvement.

References
P-2-1-08
Personality Dimensions in Anxiety Disorders in Late Adolescence in Macedonia

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Aim: This study was created to make a dimensional assessment of personality in individuals with pathological anxiety.
Method: For assessment of the personality dimensions the Personality Questionnaire (NEO-PR) was administered to 35 patients with panic disorder (PD), 31 patients with social phobia (SP) and 32 patients with generalized anxiety disorder (GAD) diagnosed according ICD-10.
Results: The most striking findings were in a neuroticism dimension in all three groups of patients, without significant differences between the groups. The patients with PD have significantly higher level of extraversion, openness to experience, agreeableness and conscientiousness in comparison with GAD and SP patients.
Conclusion: The finding suggests that a higher level of neuroticism is common to all types of anxiety disorders. Also the findings shows that patients with GAD and SP differ significantly with respect to the lower level of personality dimensions compared to PD patients.
Keywords: Panic disorder; Generalized anxiety disorder; Social Phobia; Personality dimension; Late adolescence

References

P-2-1-09
Child sexual abuse and narcissism: a case report

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Child Sexual Abuse has a wide range of connotations. Psychiatric implications often include depression, post-traumatic stress disorder, and also self-harming behavior. Moreover it often determines personality correlates (in particular Borderline Personality Disorder).

In this contribution we report an explicative case of the consequences linked to child sexual abuse.
Patient: Male, 40 ys, divorced, one son (11 ys). He reports child sexual abuse by both parents (7-12 ys). Abuses ended when he fight with his father using a knife. He worked for an airline company, but was fired for an excess of work absence due to pathology. Since adolescence he presented obsessive-compulsive behavior, anxiety, mood instability, impulsiveness, flash backs, nightmares, attention difficulties and sleep disorder (linked to the idea of his own death during sleeping). Clinical diagnoses: Post Traumatic Stress Disorder and Obsessive Compulsive Disorder (Axis I), and Personality Disorder NAS with obsessive compulsive and narcissistic traits (Axis II). He complains about side effects due to many drugs (different antidepressants, antipsychotics and mood stabilizers), but shows small responsiveness.

Test:
WAIS-R: I.Q.=105
RORCHACH: a personality organized with narcissistic defenses due to relational defects linked to self and identity definition.
SCID-II: Personality Disorder NAS with obsessive compulsive and narcissistic traits

References

P-2-1-10
Attention-Deficit/Hyperactivity and Motor Performance in Children with Hearing Impairment

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Objective: Children with hearing impairment (HI) suffer from 2-5 time higher rates of reduced motor performance and mental health problems. In general population samples high comorbidity rates between motor performance and mental health problems. In general population samples high comorbidity rates between motor performance and mental health problems. In general population samples high comorbidity rates between motor performance and mental health problems. In general population samples high comorbidity rates between motor performance and mental health problems. In general population samples high comorbidity rates between motor performance and mental health problems. In general population samples high comorbidity rates between motor performance and mental health problems. In general population samples high comorbidity rates between motor performance and mental health problems. In general population samples high comorbidity rates between motor performance and mental health problems. In general population samples high comorbidity rates between motor performance and mental health problems. In general population samples high comorbidity rates between motor performance and mental health problems. In general population samples high comorbidity rates between motor performance and mental health problems.

Methods: Of all pupils in Upper Austria (145.000) those with HI >40dB were invited. 82 pupils (6-16 years) with a nonverbal IQ >70 were assessed with the Zürich Neu-
romotor Assessment (ZNA) and the parent rated Symptom Checklist for Attention Deficit Hyperactivity Disorders (FBB-HKS).

**Results:** Children with HI had lower motor performance scores in all ZNA domains (p< 0.001) but normal rates in the FBB-HKS subtasks hyperactivity and impulsivity, two times higher problem rates in the subscale inattention. No significant correlation could be found between the ZNA subscales and the FBB-HKS problem scores.

**Conclusion:** A high percentage of children with HI shows poor motor performance results. No correlations of symptoms of hyperactivity/inattention and motor performance could be found in this study. These findings indicate different aetiological pathways of comorbidity compared to general population samples in which common developmental problems are assumed.

**References**

**P-2-1-12**
Toward the quite early detection of schizophrenic children

**Hamasaki, Y.**

**Aim:** The subclinical behavioral and psychological characteristics of schizophrenic children have not been sufficiently investigated to present specific evidences. To elucidate the picture of them, and to find out indicators which predict later development of schizophrenia, childhood behaviors of the adult schizophrenia subjects were investigated in a questionnaire-based retrospective study.

**Method:** Schizophrenia outpatients in his/her twenties and normal healthy subjects were investigated. All patients are diagnosed according to DSM-IV-TR as schizophrenia, and who present now mainly negative symptoms after passing an acute stage. By modified use of the CBCL (Child Behavior Checklist) as a retrospective assessment questionnaire, the parents of the patients and of control subjects rated their childhood behavior.

**Results:** Among eight syndrome scales of the CBCL, those of “Withdrawn”, “Anxious/Depressed”, “Social problems” and “Attention problems” were significantly associated with schizophrenia, although any of these scores were not in clinical range. Patients also showed a significantly attenuated aggression. The hit-rate when classifying the schizophrenic and normal subjects by discriminant function using all items of CBCL totalled 94.6%.

**Conclusion:** The results suggested that subclinical characteristics already exist in the patients’ childhood. With some assessment tool using obtained discriminant functions, the quite early detection of schizophrenic children could be possible.

**P-2-1-13**
Assessing Nurses’ Educational Needs Regarding Family Support in Child and Adolescent Inpatient Psychiatric Wards in Japan

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**Aims/Objectives:** The aim of this study is to examine nurses’ educational needs regarding family support in Japanese child and adolescent psychiatric wards.

**Methods:** Semi-structured interviews (Suzuki,2009) were conducted. The data were transcribed and interpreted using qualitative content analysis (Graneheim & Lundman, 2003). The conceptual framework for this research was based on Knowles’ Adult learning theory (1980; 2005).

**Results:** Nurses need continuing education related to dealing with patients’ family. Educational priorities include communication skills, understanding psychology of family before and after hospitalization, adult psychiatric nursing, family function, family psychoeducation, child welfare system, family resilience, family-centered care.

**Conclusion:** Continuing educational program will be developed on the basis of these educational needs.

**References**


P-2-1-14
Neuropsychiatric symptoms of Basedow disease in children

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Background: The diagnosis of Basedow disease may be delayed in some children without pathognomonic signs such as exophthalmos and goiter. Indeed, some children with hyperthyroidism are referred to a psychiatrist because of emotional and behavioral symptoms before hyperthyroidism is suspected. Previous papers also reported that the incidence of neuropsychiatric symptoms in this disorder varies (10% to 90%). The purpose of this study was to investigate the frequency of various neuropsychiatric symptoms in children with Basedow disease.

Subjects and Methods: Subjects included 27 children. Children with underlying conditions such as chromosomal abnormalities and mental retardation were excluded. For the past 8 years, Basedow disease has been diagnosed on the basis of biochemical parameters. We retrospectively reviewed the medical records of the subjects to identify the presence of the neuropsychiatric symptoms.

Results: Twelve out of 27 (44.4%) children had irritability, hyperkinesia, and poor school performance at the time of diagnosis.

Discussion: This study showed that children with Basedow disease had neuropsychiatric symptoms. These symptoms need to be accurately and objectively evaluated in order to better understand the frequency. As a future prospect, we will use a scale to score the symptoms, and analyze the correlation of the scale with hyperthyroid status.

References

P-2-1-15
The influence of respiratory training on childhood enuresis; a new therapeutic approach

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Background: Enuresis is known as one of the most common disorders in Childhood. Snoring at night and obstructive sleep apnoea have been considered as probable causes, at least in some cases (1). Thus, the importance of a breathing exercise to reduce bedwetting in children with nocturnal snoring should be noted.

Method: This is an experimental survey with control group. The purpose is assessing the influence of improved respiratory movements on enuresis in children referred to a urologist’s office in Isfahan. Subjects were selected based on criteria of mouth breathing and enuresis. They were 40 children between 6-12 who randomly divided into two groups. The breathing exercises were conducted in 4 sessions; each continued 45 minutes, for trail group. The basic assumptions for breathing exercises was that training can reduce the frequency of bedwetting. Exercises were continued at night before bedtime and in the morning after awakening within 4 weeks. The rate of enuresis was recorded and data were analyzed using co-variance analysis by SPSS 16.

Results: Breathing exercises reduced the rate of enuresis in children with respiratory difficulties (p< 0.05).

Conclusions: The finding of this study, such as some previous surveys (3), offers breathing exercises as a safe and effective therapeutic approach to reduce bedwetting in children with nocturnal snoring.

References

P-2-1-16
Risk factors for suicidal behavior development in adolescents with depressive disorders and their subsequent psychophylaxis

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Aims: find the variants of suicidal behavior in adolescents with depression and to define risk factors contributing to its development.

Methods: the study design includes clinic psychopathological, neurological, and psychological methods for examination of 120 adolescents, aged 12-18, with dysthymia.

Results: the rate of suicidal behavior in adolescents with depression in our study came to 12.3%. It was established that some psychological factors, namely: emotional deprivation in early childhood, excessive anxiety, chronic strained relationships with age-matched children, accentuation of character according to sensitive and unstable
types and others. Among the social factors contributing to its development there were singled out: incomplete families, occupation of parents, unemployed father, destructive lifestyle of parents with chronic interpersonal conflicts, poor financial status of the family. The risk of suicidal behavior in adolescents with depression is determined by the diagnosis of three components: suicidal reaction variant; depression co morbidity with anxiety, and psychological component. Solving of diagnostic issues in the system of suicidal behavior psychoprophylaxis includes the analysis of auto aggressive behavior motivation, carrying out medical and psychological investigations to assess the risk of suicidal behavior recurrence.

**Conclusion:** the present study defined some psychological and social determinants of suicidal behavior in adolescents with depression.

P-2-1-17
Development of a common framework for teaching professionalism across disciplines during child psychiatry clinical placement

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**Aims/ Objectives:** Multidisciplinary working is a key part of clinical mental health training. However confusion sometimes arises across disciplines because of different definitions and methods of teaching ‘professionalism’, a key component of values based healthcare education. The aim of this study was to establish if a common, collaborative framework for teaching ‘Professionalism’ could be developed for use by all disciplines when supervising undergraduate students and postgraduate trainees.

**Methods:** Experienced senior clinical supervisors/educators working in a community based Child and Adolescent Mental Health Service were surveyed electronically using a semi-structured questionnaire. The Delphi technique (3) was used to clarify views, values and recommendations in an iterative fashion over 3 mailings to gain consensus from this experienced group. The subsequent framework was then piloted to assess feasibility and acceptability across disciplines.

**Results:** 68 % of trainers completed the survey. Consensus was reached across the different disciplines on core domains of Professionalism for students including quality of care, communication and responsibility. Recommended common teaching strategies during clinical placement included use of reflective logs, formal feedback models, appreciative inquiry and communication skills training.

**Conclusions:** A common framework to teaching ‘professionalism during clinical placement is acceptable and feasible for use in clinical settings.

**References**


P-2-1-18
Quality of life of parents of children with intellectual disability and its correlates

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**Aims & Objective:** To assess quality of life of parents of children with intellectual disability and its correlation with intensity of parenting hassle and other variables.

**Methodology:** A cross-sectional study included parents (n=30) of children with intellectual disability coming at our centre for certification. Socio-demographic profile, IQ of child, family history and other relevant variables were recorded. Parents were assessed with WHO-QOL BREF, Parenting Daily Hassles scale. Disability of the child was assessed with Assessment of disability in persons with mental retardation (ADPMR). Data were analysed with SPSS 17 with Pearson’s correlation.

**Results:** Physical (r= -0.481) and Psychological (r= -0.415) domains of QOL correlated significantly negative with parenting hassle. Score on ADPMR correlated significantly negative (r= -0.461) only with psychological domain of QOL. Social relation and environment domains didn’t show significant correlation (p>0.05).

**Conclusion:** Psychological domain of Quality of life is primarily affected in the parents of children with intellectual disability. This issue should be considered as an important part of management.

P-2-1-19
Hearing impairment, and psychopathology among a sample of adolescents

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**Aims:** Hearing impairment is a recognized cause of emotional and psychological disturbances worldwide, however little has been written about this condition in Nigeria. The aim of this study is to compare the occurrence of psychopathology between hearing impaired adolescents and healthy controls.

**Method:** Students attending a special school for the hearing impaired were assessed for psychopathology with the
help of a trained signer and their teacher, using the International Classification of diseases diagnostic criteria (ICD 10). Primary care givers were also interviewed. Results: The mean age of the hearing impaired students was 16(SD=2.8), while for the controls the mean age was 15(SD=2.5). Psychopathology was present in 10(19%) of the hearing impaired students compared to 1(1.9%) of the control group, the most common diagnosis was generalized anxiety disorder (8%), followed by depression (4%). Conclusion: Psychopathology is common in this population. Proper assessment and treatment should be made assessable to this population group. Communication difficulty made only a third party assessment possible; this may affect the reliability of the findings.

References

P-2-1-20
Clinical, psychological, social and biologic risk factors of depression in children

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Aims: The problem of the incidence of depression manifestation in children in prepuberty requires a further detailed study of the factors that determine its development. Objectives/Methods: children (n = 155) 7-11 with depression/clinic psychopathological, series of psychological tests. Results: among the factors of predisposition to depression in children, aged 7-11, sociodemographic factors have a positive correlation. Pathological forms of education are interrelated with the formation of asthenia, anxiety and a behavioral variant of depression. Special effects and relationships have some peculiarities of the child’s development at an early stage of the ontogeny. Thus, a positive correlation with the development of depression have psychopathologic manifestations during the first year of life, disorders of adaptation at preschool age, lack of emotional connections during the first three years of ontogeny. Among the biological factors of prediction there were singled out: positive relationships with the factor of cerebral pathology and with frequent colds from early childhood. The necessity of cognitive-behavioral therapy with prescription of neuropeptide Semax was approved for the treatment of depression in children. Conclusion: depression in children aged 7-11 years is significantly associated with an impaired ontogeny as well as with specific clinical, biological and psychosocial factors.

P-2-1-21
Functional outcomes from a head-to-head study of lisdexamfetamine dimesylate and atomoxetine in children and adolescents with attention-deficit/hyperactivity disorder

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Aims/objectives: To compare the effects of lisdexamfetamine dimesylate (LDX) and atomoxetine (ATX) treatment on functional outcomes in children and adolescents with attention-deficit/hyperactivity disorder (ADHD). Methods: In this 9-week, double-blind, head-to-head study, patients (6–17 years) with ADHD and an inadequate response to previous methylphenidate therapy were randomized (1:1) to once-daily, dose-optimized LDX or ATX. Functioning was assessed using the ADHD-specific Weiss Functional Impairment Rating Scale-Parent Report (WFIRS-P). Endpoint was the last on-treatment study visit with a valid WFIRS-P score. Results: Of 267 randomized patients, 200 (74.9%) completed the study. In both treatment groups, mean WFIRS-P scores were similar at baseline, and improved from baseline to endpoint in total and all domain scores. LDX was associated with statistically significantly greater improvements than ATX in total score (p<0.05; effect size [ES], 0.27), and in the Learning and School (p<0.01; ES, 0.43) and Social Activities (p<0.05; ES, 0.34) domains, but not in the remaining domains (Family, Life Skills, Self-Concept, and Risky Activities).
Conclusions: LDX treatment was more effective than ATX in improving functional outcomes in WFIRS-P total score and in 2/6 domains, in children and adolescents with ADHD who had previously not responded adequately to methylphenidate.

Supported by funding from Shire Development LLC.

References
http://clinicaltrials.gov/show/NCT01106430

P-2-1-22
Social Anxiety Disorder in Autistic Spectrum Disorder

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Aims: As recent study of Autistic Spectrum Disorder (ASD), social anxiety disorder (SAD) is often seen in patients with ASD. SAD patients with ASD don’t have high personal standard as Taijin- Kyofu-Sho, their anxiety and tension in their interpersonal situation is due to the low interpersonal skills. We investigated the origin of anxiety in SAD of ASD.

Methods: We surveyed 10 SAD patients with ASD in outpatients clinic of department of psychiatry in Tokyo Jikei University School of Medicine using CAT, LSAS-J, AQ-J, NEO-FFI and RSS.

Results: By logistic regression analysis, anxiety of LSAS-J was associated with switching of attention in AQ-J, the avoidance of LSAS-J was associated with the details of the AQ-J and extroversion of the NEO-FFI. The anxiety and avoidance of LSAS-J were not associated with other items (AQ-J, NEO-FFI and RSS).

Discussion: ASD who are not good at switching attention feels social anxiety. This means they feel social anxiety in the interpersonal relationship because they can’t switch attention and do adapt to the changes. As high tendency of details of the AQ-J was associated with avoidance, insensibility of ASD patients is to relieve anxiety in interpersonal situations.

References

P-2-1-23
Attachment in Patients with Anxiety Disorders in Late Adolescence and Their Mothers Attachment in Macedonia

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Objective: This study examined adult attachment in patients diagnosed with anxiety disorders in period of late adolescence and their mother’s attachment.

Method: Patients with Anxiety disorders diagnosed according ICD-10 (18 with panic disorder, 11 with social phobia and 15 with generalized anxiety disorder) completed the Attachment Styles Questionnaire (ASQ) to measure the four adult attachment styles based on the theoretical model of Bartholomew. Their mothers then participated with completing the same Attachment Styles Questionnaire (ASQ).

Result: All patients were classified as insecure with respect to attachment. The proportion of insecure attachment in their mothers was 64.4%. Reassigned to their alternate categories 37.8% of the examined patients were classified as anxious-ambivalent attachment, 40% with anxious-avoidant and 22.2% with disorganized/directed. Mothers with secure attachment were 35.6%, 24.4% were classified as anxious-ambivalent attachment, 26.7% with anxious-avoidant and 13.3%, with disorganized/directed. The correlation between patients attachment and their mothers attachment was 0.67 with statistical significance p<0.01.

Conclusions: The high rate of correlation between insecure attachment among anxious offspring’s and their mothers was found. These results suggest that attachment measures in mothers can be applied to anxious populations.

Keywords: attachment; anxiety disorder; late adolescence

References
P-2-1-24
Psychological Impact of Great East Japan Earthquake for Migration: Symptoms of PTSD of Japanese-Brazilian Children Living in Japan

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Aims: Aims of this study are to clarify symptoms of PTSD and those changes of Japanese-Brazilian children who experienced Great East Japan Earthquake and subsequent nuclear power plant accident on March 11, 2011.

Methods: The present study used one group pre-post test design. Eleven Brazilian children living in northern area in Japan were intervened with small group session program. Symptoms of PTSD were evaluated with Japanese-language version1 of the Impact of Event Scale-Revised (IES-R)2. Demographic data were also collected.

Results: Participants were 2 male and 4 female and their mean age was 13.0 (±1.5). 6 of them were born in Japan and 5 were in Brazil. 7 participants answered the both pre and post IES-R-J. The mean score was 19.4 (±11.2) and 3 participants showed higher score than cut off point at pre test done after 36 days after the earthquake. The mean score was 7.3 (±7.6) (p=0.043) and every participants showed lower score than cut off point at post test done 85 days after the earthquake.

Conclusions: A few Japanese-Brazilian children were in high risk of PTSD. After that IES-R score showed a significant change. It suggests possibility of contribution of this small group program.

References

P-2-1-25
Academic Performance in Spanish Children with Depressive Symptoms

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Objectives. This study analyzes the academic performance of Spanish children with depressive symptoms, compared to children with non-depressive symptoms.

Methods. Participants were 658 Spanish children between 8 and 12 years, who completed the Children’s Depression Inventory and a questionnaire to obtain information about their academic performance.

Results. A multivariate analysis of variance was performed. Children with depressive symptoms had a worse academic performance than those with non-depressive symptoms (p = 0.001). Girls showed a better academic performance than boys (p = 0.03). Results did not show interaction effects between having depressive symptoms and gender (p = 0.958).

Conclusion. It is concluded that children with depression have problems related to school performance. It is necessary to develop strategies to detect early and prevent the academic failure in children at risk of depression.

P-2-1-26
Aggressive behavior in children with autistic disorder

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Autism is a disorder of the overall development and early onset before the age of 3 years, characterized by a deviant functioning and / or delayed in three areas: social interaction, verbal and nonverbal behavior. The child may be aggressive, either to himself or to others. Communication difficulties hamper the social control of the aggression that is often disproportionate and can frighten the family. In this work we are interested in the management of aggression for the autistic children. Aims: identify ways of managing aggressive behavior for autistic children Self-administered questionnaires provided to educators, psychologists, psychomotor therapists, working at Mohamed VI national center for handicapped people. 43.3% of our sample exhibits behavioral problems which are auto ou hétéroagressifs. We noted a male predominance. Precipitating factors were identified in 30% of cases and are mainly represented by the situations of failure and the changes in the environment of the autistic child. The management of aggressive behavior is based on several methods including the use of medications and behavioral approach.

