## Topics

### Volume 1

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ADHD</td>
<td>9</td>
</tr>
<tr>
<td>2. Addiction</td>
<td>133</td>
</tr>
<tr>
<td>3. Anxiety, Stress &amp; Adjustment Disorders</td>
<td>327</td>
</tr>
<tr>
<td>4. Art and Psychiatry</td>
<td>437</td>
</tr>
<tr>
<td>5. Biological Psychiatry &amp; Neuroscience</td>
<td>461</td>
</tr>
</tbody>
</table>

### Volume 2

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Brain and Pain</td>
<td>9</td>
</tr>
<tr>
<td>7. Child &amp; Adolescent Mental &amp; Behavioral Disorders</td>
<td>19</td>
</tr>
<tr>
<td>8. Conflict Management &amp; Resolution</td>
<td>195</td>
</tr>
<tr>
<td>9. Dementia, Delirium and Related Cognitive Disorders</td>
<td>201</td>
</tr>
<tr>
<td>10. Diagnostic Systems</td>
<td>281</td>
</tr>
<tr>
<td>11. Disasters &amp; Emergencies in Psych.</td>
<td>297</td>
</tr>
<tr>
<td>12. Dissociative, Somatization &amp; Factitious Disorders</td>
<td>307</td>
</tr>
</tbody>
</table>
Topics

14. Eating Disorders ........................................... 331
15. Ecology, Psychiatry & Mental Health ......... 399
16. Epidemiology and Public Health ............... 405
17. Ethics, Law, Human Rights & Mental Health ......................... 499

Volume 3

18. Evolutionary Psychiatry ......................... 9
19. Exercise Psychiatry and Sports ............. 17
20. Family Research, Intervention & Interdisciplinary Collaboration ............ 33
21. Forensic Psychiatry .............................. 65
22. Genetic Psychiatry .............................. 117
23. Geriatric Psychiatry ............................. 139
24. History and Psychiatry ....................... 191
25. HIV and Psychiatry ........................... 221
26. Human Development .......................... 243
## Topics

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Human Sexuality</td>
</tr>
<tr>
<td>28. Immunology and Psychiatry</td>
</tr>
<tr>
<td>29. Impulse – Control Disorders</td>
</tr>
<tr>
<td>30. Learning Disorders</td>
</tr>
<tr>
<td>31. Literature and Mental Health</td>
</tr>
<tr>
<td>32. Mass Media and Mental Health</td>
</tr>
<tr>
<td>33. Measurement Instruments in Psychiatric Care</td>
</tr>
<tr>
<td>34. Mental Health, Economics &amp; Services Research</td>
</tr>
<tr>
<td>35. Military Psychiatry</td>
</tr>
<tr>
<td>36. Miscellaneous</td>
</tr>
</tbody>
</table>

## Volume 4

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. Mood Disorders</td>
</tr>
<tr>
<td>38. Neural Sciences</td>
</tr>
<tr>
<td>39. Neuroimaging in Psychiatry</td>
</tr>
</tbody>
</table>
# Topics

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. Neuropsychiatry and Behavioral Neurology</td>
<td>247</td>
</tr>
<tr>
<td>41. Occupational Psychiatry, Psychiatric Rehabilitation</td>
<td>307</td>
</tr>
<tr>
<td>43. Personality and Psychopathology</td>
<td>329</td>
</tr>
<tr>
<td>44. Personality Disorders &amp; Accentuated Personality</td>
<td>357</td>
</tr>
<tr>
<td>45. Pharmacotherapies</td>
<td>385</td>
</tr>
<tr>
<td>46. Philosophy and Humanities in Psychiatry</td>
<td>501</td>
</tr>
<tr>
<td>47. Prevention and Health Promotion</td>
<td>9</td>
</tr>
<tr>
<td>48. Primary Care and Mental Health</td>
<td>51</td>
</tr>
<tr>
<td>49. Psychiatric Classification</td>
<td>103</td>
</tr>
<tr>
<td>50. Psychiatry Education and Training</td>
<td>109</td>
</tr>
<tr>
<td>51. Psychiatry in Developing Regions</td>
<td>139</td>
</tr>
<tr>
<td>Topics</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>52. Psychiatry in Private Practice</td>
<td>171</td>
</tr>
<tr>
<td>53. Psychoanalysis in Psychiatry</td>
<td>175</td>
</tr>
<tr>
<td>54. Psychological Consequences of Torture and Persecution</td>
<td>189</td>
</tr>
<tr>
<td>55. Psychological Sciences</td>
<td>199</td>
</tr>
<tr>
<td>56. Psychoneurobiology</td>
<td>213</td>
</tr>
<tr>
<td>57. Psychoneuroendocrinology</td>
<td>225</td>
</tr>
<tr>
<td>58. Psycho-Oncology &amp; Palliative Care</td>
<td>239</td>
</tr>
<tr>
<td>59. Psychophysiology in Psychiatry</td>
<td>259</td>
</tr>
<tr>
<td>60. Psychosomatic Disorders</td>
<td>273</td>
</tr>
<tr>
<td>61. Psychotherapies</td>
<td>317</td>
</tr>
<tr>
<td>62. Public Psychiatry</td>
<td>389</td>
</tr>
<tr>
<td>63. Quality Assurance in Psychiatry</td>
<td>405</td>
</tr>
<tr>
<td>64. Religion, Spirituality and Psychiatry</td>
<td>423</td>
</tr>
<tr>
<td>65. Research Methods in Psychiatry</td>
<td>449</td>
</tr>
<tr>
<td>66. Rural Mental Health</td>
<td>473</td>
</tr>
</tbody>
</table>
### Topics