The behavioral disorders are common among autistic children and are a major problem that families face. The aggressive management of the crisis is often difficult, and management remains uncodified.

References
P-2-1-27
Comorbidity in children and adolescents with behavior disorders

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Behavior disorders are frequent in children and adolescents and often associated with other psychiatric disorders. This comorbidity is a predictor of a more rapid evolution, a bad prognosis and many social problems. The interest of this study is to assess psychiatric comorbidity between the behavior disorders and other psychiatric disorders.

We conducted a retrospective study over two years with 120 children and adolescents. The diagnosis of behavior disorders and associated diseases was made according to the criteria for DSM IV-TR. Analysis of the results was made by epi-nof10.

The average age of patients is 7.34 years. 90% of our patients are boys. The diagnosis of ADHD was found in 68% of cases, conduct disorder in 17% of cases, the oppositional defiant disorder in 25% of cases. The comorbidity of behavioral disorders is noted in 70%. The comorbidity with learning disorders is noted in 28.3%, with anxiety disorders in 23% of cases, with mood disorders in 13.3% of cases, with substance abuse in 15% of cases and with other medical disorders in 10.8% of cases.

Behavior disorders are frequent in children, the management is multidisciplinary and depends on the type of behavior disorder and associated disorders.

References

P-2-1-28
Age and gender-related peculiarities of some factors concerning psychological traumatization of children with depression

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Aims: the role of psychosocial factors in the formation of depression in children in age and gender aspects is far from being clear.

Methods: clinical-psychopathological and psychosocial methods with singling out areas of the conflict in 125 children, aged 7-11, and 120 adolescents at the age of 12-14 years.

Results: the study has established that combined chronic types of stress affect most often (84.6%) the formation of depressive disorders in children aged 7-11, less frequent such an impact is produced by acute stress (15, 4%). The largest rate of depression in children of 7-11 years belongs to chronic conflicts in the family, aggression of father, school conflicts with classmates, social isolation, divorce of parents. Their teachers (5.8%) pay particular attention to the facts of severe stress in the form of sexual abuses of girls (5.8%) and maltreatment of children. The main areas of conflict which correlated with unfavorable course of depression in adolescents were disorders in the life stereotype, disturbed relationships with age-mate and sexual psychic trauma.

Conclusion: The analysis carried out in the study is significant for designing the programs for psychoprophylaxis of depression recurrence in juveniles.

P-2-1-29
Season of birth distribution among Kurdish children with pervasive developmental disorders

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Objective: the study aimed to examine the association between month and season of birth and risk of Pervasive developmental Disorders.

Methods: the sample recruited all Kurdish autistic children (369) who were diagnosed by Kurdistan Autism Committee from 2009 due to the end of 2012. The researcher collected necessary data throughout the four year period of the study.

Results: although January birth rates outnumbered the rest months, the study found no significant correlation between particular month or season of birth and the risk of Pervasive Developmental Disorders. However, Kurdish autistic children’s birth rates were significantly more during colder half of year.

Conclusion: findings of current report do not support the notion of monthly or seasonal pattern of birth in Pervasive developmental Disorder.

P-2-1-30
Limitation to Improve: Children’s Handwriting and Punctuality

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One of the problems teacher face in high school is the unsuitable and slow writing of students which is attributed to their teaching at the first days of school. At the elementary classes, the students are allowed to use erasers and the teachers read the texts slowly and gently for them. Therefore, the students are sure they will hear the
text two or three times and do not try to adapt their speed of writing with the pace of reading. In a comprehensive study in elementary school, the authors, aided by dictation course teachers, applied some rules for students. First, all of the students were forced to write with one type of pencil (HB). Second they were not allowed to use erasers in the class and finally, the teachers read the text once. The results showed that the students tried to adapt their speed of writing pace of reading and had more accuracy in writing. They also focused their attempt not to have any misspelling in writing. This paper discusses the details of this method in details.

References


P-2-1-31
Loneliness of children in school

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In general, the psychological views share several common tenets about loneliness though they differ as to whether it is a unidimensional or a multidimensional experience. They posit that: (a) Loneliness is an experience of separation; (b) It is associated with invalidation of meaning; (c) It is difficult to tolerate; (d) It motivates humans to seek meaning and connection; (e) It may have an evolutionary basis, and (f) It signals the potential for growth and new possibilities.

Research reveals that loneliness is experienced by both adults and children. Kindergarten children reported experiencing loneliness at school, as well as older ones. Factors contributing to children’s loneliness include:
- Difficulties relating to their peer group
- Depression
- Children attributing failure to internal causes
- Absence or low quality of close dyadic friendships
- Difficulties with academic adjustment

Loneliness affects children’s health and well being. Research indicated that child and adolescent loneliness may result in increased risk of dropping out of high school, poor academic performance, depression, social anxiety and even schizophrenia and suicide attempts.

We addressed the interventions that therapists may employ to assist children to cope with isolation in school, or better yet – prevent it.

References


P-2-1-32
Loneliness of children in the family constellation

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We may, or may not, feel part of it, consider it supportive or abusive, good or inhibiting of our growth, but we are all part of a family. Our family of origin. Families in the dawn of the new millennium are diverse and include various categories: families where there is a breadwinner (usually but not always, the man), a homemaker and a child or children, two-earner couples with children, single parent households with children, married couples without children. Cohabiting (non-married) couples with or without children, blended families, and gay and lesbian couples with or without children. It was found that one's family of origin and lack of social support network may significantly contribute to loneliness and alienation. In general, social support benefits our physical, emotional and even spiritual well being.

Children, are not only able to isolate, reject and bring loneliness to their peer’s experience in school, but neither they, nor the educational system are good at preventing children from experiencing the alienation that many kids experience; they also lack the sensitivity and capabilities to comfort and include those children who were shunned, isolated, and alienated.

We addressed what parents and helping professionals can do to help lonely children.

References

P-2-1-33
Explain disease registry: an explorative longitudinal study to evaluate burden of care and unmet treatment needs in patients with fragile x syndrome

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Objectives: Fragile X syndrome (FXS) is the most common inherited cause of intellectual disability [1]. The EXPLAIN disease registry is the first prospective multinational non-interventional study to collect data over 3 years on the epidemiological, clinical and psychosocial characteristics of individuals with FXS and their caregivers. Information on disease-progression, health-economic parameters, resource utilisation, therapeutic interventions (and rationale for use), and quality of life will be collected. Additionally the methylation pattern of FMR1 in participating individualsand the method used to determine it will be recorded.

Methods: Male or female patients of all ages with a diagnosis of FXS confirmed by genetic testing are eligible for enrolment in the study. Each individual with FXS will receive routine medical care. Following baseline assessment, it is anticipated that investigators will conduct visits at approximately 6-monthly intervals for a period of up to 3 years. The data for this study will be retrieved from the physician’s records and from relevant questionnaires. This study is funded by Novartis Pharma AG.

Conclusion: It is expected that data from the EXPLAIN disease registry will contribute to understanding the burden of care and unmet treatment needs in patients with FXS.

References

P-2-1-34
The role of child abuse in eating disorders

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Aims/Objectives: Child abuse, especially child sexual abuse (CSA) has been identified as a non-specific risk factor for the development of eating disorder (ED) symptoms. Few studies have analysed the link between the childhood emotional abuse (CEA) and the development of ED behaviour, however. This study aims to fill this gap.

Methods: Our participants were patients diagnosed with anorexia nervosa (AN; n=26) and bulimia nervosa (BN; n=18), children assigned to childcare institutions because of early abuse suffered in their families (CI; n=50) and healthy control (HC; n=55). In our study we applied two questionnaires: The Child Abuse and Trauma Scale (CATS) and the Hungarian version of the Parental Bonding Instrument (H-PBI).

Results: There were significant differences between all groups regarding the negative home environment/neglect factor. Furthermore AN and BN reported a significantly higher level of emotional abuse as opposed to the HC, while there were no significant differences between the CI and BN in this factor.

Conclusion: According to our results, the level of emotional abuse was positively correlated with the severity of the ED symptoms. In our next study we aim to focus on the mediating factors between the emotional abuse and ED symptoms.

References

P-2-1-35
Little girls not becoming women in Peru

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Objective: To study incidence of suicide among Peruvian people less than 18 years old along 2012. Method: Descriptive design, gathering information from Police and Forensic Divisions, mass media, Internet, direct and phone interview to relatives, classmates and teachers of suicide victims less than 18 y.o.

Results: Being 305 suicides among general population in 2012, 53 victims (17.4 %) aged less than 18 y.o. Of these, 19 (35.8 %) were male, while 34 (64.2 %) female. By sub-division of ages: 7 cases (13.2 %) between 8 to 11 y.o, 24 (45.2 %) between 12 to 14 y.o, founded 8 males (42.1 %) and 16 females (47.0 %), then 22 (41.6 %) be-
tween 15 to 17 y.o. Motivation: 22 cases (41.5 %) because of any form of familial abuse, 16 (30.2 %) due to sentimentally disillusion, and 15 (28.3 %) by consequences of bullying. Clinical diagnoses: 48 victims (90.6 %) suffered depressive states, 3 (5.6 %) any personality disorder, and 2 (3.8 %) drug abuse. Suicidal methods: 42 victims (79.2 %) hanged-up, 10 (19.9 %) took a poison, and 1 case (1.9 %) used a fire-gun.

**Conclusion:** Suicide among Peruvian people less than 18 y.o in 2012 occurred mostly on females, almost twice respect to males, with prevalence at sub-group 12/14 y.o. Both facts made a substantial change of suicidal scope among Peruvian children recorded by same authors in precedent years.

**References**

**P-2-1-36**

Treatment efficacy of working memory in learning disabled children through computerized cognitive training

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**Objectives:** To investigate the efficacy of of improving encoding and working memory skills of youngsters identified with learning disabilities by computerized cognitive training (Captain's Log Brain Train).

**Methods:** 34 students previously identified with learning disabilities were additionally screened for encoding and working memory problems. All had profiles of weaknesses in these areas. Five separate teachers were trained in administering a computerized program to remediate memory (Brain Train: Captain's Log). After 20 hours of intervention, post test measures of encoding and working memory were administered.

**Results:** After 20 hours of treatment, individual format, positive effect sizes were noted for visual encoding memory (.78), auditory encoding memory (.77), visual working memory (.53), and auditory working memory (.83).

**Conclusion:** Encoding and working memory, crucial skill sets necessary for daily academic as well as social and vocational experiences, were significantly improved with this training. This treatment response could provide an impetus towards future intervention strategies for students.

**References**
October 29 – Diagnosis

P-2-2-01  
Validity and utility of “Family” CAGE and CAGE-AID questionnaires  
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Background: If validated, the “Family” CAGE and CAGE-AID questionnaires (the well-known CAGE and CAGE-AID questionnaires adapted for administration to key family members) may have high utility to screen for substance dependence in settings where the primary assesse is unavailable.

Aim: To assess the validity and utility of Family CAGE and CAGE-AID questionnaires.

Methodology: CAGE, CAGE-AID and their Family versions were applied to 210 subjects in two different treatment settings. For validation in treatment-seeking population, substance dependent patients meeting ICD-10 criteria and their family were recruited from de-addiction centre. For screening in non-treatment seekers, sample was obtained from patients attending the psychiatry outpatient section for reasons other than substance dependence.

Results: Majority of the subjects were alcohol users (60%), followed by opioid (35%) and cannabis (3%). The scores of CAGE, CAGE-AID and Family CAGE & CAGE-AID were all significantly correlated with the ICD-10 symptom score (r values 0.51-0.58). Family CAGE cut-off score 2 was found to be 100% sensitive and 70% specific for the diagnosis of ICD-10-defined substance dependence.

Conclusions: Family CAGE questionnaire appears to be a valid and useful instrument for the proxy detection of substance dependence in members of family in the absence of the primary assesse.

P-2-2-02  
Descriptive epidemiological characteristics in patients of CMZ Centar PH Skopje in 2012  
Boskovska, M., Naumovska, A., Bonevski, D., Jeremic, M., Tasevska, D.  
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Objective: The aim of this study is to analyze epidemiological characteristics in psychiatric patients, in order to provide and develop efficient systems of protection and promotion of mental health in community.

Materials and methods: Diagnoses, coded according to the diagnostic criteria ICD-10, age (three groups: 18-30; 31-60; >60) and sex (m/f) are obtained from evidence register of CMZ Skopje during 2012. From 2674 examined patients (609-Z03.2), 2065 are diagnosed and treated. Collected and analyzed patient data is grouped according diagnose in schizophrenia (F20-F25), affective disorders (F30-F48), organic mental disorders (dementia, epilepsy, Parkinson disease, headache, CVI, alcoholism, mental retardation, personality disorder).

Results: Statistical data show prevalence of female sex subjects (female: 61.4%; male: 38.6%), predominantly affective disorders (F41.1-F41.2) 44.4%; SCH 32.5%; organic mental disorders 23.1%. Patients with Dg. F20 (95%) and Dg. F41.1-F41.2 (80.8%) are significantly increased in the second age group (31-60) compared with the first age group (18-30) Dg. F20 (5%), Dg. F41.1-F41.2 (19.2%).

Conclusion: Enabling real-time recognition and treatment will contribute in prevention of mental disorders and improvement of mental health in community.

P-2-2-03  
Crisis intervention: longitudinal study of patients at São Vicente de Paulo Hospital  
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Introduction: Suicide is a major cause of mortality and has a huge social, personal and economic impact. A specialized outpatient crisis intervention clinic was created between 2007 and 2008 at São Vicente de Paulo Hospital to care for people with high risk of fatal self-harm. Objectives: to investigate if any death by suicide occurred among patients treated at the crisis intervention clinic during a three-year follow-up. Materials and methods: Medical records of 112 patients with identified high risk of suicide and at least three psychiatric consults between 2007 and 2008 were reviewed. Moreover, death certificates issued by Medical Legal Institute of Distrito Federal until November 2011 were searched for those patients. Results: one female patient possibly died by suicide until November 2011, meaning 0.9% of the sample. Discussion: Literature reports that around 12% of those who attempt suicide will consummate it in the next few years. Conclusion: Suicide phenomenon is complex, and several factors contribute to increase or decrease an individual’s risk. Specialized centers for crisis intervention with a multidisciplinary approach may have a positive impact on suicide prevention.

References  
P-2-2-04
Fear of Negative Evaluation Scale (FNE). Reliability and the preliminary assessment of validity

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Aim: Assessment of reliability, cross-validity and usefulness of FNE Scale in everyday clinical practice [1].

Methods: Analysis of tests results of 625 patients diagnosed (2008-2010) in the outpatient clinic, including results of the FNE questionnaires. Patients also completed the symptom checklist KO 0’ [2] and personality questionnaires KON-2006 and NEO-PI-R [3]. The reliability and cross-validity coefficients of Polish version were assessed.

Results: The translation was verified by retranslation. The reliability coefficients of Polish version of the FNE was high - Cronbach’s alpha coefficient was 0.94, Guttman’s split-half reliability coefficient 0.93. Correlations with symptom checklist KO 0’ and personality questionnaires KON-2006 and NEO-PI-R were significant and indicated a good cross-validity. The score in the patient population was significantly higher than in the preliminary control group [4].

Conclusions: Polish versions of FNE proved to be reliable and has a high cross-validity with other original Polish tools.

References

P-2-2-05
An investigation of ethnogenetical parameters in patients with neurotic disorder

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During last decades the influence of ethnicity on development of different pathologies is paid attention increasingly due to ethical and anthropological diversity of the population of the most countries including Ukraine. Anthropomorphological, ethnodemographic and psychophysiological examinations of 58 patients with neurotic disorders and 32 healthy persons were performed.

According to results of an anthropological examination of patients with neurotic disorders 9 main phenotypic variants (1) (Mediterranean (20.69±5.36%), Alpine (15.53 ± 4.80%), Dinaric (13.79 ± 4.57%), Atlanto-Baltic (13.79 ± 4.57%), Armenoid (12.07 ± 4.31%), Baltic (8.62 ± 3.72%), Paleo-European (8.62 ± 3.72%), Uralic (5.17 ± 2.93%), and Indo-Afghan (1.72 ± 1.72%)) were defined, therefore, whole range of European anthropological phenotypes was presented in this group. In the healthy group only 6 main anthropomorphological complexes inherent for the population of Ukraine were registered (Alpine (25.81 ± 7.99%), Paleo-European (25.81 ± 7.99%), Mediterranean (19.36 ± 7.21%), Dinaric (12.90 ± 6.21%), Baltic (12.90 ± 6.21%), and Atlanto-Baltic (3.23 ± 3.23%)). A psychophysiological examination of patients with neurotic disorders suggested that they had high personal anxiety scores irrespective of the anthropological phenotypes. It was revealed that patients with neurotic disorders had a high level of psychic processes rigidity in combination with an emotional excitation and a low activeness. The investigations performed demonstrated that anthropomorphological characteristics should be taken into account in assessment of patients with neurotic disorders.

References

P-2-2-06
Validation and utility of a Japanese version of the PHQ-15

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Objective: The PHQ-15 is an efficient tool for evaluating the severity of somatic symptoms in clinical practice. The goal of this study is to validate a Japanese version of the PHQ-15 based on field trials among Japanese primary care patients.

Methods: The patients were enrolled by 8 physicians, a psychiatrist, 3 clinical psychologists, and a mental health social worker in 4 primary care settings, 2 general hospi-
160 subjects were approached and 156 (97.5%) completed the study questionnaire with negligible levels of missing data. The mean age of subjects was 41.14 years (SD=15.01). There were 53 men and 103 women. The patients completed both the PHQ-15 and SF-8. They were asked to return it to their physician or psychiatrist within 48 hours to undergo a diagnostic evaluation interview based on the Mini International Neuropsychiatric Interview (M.I.N.I)-Plus. The M.I.N.I-Plus interviewer was kept blind to the results of the PHQ-15 evaluation.

**Results:** The internal reliability of the PHQ-15 was excellent with a Cronbach’s α of 0.81. There was a significantly strong correlation between the PHQ-15 and SF-8.

**Conclusion:** The PHQ-15 has the validity as measure for evaluating the severity of somatic symptoms of Japanese primary care patients.

**References**

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**P-2-2-07**

**Social Avoidance and Distress Scale (SAD). Reliability and the preliminary assessment of validity**

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**Aim:** Assessment of reliability, cross-validity and application in everyday clinical practice of SAD Scale.

**Methods:** Analysis of tests results of 625 patients diagnosed (2008-2010) in the outpatient clinic, including results of the SAD [1,2]. Patients also completed the symptom checklist KO ‘0’ [3] and personality questionnaires KON-2006 [4] and NEO-PI-R. The reliability and cross-validity coefficients of Polish version was calculated.

**Results:** The Polish translation was verified by retranslation. The reliability coefficients of the SAD translation was high (Cronbach’s alpha=0.94, Guttman’s split-half=0.93). Correlations with symptom checklist and personality questionnaires KON-2006 and NEO -PI-R were significant and indicated a good cross-validity. The score in the patient population was significantly higher than in the preliminary control group.

**Conclusions:** Polish versions of SAD proved to be reliable and have a high cross-validity with other original Polish tools.

**References**
October 29 – Human Sexuality

P-2-3-01
The frequency and quality of sexual dysfunction disorders in inpatients of consultation liaison psychiatry and its association between dyadic adjustment of couples

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Aim: Sexual dysfunction is often implicated in depression and anxiety disorders, but association between sexual dysfunction and adjustment of couples rarely investigated. The aim of the present study is to examine frequency and quality of the sexuality disorder in depressive and anxiety disorder patients and to clarify the association between sexuality and dyadic adjustment of couples (1−3).

Methods: This is a preliminary study which was conducted at inpatients of Consultation Liaison Psychiatry Division, patients that diagnosed as depression and anxiety disorders. All patients filled out a socio-demographic and occupational data form, hospital anxiety and depression scale, golombok-rust inventory of sexual satisfaction, dyadic adjustment scale, maudsley obsessive compulsive symptoms list and family evaluation scale. Data of research is still being collected.

Results: Preliminarily, we know that 69.1% research group is female, 49% of them are graduated from high school or less, 60% of them are not working, mean marriage year is 16.

Conclusion: After examining frequency of the sexuality disorder in depressive and anxiety disorder patients we will clarify the association between sexuality and dyadic adjustment of couples.

References

P-2-3-02
Homophobia and perceptions about homosexuality among students of obafemi awolowo university (OAU), Nigeria

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3 Mental Health, Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria

Aims/Objectives: Lesbian, gay, bisexual and transsexual (LGBT) adolescents face challenges growing up healthy in a culture that is often unaccepting. Both male and female same-sex sexual activity is illegal in Nigeria. Discrimination by reason of sexual orientation, termed homophobia, embraces prejudices against LGBT individuals. The objective of the study was to determine the pattern of homophobia and perception about homosexuality among OAU students.

Methods: A descriptive cross sectional study was conducted among 481 students of OAU using a multistage, systematic sampling technique, they completed a semi structured Socio-demographic Data Schedule and a homophobic scale.

Results: One hundred and sixty eight (35%) respondents knew LGBT individuals, 303 (63%) believed that the practice of homosexuality was common and thirty five (7.2%) believed that homosexuality was acceptable. However, 359 (74.7%) believed that homosexuality was immoral, 326 (67.8%) would feel uncomfortable with a LGBT roommate, 200 (41.6%) avoided them and 23 (4.9%) had damaged their property.

Conclusion: Although many are aware of same sex sexuality in Nigeria, the restrictive confines of law and social norms make stigmatization and discrimination rife and these may impact negatively on the wellbeing of LGBT individuals.

References
P-2-3-03
Sexual orientation and quality of life among students of obafemi awolowo university (OAU), Nigeria

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2 Mental Health, Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria
3 Public Health, Obafemi Awolowo University, Ile-Ife, Nigeria

Aims/Objectives: Sexual orientation is an individual's pattern of physical and emotional arousal toward members of the same and/or opposite gender1. Its complex components challenge many adolescents' emotional and psychological development2. The objective of the study was to determine the pattern of sexual orientation and the relationship between sexual orientation and quality of life among a sample of OAU students.

Methods: A descriptive cross-sectional study was conducted among 481 students of OAU using a multistage, systematic sampling technique, they completed the Socio-demographic Data Schedule, the World Health Organization Quality of Life Scale – Brief version (WHO QOL-BREF) and a modified Kinsey sexual orientation scale. Associations were determined using t tests.

Results: Twenty two (4.6%) of the sample self-identified as bisexual while 3 (0.6%) self-identified as gay/lesbian. Those who self-identified as gay/lesbian/bisexual had a statistically significant lower average score on the psychological and social relationships domains of the WHO QOL-BREF.

Conclusion: GLB youth report a lower QOL in certain domains compared to heterosexual counterparts and this may have health consequences, thus, intervention programs and health services should target the unique needs of GLB youth.

References

October 29 – Mental Health

P-2-4-01
Study of Prevalence and Etiological factors in relation with recurrent admissions of patients in Psychiatric department at Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

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Background & Aims: With reduction in number of patients in the Psychiatric hospitals in Malaysia, the Psychiatric department of general hospitals became overloaded. High readmission rate has been often measured as poor prognostic out comes. A huge amount of budget consumed on patients admissions and the readmission rate is considered as a performance indicator. Therefore, the aim of this study is to find out the social, demographic, and clinical profile of frequently re-hospitalized psychiatric patients.

Methods: cross sectional study, sample size 250 patients, 6 months duration. Consent obtained. Inclusion criteria: 1. Age: 18 years and above. 2. Participants: diagnosed and admitted by psychiatrist. 3. Conversant in Malay or English. To interview, using questionnaires about mental illness, precipitating factors, high expressed emotion, and psychiatric services.

Results: In 5 months admitted patients 172 (Males: 92, Females: 80). 132 (76.7%) were re admitted. GENDER: A. Males: 74 (55.3%) B. Females: 58 (44.7%) DIAGNO-

Conclusion: Ongoing unfinished study but trend has shown that majority of patients are readmitted and the leading cause is poor compliance in schizophrenics.

References
P-2-4-02
Analysis of comprehension and expectations of hematopoietic stem cells transplant (HSCT) in hospitalized patients awaiting this treatment

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2 Blood Bank Division, Santa Casa de São Paulo, São Paulo, Brazil

Objective: To evaluate expectations and comprehension of hematopoietic stem cells transplant in hospitalized women awaiting this procedure.

Method: Retrospective study from analysis of the psychological evaluation protocols carried out in the ward of the Bone Marrow Transplant Unit at a High Complexity Hospital in São Paulo.

Results: 26 women with an average age of 47 years went through the transplant, where 58% are married, 50% diagnosed with multiple myeloma and 23% diagnosed with Lymphoma. 65% of patients went through autologous transplantation. Only 50% of the patients had adequate understanding of the procedure, and all of these showed positive expectations regarding the appropriate treatment. Of the 50% who had partial understanding of the procedure, 24% had idealized expectations.

Conclusion: We can observe that the proper understanding of the hematopoietic stem cells transplant procedure favors the adaptation of expectations to treatment, whereas a difficulty in understanding can compromise them.

References

P-2-4-03
Anxiety and depression symptoms in employees seen by the service psychology specialized in security and work medicine (SESMT)

Kussaba, E., Guedes, G., Moura, M., Negrão, S., Carreira, T., Bruscato, W., Amaral, V., Fregonese, A.
Psychology Division, Santa Casa de São Paulo, São Paulo, Brazil

Objective: To identify anxiety and depression symptoms in health professionals, seen by the Service Psychology Specialized in Security and Work Medicine (SESMT).

Method: Psychological Evaluation Protocol containing a semi-structured questionnaire and the BDI (Beck Depression Inventory) and BAI (Beck Anxiety Inventory) tests, of 131 employees, from March to December 2012.

Results: 80% are female and 20% male. Regarding the depression symptoms: 9.2% did not present symptoms, 45% presented mild symptoms, 20.6% presented moderate symptoms and 25.2% presented serious symptoms. Regarding anxiety: 34.4% presented minimum symptoms, 16% mild symptoms, 26.7% moderate symptoms and 22.9% serious symptoms.

Conclusion: when seeking psychological assistance, most of the employees either already presents anxiety or depression symptoms, which can consequently cause some impact on their work activities. It is important to reflect on the need for prevention projects related to the work of the psychologist in the worker’s mental health field, as a way to diminish the health worker’s losses to physical and emotional integrity.

References

P-2-4-04
Characterization of patients deprived of freedom in the penitentiary system’s hospital center

Cursino, A., Amaral, V., Bruscato, W., Reis, S.
Psychology Division, Santa Casa de São Paulo, São Paulo, Brazil

Method: 22 individual psychological evaluations were carried out with semi-directed interviews.

Results: The evaluated patients are women with ages between 23 and 69 years, where 54% have little or no social and family support, 77% are or have been abusing illegal substances, 54% had anxiety symptoms, 31% had depressive symptoms and 54% have no information about the clinical presentation and treatment. The main clinical manifestations observed in this sample were: hypertension, tuberculosis, HIV / AIDS, rheumatism and cancer.

Conclusion: it was found in the results that more than half of the patients have poor social support, history of using illicit substances, anxiety symptoms and absence of information on the clinical condition. These characteristics in literature, point towards possible complications to treatment adherence.

References
P-2-4-05

Characterization of the employees seen by psychology specialized in security and work medicine (sesmt)

Kussaba, E., Guedes, G., Moura, M., Oliveira, N., Ne-grão, S., Carreira, T., Amaral, V., Bruscato, W., Fregonesi, A.
Psychology Division, Santa Casa de São Paulo, São Paulo, Brazil

Objective: To characterize the demographic profile of employees assisted by Psychology in SESMT, and raise the main reasons for seeking psychological support in this service.

Method: a descriptive, transversal and retrospective study was carried out, based on 275 psychological evaluation protocols, from January to December 2012.

Results: 85.5% are female and 14.5% male. 41.5% of the age is from 31 to 40 years, 52.7% are married or in a stable relationship. 89.1% have 2 children, 61.4% have completed middle school, 45.5% are nurses with less than 5 years professional experience in the institution. 21.5% point out that the reason for the psychological session is directly related to work, 50.9% mention personal problems that are interfering with their work and 27.6% say that their difficulties do not interfere in their professional performance.

Conclusion: Most of the patients do not seek this service for work related problems, and other forms of action, such as, talks, psycho-educational groups and reflection groups are necessary to contemplate these employees.

References

P-2-4-06

Coping resources in caretakers of cancer children undergoing chemotherapy

Silva, L., Horta, P., Amaral, V., Bruscato, W., Fregonesi, A.
Psychology Division, Santa Casa de São Paulo, São Paulo, Brazil

Objective: To investigate strategies to deal with problems in caretakers of children undergoing chemotherapy.

Method: Transversal descriptive study, carried out with 16 caretakers of cancer children undergoing chemotherapy, with ages between 0 and 10 years. The instruments used were: social demographic file and dealing method scale (DMS).

Results: Age between 21 and 45 years, of which 57.2% of caregivers had been following the child's treatment for over nine months. Regarding coping, 87.5% of caregivers used a strategy focused on religiosity / wishful thinking as the main feature and 12.5% used a coping strategy focused on the problem.

Conclusion: Religiosity in cases of serious illness is used as a means to reduce suffering and is experienced uniquely by each individual. Thus, the strategy focused on religiosity / wishful thinking may act as a role of bringing together as well as pushing away from the stressful event. Facing the illness, the psychological session becomes paramount as a means of contributing to make sure these caregivers seek more adaptive coping strategies, thereby favouring an adequate treatment as well as better quality of life for caregivers.

References

P-2-4-07

Recreational activity as a facilitator to social protagonism in health

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Objective: To perform recreational group intervention aiming to collectively construct various aspects experienced in childhood.

Method: 30 mental patients attending the Day Hospital at the CAISM Adult General Unit participated in the activity, where the main psychopathological complaints are: Schizophrenia, Bipolar Disorder and Depression. This group has weekly meetings coordinated by two psychologists; however, for this work, two hour and a half meetings took place.

Results: The participants recalled happy moments experienced in childhood that do not often appear in their reports of them, as these usually focus on the disease, the difficulties that this entails – such as prejudice - and a sense of victim faced with the emergence of psychopathology.

Conclusions: The weekly work with the group, and especially these two activities allowed the construction of a context that favored the development of each individual. Recreational activities in the hospital facilitate the role of each participant in his/her life story that goes beyond the psychopathology.

References

POSTERS
P-2-4-08
Stress in caretakers of cancer children undergoing chemotherapy

Silva, L., Horta, P., Amaral, V., Bruscato, W., Fregonese, A.
Psychology Division, Santa Casa de São Paulo, São Paulo, Brazil

Objective: To investigate stress symptoms in caretakers of children undergoing chemotherapy.
Method: Transversal descriptive study, carried out with 16 women, caretakers of cancer children undergoing chemotherapy, with ages between 0 and 10 years. The instruments used were: social demographic file and adult stress inventory (ASI).
Results: The participants in the study were aged between 21 and 45 years, stress symptoms were identified in 87.5% of participants, of which 21.4% had symptoms corresponding to resistance and 78.6% to exhaustion, where there was a predominance of psychological symptoms in 85.7% and physical symptoms in 14.3%. The relationship between treatment time and stress showed that 57.2% of caregivers, who are over 9 months following treatment in children, are at the stage of exhaustion.
Conclusion: The caregivers of children with cancer undergoing chemotherapy appear to be more susceptible to stress symptoms, mainly psychological, that may be present during the entire treatment. Faced with this, the role of psychology becomes paramount as a means of helping these women to seek more adaptive coping strategies, which may contribute to decreased stress symptoms.

References

P-2-4-09
The Asahi Project: A Model for deinstituiionalisation in Japan

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Japanese psychiatric services are still typically hospital-based. The Asahi Project is the deinstituiionalization project in Japan. Asahi General Hospital is one of the biggest public hospitals in Japan. The Department of Psychiatry was established in 1965, with 120 inpatient beds, increasing to 240 in 1985. In 2002 a multidisciplinary team project to integrate mental health services was commenced. A subsequent study determined that 152 of 233 patients (65.2%) were inpatients for over one year, but that 76 of the 152 (50%) could have been discharged if housing and outreach services had been available. We initiated a discharge program and eventually discharged 29 of these patients. In 2005 we established working groups, such as housing, outreach services, child psychiatry and strengthened our multidisciplinary team approach. In 2008 we began to work in cooperation with other mental health hospitals and clinics to downsize our department. We now have one inpatient ward with 60 beds. These changes have resulted in a rapid decrease in the average length of stay and the average number of emergency psychiatric outpatient visits. This project might be a useful model for effecting transition from hospital to community care in Japan and other countries where such changes have been proposed.

References
1 Preliminary outcome study on assertive community treatment in Japan.
2 How many long-stay schizophrenia patients can be discharged in Japan?
3 Deinstitutionalization of long-stay patients with schizophrenia: the 2-year social and clinical outcome of a comprehensive intervention program in Japan.

P-2-4-10
Rapid Improvement Exercise in an Academic Medical Centre to improve physical safety of psychologically disturbed patients in general wards

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3 General Medicine, National University Hospital, Singapore, Singapore
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5 NUHS Way, National University Hospital, Singapore, Singapore

Introduction: Physical safety issues amongst disturbed patients admitted to general wards poses challenges to medical and nursing teams. Efficiency of identifying, risk stratification and management, is a common challenge in general hospitals.
Methods: A Rapid Improvement Exercise (RIE), a healthcare quality improvement framework, was con-
ducted at the National University Hospital of Singapore to identify and address safety and service gaps. Before and after a RIE, a survey was conducted amongst nurses and doctors of general wards to assess effectiveness of implemented key changes.

**Results:** This poster presents the new workflow, patient risk stratification and management system. A survey filled out by nurses and doctors of general wards (n=218) confirmed existing problems with identifying (55%), managing (73%) and escalation (44%) in this group of patients. After key changes were implemented, a post survey showed improvement on all domains. Time taken for Emergency Department staff to complete a new structured questionnaire assessment on suicide intent was reduced by half after the RIE.

**Conclusions:** During the RIE, safety and service gaps for disturbed patients were closed with new hospital-wide guidelines and protocols. The key changes improved safety in these patients and improvement in communication between the various stakeholders.

**References**

P-2-4-11
**The prevalence of mental health problem and psychiatric disorders in patients affected by southern Thailand’s insurgency at Songklanakarin hospital**

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2 Psychiatry department, Hatyai hospital, Ministry of Public Health, Public Health, Songkla, Thailand

**Objective:** To study the prevalence of mental health problems and psychiatric disorders in patients affected by southern Thailand’s insurgency at the outpatient clinic of Songklanakarin Hospital and identify factors associated with mental health problems.

**Method:** A cross-sectional descriptive study was conducted among 360 patients who were living in the provinces of Yala, Pattani, and Narathiwat at the general prac-
tice, general medicine, and general surgery outpatient clinic from May 1, 2009 to May 31, 2010. The study used a Thai screening test for PTSD, Thai GHQ-28 for screen-
ing general mental health problems and then psychiatrist diagnoses based on DSM-IV-TR criteria. Data was ana-
lyzed using percentage, mean, and standard deviation. Factors associated with mental health problems used multiple logistic regression.

**Results:** The prevalence of mental health problems was 5.6 %, PTSD symptoms was 2.8 %, and psychiatric dis-
orders was 1 % (including depressive disorder). When classified by symptom, somatic symptoms were most often followed by anxiety and insomnia, impaired social problem, and severe depression, respectively. Factors associated with mental health problems were province, occupation, fear of being killed or hurt, underlying disease (p < 0.05).

**Conclusion:** Compared with other studies, A low prevalence of psychiatric disorders among patients affected by southern Thailand's insurgency.

**References**
3. Prohmpetch W., Naraongard S., Mental health status of teachers in the three southern border provinces, Sonk-
lanakarin journal of social & humanities 2007;15(4)

P-2-4-12
**Our experience in the development of a medical psychiatric unit**

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2 School of Medicine, St. George’s University, University Centre, Grenada

**Objective:** Patients with co-morbid medical and psychi-
atriic illness can be difficult to treat. They often receive fragmented care that is lengthy and costly. Medical psychi-
atriic units are best suited for the treatment of these patients.

**Methods:** We describe our experience of seven years developing a medical psychiatric unit, from establishing criteria for admission, training the staff and selling the idea to the hospital administration.

**Results:** Since the establishment of our medical psychiat-
ric unit, the number of admissions and the daily census have increased significantly, supporting the financial vi-
ability of the unit. We have treated a number of patients that otherwise would have received fragmented care, re-
sulting in a lengthy admission with higher costs. Having the availability of a medical psychiatric unit has reduced
the stigma of mental illness and increased the number of voluntary admissions to our unit.

Conclusion: Medical Psychiatric Units help reduce the stigma of mental illness. They also help reduce the cost of healthcare and provide a setting to teach residents and students from multiple disciplines, the delivery of healthcare in a humane, empathic and efficient manner.

References

P-2-4-13
The person behind the diagnosis

Coir, D., Grady, M., Spariosu, M., Coira, R.

Objective: Anti NMDA receptor encephalitis is a potentially fatal, devastating illness, that can present with complex neuropsychiatric symptoms. We often focus on diagnostictests and pharmacological management, ignoring the psychological and social effects on the patient and the family. We want to emphasize the importance of the therapeutic alliance in the treatment and recovery from this illness.

Methods: We present the case of a 14 year old girl, with limited financial resources, who had a history of mild mental retardation and ADHD, that was diagnosed with NMDA encephalitis. We will discuss the struggle of the patient and her single mother with a complicated health care system that pays little attention to the person behind the illness.

Results: The patient and her mother developed a strong therapeutic alliance and a secure attachment to the consulting psychiatrist, resulting in improved clinical outcomes and a restoration of trust in the health care system.

Conclusion: This case demonstrates the importance of looking at the whole person, based on biopsychosocial understanding of the individual. Once the therapeutic alliance was established, the patient's aggressive behavior and compliance improved significantly. The patient's response to an empathic therapist was stronger than her response to antipsychotic and anticonvulsant medication.

References

P-2-4-14
Evidence based practices in mental health: A profile of possible adopters

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Objective: There is a growing literature indicating that organizational and individual worker-level factors affect decisions about whether or not evidence based practices (EBP’s) are adopted within health care agencies 1-2. The purpose of this pilot study is to further investigate and measure worker’s attitudes within a community organization.

Methods: A small organization participated in the study due to their diversity in services offered. Of the 92 workers eligible for participation in the study, 66 (72%) completed the Evidence-Based Practice Attitude Scale (EBPAS) survey 3.

Results: Multivariate analyses revealed that female workers scored higher on both Openness and total score; workers with nursing, education or psychology majors scored lower than workers with other (excluding social work) majors on both Divergence and total score; and that older workers scored higher on Divergence.

Conclusion: Although small, this study identifies individual characteristics that are most likely to fit the profile of an EBP adopter, which are: female and those who have
a degree in other than education, psychology or nursing. Successful small scale trial volunteers are in an excellent position to be both positive opinion leaders promoting adoption of EBPs as well as potential trainers within the agency.

References

P-2-4-15
Mental health workers who implement best practices: Influences on morale

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Objectives: Mental health organizations are strongly encouraged to implement evidence based practices (EBPs)¹², however little is known about the culture and climates or work force morale within these organizations. The present study investigated how provider demographics, workplace environment and whether EBPs were used affected the morale of the work force.

Methods: Front-line workers (N = 1,273) from 55 different programs in a single, large organization completed a measure of organizational culture and climate (e.g., OCC)³-four and worker morale. A multilevel regression analysis used worker demographics to predict worker morale at level 1 and EST use and OCC scales to predict program level worker morale.

Results: Worker morale was significantly negatively correlated with EBP use and significantly correlated with OCC dimensions. Regression results showed that culture and climate but not EBP use predicted morale.

Conclusions: Although EBP use by programs in this agency had negative effects on both morale and OCC, separately, the effect on morale was subsumed by the effect on OCC. Whether organizations focus on improving the culture and climate or worker morale, it seems, because of their very close relationships, changes in one area greatly increase the likelihood of changes in the other.

References

P-2-4-16
Crisis Response and Resolution Team re-referrals pre and post service reconfiguration of services

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Background: Recently the NHS in the UK underwent major changes to increase its quality of care. Our Trust has recently reconfigured the services and South Camden CRRT was affected mainly through changes in the structure of the staff employed.

Aims & Objectives: Identify how the reconfiguration of the services in July 2012 affected our service. Collect the details of the re-referrals made to SCCRRT in the 3-month period following the reconfiguration and the details of the re-referrals during the same month period in 2011. Compare and contrast this data to consider the impact of the reconfiguration.

Methods: We retrospectively reviewed the re-referrals of a three-month period and the re-referrals of the same month period in 2011. More information for each re-referral was obtained through our electronic database (RIO).