#### Volume 6

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>67. Schizophrenia &amp; Psychotic Disorders</td>
<td>9</td>
</tr>
<tr>
<td>68. Sexual &amp; Gender Identity Disorders</td>
<td>287</td>
</tr>
<tr>
<td>69. Sleep Disorders</td>
<td>311</td>
</tr>
<tr>
<td>70. Social and Cultural Psychiatry</td>
<td>329</td>
</tr>
<tr>
<td>71. Sociotherapies</td>
<td>381</td>
</tr>
<tr>
<td>72. Stigma and Mental Health</td>
<td>385</td>
</tr>
<tr>
<td>73. Suicide and Psychiatric Emergencies</td>
<td>435</td>
</tr>
<tr>
<td>74. Urban Mental Health</td>
<td>527</td>
</tr>
<tr>
<td>75. Women’s Mental Health</td>
<td>537</td>
</tr>
</tbody>
</table>
ADHD
CHARACTERISTICS OF HOSPITALIZED PATIENTS FOLLOWING SUICIDE ATTEMPT IN HAMADAN DISTRICT, IRAN
Ali Ghaleh, Saeed Afzali
Research Center For Behavioral Disorders And Substance Abuse, Hamadan University Of Medical Sciences. Hamedan, Iran

Objectives: Limited research has been undertaken on suicide in developing countries. This paper aims to investigate characteristics of suicide attempts in Hamadan district of Iran.

Methods: A prospective study was conducted in all university hospitals in the Hamadan district of Iran and patients admitted for attempted suicides were included. All cases were assessed by psychiatrists and visited by two trained interns of Medicine.

Results: The incidence rate per 100,000 persons of attempted suicides was 228.6 for males and 263.1 for females; moreover, 344.9 for rural areas and 222.7 for urban areas. The suicide attempt was the highest in the 15 to 24 age category for both sexes and regions.

Conclusions: Suicide is a complex, long-term outcome that requires multifaceted theoretical constructs for the appropriate study of its antecedents. Findings of this study along with other studies in Iran revealed that unemployed men, housewives, and rural women, high-school students, and those with a low level of education were at higher risk of suicidal behaviors.

Keywords: Suicide; Attempted suicide; Iran.
AFFECTIVE NETWORK HYPERCONNECTIVITY AND HYPOCONNECTIVITY OF COGNITIVE CONTROL AND VENTRAL ATTENTION NETWORKS IN ADULTS WITH HIGH NEUROTICISM SCORES

¹Carballedo A., ¹Doyle M., ²Lavelle G., ¹Amico F., ¹Sojo J., ¹McCarthy H., ²Gormely J., ¹O’Keane V., ¹Frodl T.
¹Department of Psychiatry and Trinity College Institute of Neuroscience, Trinity College Dublin, Ireland
²Department of Physiotherapy, St. James’s Hospital and Trinity College Dublin

Introduction: Subjects with high neuroticism are more likely to interpret ordinary situations as negative, and this might contribute to a predisposition toward mood and anxiety disorders. The aim of our study was to determine the localization of neuroticism-related resting state functional connectivity (RSFC) differences between the two groups of high and low neuroticism, and to confirm our hypothesis that subjects with high neuroticism show hyperconnectivity in the affective network and hypoconnectivity in the cognitive control and attention networks.

Methods: Forty three healthy participants underwent resting state fMRI and completed the NEO Five Factor Personality Inventory. SPM8 and CONN software was used to pre-process and analyse resting state fMRI data. Correlation maps were produced between seed regions of the affective, cognitive control, attention and default mode networks and differences were analysed between groups fully corrected for multiple testing across the whole brain.