Results: In 2012 we had fewer re-referrals compared to 2011. Main source of re-referrals in 2011 were mental health liaison teams whereas for 2012 were community teams. It was more likely for a patient to be taken on in 2011 that in 2012 whereas for the re-referrals it was the other way round. The average length of stay with the team was less than 3 weeks. There was no increase in re-referrals.
P-2-4-17
Moving beyond “psychiatric care”: the evolution of service delivery models

Background: Psychiatric care in Canada has traditionally been delivered as a generic time-based service that does not differentiate between different types of services being provided or different types of patients being cared for. This lack of differentiation in care models can lead to several consequences over time, ranging from economic implications and loss of fee relativity to service gaps for high need patients. Unfortunately many efforts targeted at addressing such gaps in patient care are limited to specific and local initiatives that fail to address the system-wide problem of patient care gaps in broader public health care models.

Objectives: The goal is to explore how psychiatric service delivery models need to evolve to avoid service gaps and further marginalization of the most at-need mentally ill patients.

Content: This session will review the reasons psychiatric services have traditionally been delivered in generic time-based psychiatric care models, and the unintended consequences this prevalent model may have on patient care, especially on the most severely mentally ill. Successfully altering medical service models to address this requires using best evidence based principles, policy development and effective advocacy.

Specific initiatives to increase psychiatric care delivery to targeted patient populations have been associated with provincial-level service changes in Ontario over a ten year period, this data will be presented. Initiatives at the provincial level in Ontario, and the national level through the Canadian Psychiatric Association Committee on Economics, aimed at evolving broad service delivery models to better identify and encourage high complexity and high need patient care will be reviewed. Finally, the recent implementation of novel and widely accessible Clinical Care Modifiers for Psychiatric Care in the publicly funded OHIP system in Ontario will be reviewed, and implications discussed.

P-2-4-18
Early life stress and burnout among nursing professionals

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Recent evidences suggest that early life stress (ELS) is a risk factor for onset of psychopathology on adulthood. Nursing is generally perceived as a demanding profession. There is a rising necessity for healthcare administrators to tackle the aspects leading to nurse stress and work burnout. The present study aimed to evaluate the association between the occurrence of ELS and the Burnout in nursing professionals of a university hospital. The sample was 310 nursing aides and technicians of a university hospital. The presence of ELS was confirmed by the Childhood Trauma Questionnaire (CTQ). To determine the risk of burnout was used Maslach Burnout Inventory (MBI). The bivariate logistic regression model was used in order to analyze the association between variables. About 30% of the nursing aides and technicians suffered 3-5 subtypes of ELS. The prevalence of high-level burnout was 17%. The association between emotional exhaustion and early stress was confirmed (p<0.001). The results showed a problematic situation considering that these professionals are responsible for hospital nursing care. This association provides elements for actions of mental health promotion to nursing professionals.

References

P-2-4-19
Epidemiology and clinical management of psychiatric agitation in Europe – Expert opinion

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Objective. Obtain information about the epidemiology and management of agitation in schizophrenia and bipolar disorder.

Methods. Structured survey mailed to European physicians working in public centers who diagnose and treat at least 20 agitation episodes of these psychiatric patients per year.

Results. 38 surveys included. 89.5% from psychiatrists. Median values (interquartile range) are presented. According to the participants, 20.0% (10.0-40.0) of schizophrenic and 15.0% (10.0-37.5) of bipolar patients would suffer at least one agitation episode every year, with a median of 2.0 (1.5-3.0) and 2.0 (1.0-2.0) episodes, respectively. 70.0% (60.0-80.0) could be classified as mild to moderate episodes for both diseases. From these, 65.0% (40.0-80.0) would require hospital admission. The initial treatment in patients with mild to moderate agitation to control the episode would be oral in 50.0% (30.0-70.0) and intramuscular drugs in 35.0% (20.0-60.0) of episodes, while 10.0% (0.0-10.0) would not receive pharmacological treatment. 37.5 (15.0-60.0) and 45.0
(20.0-105.0) minutes of psychiatric and nursing care, would be required to control the episode, respectively.

**Conclusions.** According to European experts, agitation is an important psychiatric problem representing a large proportion of hospital admissions and health care resource use. An appropriate pharmacological approach with a fast and easy to use alternative is required.

**P-2-4-20**

**Commuting by car as an additional stress factor for employees**

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**Aims/Objectives:** The aim of the study are the reasons for commuting and if daily commuting constitutes an additional stress factor which leads to psychosomatic complaints and therefore has effects on quality of life [1-3].

**Methods:** Using several questionnaires (a specialized developed Commuter Questionnaire, GBB-24 (short version), Outcome Questionnaire (OQ 45.2) and 12-Item Short-Form Health Survey (SF-12)), effects of commuting by car on 277 commuters were studied in an automobile plant in southern Germany.

**Results:** The questionnaire was given to 472 commuters, 277 (59.0%) were sent back. 248 men (89.5%, mean age 40.0 years) and 29 women (10.5%, mean age 34.4 years) participated in the study. 94.9 % suppose that they commute for all their work-life. Commuters getting impatient or nervous in traffic congestions had significantly worse test results. Reasons for commuting differed according to commuting time, gender and between single commuters and car pool commuters.

**Conclusion:** Further specialization at the workplace will increase the problem of long distance commuting. The long term effects of commuting on the human organism and favorable coping strategies have hardly been studied and need to be optimized [4,5].

**References**

**P-2-4-21**

**Survey of the effects of hospital environments on inpatients with psychiatric disorders: Comparing the patient behavior between before and after moving to new hospital wards**

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**Aims & methods:** The purpose of the survey is to investigate the relationship between hospital environment and behaviors of inpatients with psychiatric disorders. Inpatients at Tokyo Metropolitan Matsuza Hospital were moved to a newly built, 7-story building with 660 beds in May 2012. Survey was performed on 115 patients who had been moved from the old to the new wards and 107 patients who were admitted directly to the new wards. Evaluations were performed based on the results of General Health Questionnaire-30 (GHQ30) and a part of Discharge Readiness Inventory (DRI), medical records, observations of behaviors, and interviews of patients and staff.

**Results:** Although there is a slight difference in the result by age group, significant change in patients’ behavior and condition have been observed. Such change include improved DRI scores, especially in areas associated with reorganization of space, decrease in the amount of hypnnotics taken, and reduction in the frequencies of violent behaviors towards people and objects.

**Conclusion:** Various evidence were collected to suggest that improved hospital environment positively impacts behaviors and conditions of psychiatric inpatients. Through creating proper environment, hospital wards potentially become an active contributor to medical treatment and may even promote the healing process.

**References**

P-2-4-22
The insertion of psychiatry in primary care - a Brazilian experience

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The mental health “matricial support” (i.e. apoio matri- cial in Portuguese) was the way found by the Brazilian Government to train doctors and professionals working in primary health for care users with mild disordered metals. This experience report is to share the “matricial support” in a Basic Health Unit. This “matricial em forentity” (i.e. equipe de matricialimento in Portuguese) consists of a psychiatrist and a psychologist. The primary care teams are composed of general physician, nurse, nursing technicians and community agent and all are invited to particip- ate in meetings of “matricial support”. Initially the team had to work to accept receive this type of demand. This unit are located in a community in the north of the city of Rio de Janeiro and serves a clientele of low economic resources and little access to health care. Moreover, it is an area not pacified by the local police. The major cases found are disorder for alcohol and specific drugs (like marijuana, cocaine and crack), mild to moderate depres- sion and psychosis. The challenge in “matricial support” is, in this case, in addition to professional training, main- taining mental health workers health teams.

References

P-2-4-23
Introducing Evidence Based Psychiatric Rehabilitation at a Psychiatric Facility in Pakistan in collaboration with University of Medicine and Dentistry New Jersey

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This presentation describes the collaboration between a comprehensive community mental health facility in Kar- rachi, Pakistan, Karwan-e-Hayat, and the Department of Psychiatric Rehabilitation, University of Medicine and Dentistry of New Jersey, U.S. This training was fostered and supported by a voluntary U.S. based organization, Carvan of Life. In the Fall of 2008 faculty from the Department provided on-site consultation and training to selected Karwan-e-Hayat staff members and other invited professionals. The 17 week process was carried out via WebCT (an internet distance learning platform), SKYPE, and e-mail. Prior to this training Professor Smith visited Karwan-e-Hayat to meet staff, interview prospective trainee and learn about the facility. The consultation and training process continues with the eventual introduc- tion of modified evidenced based practices into existing day programming and inpatient services. This presentation describes (1) the technical aspects of the process including Web based learning and SKYPE, (2) the assessment of service needs through their visit and the on-going consultation and training (3) differences and similarities between U.S. evidence-based practices and services at Karwan-e-Hayat, (4) the process from the per- spective of Karwan-e-Hayat, (5) plans for implementa- tions of evidence-based practices particularly Illness Management and Recovery, Family Psycho-education, and Case Management training. Discussion of the Illness Management and Recovery (IMR) group includes ques- tions of appropriate fidelity measures, facilitator training and supervision and methods of on-going evaluation of the process, and (6) Training of the trainer program through Web based and SKYPE and to develop a PsyR training center in Karachi Pakistan.

P-2-4-24
Implementation and evaluation of a coaching pro- gramme for academic writing at Alice Salomon University Berlin (ASH)

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Objectives: Research strongly recommends coaching programmes for students to enhance their mental, social, and technical skills of academic writing (Kruse 2003, Dittmann 2003, Grieshammer 2012, Girgensohn 2012). The ASH used the special financial support of the Berlin Senate’s Masterplan to develop, implement, and evalu- ated such a programme.

Method: 154 students took part and received seven hours of group and two hours of individual coaching by experi- enced psychiatrists and counsellors. The participants filled out a questionnaire evaluating changes in dimen- sions like self-awareness, writing ability, suitability of the programme and its organization.

Results: 95% of the participants would recommend the coaching programme to overcome writing problems and use it again. They especially expressed the advantage of the coaches not being their professors. 75% stated to be more aware of their strength and weakness (Kollak 2013).

Conclusion: The coaching programme worked well for the participants, because it improved their technical skills and enhanced their self-esteem. The programme can be recommended for other educational institutions.
P-2-4-25
Stress and envelopment: aspects of expats’ (mental) health

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Background: A framework is presented for diagnosis and therapy with expats and their families, children and adolescents, that serves to explain and put into perspective the importance of language and culture. The key concept used is that of Envelopment: a concept on the interface of the workings of stress and culture, that originates from clinical experience.

Methods: By using the framework and concept of Envelopment (Kouratovsky, 2007; 2009) the development of the self is placed in an ecological context and the concept of culture is operationally defined as sets of practices that serve as layers that protect against overwhelming stress. Ecological context and self development are conceptualized as essentially interactive. Envelopment combines modern stress theory with the latest scientific findings (esp. from developmental psychobiology) and insights from anthropology, philosophy, psychology, psychoanalysis and psychiatry.

Results: Both the framework and concept of Envelopment can give a clear perspective on what is clinically relevant in inter- and trans cultural settings and so direct diagnosis and therapy.

Conclusions: The framework and the concept of Envelopment can be successfully used with individual expats: adults as well as children and adolescents, as well as families.

References

P-2-4-26
Differences by gender of information-seeking behaviors about mental health among Japanese employees

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Objective: To promote employees’ mental health (MH) and to prevent mental disorders such as depression, it is important to give them good information about MH care. The aim of this study is to know differences by gender of information-seeking behaviors about MH among Japanese employees.

Methods: A thousand employees aged 20-65 years working forty hours or more in a week were sampled in an equal probability by gender and age group. A cross-sectional self report survey was conducted with internet regarding which topics of information about MH they were seeking and by which media to reach the information.

Results: Information about self care like “how to relax” and “how to recover from fatigue”, and MH check lists were three of the most popular information among both male and female employees. Significantly more females sought these three than males did. The most preferable media to seek MH information for both male and female employees were web. Significantly more females utilized web and SNS than males did. More males, however, significantly got the information from health care staffers in their companies.

Discussion: It is possible that females working smaller companies sought the information from web and SNS instead of from their workplace.

P-2-4-27 The possibilities of music therapy in the context of Integrated Psychotherapy/Knobloch

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Purpose of this paper is to describe the possibilities of music therapy in the context of Integrated Psychotherapy/Knobloch. The main pillar of musictherapy in the process of Integrated Psychotherapy/Knobloch is created by Interpersonal Hypothesis of Music, which is based on idea that the music reflects interpersonal tendencies which independent observer can determine with the certainty beyond a merechance. Music is able to induce a state that like dreams activates interpersonal processes in one’s group scheme and in fantasy even satisfies some interpersonal needs and activates interpersonal tendencies. This refers to all people alike. One of the most im-
Important tools of music therapy is circumplex that represents eight categories of interpersonal tendencies (dominance and submission, affiliation and autonomy, exhibition of high and poor quality, fight and escape). There are also various techniques of passive (receptive) and active components of music therapy – always in accordance with the principle of interpersonal hypothesis of music which together with the circumplex and group schema can function as effective secondary tool in therapeutic practice.

Key words: music therapy, interpersonal hypothesis of music, circumplex, group scheme, interpersonal tendencies, integrated psychotherapy

References


P-2-4-28
Mental health in divorced individuals: seeking professional help and perceived social support

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Aim/Objective: Divorced individuals suffered from more mental health problems1,2. We investigated help-seeking behaviors in different marital groups from participants of the Hong Kong Mental Morbidity Survey (HKMMS).

Methods: Difference between single, married and divorced individuals was compared in lifetime and last year service utilization for mental health problems, and perceived social support.

Results: Results demonstrated significant group differences in lifetime service utilization (p<0.01), last year service utilization (p<0.01), and perceived social support (F2,399=71.73, p<0.01). More divorced individuals utilized services in life time (37.8%) and last year (21%) than single (17.3%; 10.7%) and married (15.4%; 8.7%) counterparts. Divorced individuals perceived less social support than single (mean difference=-6.34±0.77, p<0.01) and married (mean difference=-8.43±0.72, p<0.01) individuals. A higher proportion of divorced women utilized service in their lifetime (43.9%) and last year (24.1%) than divorced men (24.8%; 14.3%) (p<0.05). Divorced women perceived higher social support (M=62.4, SD=16.65) than divorced men (M=57.5, SD=17.22; t=-2.45, p<0.05).

Conclusion: Divorced women sought help more often and perceived better support than divorced men. This may reflect a potential risk factor for divorced men.

References


P-2-4-29
Modulating factors of common mental disorders – preliminary results of Hong Kong Mental Morbidity Survey

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Aims/Objective: Common mental disorders increase risks for communicable and non-communicable diseases1. In most epidemiologic studies, over 15% of the general population suffers from some forms of mental disorders2. We aimed to collect information about the development of the mental health problems among Hong Kong community.

Methods: The Hong Kong Mental Morbidity Survey (HKMMS) is a territory wide epidemiologic study collecting mental health data among adult population aged 16 to 75 in Hong Kong. Logistic regression analyses were used to compare participants with “high level of neurotic symptoms” (high NS) to “low level of neurotic symptoms” (low NS) among the first 4,310 participants.

Results: 1,128 and 1,416 had Clinical Interview Schedule-Revised (CIS-R) scores over 75th percentile (CIS-R >/=8)(high NS) and below 25th percentile (CIS-R </=1)(low NS). Women had a higher level of neurotic symptoms (OR=4.11, CI=2.99-5.46). Poorer chronic health (OR=1.46, CI=1.34-1.64), hopelessness (OR=1.38, CI=1.26-1.45) and more traumatic life events (OR=1.22, CI=1.12-1.35) were also associated with higher level of neurotic symptoms. On the other hand, social support benefited a better mental health status (OR=0.96, CI=0.95-0.98).

Conclusion: Risk factors assessments are essential in the evaluation of common mental disorders. Their cause and effect relationship should be further investigated.

References


P-2-4-30
Stigmatizing opinions of Chinese towards different types of mental illnesses: a qualitative study in Hong Kong

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Background: There is a lack of in-depth studies on the stigmatization of mental health patients in China. We aimed to investigate the stigmatizing opinions of Chinese towards different types of mental illnesses by a qualitative approach.

Methods: Nine focus group interviews with 5 to 12 participants each were conducted in areas of different social classes.

Results: For both depression and schizophrenia, the participants did not express strong stigmatizing opinions towards them. However, if these patients exhibited violent behaviors, their acceptability was greatly reduced. Similarly, violent behaviors or verbal abuse made the alcohol and drug abusers; and manic patients difficult to be accepted. Annoying behavior was another key determinant for the stigmatizing opinions. Participants had little fear about the people with anxiety, but they had worries to accept them as close friends.

Conclusions: The violent and annoying behaviors of mental health patients are the fundamental determinants of the stigmatizing opinions among the Chinese in Hong Kong. Different from the findings in Western countries, the stigmatization is less distinguished by the specific types of mental illnesses. However, for a mental illness associated with more violent or annoying behaviors, the level of stigma is generally higher.

P-2-4-31
Stigma experienced by the family members of mentally ill patient taking treatment in Psychiatric department of BPKIHS

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Background: Stigma affects not only people with mental illnesses but their families as well in view of their association with the individual who is suffering from mental illness.

Objective: To assess the stigma experienced by the family members of mentally ill patients and to find out the association between experienced stigma with selected variables.

Materials and methods: A descriptive cross sectional study was conducted to assess stigma experienced by family members of mentally ill patients attending BPKIHS. Total 100 samples were selected using purposive sampling technique. Data was collected by using predesigned, pretested Performa and modified standardized Stigma Scale, a 28 item stigma scale by Michael K, et al. Data was analyzed using descriptive and inferential statistics.

Results: 65% of the subjects interviewed were stigmatized. Seventy one percent were male. The mean age of the respondents was 39.49±12.69 years. There is association between stigma and gender (p<0.05), education and marital status and duration of illness of the patients.

Conclusion: Efforts need to be made to educate the public about the ill effects of stigma on mentally ill patients and their family members.

Keywords: Stigma, family members, mentally ill patients

References

P-2-4-32
Psychological effects of hill-walking on workers of urban enterprises: Is hill-walking an effective option to promote mental health of company employees?

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Objectives: In this stressful society, prevention of stress-related disorders of employees is one of the major concerns of many companies. The aim of this study is to evaluate psychological effects of hill-walking on company workers and to investigate its possibility to be part of corporate health promotion programs.

Methods: Thirty company employees and 31 voluntary adults (control group) participated in guided hill-walking held in Kaminoyama City in Japan. Questionnaires were given before, after, and the following day of the walking. The questionnaires included a 12-item mood scale (MCL-S.2(1) and questions on physical condition.

Results: Positive moods of both company employees and the control group showed significant enhancement (p<0.05~p<0.001) after walking. On the following day the elevated moods of the workers reduced (p<0.05~p<0.01) while relaxed mood of the control group remained unchanged. More items in the physical condition improved in the worker group (p<0.05~p<0.01) on the following day than the control group.
Conclusion: Hill-walking improved positive moods and physical shape of the workers although the effect duration was limited. The results suggest including hill-walking in a corporate health promotion program be beneficial for company workers but factors affecting the effect sustainability need to be clarified.

References

P-2-4-33
Psychiatric activity in a refugee camp during the recent war in Libya

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The prevalence of mental disorders among refugee populations and victims of war is high. The most frequently encountered disorders are those dominated by anxiety and depression, such as PTSD and major depressive episode. The experience during the recent war in Libya informed us about the first needs of a displaced population in the field of mental health. In this work, we present the results of 8 months of psychiatric activity within the Moroccan field hospital in the refugee camp of "Shusha" at the Tunisian-Libyan borders, between May and December 2011. This report shows a wide variety of clinical situations, with some cultural and sociopolitical specificity, requiring a multidisciplinary approach.

References

P-2-4-34
Attachment style and perceived social support as predictors of biopsychosocial adjustment to cancer

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Aim: Social support was associated with a decrease in psychological symptoms and a better life quality in cancer patients. Aim of this study was to investigate the role of attachment dimensions on social and psychological adjustment to cancer and, exploration of the social, psychological adjustment and medical adherence among patients (1-3).

Methods: The study was conducted with 68 cancer patients. The measures taken were Demographic Information Form, Multidimensional Scale of Perceived Social Support (MSPSS), Experiences in Close Relationships-Revised (ECR-R) and Psychosocial Adjustment to Illness Scale (PAIS-SR).

Results: The results showed that avoidant attachment style was related to difficulties in social relationships and increase in psychological distress following cancer diagnosis and, people who perceive social support more easily orient to health care than people who perceive less social availability. It was shown that perceived social support has positive impact in adjustment to family relationships and they would experience less psychological distress than people who perceived less social support.

Conclusion: Considering the complicated nature of the cancer disease, multi-perspective approach should be applied during the treatment process and is important to determine the psychosocial factors and the causal pathways by which they lead to better adjustment in developing effective interventions.

References

P-2-4-35
Demographics and clinical profile of ‘psychiatric frequent flyers’ to the Emergency Department in Tertiary Care Hospital settings

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Introduction: Among researchers worldwide there has been an increasing interest focusing on a group of individuals who contribute a disproportionate number of visits to the Emergency Department for psychiatric reasons.

Purpose: This study aims to find out frequent users' demographics, most common presenting diagnosis and emergency services utilization patterns in tertiary care centers.

Data obtained from this study may permit for early identification of that patient population and more efficient utilization of resources.

Method: Data for emergency psychiatric visits at 2 tertiary care hospitals were obtained for a 5-year period. Primary Diagnosis was also sorted into 11 diagnostic clusters. Frequent flyers were defined- individuals who attended the hospital 5 or more times during the 5 years of the data sample.
A descriptive analysis was performed to assess the characteristics of ‘frequent flyers’ and the nature of their hospital visits.

**Conclusion:** Frequent flyers were much more likely to present with a diagnosis of substance use and much less likely to have anxiety or mood disorders and generally came into the emergency with more than one type of diagnosis.

Frequent flyers’ visits had much higher instances of arriving in an ambulance and have classification of urgent than the non-frequent flyer group.

**References**

**P-2-4-36**

Type D Personality Features and Perfectionism as Factors of Burnout Syndrome in Patients with “Hypertension at Work”

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**Introduction:** Among the psychological factors promoting the development of Hypertension (HTN) at work are a suppressed tendency to become irritated [1, 2], and having high professional standards but a low level of freedom in decision-making processes [3, 4].

**Research objectives:** The primary aim of this research was to identify the emotional burnout syndrome (EBS) in patients with HTN at work; to study the role of such factors as “type D personality features” and perfectionism in development of EBS in HTN patients.

**Materials and Methods:** We tested 85 patients with HTN at work and 85 patients with Essential HTN. EBS was measured by Maslach Burnout Inventory (MBI). Type D personality features were assessed by the Type D Scale (DS14). Perfectionism was measured by Multi-dimensional scale of Perfectionism (MPS).

**Results:** Patients with HTN at work distinguished from patients with Essential HTN by more intense EBS factors. They characterised by high intensity of socially prescribed perfectionism and representation of type D personality features. The statistical analysis showed positive significant correlations between these features and intensity of emotional exhaustion and depersonalization within EBS.

**Conclusions:** The research results expand the scientific views on emotional burnout syndrome and psychological mechanisms of psychosomatic syndrome genesis of Hypertension.

**References**

**P-2-4-37**

The link between mental health and obesity: Evidence from Austria, and policies from around the world

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Previous studies have found an increased prevalence of overweight among patients with mood disorders. This is confirmed in our Austrian BIPFAT study, where 69% of bipolar patients were overweight (in comparison to a only 40% of the mentally healthy population). In addition, obesity-associated medical comorbidities occur more frequently, manifest at an earlier age and are associated with high mortality in individuals with mood disorders(1), with potentially damaging for public health, society and economy. A large number of governments have come to view the rise of overweight as a major public health concern (2). However, public policy interventions have been targeted to a general public, school or work environments, rather than dealing with social and community networks (2, p.157), despite some internationally coordinated efforts to increase public attention for the link between mental health and obesity (e.g. the Hot Topic Conference on Obesity and Mental Health in 2012 in Toronto, Canada). In this presentation, we evidence the existence of associations between mental health problems and obesity in general. Second, we analyse policies addressing so-called ‘mediators’ between this link, such as
social, behavioural, biological and psychological factors (cf.3, p.5), and draw some conclusions on the usefulness of existing interventions for reducing long-term economic, social and health consequences

References

P-2-4-38
Attitudes of health care professionals in a Nigerian psychiatric hospital towards people with mental illness

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Introduction: Discrimination and stigma is often associated with mental illness. Few studies focus on the attitudes of mental health care professionals to their patients. The aim was to assess the attitudes of healthcare professionals at the Federal Neuropsychiatric hospital (FNPH) Kaduna, towards people with mental illness.

Methodology: All 267 staff of the clinical department were sampled using the MICA version 4 to assess their attitudes towards people with mental illness. Ethical approval was obtained from the ethical committee of FNPH.

Results: Core Medical Staff (doctors, nurses, pharmacists, psychologists, counselors and social workers) were 60% and Ancillary medical staff (other health workers) were 39 %. 69 % of all respondents had positive attitudes towards people with mental illness, 31 % had negative attitudes, 67 % of male and 70 % of female had positive attitudes. 71 % of core medical staff and 66 % of ancillary staff had positive attitude.

Discussion: This study has highlighted an overall positive attitude towards people with mental illness among the staff of Psychiatric hospital, Kaduna however negative attitudes are still evident.

Conclusion: Attention must be paid to attitude of health workers towards patients with mental illness, this may impact the health seeking behaviors of patients and possibly have a negative effect on treatment outcomes.

References
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P-2-4-39
Medication adherence among psychiatric outpatients in Kaduna, Nigeria

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Introduction: Adherence is a problem across the spectrum of chronic illnesses, the consequences are particularly devastating in cases of mental illness. The aim of this study was to examine medication adherence behavior amongst patients attending psychiatric out-patient clinic.

Methodology: 300 Patients attending out-patient clinic of the Federal Neuro-psychiatric Hospital, Kaduna were recruited, after obtaining informed consent. Demographic and clinical information were obtained from the patients’ hospital records while adherence was assessed using the Medication Adherence Rating Scale.

Results: 49.8 % all the patients were adherent to medication, 75 % of patients over 65 years were adherent, only 48.5 % of patients between 15 and 44 years were adherent. Adherence was the same (50 %) amongst genders, 70.3 % of those employed were adherent, only 51.1 % of unemployed and 52.3 % of students were adherent. Organic mental disorders, mood disorders and seizure disorders had adherence of 60.6 %, 53.7 % and 58.3 % respectively and those with schizophrenia was 43.4 %.

Discussion: Findings of our study are consistent with published work, however adherence to medication was significantly better among the elderly patients than young adults.

Conclusion: Majority of the patients in this study had poor adherence behavior. Our study stresses the need for focused interventions to promote medication adherence among patients with mental illness.

References
P-2-4-40
Prediction of Pandemic A/H1N1 (2009) in Albania

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Background: Mathematical modeling of infectious diseases is a way of supplementing traditional surveillance to forecast future events, including future influenza activity. It is a helpful tool to understand the speed and impact of pandemic and to plan for better countermeasure against pandemic. The aim of the study was to project the pandemic wave in the country to describe what would happen under certain assumptions and hypotheses.

Methods: We developed a population stochastic compartmental SIR (susceptible-exposed-infectious recovered)-model of pandemic influenza A/H1N1pdm transmission in Albania. Based on the best-fit transmission probability in the total population of the country we estimated the possible future outbreak scenario.

Results: As our initial state, we take one infected cases and the total country population as susceptible individuals. Some of the parameters used are natural history, $R_0$, period when the patient is infectious, rate and infectiousness of asymptomatic patients etc. From the first July 2009, theoretically and in the absence of intervention influenza cases start to increase toward the end of November. The prediction over the whole course of the pandemic, suggested the peak would be reached on the 10 February 2010. The number of patients was estimated to reach 126000 at the peak.

Conclusion: Mathematical models based on epidemiologic data can provide estimates around the risk of transmission. Reducing contact with infected individuals, prevents outbreaks of influenza.

Key words: Influenza, pandemic, prediction, model.

P-2-4-41
The Development and Evaluation of Mental Health Education in University School Students in Japan

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Methods: We developed a short-term mental health education program with the University Circle Theater. Stress management, the role of consulting centers and introducing counselors were included as educational components. We distributed program to students (n=1266) in one university in Japan. We measured ASPH (Attitudes towards Seeking Professional Psychological Help Scale) as well as scales of our own design. We used t-test to compare ASPH mean value before and after intervention.

Results: 740 (58%) university students had been suffering from distress in the past year. Among the university students who had distress, only 65 (9%) students consulted with mental health specialists and 16 (2%) students consulted psychiatric institutions. 121 (16%) students didn’t consult anyone. After intervention, the ASPH score rose 3.3 points among all students (p<0.001) on average. Education is more effective for women (3.5 points up) (p<0.001) than men (2.83) (p<0.001). And also the most effective grade was the first grade (3.82) (p<0.001) and the least effective was the third grade (2.52) (p<0.001). ASPH score was higher among students who had distress in the past year (3.44) (p<0.001) compared with students who had no distress (3.23) (p<0.001).

Conclusion: Our mental health education program for university students positively affected help-seeking behavior.

P-2-4-42
Outcomes of the community-based participatory action research by users of mental health services

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Objectives: In Japan, we provided a community-based participatory action research to empower users of mental health services and communities. The aim of this report is to consider the outcomes derived from that users researched and learned about what were their lives based their own values.

Methods: Three groups of users (Group A: 6 members, Group B: 9 members, Group C: 7 members) participated. We used a focus group method of which the procedure included: (1) participants shared their ideas about what were their lives based their own values; (2) participants put together the ideas shaped into some “doing X by Y for Z” s; (3) participants expressed activities for one “doing X by Y for Z” by some verbs.

Results: The members in each group participated actively. For example, the members of Group A put together the ideas shaped into “A.1 maintaining health by going forth the house for living happily every day”; “A.2 making it easy to live by fixing personal belongings or people around for enriching one’s feeling”.

Conclusion: The participants’ ideas were characterized by upskilling and environmental control. Further research will be necessary to develop users’ life satisfaction measures based outcomes of the user-led action research.

References
P-2-4-43
Assessing clinician optimism in mental health professionals: the Portuguese version of the Elsom Therapeutic Optimism Scale

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Aim: Clinician optimism is an important factor in achieving treatment outcomes in mental health settings. The Elsom Therapeutic Optimism Scale is a self-report measure of clinician optimism regarding the expectations about their patient’s treatment outcomes. Our aim is to develop the Portuguese version of the ETOS.

Methods: The ETOS was translated and adapted for Portuguese language. The translation was done by the first author (AC). The accuracy of this translation was discussed in a two focus group of experts, providing opinion on face and content validity.

Results: A convenience sample of mental health professionals working in a variety of settings (outpatient and inpatient hospital and day care) is being collected. Until now, the instrument was been applied by thirty seven professionals: the Portuguese version of mental health professionals’ beliefs and attitudes about medication adherence in depressive disorders. Journal of Evaluation in Clinical Practice, 16(6), 1361-1363.

Conclusion: If clinician optimism does in fact have a predictive relationship with treatment outcomes, the assessment of clinician optimism using measures such as the ETOS will enable services to identify and rectify the effects of negative clinician beliefs on patient outcomes. The validation of the Portuguese version of ETOS will provide professionals with a new tool to evaluate crucial issues related to therapeutic optimism.

References

P-2-4-44
Integrating mental health services in general hospitals: lessons from the Portuguese experience

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Objectives: Despite recent developments, several mental health services (MHS) integrated in general hospitals in Portugal continue to be reduced to hospitalization, outpatient consultations and, sometimes, day hospital, having almost no community teams providing structured case management, crisis intervention and programs involving families. Furthermore, the current financing model remains centred on production areas prevalent in general hospitals (hospitalisation, consultations, day hospital and emergencies), which is insufficient to reflect the activities developed by MHS in the community. This study aims to characterize the problems faced by the integration of MHS in general hospitals, across the country.

Methods: cross-sectional design, conducted at 31 MHS; evaluation done by means of a structured questionnaire (30 questions, Likert-type, assessing level of articulation, management model and identified problems), fulfilled by each MHS’ director.

Results: Inpatient units still located outside the general hospital campus: 30%; Autonomous budget: 0%; Scarce medical support: 44% ; Incentives policy: 6%; Financial barrier to community services development: 65-77%; Financial obstacles to HR recruitment: 75%.

Conclusion: In placing the administration of MHS in general hospitals, not fulfilling the determination to transform them into centres with administrative and financial autonomy, may hinder any solid attempt to develop community care.

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P-2-4-45
Patterns of service use after 5 years: a midpoint evaluation of the Portuguese Mental Health Plan implementation

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Introduction: Following the principles and recommendations of international institutions and documents (e.g., WHO, European Union and the Helsinki European Declaration), the Portuguese Government launched a new Mental Health Plan (MHP), to be implemented from 2007 to 2016. Deinstitutionalization and development of community services were set as main objectives of the MHP.
**Objectives**: To investigate the use of psychiatric services in Portugal, 5 years after the launching of the MHP (number of beds, delivery of care).

**Methods**: Analysis of Ministry of Health Administration data between 2006 and the end of 2011, piloted by the National Programme for Mental Health.

**Results**: Major changes in service use include: a) a reduction of 40% in institutionalized patients, b) the closure of a psychiatric hospital in Lisbon, c) an increase in outpatient treatment both in adult (22%) and in children services (30%), mostly driven by local mental health services. Total use of services increased by 8%.

**Conclusions**: Although some data might indicate the improvement of accessibility and a shift from more institutionalized services to local and community based services, significant challenges persist in the ability to evaluate care delivered in the community, as well as at the primary health level.

**References**

1. WHO – Portugal Country Summary (/www.who.int/mental_health/policy/country/Portugal_CountrySummaryFINAL_MOH.pdf)

**P-2-4-46**

Psychiatric emergency care pathways: a proxy indicator of barriers to mental health services access.

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**Objectives**: The creation of decentralised mental health (MH) services in Portugal is expected to bring a positive impact in the improvement of accessibility and quality of care, enabling delivery of care closer to the population and a greater interaction with health centres and community agencies. We aimed to study the pathways to the psychiatric emergency room, in order to identify obstacles regarding access to MH services.

**Methods**: cross-sectional design, conducted at 5 psychiatric emergency rooms across the country; 321 patients were assessed using a structured questionnaire (general information, current episode, past 12 months).

**Results**: Sample characteristics: mean age: 42; Female: 62.6%; Married: 43%; Unemployed: 23%. Previous lifetime inpatient episodes: 36.4%; Referred to emergency room by GP: 17%; Difficulties in making an appointment in the last 12 months: 60%; Unplanned readmissions: 22 patients (82% with no consultation in the interim).

**Conclusion**: A preference to resort to emergency services and the difficulties reported in booking consultations, suggest the existence of problems in terms of accessibility to MH care. For its part, the interval between discharge and subsequent consultation, associated to the proportion of re-hospitalisation cases without outpatient contact suggest the existence of problems regarding continuity of care.

**References**


**P-2-4-47**

Treatment adherence in severe mental disorders: impact of attitudes and beliefs of patients and mental healthcare professionals – protocol study

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**Aims**: Treatment non-adherence is a major factor for poor clinical outcomes¹. Our aim is to assess the impact of attitudes and beliefs about medication of mental healthcare professionals and patients in treatment adherence.

**Methods**: In this cross sectional study we use a convenience sample of patients with schizophrenia, schizoaffective and bipolar disorders attending in the mental health departments of three general hospitals in Lisbon. Great area and clinicians working in those departments. Data is being collected through individual interviews, after being translated and adapted the instruments (²,³,⁴,⁵) to Portuguese versions. After pre-testing, the final versions of Portuguese translations were produced. A pilot study has just started.

**Results**: So far the protocol is being implemented without any major problems and we’re not having difficulty following the protocol. At the moment, the sample is composed of: forty-one patients (age mean:37.4;sd 8.9; gender female:51.2%) with the following diagnoses: schizophrenia(26.8%), schizoaffective(4.9%), bipolar disorder(68.3%) and thirty-seven clinicians (psychiatrists: 21.6%; mental health nurses:62.2% and 16.2% of other professional of mental health).

**Conclusion**: With this study we expect to gain further knowledge on the factors that might influence compliance and, therefore, contribute to the development of effective strategies to promote treatment adherence (³) in severe mental disorders.

**References**


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P-2-4-48
Feasibility of central ratings for mental health safety screening in a non-psychiatric clinical trial

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Aims/Objectives: Central Ratings by telephone are feasible for assessing psychiatric diagnosis and may be used for safety assessments in non-psychiatric trials at sites without staff experienced in psychiatric assessment. This study examined the feasibility of Central Ratings for safety assessments in a Phase III dermatology clinical trial.

Methods: 1127 subjects enrolled in a trial of medication for their dermatologic condition were assessed via telephone by Central Raters who administered the SCID-CT, C-SSRS and PHQ-8 at screening. At monthly visits, Central Raters performed the C-SSRS, PHQ-8, GAD-7 and items designed to detect emergent psychotic symptoms.

Results: 34 subjects were excluded based on SCID-CT diagnosis. Based on diagnosis or severity, subjects were classified as having no need of mental health services, or having mild (n=33), moderate (n=17) or severe (n=0) psychiatric symptoms. One subject reported suicidal ideation on the C-SSRS, 10 reported self-injurious behavior, and 5 reported suicidal behavior in the last year. No subjects reported suicidal ideation or behavior at any of the 6861 follow-up assessments. One subject reported self-injurious behavior and two reported emergent psychotic symptoms.

Conclusion: This study established the feasibility and acceptability of routine screening and monitoring of psychopathology and suicidality by Central Raters in a non-psychiatric population.

P-2-4-49
Art of healing and art of painting – Paintings of physicians by Austrian artists in the 20th century

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The 20th century is called an age of contradictions. It was accompanied by psychoanalysis, working on the borderline between conscious and unconscious. It was developed by Sigmund Freud, physician in Vienna, Austria. In the 20th century art – especially the art of painting – focused on the contradiction between visible and hidden meanings, too. This poster shows a selection of paintings and portraits created by Austrian artists, some of them physicians themselves. It demonstrates art pursuing the same issue as psychoanalysis.
October 29 – Psychosis

P-2-5-01
Psychosis after a therapeutic dose of mefloquine: a case report

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Introduction: There are several reported cases of psychosis in persons medicated with mefloquine in therapeutic or prophylactic doses. Other neuropsychiatric side effects also observed are: confusion, depressed mood, panic attacks, sleep disturbances, tremor, ataxia and fatigue.

In a large study conducted, it was determined that in about 4 to 7 patients in 1000 given therapeutic doses of mefloquine and in about 1 in 13,000 patients taking it for prophylaxis suffered serious adverse effects neuropsychiatric (psychosis, convulsions and encephalopathy). The principles proposed for psychosis associated with mefloquine are dopaminergic potentiation, cholinergic blockade, P-glycoprotein inhibition, inhibition of calcium homeostasis and inhibition of gap-junctions.

Objectives/Aims: To describe a case study of a patient diagnosed with psychosis after a month of malaria treatment with mefloquine and make a review of the literature.

Methods: Search in the PubMed/MedLine database with the following key words: mefloquine; psychoses.

Results/Conclusions: The etiology of severe neuropsychiatric side effects with mefloquine including psychoses is not clear yet. The studies suggest that incidence and severity of these events are dose-dependent and do not seem correlated with mefloquine blood levels, implying that the risk of developing neuropsychiatric symptoms may be related to an individual’s threshold.

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P-2-5-02
Disability and Quality of Life in Nigerian Schizophrenia Outpatients with or without Depressive Symptoms

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Aim: To assess and compare the level of disability and Quality of Life (QoL) in two (depressed and non-depressed) groups of schizophrenia patients.

Methods: Seventy two patients with schizophrenia were divided into two groups using their score on the Zung Self-Rating Depression Scale. They were also assessed with Positive and Negative Syndrome Scale for Schizophrenia (PANSS) for psychopathology, World Health Organization Disability Assessment Schedule – II (WHODAS-II) for disability, World Health Organization Quality of Life Brief Version (WHOQOL-Bref) for QoL and Global Assessment of Functioning.

Results: The depressed group reported significantly higher scores on symptoms of psychopathology, disability and lower scores on QoL than the non-depressed group. In the total sample, depressive symptoms and symptoms of schizophrenia had a weak to moderate negative correlation with the domains of WHODAS-II while PANSS total, psychological domain of QoL, marital status and numbers of active symptoms of schizophrenia emerged as predictors of disability.

Conclusion: Treatment of depressive and other psychological symptoms should be incorporated into the intervention programs for patients with schizophrenia.

References
**P-2.5-03**

**Functional outcomes with aripiprazole once-monthly in two double-blind, placebo- and active-controlled studies (ASPIRE US 246 and ASPIRE EU 247) for the treatment of schizophrenia**

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**Objective:** To evaluate functional outcomes of aripiprazole once-monthly (ARI-OM) 400 mg (ARI-OM-400) versus a sub-therapeutic dose of ARI-OM (50 mg; ARI-OM-50), oral aripiprazole (ARI), and placebo, in two trials of stable patients with schizophrenia.

**Methods:** Detailed study designs have been reported previously. Results are reported for the double-blind, randomized phase of each study. ARI-OM is an extended-release injectable suspension given at 400 mg in the gluteal muscle. Functional outcome was measured using the Personal and Social Performance scale (PSP) and statistically analyzed using analysis of covariance with last observation carried forward.

**Results:** 403 patients were randomized to ARI-OM-400 (n=269) or placebo (n=134) in the first (246) trial. PSP scores at endpoint significantly worsened with placebo (-6.2) vs. ARI-OM-400 (-1.7; p=0.0002). In the second study (247), 662 patients were randomized to: ARI-OM-400 (n=265); ARI (n=266); or ARI-OM-50 (n=131). PSP scores with sub-therapeutic ARI-OM-50 significantly worsened (-2.39) vs. ARI-OM-400 (+0.45; p=0.03). Similar functional stability was observed with ARI (+0.08).

**Conclusion:** Patient functioning, as assessed by PSP, was maintained with ARI-OM in both studies but deteriorated in patients randomized to either sub-therapeutic doses or placebo, confirming the benefits of adequately dosed antipsychotic therapy in preserving functional stability in long-term management of schizophrenia.

**References**

**P-2.5-04**

**Boundary confusion between autism spectrum disorder and schizophrenia**

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The relationship between autism and childhood onset schizophrenia is a complex one that involves genetic, neurodevelopmental and in some cases overlapping phenomenology. Both are heterogeneous neurodevelopmental syndromes in which very early onset schizophrenia and ASD share rare copy number variants of gene that regulate neurogenesis, migration, differentiation and synaptic integrity. There is additional overlap with some forms of epilepsy and intellectual disability.

**Methods:** This presentation is a literature review and case discussion of the convergence and divergence in presenting phenomenology and developmental trajectory of both conditions.

**Results:** Many children whose go on to develop schizophrenia share early deficits in social and social communication that are also observed ASD. These late onset forms of schizophrenia differ in terms of neuroanatomy, timing of symptom onset and neurodevelopmental findings. The emergence of positive symptoms in ASD during adolescence may be associated with other psychotic disorders including mood disorders.

**Conclusions:** There are many overlapping features of childhood onset schizophrenia and ASD. Approximately 10% of selected children with ASD may go on to develop schizophrenia.

**References**
P-2-5-05
A community mental health service audit of antidepressant use in patients with schizophrenia

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Aims/Objectives: to determine the use of antidepressants in an out-patient population of patients with schizophrenia.

Method: a case file audit of 166 patients with a diagnosis of schizophrenia or schizo-affective disorder was carried out. The frequency of antidepressant use and its association with demographic and clinical variables was determined.

Results: 30.7% of patients whose files were audited were being prescribed antidepressants. Schizo-affective disorder was not associated with higher rates of prescription. Antipsychotic dosage did not affect antidepressant usage. Apart from depo thioxanthines, which had low rates of antidepressant use, there was no significant difference between different antipsychotics. Antidepressant prescription was higher in patients who were receiving medication for EPS. It was not significantly different between clinic doctors or for patients who had an allocated case manager as well as a doctor. There was no difference between genders. Patients who were not on antidepressants showed high frequencies of recorded depressive symptoms.

Conclusions: Medical audit is a useful tool for evaluating service function, but does not test assumptions about the value of a practice. It is of greater use if assumptions are shared by clinicians. This audit allowed us to compare our own practice with other published data (1, 2).

References

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P-2-5-06
Tolerability and adherence to Paliperidone ER in patients with psychotic disorders

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Objectives: Patients who perceive the benefits of medication in absence of side effects show better adherence (1). We evaluate the changes in therapeutic adherence, related to tolerability, clinical improvement and functioning in patients with psychotic disorders treated with Paliperidone ER.

Methods: A 12-week prospective, multicenter observational study was conducted on 26 adult patients who initiated a treatment with Paliperidone ER. Patients were evaluated at baseline, day 15, and at one, two and three months using PANSS, CGI-S, CGI-C, PSP and Morisky-Green test. A chemistry panel including prolactin was used at baseline and final visit. Body weight and side effects (UKU scale) were assessed at each visit.

Results: 23 out of 26 patients (88.5%) completed the follow-up. Dose of Paliperidone ER ranged between 6 and 18 mg. (mean 8,3 mg.). Six patients reported side effects but only in one case it was necessary to discontinue treatment. There was no significant change in levels of glucose, lipids and prolactin. There was a significant improvement in PANSS, PSP and CGI scores (p<0,001). At follow up almost 30% of patients improved their treatment adherence.

Conclusion: Paliperidone ER is well tolerated, clinically effective and is related to improvement of therapeutic adherence.

References
Reasons for aripiprazole discontinuation – a retrospective review

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Objectives: Because of side effects, patients with schizophrenia may switch from their current antipsychotic medication to aripiprazole (atypical antipsychotic launched in Europe in 2004), which has a better reported safety profile1. However, patients also discontinue aripiprazole, despite the lack of comparable alternative treatment2. As very few information are available in the literature, it seems relevant to better understand the reasons of aripiprazole discontinuation.

Methods: A retrospective multicenter observational study of 287 patients with schizophrenia was conducted in France, Germany and Sweden. Eligible patients were treated with aripiprazole in the last two years and were switched to another antipsychotic. Their psychiatrists were asked to report online the reasons for aripiprazole and previous antipsychotic medication discontinuation.

Results: Reasons for aripiprazole discontinuation were poor efficacy with respect to positive (44%) and negative (31%) symptoms and intolerable side effects (27%). These percentages were respectively 39%, 25% and 52% when considering discontinuation of previous antipsychotic medications.

Conclusion: Aripiprazole seems to be prescribed mainly after intolerable side effects were observed. The main reason for aripiprazole discontinuation was the lack of efficacy regarding positive and negative symptoms at comparable rates than other antipsychotic medications.

References
P-2-5-09
Creation of psychoeducational book for Ukrainian patients with Schizophrenia
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Objectives. Only a small proportion (4.9%) of those with any mental disorder had received any treatment during the preceding 12 months, including 19.7% of those who had a serious mental disorder [1]. It is estimated that in 2010 in Ukraine 6.75 per 100,000 population of new cases registered schizophrenia [2]. Psychoeducation is one of nonpharmacologic component in the treatment of patients with schizophrenia.

Methods. There were three steps in the making process of the psychoeducational book “Schizophrenia: unusual people among strangers”: literature review, creation a content, text of the book and focus groups of four psychiatrists.

Results. Content and text information were created from the literature review. Two focus groups were performed over a 12-month period. Psychiatrists were recruited from the Ukrainian Research Institute of Social and Forensic Psychiatry and Drug Abuse and State Establishment “The Lugansk state medical university”. Final version of the psychoeducational book consists of 192 pages.

Conclusion. This study shows the significance of systematic, “step-by-step” process of developing psychoeducational materials for patients with schizophrenia, which will be adopted to future work (psychoeducational book on anxiety and sleep disorders).

References

P-2-5-11
Clinical characteristics and cognitive functions of late-onset psychoses: a case–control study
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Background: The emergence of psychotic symptoms for the first time in later life poses a diagnostic challenge for clinicians assessing and treating elderly.

Objectives: determine the different clinical characteristics and cognitive function impairments in elderly patients with late-onset psychosis compared with normal healthy control.

Subjects and methods: A cross-sectional case–control study; 50 patients with late-onset nonschizophrenic psychoses were compared to 50 matched normal, healthy volunteers. The case group was interviewed by (SCID-I), whereas the control group was assessed using General Health Questionnaire (GHQ). Both groups underwent a functional assessment of daily living using: (a) Activities of Daily Living scale (ADL), (b) Instrumental Activities of Daily Living(IADL), (c) Cambridge Mental Disorders of the Elderly Examination, section B (CAMCOG), and (d) the Wechsler Adult Intelligence Scale (WAIS).

Results: no significant differences between both groups in sociodemographic variables, family, and medical histories, except occupational status, as the patients had significantly more professional and skilled jobs. Patients showed significantly higher rates of diseases of the gastrointestinal, renal, and central nervous system. More

P-2-5-10
Folie induite – case report
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Introduction: Folie à deux is the term used to describe a rare condition in which mental symptoms, usually delusions, are communicated from a psychiatrically ill individual to another individual- Folie Imposée- the most frequent subtype. The aim of our work is to report a case of Folie à deux- subtype D of Gralnick, the so-called Folie Induite, the most rare type (5%). In this subtype new delusions are adopted by a psychotic individual, after the influence of another psychotic ill patient.

Methodology: Review of the recent literature on Folie à deux.

Results: We report the case of two twins over their fifties, diagnosed with schizophrenia, living with their father, in considerable isolation for many years. One of the twins, with higher intelligence, is dominant on the dyad. They shared the same war and paranoid delusions, including their father being on the side of the enemy, and whom they attempted to kill.

Conclusions: Folie à deux is still an interesting and challenging disorder in psychiatry. According to some authors, the diagnostic criteria of the international classifications should be revised. The symbiotic and interdependent relationship compromises the access of the individuals to healthcare, and it may be that this entity is under-diagnosed.

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over, they showed very high significant cognitive decline, as well as functional impairment in daily living activities.

**Conclusion:** Patients with late-onset psychoses show more severe cognitive and functional impairments in their daily activities.

**References**


**P-2-5-12**  
Effectiveness of aripiprazole once-monthly in two double-blind, placebo- and active-controlled studies (ASPIRE US 246 and ASPIRE EU 247) for the treatment of schizophrenia

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**Objective:** To evaluate the effectiveness of aripiprazole once-monthly (ARI-OM) 400 mg (ARI-OM-400) versus a sub-therapeutic dose of ARI-OM 50 mg (ARI-OM-50), oral aripiprazole (ARI), and placebo, in two trials of stable patients with schizophrenia.

**Methods:** Detailed study designs have been reported previously. Results are reported for the double-blind, randomized phase of each study. ARI-OM is an extended-release injectable suspension given at 400 mg in the gluteal muscle. Effectiveness was measured using the Investigator Assessment Questionnaire (IAQ) and statistically analyzed using analysis of covariance with last observation carried forward.

**Results:** 403 patients were randomized to ARI-OM-400 (n=269) or placebo (n=134) in the first (246) trial. IAQ scores at endpoint significantly worsened with placebo (+3.8) vs. ARI-OM (+1.3; p<0.0001). 662 patients were randomized to: ARI-OM-400 (n=265); ARI (n=266); or ARI-OM-50 (n=131) in the second study (247). IAQ scores in the sub-therapeutic ARI-OM-50 arm also significantly worsened (+2.04) vs. ARI-OM-400 (+0.08; p=0.002). IAQ scores with ARI were similar to ARI-OM (+0.35).

**Conclusion:** Treatment effectiveness, as assessed by IAQ, was maintained with ARI-OM in both studies but deteriorated in patients randomized to either sub-therapeutic doses or to placebo. Thus, adequately dosed antipsychotic therapy maintains effectiveness in the long-term management of patients with schizophrenia.

**References**


**P-2-5-13**  
Serum Concentrations of Homocysteine, Folate and Vitamin B12 in Patients with Schizophrenia – preliminary results

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The role of hyperhomocysteinemia in psychotic disorder can be explained by partial antagonism of homocysteine on NMDA-glycine receptor. Plasma concentration of homocysteine is an indicator of the status of the B-vitamins (folate, B12, B6). Folate deficiency may have different effects on the neurochemical processes of schizophrenia.

We investigated the levels of serum homocysteine concentration in 20 patients and 20 control using AxSYM (Abbott), levels of folate assay is two-step immunoassay to determine the presence folate in human serum using CMIA (chemiluminescent microparticle immunoassay) technology and Axsym Holo Tc is microparticle enzyme immunoassay (MEIA) for the quantitative determination of human holo TC in serum and determination deficit of B 12.

The patients have higher levels of homocysteine in compare with controls for 3.85 μmol/L while the concentration of folate in the group of patients was lower for 9.17 ng/mL. The mean level of B-12 were in reference range 19.1-119 pmol/L, but patient have lower average concentration of B-12 lower for 24.81 pmol / L compared to the control.
Our results showed that homocysteine concentration is inversely proportionate to folate concentration. The schizophrenia patients with elevated tHcy level and low folate levels should have vitamin supplementation with folic acid.

References

P-2-5-14 Impact of Improved Insight in Schizophrenia: A double-blind Lurasidone and Quetiapine XR study

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Objective: The aim of this analysis was to evaluate the impact of treatment-related improvement in illness awareness on changes in cognition and functional outcomes in a double-blind, controlled study.

Methods: Clinically unstable patients with schizophrenia (N=488) were randomized to once-daily, fixed dose treatment with lurasidone 80 mg (LUR 80), lurasidone 160 mg (LUR 160), quetiapine XR 600 mg (QXR) or placebo (PBO), followed by a 12-month, double-blind extension. Impairment of insight (G12 “lack of judgment and insight”), cognitive performance, quality of well-being (QWB scale), and UPSA-B were assessed at baseline, week-6 and month-6 of extension.

Results: PANSS insight scores were significantly improved for all treatment groups compared to PBO after 6 weeks. Improvement in insight at week-32 was significantly greater in subjects treated with lurasidone compared with quetiapine XR. Improved insight at week-6 was a significant mediator for the effect of LUR160 (vs. placebo) on neurocognitive composite score (p<0.05), UPSA-B total score (p<0.05), QWB (p<0.05), and the domain scores for verbal learning (p<0.05) and social cognition (p<0.05). Improved insight at week-6 was associated with increase in health-related quality of life (p<0.05).

Conclusion: Improvement in insight at week-32 was significantly greater in subjects treated with lurasidone compared with quetiapine XR.

References

P-2-5-15 Beginning features of psychosis and help-seeking: one sample of psychiatric ward in Prizren (Kosovo)

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Aims/Objectives: Gather the characteristics of beginning of psychosis with particular emphasis on early clinical manifestations investigated by patients and families, age of onset, hereditary presence, time and first contact person, first psychiatric contact time etc.

Methods: It is a retrospective study. Patients (and their families) with a diagnosis of psychotic disorder presented for visits and hospitalized in the Department of Psychiatry at Regional Hospital of Prizren in the 10 month period, were interviewed based on a structured questionnaire by group study. The data were processed with SPSS 14 and Microsoft Excel.

Results: 84 patients and their family (in 69 cases) were interviewed. We found that the average age of illness starting was 28.07; males 28.56; whereas females 26.68. Only 9.5% of the first contact person was a psychiatrist, 63% GP, 35.7% paramedical etc. In 54.8% of cases contact was immediate, 13.1% after one month, 9.5% contacted after more years. 26.2% have contacted a psychiatric after more years. Only 9.5% of the first contact was immediate, 13.1% after one month, 9.5% contacted after more years. 26.2% have contacted a psychiatrist after a month, and 29.7% after one or more years. First manifestations observed most frequently by patients were: insomnia (64), nervousness (24), restrictions on the head of the body (17), weakness (15), aggressiveness (14), fear (12), shaking (10), extraneous speech (9) etc.

Conclusions: Age of onset is slightly later and don’t have a deviation in treatment delay comparing with known data of literature. Pattern of clinical manifestations in most cases characterized by the presence of symptoms of less-characteristic signs of psychosis.

References
P-2-5-16
Psychotic Disorder induced by terizidone - drug used to treat multidrug-resistant tuberculosis

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Brazil has the largest number of tuberculosis cases across Latin America and Caribe.
We report a case of a patient with multidrug-resistant tuberculosis (MDR-TB) who presented psychotic symptoms at baseline with Scheme III which includes Terizidone.
Celso (fictitious name), 21 years old, white, student, natural RJ, was treated at the Department of Emergency Department of the Municipal Institute Philippe Pinel, forwarded by the Professor Hélio Chagas Reference Center. She was using: Amikacin terizidone, Ofloxacin, Pyrazinamide and Ethambutol. During the first two days of treatment had "insomnia, severe agitation, hallucinations, and confusion." The family discontinued the medication on their own, which improved only "agitation".
During our psychiatric evaluation, Celso was restless, with hallucinatory-delusional attitude to-answer, mannerisms, elation mood, but cooperative. His delusion was interpretative and non-systematic. Not identified in your personal history and family psychiatric history. He was treated with Haloperidol 5mg/day and Promethazine 25 mg / day. After 24 hours there was an improvement of insomnia and delusions. There need suspension of Haloperidol.
After twenty days of suspension of anti-psychotic and Terizidone, Scheme III has been completely re-introduced, associated with Risperidone 2mg/day, Promethazine 25mg/day and Diazepam 5mg/day.

References


P-2-5-17
New models of interdisciplinary approach in institutionalized patients Schizophrenia

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Contents: The psychiatric hospital is now the ultimate therapy applied to various psychiatric conditions which have not transmitted to other treatment interventions in the various disciplines involved in addressing Mental Health.
In this regard, schizophrenia is a process that historically been related to patient withdrawal from social habitat to a facility that contains and protects the symptoms being treated. This behavior was questioned and redefined in many processes of transformation in mental healthcare, and even today remains a necessary tool for those schizophrenic processes are not amenable to outpatient treatment.
This practice has numerous limitations from the social, economic and cultural development of a population in a given time. Of all these features was historically qualifying making decisions about how to direct the goals with these patients.
Not in this century conceive another possible form of intervention for a holistic view of the human being at hand. Included in this descriptive study numerous possible interventions to improve the patient’s condition, rehabilitation, reintegration as well as family, work and social. We conclude that this is the goal to achieve in the patient, avoiding institutionalization and enhancing their cognitive and motor skills after their rehabilitation.

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P-2.5.18
The relationship between social cognitive dysfunction and gray matter thickness: cortical neuroimage analysis of schizophrenia patients

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Background: The social cognition deficit of schizophrenia is now generally agreed. Several studies suggest that specific regions of the brain might be associated with the deficit. These regions include medial prefrontal cortex, prefrontal cortex, amygdala and inferior parietal lobe, i.e., regions known to be involved in social cognition. Anterior cingulate cortex and right posterior insular volume are newly suggested regions.

Method: Eleven schizophrenic patients and five comparison participants underwent MRI and psychological tests. DSM-IV-TR was used for diagnosis of schizophrenia. The tests included video sociality test and story guessing test, which are designed to measure social cognition. The relationship between the test scores and gray matter thickness were analyzed by Freesurfer brain imaging software.

Results: Both anterior cingulate, right posterior cingulate and left medial orbitofrontal cortices were presented as regions where psychological test score and gray matter thickness were related differently between two groups. However, cortical thinning did not necessarily mean social cognitive dysfunction.

Conclusion: According to our study, social cognitive dysfunction and gray matter thickness are differently related in several regions between the patients and controls. The results are concordant with previous studies. It may help understand the neurobiological background of social cognitive impairment in the schizophrenic patients.

References:

P-2.5.19
Integrative Brain Imaging Analysis of Schizophrenia: Voxel-based morphometry, tract-based spatial statistics, regional shape analysis and resting-state functional magnetic resonance imaging analysis of schizophrenia patients

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Background: There is no critical finding to affect clinical diagnosis and decision for schizophrenia. Imaging study of schizophrenia is still challenging work. Study design to apply these methods is thought to be worthy for integrative view.

Methods: Structural MRI and resting-state fMRI of brain were obtained from 12 schizophrenia patients and 6 healthy controls. DSM-IV-TR was used for diagnosis of schizophrenia. Imaging data was analysed by SPM 8 and FSL.

Results: The differences of the brain gray matter density between schizophrenia patients and healthy control groups were shown in left parietal lobe, right occipital lobe, both temporal lobe, and both cingulate lobe. The differences of the brain white matter density between groups were shown in right parietal lobe, left temporal lobe, and right cingulate lobe. In brain regional shape analysis, there was the difference between groups in right nucleus accumbens. There was no difference of white matter tracts from TBSS analysis. The analysis of functional brain imaging is remained and continuing analysis.

Conclusion: Each parts of brain are associated with each others. As we know, the finding of the brain density and thickness is non-specific. But we could find another meaning of regional brain density change with brain connectivity study.

References:
P-2-5-20
Religious elements in hallucinations in patients suffering from schizophrenia

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Objectives: Environmental factors are regarded to be responsible for 15-20% of schizophrenia development risk elements. Perception of religious background changing over time in the context of mental illness, was the subject of the analysis in the presented paper.

Methods: A random selection of 100 case histories from the years 1932, 1952, 1972 and 1992 was performed. By reviewing subject history and medicals notes, information on the presence of religious hallucinations and/or delusions was collected and analysed.

Results: Religious topics were demonstrated in 46.8% of the test population. Whereas there was a clear diversity of religious-themed delusions, “God”, “Christ”, “Mary”, “Satan/devil” and “hell” all figured prominently across all reviewed years. There is the progressive decrease in the number of religious topics in paranoid schizophrenia. The transfer of holiness from historical saints onto a subject was observed. Evil dominates over good in productive symptoms in paranoid schizophrenia. The phenomenon of apocalyptic subjects in paranoid hallucinations and delusions increased after the Second World War.

Conclusions: Religious topics of hallucinations and delusions change over time and relate to objective historical events and reflect changes in religiousness in society.

P-2-5-21
Assessment of negative symptoms and associated factors in 39 outpatients with schizophrenia

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Introduction: Negative symptoms in schizophrenia are challenging and more difficult to treat than positive symptoms.

The aim of this work was to examine the prevalence of negative symptoms in schizophrenia and associated clinical and therapeutic factors.

Methods: During one month, all patients with schizophrenia who consulted our department (n=39) were assessed by the same psychiatrist using the Scale for the Assessment of Negative Symptoms (SANS) and the Global Assessment of Functioning (GAF). Clinical (age, sex, level of education, illness duration, hospitalizations) and therapeutic features were collected.

Results: Sex ratio was 0.86. 16% of patients went to high school and only 5.6% had higher education. The mean duration of the illness was 8.87 years. The mean number of hospitalizations was 4.31. The mean score of SANS was 18.12. (minimum=8, maximum =33). 79.4% of patients were on first generation antipsychotics. There was no statistical correlation between SANS scores and clinical features. GAF scores were not higher in patients with lower SANS scores. SANS scores were statistically higher in patients on first generation antipsychotics (p<0.05)

Conclusions: In our study, negative symptoms were not associated with clinical features and they were associated with first generation antipsychotic medications.

References

P-2-5-22
Fregoli Syndrome associated with Erotomania: A case Report

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Background & aims: Erotomania has been found to be a feature in various forms of delusional misidentification syndromes (DMS). Fregoli syndrome is one of the DMS in which it is believed that one or more familiar persons, usually persecutors following the patient, repeatedly change their appearance. This case highlights a rare combination between Fregoli syndrome and erotomania with a review of literature.

Methods: A case report and review.

Results: Mrs. H. N. is a 55-year-old patient who presented in our department with behavioral disturbances, auditory and visual hallucinations, insomnia and delusions. She complained of organized persecution by her sons-in-law, whom she accused to invade her life round the clock, to share her food and bedroom and to steal her belongings. She also believed that one of them was in love with her and planning to marry her. Her persecutors were constantly changing their appearance.

Conclusion: The present state of knowledge regarding the DMS phenomena especially Fregoli syndrome is still at a very incomplete and preliminary level. A comprehensive evaluation of such patients aimed at better understanding of such phenomena from both the clinical and research perspectives would be necessary.

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P-2.5.23
Association between Psychotic-like experiences (PLEs) and Common Mental Disorders (CMD) in community dwelling adults in Hong Kong — a preliminary analysis of the Hong Kong Mental Morbidity Survey (HKMMS)

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Aim/Objective: PLEs are poorly-understood phenomenon referring to transient/attenuated psychotic symptoms that do not necessarily appear on psychotic patients. Examining PLEs provides better understandings of psychiatric disorders.

Methods: The Hong Kong Mental Morbidity Survey (HKMMS) is an on-going epidemiological study targeting at general population (aged 16-75). PLEs were assessed by the Psychosis Screening Questionnaire[1].

Results: From the first 4,310 participants, 127 (2.95%) with no past history and current probable psychotic disorders reported one or more PLEs in past year. Thirty one (24.4%) were men and 96 (75.6%) were women. The mean age is 44.4 years (SD:14.59) while the average years of education is 12.90 (SD:5.36). Social and occupation functioning was assessed by SOFAS, the mean score is 68.53 (SD:13.93). Eighty one of these participants undergone detailed psychiatric assessments by psychiatrists. Psychiatric diagnoses were ascertained as follows: 43 (53.1%) with common mental disorders (CMD), 5 (6.2%) psychotic disorders, 7 (8.6%) both CMD and psychotic disorders; 26 (32.1%) has no psychiatric diagnosis.

Conclusion: In community dwelling adults who endorsed PLEs, symptoms of CMDs are common. The low rate of psychotic disorders may be due to a high refusal rate(24.4%) for subsequent confirmation of diagnosis by psychiatrists. Further investigation of association between PLES and affective symptoms may bring better insights into evolution of psychosis.

References

P-2.5.24
Identifying mental health disabilities in developing nations: A few points to ponder

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This round table presentation will focus on mental disabilities among people of African descent and the cultural barriers that prevent care and treatment. This discussion will define mental disabilities that are prevalent in the scope of this study, including Autism and related co-morbidities, bipolar and mood disorders. The observation of culturally hegemonic psychology is related to social and cultural realities for persons of African descent. Many scholars have pointed out there is something wrong with a psychology and psychological analysis that leaves African descent people strangers to themselves, aliens to their culture, oblivious to their condition, and less than human.

The cultural barriers and traditional factors that prevail in indigenous communities and methods that may help bring an awareness to these conditions will be discussed. Further models that elucidate and critique the current state of what exists will also be discussed. An ethical imperative to lend assistance to the theory of providing therapy and management under these developing nations and economic depressed conditions is explored.

References

P-2.5.25
REFOCUS: using a recovery-oriented intervention in practice

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Aim/Objectives: There is limited evidence on evaluating the effectiveness of using complex recovery-based interventions for people with psychosis. The objectives of this paper are:

i) to describe the REFOCUS intervention, currently being evaluated in a multi-site, cluster randomised controlled trial (ISRCTN02507940), and
ii) outline the process evaluation embedded within the trial to validate of the REFOCUS model, underlying the intervention and its implementation (Slade 2011).

**Method:** The process evaluation used a mixed method design to triangulate data from interviews, focus groups, care plans, trainer’s reports and participant training evaluation forms. A purposive sample of mental health professionals and service users who were involved in delivering, or receiving, the REFOCUS intervention were interviewed individually (N=40 managers/staff; N=30 service users) or within focus groups (N=4 staff; N=3 service users).

**Results:** The REFOCUS model will be described and discussed with reference to conceptual understandings of recovery. The process evaluation findings will be used to contribute to the validation of the REFOCUS model, which was developed as an underpinning theoretical explanation of the intervention, process and outcome evaluation of the trial.

**Conclusions:** Key challenges, implications and recommendations for implementing and embedding a recovery intervention into routine clinical practice will be presented.

**References**


**P-2-5-26**

Impact of physical inactivity on functioning of patients with first-episode psychosis - a 6 months prospective longitudinal study

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**Objective:** The International Physical Activity Questionnaire (IPAQ) is commonly used to measure physical activity level. The purpose of this study was to examine the association between physical activity level and functioning in patients with first-episode psychosis.

**Methods:** A total of 283 patients with patients with first-episode psychosis were recruited from a specialized early intervention service for adult-onset psychosis (Jockey Club Early Psychosis Project). Their physical activity level, symptoms and functioning were assessed.

**Results:** There were 33.9% (n = 96) of first-episode psychosis patients were categorized as physically inactive, while 66.1% (n = 187) were categorized as physically active. Being physically inactive (β = 0.163, P = 0.003), having more symptoms [SANS total score (β = -0.202, P = 0.001), SAPS total score (β = -0.161, P = 0.005)], and higher household income (β = 0.207, P = 0.001) at baseline predicted poorer functioning at 6 months.

**Conclusion:** Early psychosis intervention should target to improve patients’ physical activity level which may help functioning.

**References**


**P-2-5-27**

Carotenoid antioxidant and schizophrenia

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Free radicals are results of aerobic activities and can damage cells when present in excess by causing oxidative stress. Antioxidants efficiently quench free radicals to counteract oxidative stress. Research evidences suggest that increase in production of reactive oxygen species (ROS) along with decrease in antioxidants may be closely associated with the pathogenesis of schizophrenia. A total of 524 patients with schizophrenia from Ulu Kinta Psychiatric Institute, Malaysia, and 391 healthy controls were recruited. Subjects’ skin carotenoid levels were measured through a non-invasive approach using Raman spectroscopy. Patients with schizophrenia showed significant (p < 0.01) lower carotenoid level compared to healthy controls. Factors such as gender, age, subtypes, antipsychotic drug treatments, and duration of illness did not differ significantly among patients. It is concluded that patient with schizophrenia have low levels of carotenoid antioxidants and is suggested as an evidence indicates that oxidative damage exists in schizophrenia.
P-2-5-28
Epistasis interaction of genes is associated with schizophrenia

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Schizophrenia is a complex disorder, with etiology likely due to epistasis. Although this disease occurs as a consequence of multiple genes that interact with one another, very limited methods have been developed to model epistasis. Epistatic interactions may be the key to understand schizophrenia pathogenesis because some genes do not function alone; they might constantly interact with one another. Therefore, epistatic interactions between dopaminergic, serotonergic and glutamatergic genes were studied. Association between the COMT, 5-HT2A and NRG1 polymorphisms and their interaction with severity of schizophrenia were tested by analysis of variance (ANOVA). Our findings indicated that rs4680 were significantly influenced the severity of schizophrenia where the GG and GA carriers were more severely ill than the AA carriers. The G allele of rs6311 was found significant association with higher CGI scores in schizophrenia indicated that the A allele has a protective effect. However, there was no significant interaction between the CGI score and NRG1 as well as 5-HT2A. The present study reported possible interactive effects between severity and molecular genetic markers on schizophrenia which is contradicted with the results reported previously. Thus, interactions of other genes could be explored in the future.

References

P-2-5-29
Negative association between AKT1 gene variants and schizophrenia: a case–control study and meta-analysis

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V-akt murine thymoma viral oncogene homolog 1 (AKT1) has been hypothesized in schizophrenia. Recently, AKT1 gene variants have been reported in various independent studies in European, Japanese, Iranian, Chinese and Korean ancestry, but these results have yet to be replicated in other populations. In this study, a replication of these evidences using a Malaysian case-control sample is provided. A total of 846 subjects (417 patients and 429 controls) were included. Seven SNPs (rs3803300, rs2498784, rs1130214, rs3730358, rs2494732, rs3803304, and rs2498804) of AKT1 were genotyped and meta-analyses were performed. No significant difference in single marker polymorphisms of the AKT1 SNPs was observed. However a haplotype of ATGCGCT constructed by seven SNPs showed significant association (p=0.036) with schizophrenia. Similar trend was observed in the Malay (p=0.009) and Indian ethnic group (p=0.009). Meta-analysis found a significant association between rs2494732 with schizophrenia in overall data (p=0.018) and Asian subjects (p=0.023). However, none of the results survived Bonferroni corrections (multiple testing). Taken together, our study do not support for the hypothesis that AKT1 is a susceptibility gene for schizophrenia and that ethnic variation across different populations do not have an impact on the variant association.

P-2-5-30
Gender differences in schizophrenia first episode patients

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Background: Some studies seem to indicate that there are differences between sexes regarding prevalence, age of onset, psychopathology in schizophrenia (1).

Objectives: To study the differences between sexes in first episode schizophrenia patients.

Methods: Data analyzed in my paper are drawn from European First Episode Schizophrenia Trial study (2), Romanian patients (N=112, 61 (54%) women and 51 (46%) men).

Results: There are no differences considering age (p=0.680) being married (0.492), severity of psychosis (p=0.221), negative symptoms (p=0.471), depression (p=0.101), functionality (p=0.577), quality of life (p=0.133) and duration of treatment (p=0.833). between sexes. Males are less educated (p=0.013) and more frequently without any occupation (p=0.015) than females. Males performed in cognitive functions almost significantly worse (p=0.06). Both sexes respond equally to treatment in all domains: psychopathology, functionality,
quality of life at 1 year (end of study). Moreover, there are no differences in cognitive functioning between sexes (p=0.725) at 6 months.

**Conclusions:** First episode schizophrenia manifests cvasi-identical in both sexes. Sex doesn’t seem to represent a predictor of therapeutic response, functionality and quality of life at 1 year. Sole differences are that schizophrenic males patients at first episode seem to be less educated and without an occupation.

**Key words:** sex differences, psychosis

**References**

**P-2-5-31**
**Direct and indirect meta-analyses comparing metabolic side effects of lurasidone with other second generation antipsychotics**

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**Aims/Objectives:** Metabolic side effects of Second Generation Antipsychotics (SGA) and increased risk of cardiovascular disease are reported. In 2010, a meta-analysis compared the metabolic side effects of selected SGAs head-to-head. The current study incorporated lurasidone data in this meta-analysis and undertook indirect comparison between SGAs through a random-effects network meta-analysis (NMA).

**Method:** The methodology as reported in Rummel-Kluge publication was implemented in this meta-analysis. The study incorporated six controlled, randomised, double-blinded studies comparing lurasidone with other SGAs. The meta-analysis and NMA were performed on changes in weight, cholesterol and glucose.

**Results:** In the meta-analysis, lurasidone demonstrated significantly lower weight-gain compared to olanzapine, risperidone, however not when compared to ziprasidone, quetiapine. With the NMA, lurasidone showed significantly lower weight-gain compared to quetiapine, clozapine, sertindole in addition to olanzapine and risperidone, but not to aripiprazole, amisulpride. For blood glucose, lurasidone was significantly better than olanzapine, however only numerically better than quetiapine, risperidone or ziprasidone. Lurasidone showed significantly lower cholesterol increases compared to olanzapine, quetiapine, however was no different from other SGAs.

**Conclusions:** Lurasidone showed a generally favourable metabolic side effect profile compared to widely used SGAs. With respect to weight-gain, lurasidone was comparable to ziprasidone, which is reported to be weight neutral.

**References**
P-2-5-33

Relationship between Social Cognition and Interpersonal Skills in Patients with Schizophrenia

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Objective: The aim of this study was to explore the relationship between social cognition and interpersonal skills in patients with schizophrenia.

Methods: Social cognition was assessed in 28 stable outpatients with schizophrenia by the Facial affect recognition test, Attributional style questionnaire, and Theory of mind tasks. Interpersonal skills were assessed by the Nonverbal Skills and Social Skills scale, which is a self-rating scale. The association between social cognition and interpersonal skills was determined by calculation of the Spearman’s correlation coefficient.

Results: Facial affect recognition scores (fear, happy, surprise) and attributional style were significantly correlated with some interpersonal skill domains. Theory of mind was significantly correlated with emotionless and maintenance of relationship with others.

Conclusions: These results suggest that patients with schizophrenia who have higher ability for facial expression feel that they have poor interpersonal skills, and that the attributional style affects the interpersonal actions in various settings in patients with schizophrenia. The results also suggested that patients with a high ability of theory of mind may behave as if they are maintaining relationships with others and may attempt to have others comprehend their emotions by using nonverbal actions.

P-2-5-34

Aberrant salience — a framework concept to psychosis in schizophrenia

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Introduction: Psychosis is the main clinical feature of schizophrenia. The dopamine hypothesis is the most accepted idea to explain schizophrenia physiopathology. However, schizophrenia diagnosis continues to be clinical and based on doctor-patient interaction. Shitij Kapur has created a unitary concept combining in a unitary framework the links between neurobiology (dopamine and brain), phenomenological experience (doctor-patient relation and mind) and pharmacologic antipsychotics mechanisms of action aspects in psychosis-in schizophrenia.

Aims: To review the literature on aberrant salience concept and the studies assessing aberrant salience construct’s validity.

Methods: The authors have conducted an online search on PubMed with the term “aberrant salience”.

Results and Conclusions: Dopamine has a key role mediating salience of environmental events and internal representations. At a brain level, aberrant salience appears as a hyperdopaminergic state leading to an aberrant assignment of salience to the elements of one’s experiences at a mind level. Antipsychotics flat the salience of abnormal experiences enabling the resolution of symptoms. Aberrant salience is though a comprehensive framework linking neurobiology, phenomenology and pharmacology. The data supports the use of aberrant salience as a valid construct that can be applied to future studies.

References

P-2-5-35

Coexistence of Capgras and Fregoli syndromes: A case report and review

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Background: Delusional misidentification syndromes are a group of rare delusional disorders that can occur in the context of neurological as well as psychiatric disorders. Fregoli syndrome is less common than Capgras syndrome. Coexistence of both seems extremely rare.

Methods: In this paper, we present the case of a patient with coexistence of both Capgras and Fregoli syndromes. Clinical, biological and imaging findings are presented and discussed.

Results: We report the case of a 26-year-old female patient who was referred to the psychiatric department for delusional thoughts. She believed her spouse was substituted by a European man who looked identical to her husband but who was “psychologically different”. She also thought her mother was replaced by a male neighbour. In addition, to this Capgras symptomatology, she also had a Fregoli syndrome: she misidentified doctors, nurses and patients as her relatives. During the interview, she even misidentified one psychiatrist as her brother and the other one as her one-year-old boy. Neurological examination was normal. Biological and imaging investigations were normal.

Conclusion: Coexistence of Capgras and Fregoli syndromes is very rare and can raise diagnostic issues. An organic aetiology should be ruled out, even though psychiatric causes are more common.

References
P-2-5-36
Amisulpride associated neuroleptic malignant syndrome (a case report)

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The neuroleptic malignant syndrome is a rare complication but serious of the treatment by neuroleptic. Authors report an observation of a young patient of 20 y.o treated for a temporal partial epilepsy since the age of 04 years and setting under carbamazepine. He was admitted to the service of psychiatry for unrest of the behavior. After only one tablet of amisulpride (200mg), the patient had developed an akinetohypertonic extrapyramidal syndrome, an obtundation, a tachycardia and sweats. The temperature was in 37 °C. The biological exam showed an elevation of the creatine kinase (CPK). The neuroleptic treatment was stopped and the patient was admitted to the service of resuscitation. The treatment consisted in an hydration, a sedation using benzodiazepines associated to the same treatment anti epileptic. The evolution was favorable.

The diagnosis was a neuroleptic malignant syndrome in spite of the absence of a hyperthermia. Several cases of neuroleptic malignant syndrome are reported with normal temperature.

References

P-2-5-37
Antipsychotic Induced weight gain: What did we learn?

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Weight gain as a result of atypical anti-psychotic treatment is a common issue with different atypical anti-psychotic treatments causing differing magnitudes of weight gain. Although differing amounts of weight gain result from different atypical agents little is known about the temporal course of weight gain in anti-psychotic treatment. We summarise the laboratory experimental findings in our animal studies and our findings from clinical studies in understanding the important issues related to antipsychotic induced weight gain.

The hypothesized neural correlates for each stages of weight gain are reviewed and discussed

Our attempts to prevent or reverse antipsychotic induced weight gain from our lab findings using drugs acting on H1 and muscarinic receptors and the limitations of exclusive manipulations at the level of receptors are highlighted.

Conclusion: Understanding the pharmacology of metabolic consequences of current antipsychotic drug treatment is clearly the key to developing improved pharmacotherapies that avoid these problematic and limiting adverse effects.

References

P-2-5-38
Socio-demographic characteristics of hospitalised patients with paranoid disorders

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Introduction: One of the problems of the contemporary psychiatry is certainly, hospitalization, because the freedom of an individual, altogether with the right to life and personal safety, is basic human right. High percentage of patients with paranoid disorders is hospitaly treated at least once, either voluntarily or involuntarily.

Objective is to determine whether the socio-demographic characteristics (gender, age, education, work and marital status) influence the decision making regarding the form of hospitalization.

Methodology: In purpose of the investigation, we used the closed-type questionnaires that were composed for the needs of this paper. We used the case records of hospitalized patients with paranoid disorders treated in Clinic for Mental Disorders „Dr. Laza Lazarevic“ in Belgrade during 2010.

Results: 162 patients with diagnosis F22.0 - F22.9 and F20.0 were hospitalized, of which 124 (76.7%) voluntarily, and 37 (23.3%) involuntarily. The differences are observed by: occupation, work-status, number and cause
of hospitalization. Voluntarily admitted are the predominant in the group of age 51-60, while the involuntary in the group of 41-50.

**Conclusion:** According to the presented analyses of results of socio-demographic characteristics of involuntarily and voluntarily hospitalized patients with paranoid disorders, we came to a conclusion that the specified characteristics influence the form of hospitalization.

**References**


**P-2.5-39**

**Lurasidone for the treatment of schizophrenia: pooled analysis of short-term, placebo-controlled trials**

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**Objectives:** The aim of this post-hoc analysis was to evaluate the efficacy and safety of short-term treatment with lurasidone in subjects with schizophrenia.

**Methods:** Data were pooled from double-blind, placebo-controlled, 6-week studies of subjects meeting DSM-IV criteria for schizophrenia (safety analysis, n=7 studies; lurasidone, 20-160 mg/d; N=1508; placebo, N=708; efficacy analysis, n=5 studies; lurasidone, 40-160 mg/d; N=1035; placebo, N=497, two failed studies were excluded).

**Results:** Subjects treated with lurasidone showed significantly greater improvement at week 6 vs. placebo on the PANSS total (-22.6 vs. -12.8; p<0.001), PANSS positive (-7.5 vs. -4.2; p<0.001) and negative (-5.2 vs. -3.5; p<0.001) subscale scores, and the CGI-S score (-1.29 vs. -0.78; p<0.001) using mixed models for repeated measures (MMRM). Significant improvement occurred on Day 3/4 for PANSS total and CGI-S scores. In this sample, the proportion of subjects experiencing ≥7% weight gain at Week 6 LOCF endpoint was 4.8% for lurasidone and 3.3% for placebo. Median LOCF-endpoint changes (mg/dL) were similar in the lurasidone and placebo groups, for triglycerides (-4.0 vs. -6.0), total cholesterol (-5.0 vs. -5.0), and glucose (0.0 vs. 0.0) respectively.

**Conclusion:** The results of this pooled analysis of short-term studies indicate that lurasidone is a safe and efficacious treatment for schizophrenia.

**P-2.5-40**

**EndoPAT as a tool for cardiometabolic risk assessment in patients with schizophrenia**

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**Objectives:** Mortality caused by cardiovascular diseases is doubled in patients with schizophrenia compared to general population (1). Recommended monitoring of the traditional cardiometabolic risk factors might not be sufficient to estimate the risk of future cardiovascular events (2). Endothelial function measured by EndoPAT (reactive hyperemia peripheral arterial tonometry) was suggested to be a sensitive tool for cardiovascular risk stratification in general population (3) and thus may be beneficial also in patients with schizophrenia (4).

**Methods:** We measured traditional cardiometabolic risk factors and assessed endothelial function in 50 young stabilized schizophrenic patients (up to 50 years) without any clinical symptoms of cardiovascular disease and compared the results with 50 age-matched healthy controls.

**Results:** Patients with schizophrenia had higher prevalence of endothelial dysfunction measured by EndoPAT compared to healthy controls but the result was not significant. The two study groups differed significantly in several traditional cardiovascular risk factors.

**Conclusion:** Our results indicate that traditional cardiovascular risk factors are more sensitive than EndoPAT for cardiovascular risk assessment in patients with schizophrenia.

**References**

P-2-5-41
Trends of faith healing among a group of psychotic patients in Iraq

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Objectives: To determine the rate and predictors of consulting faith healers by psychotic patients, and rituals of therapy practiced by therapists in Najaf province, Iraq.

Method: 70 psychotic patients, aged 18 year and older, attending psychiatric out-patient unit in Najaf were invited for the assessment of their prior contacts with faith healers.

Results: The rate of faith healers consultation prior to psychiatrists’ visit was 80%. Being younger, less formally educated, married, and female was significantly associated with faith healers consultation. Fourteen types of religious therapeutic rituals were practiced by healers in Iraq.

Conclusions: Faith healers consultation is popular and accessible among psychotic patients in Iraq. Some of therapeutic rituals are harm-inducing for patients.

P-2-5-42
Level of stress: A prospective survey on caregivers of people with schizophrenia

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Introduction: Care giving of people with Schizophrenia takes more time, effort and work therefore the caregiver faces difficulty to maintain their own health and self-care, leisure and productivity because of being needs to rearrange work schedules, take unpaid leave of absence. Also it can be very stressful for the caregiver because of behavioral, cognitive and functional problems of Schizophrenic patients.

Objectives: The purpose of this quantitative survey study was to explore the level of stress of the caregiver of people with schizophrenia.

Methods: The study was undertaken by using prospective survey design. Using convenient sampling, caregivers of people with Schizophrenia were recruited for this study. The researcher measured stress of the participant by using a 13 item stress measurement tool, Caregiver Strain Index (CSI) through face to face interview.

Results: The researcher found high level of stress among all caregivers of people with schizophrenia from this study. It was also found that female caregivers perceived more stress than male caregivers. The caregivers of different relationship perceived stress differently.

Conclusion: This study results will assist occupational therapist to determine caregiver stress and to give concentration on caregiver stress during treatment and rehabilitation schizophrenic patients and run stress management program for them.

References

P-2-5-43
The origin of delusion from the viewpoint of evolutionary psychiatry

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Background, aims and Methods: The author considered with reference to the evolutionary psychiatry the reason why persecutory delusions and delusions of observation happen frequently in schizophrenia.

Results: In evolutionary psychiatry it is described that human being selected hierarchical but cooperative group living with reciprocal altruism. In such a society, it is essential to recognize if the individual refuses to reciprocate, because it may produce big profit to betray. Persecutory delusions can be seen as an extreme variation of the mechanism involved in the detection of cheating behavior. And the fear towards the attention from a superior results in delusions of observation. On the other hand, recently it was reported that human being was eaten by ferocious animals very long time. The author thought that the fear towards the observation from fierce animals and the fear of predation are also the background of delusions of observation and persecutory delusions.

Conclusions: Even if the wounded mind at the stage of the evolution becomes the nucleus of the delusion, it is modified by the experiences and the memory of the patient and becomes a delusion.
**References**


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**P-2-5-44**

**WELLFOCUS: an intervention to improve well-being in people with psychosis**

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**Aims/objectives:** Well-being is considered to be an important outcome in the context of recovery from severe mental illness. Up until now there are no evidence based interventions that specifically aim to increase well-being within this client group. Positive Psychotherapy (PPT) is an existing intervention to increase well-being in people with mild common mental health problems and healthy participants. This study aimed to adapt PPT specifically for people with psychosis and test the feasibility and usefulness of the adapted intervention in a pilot randomised controlled trial.

**Methods:** A mixed methods study combining qualitative and quantitative components was conducted. The adaptation of PPT involved a systematic literature review, semi-structured interviews with service users (N=23) with psychosis and staff (N=14), and expert consultation. The pilot randomised controlled trial (ISRCTN04199273) of the adapted intervention is currently under way.

**Results:** Interviews with service users and staff suggested a number of adaptations to the original intervention. Adapted PPT is provided as a 12-session weekly group therapy. Initial results of the qualitative process evaluation will be presented to describe the intervention’s feasibility and potential ‘usefulness.’

**Conclusion:** Key components, challenges, and potential implications of Positive Psychotherapy to increase well-being in people with psychosis will be presented.

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**P-2-5-45**

**Relationship of trauma history in childhood with psychotic, dissociative, and depressive symptoms in schizophrenia**

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Schizophrenic patients are more likely to be exposed to the traumatic events in their life. Traumatic experience would be related with more severe psychotic symptoms as well as dissociative and depressive symptoms in schizophrenia. Fifty-nine subjects [male: 31; mean age: 40.2 ± 7.7 (SD yrs)] were evaluated with Childhood Trauma Questionnaire (CTQ), Positive and Negative Syndrome Scale (PANSS), Dissociative Experiences Scale (DES), Beck Depression Inventory (BDI), Social Anhedonia Scale. High emotion neglect scores were associated with severe positive symptoms (r=3.2, p<0.001). Emotion neglect and physical neglect scores were associated with severe depressive symptoms (r=2.4, p=0.004, r=3.0, p=0.002, respectively). Physical abuse and sexual abuse scores were positively correlated with dissociative symptom scores (r=2.5, p=0.003, r=2.7, p=0.003, respectively). Our study showed the type of childhood trauma could affect the diverse symptoms in schizophrenia. Further study would be needed to clarify whether there are causal relationship between childhood trauma and schizophrenia.

**References**


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**P-2-5-46**

**Acute psychosis due to Bonzai use**

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**Introduction:** The synthetic cannabis receptor agonists are currently one of the most abused substances. JWH-018 known as “Bonzai” is one of the most abused substances in TRNC.

**Case Report:** 31 years old single, unemployed male. Brought to the clinic by his relatives that he was angry, aggressive, suspicious and could not sleep. He was using “bonzai” by smoking since 2 years. In the last year he increased the amount to 6 gr/day. His last use was 10 hours before his admission. His paranoid thoughts and insomnia started 2 months ago. He had several quarrels.
and was suspicious that he was followed and someone was going to harm his family. His psychiatric examination revealed increased psychomotor activity, agitation, irritability, increased tone of speech, loosening of associations, and paranoid delusions. Reality testing was impaired. He did not have hallucinations and his CT scan and laboratory tests were in normal range. His urine analysis for other substances was negative. Olanzapine 20 mg/day has been prescribed.

**Discussion:** The most often seen symptoms in synthetic cannabis toxicity are changes in sensation, hallucinations, agitation, tachycardia, nausea, hyperglycemia, paranoia and psychosis. In our case the main symptoms were agitation, irritability and paranoid delusions.

**P-2-5-47**

**Quality of life among people with schizophrenia in the Republic Macedonia-comparative study between Psychiatric Hospital - Skopje and Mental Health Center- Center**

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The concept of quality of life long ago was considered an important aspect of mental health, and as indirect indicator of the quality of the treatment of mental health institutions. Psychiatric Hospital -Skopje is the largest psychiatric hospital in Republic of Macedonia, and the deinstitutionalization process began in 2000 and in that context three mental health centers were opened, including the Mental Health Center- Center, with ambulance and daily care for schizophrenic patients.

**Objective:** To make a comparison between the quality of life in schizophrenic patients treated in a psychiatric hospital and those treated in community mental health centers.

**Method:** 175 people were interviewed, of which 90 are treated in the mental health center and 85 in a psychiatric hospital, using a questionnaire "The Manchester Short Assessment of Quality of Life" (MANSA).

**Results:** Better quality of life has people with schizophrenia treated in mental health centers, compared to psychiatric hospital, in many segments: social life, personal safety, and violence, better quality of mental and physical health.

**Conclusion:** The time of hospitalization should be kept to a minimum and the transition in Centers for mental health should be as soon as possible for more successful reintegration and resettlement in society.

**P-2-5-48**

**Association between metabolic disease and cardiovascular risk in patients with schizophrenia treated with antipsychotics**

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**Objectives:** To quantify the risk of serious cardiovascular and metabolic diseases (CVMD) (myocardial infarction, stroke, coronary disease and diabetes) associated with metabolic adverse events (MAE) (including weight gain and dyslipidemia) in patients with schizophrenia treated with antipsychotics.

**Methods:** A retrospective cohort study using the Clinical Practice Research Database (CPRD) was conducted. Adult patients without any CVMD before antipsychotic initiation (51.8% second-generation antipsychotics, 44.8% first-generation antipsychotics, 3.4% combination) were included. A discrete-time logistic regression adjusting for patient’s characteristics, year of first antipsychotic prescription, time since MAE occurrence and duration of antipsychotic treatment was used.

**Results:** 10,086 patients followed for 8 years on average were included. Kaplan-Meier estimates of probabilities of MAE and CVMD over 10 years were respectively 66.61% and 9.59%.

MAEs were associated with an increased risk of cardiovascular events (OR=2.88, p<0.0001). There was no effect of antipsychotic treatment duration on CVMD events risk, independently of MAE (p=0.15). The relative risk of CVMD associated with MAE was independent of the time since the first diagnosis of metabolic event (p=0.44).

**Conclusions:** Among patients treated with antipsychotics, there is a close to 3-fold increase in the risk of CVMD in any time interval following diagnosis of MAE.
P-2.5-49
Neuroleptic Malignant Syndrome – An Atypical Presentation with Quetiapine

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Aims/Objectives: To report a case of a woman who developed a neuroleptic malignant syndrome due to quetiapine

Methods: To discuss the case report based on online pubmed database

Results: Neuroleptic malignant syndrome (NMS) is a life-threatening condition associated with the use of neuroleptic drugs and is characterized by a clinical syndrome of mental status change, muscle rigidity, fever, and autonomic instability. The incidence of NMS seems to have been decreasing, possibly due to increased awareness, changes in drug prescribing practices, the use of lower doses of dopamine blocking agents and atypical antipsychotics. The risk factors most consistently identified with precipitating NMS are prominent psychomotor agitation and incrementally higher doses of one or more parenteraly administered neuroleptics. The use of atypical antipsychotics may be associated with: a decreased risk, decreased mortality, and atypical features of NMS.

Conclusion: With the widespread use of atypical antipsychotics, atypical presentations of NMS should be more frequent. Clinicians must be aware of this presentation since adherence to strict diagnostic criteria may lead to alternate and/or delayed diagnosis, with eventually poor outcomes. For this reason, a strong clinical suspicion based on clinical history is crucial for early diagnosis and treatment.

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P-2.5-50
Frequency of religious delusions in schizophrenia inpatients

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The aim of our study was to demonstrate the frequency and dangerousness to self or others in schizophrenia inpatients with religious delusions.

Methods: In a group of 50 schizophrenia inpatients we examined the presence of religious delusions, self-harm and dangerous behaviour.

Results: 8 patients / 16%/ had persecutory delusions, 3 / 6%/ grandiose religious delusions. Two patients / 4%/ performed self-mutilation and three / 6%/ dangerous behaviour or harm to others. The best effect showed clozapine in higher dosages / > 300 mg per day/.

Conclusions: Religious delusions are associated with poorer clinical outcomes and dangerousness. Bizarreness and great conviction in persecutory and grandiose religious delusions are the predictors of dangerous and harmful behaviours. In our study 22% of schizophrenia inpatients expressed prominent religious delusions and 10% dangerous behaviour / self-harm or harm to others /.

The best antipsychotic medication was clozapine in higher dosages. However, religiousness were positively associated with diminished psychiatric symptom and well-being.

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P-2.5-51
Organic psychosis and co-occurring HELLP syndrome – a case report

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Introduction: The antiphospholipid syndrome (APS) is an autoimmune disease characterized by hypercoagulability provoking thrombotic events and pregnancy-related complications such as HELLP syndrome (10.5% rate of APS in HELLP) and miscarriage. Neurological manifestations are common in APS and seem not only being caused by thrombosis but also directly antibody-mediated (1). While psychiatric symptoms are often described in related disorders like Lupus erythematoses, literature about mental disorder in APS is scarce (2,3).

Case description: A 33-year old female with a history of obsessive-compulsive disorder and a miscarriage in the first trimester, was admitted to psychiatric inpatient...
treatment in gestation week 28 because of emerging symptoms such as anxiety, panic, derealisation, depersonalisation, paranoia and insomnia. Despite antipsychotic and anxiolytic medication the patient presented a fluctuating mental condition with increasingly disorganized thinking and speech, as well as a lack of emotional expressiveness. Concurrently she developed a HELLP-syndrome that resulted in a Cesarean delivery in gestation week 29. Further diagnosis revealed underlying primary APS. Discussion: Neuropsychiatric symptoms may precede the diagnosis of APS. Early corticosteroid therapy could be crucial for recovery of psychiatric symptoms and prevention of further and permanent damage (2). There is evidence that auto-antibodies could be associated to different psychiatric disorders (4,5).

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P-2-5-52
Lurasidone in the treatment of early-stage schizophrenia: a post-hoc analysis of three pooled acute treatment studies

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Objectives: To evaluate the efficacy of lurasidone in early-stage schizophrenia (ESS).

Methods: This was a pooled analysis of subjects with ESS (onset of illness within 3 years prior to study entry) who had participated in three 6-week, randomized, placebo-controlled trials.

Results: Subjects were randomized to lurasidone (N=857) or placebo (N=366), of whom 102 (11.9%) on lurasidone, and 44 (12.0%) on placebo had ESS; 70.5% male, mean age, 28.6 years, and mean baseline PANSS, 96.8. ESS subjects treated with lurasidone experienced significantly greater improvement at week 6 compared with placebo on the PANSS total score (-25.9 vs. -17.3; p<0.05 on MMRM; effect size = 0.42), the PANSS positive (-9.6 vs. -6.0; p<0.01) and negative (-5.6 vs. -3.2; p=0.014) subscale scores, and the CGI-S score (-1.7 vs. -1.3; p=0.089, effect size = 0.36). Similar levels of improvement were observed in the later stage schizophrenia sample. Responder rates (≥20% improvement in PANSS total score) were significantly higher for treatment with lurasidone vs. placebo in the ESS (69% vs. 48%; p<0.01) and non-ESS groups (65% vs. 48%; p<0.001).

Conclusion: This post-hoc analysis of three pooled placebo-controlled trials indicates that lurasidone appears efficacious and well-tolerated in patients with early stage schizophrenia.

P-2-5-53
The evaluation of negative symptoms by videoconferencing in a clinical trial

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Aims/Objectives: This study assesses whether negative symptom scales can be reliably evaluated in a clinical trial by videoconferencing. This allows blinding to protocol details to eliminate enrollment and expectation biases. Several strategies for identifying negative symptoms were tested, including the NSA-16, PANSS negative symptom subscale and Marder subscale.

Methods: The PANSS and NSA-16 were administered to 227 subjects with schizophrenia in a randomized clinical trial via live videoconferencing by 17 blinded independent central raters. Subjects were interviewed at screen, at 11 more visits over 36 weeks, and at endpoint or 1 year. On a subset of subjects, a senior clinician observed and independently rated the PANSS and NSA as a quality control measure.

Results: ICCs between raters and observing trainees were .98 on the NSA total score (N = 65 pairs) and .96 on the PANSS total score (N = 69 pairs). ICCs of individual NSA items ranged from .72-1.0, with a mean ICC of .91. ICCs of PANSS subscales ranged from .94 -.96 with ICCs of .95 for the Marder subscale and .94 for the negative subscale.

Conclusion: Excellent item-level ICCs for the NSA suggest that negative symptoms can be rated reliably by videoconferencing using well-calibrated blinded independent raters.
Contribution to the validation of the illness perception questionnaire for psychosis in a Portuguese-speaking sample of patients with severe mental health problems

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Aims/objectives: Understanding patients’ perceptions of their condition has proved an useful way of predicting behavior in patients suffering from physical or mental illness (1). Nevertheless, this area is yet to be fully explored in mental health. Our aim is to contribute for the validation a Portuguese version of the Illness Perception Questionnaire for Psychosis (IPQ2).

Methods: We used a Portuguese version of the IPQ. The translation was done by the first author (AC). The accuracy of this translation was discussed in a two focus group of experts, providing opinion on face and content validity. After pre-testing, the final version of Portuguese translations was produced. A pilot study has just started.

Results: In this cross sectional study we use a convenience sample and the instrument was been self applied by fifty-four patients (mean age 38.3; sd 9.1; gender female 53.7%) with the following diagnoses: schizophrenia (27.8%), schizoaffective (7.4%) and bipolar disorder (64.8%), according to the following treatment settings: in-patient (55.6%), day care hospital (31.5%), out-patient (7.4%) and social-occupational unit (5.6%). No relevant difficulties have been detected.

Conclusion: The IPQ represents a useful questionnaire to assess illness perception in severe mental disorders. The contribution for the validation of a Portuguese version of IPQ will enhance this important area of investigation.

References

Understanding the role of oxytocin in social cognition in schizophrenia using a new behavioural measure, the Waiting Room Task

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Social cognitive impairment is related to poor social functioning in schizophrenia (1). Oxytocin has been implicated in such impairment (2). This study aimed at developing a psychometrically sound measure sensitive to the relationship between oxytocin and social cognition. The Waiting Room Task (WRT) is a video-based test comprising 26 brief scenes simulating the experience of facing another person in a waiting room. Sixty-one patients with schizophrenia and 20 controls were asked to judge whether the person gazed at them and/or had a thought about them. The WRT exhibited good internal consistency and was able to discriminate patients from controls, with patients evidencing decreased social cognitive capacity (P=0.002) and increased social cognitive bias (P=0.005). Plasma oxytocin was lower in controls compared to non-delusional patients (NDP; P=0.008) who, in turn, had lower oxytocin than delusional patients (DP; P=0.037). Among controls and DP, oxytocin significantly correlated with gaze (controls: r=0.472, P=0.009) and thought bias (controls: r=0.434, P=0.015; DP: 0.548, P=0.001). This correlation was not found in NDP. Findings suggest oxytocin may be implicated in social cognition both in controls and patients with schizophrenia, but may be blunted in NDP. The WRT is a promising measure for use in social cognition related research.

References
Expressed emotion and relapse of schizophrenia in Brazil

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Expressed emotion has been considered a good predictor of relapse in patients with schizophrenia. We examined the relationship between level of expressed emotion and relapses of schizophrenia patients in Brazil. A longitudinal prospective study was conducted. A convenience sample of patients with a Diagnostic and Statistical Manual Disease IV diagnosis of schizophrenia was selected. The Portuguese Version of Family Questionnaire was conducted with key relatives to evaluate the level of expressed emotion. The patients were followed up for six months by telephone to investigate the number of relapses. The relapse rate in patients expressing low emotion group was 9%, and that in the low expressed emotion group was 4%. The six month relapse risk ratio for the high expressed emotion group was 0.74 (p<0.05). In terms of the subscales, neither critical comment nor emotional overinvolvement were found to be associated with relapses (p>0.05). The results have not clearly confirmed that expressed emotion is a reliable predictor of relapse in patients with schizophrenia in Brazil. However, further studies are needed. This association can positively contribute to the study of the family environment of patients with schizophrenia.

References