Results: Participants with high neuroticism scores displayed significantly greater functional connectivity in the affective network. There was significantly less functional connectivity in the cognitive control network and ventral attention network for participants with high neuroticism scores when compared to those with low neuroticism scores.

Discussion: Affective network hyperconnectivity might be related to emotional problems or mood disorders that are associated with high neuroticism. Additionally, the hypoconnectivity seen in the cognitive control network might have to do with inattention and cognitive deficits that have consistently been found in major depression and anxiety disorders. Thus, oversensitivity in affective systems and at the same time reduced cognitive control might be in line with increased stress sensitivity and emotional lability in subjects with high neuroticism.
LONG-TERM OUTCOMES OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) IN SPAIN: A SYSTEMATIC REVIEW AND REGIONAL COMPARISON

J. Quintero 1, S. Young 2, H. Caci 3, J. Kahle 4, S. Plaza 5, G. Algorta, 6
1. Psychiatry Department, Hospital Universitario Infanta Leonor, Madrid, Spain
2. Imperial College London, Centre for Mental Health, UK
3. Child and Adolescent Psychiatry Hôpitaux Pédiatriques de Nice, France
4. BPS International, San Diego, California, USA
5. Shire, Madrid, Spain
6. The Ohio State University, Ohio, USA

Objectives: Attention-deficit/hyperactivity disorder (ADHD) is increasingly recognized worldwide as an important psychiatric condition of which the long-term outcomes affect the patient, their family, and society. This analysis identified studies of long-term outcomes (≥2 years) of ADHD in Spain and compared the outcomes with Latin America, Rest of Europe (ROE), Northern America, and Rest of World (ROW).

Methods: A systematic literature search was performed using Cochrane guidelines for primary, peer-reviewed studies (published 1/1980-12/2011 in English-language) reporting long-term outcomes (≥2 years) of ADHD.

Results: 403 studies were included; 4 from Spain, 4 from Latin America (Brazil, Colombia, Mexico, Puerto Rico), 76 from ROE, 292 from Northern America (USA, Canada), and 400 from ROW. Study designs, settings, diagnostics, measures, and populations varied. Outcomes comprised 9 groups: academics, antisocial behavior, driving, non-medicinal drug use/addictive behavior, obesity, occupation, self-esteem, services use, and social function. A high percentage (83%) of poor long-term outcomes was reported for untreated ADHD in Spain. This result was very similar in Latin America, ROE, Northern America, and ROW for untreated ADHD. Five of the 9 outcome groups were studied in Spain. No studies from Spain were of treatment outcomes, but ROW results showed a high proportion of long-term outcomes improved with ADHD treatment.

Conclusions: The results of studies of long-term outcomes of ADHD were similar in Spain and Latin America, ROE, Northern America, and ROW. ROW results show improved outcomes with ADHD treatment, thus Spain-based studies of long-term outcomes of ADHD treatment should be considered. Study funding from Shire Development.
WHAT IS A CLINICALLY RELEVANT IMPROVEMENT IN QUALITY OF LIFE IN ADULTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER?
Yoko Tanaka, PhD1; Meryl Brod, PhD2; Jeannine R. Lane, PhD3; Himanshu Upadhyaya, MBBS, MS1
1Lilly Research Laboratories, Lilly Corporate Center, Indianapolis, IN, USA 46285
2The Brod Group, Mill Valley, CA, USA 94941
3inVentiv Health, Indianapolis, IN, USA 46280

Objective(s): To estimate a minimal clinically important difference (MCID) on the adult attention-deficit/hyperactivity disorder (ADHD) Quality of Life (AAQoL) scale using anchor- and distribution-based methodologies.

Methods: Data were pooled from 3 short-term (N=537) and 2 long-term (N=440) placebo-controlled trials of atomoxetine in adults with ADHD. For the anchor-based approach, patients were categorized into much-improvement (-5 to -2), slight-improvement (-1), or no-improvement (0) groups based on change in clinician-rated Clinical Global Impressions-ADHD-Severity (CGI-ADHD-S) scores. Baseline-to-endpoint AAQoL total score mean (standard deviation [SD]) changes were calculated. The MCID was calculated as the difference in CGI-ADHD-S slight- and no-improvement groups’ AAQoL total score mean changes. For the distribution-based approach, baseline-to-endpoint mean (SD) changes in AAQoL scores corresponding to 0.5 SD were computed.

Results: Baseline-to-endpoint AAQoL mean (SD) changes in the much-, slight-, and no-improvement groups with short-term treatment were 21.31(17.11), 12.38(13.75), and 4.30(12.24), respectively, and with long-term treatment were 23.84(16.41), 11.21(12.56), and 2.83(11.30), respectively. With short- and long-term treatment, the MCID was 8.08 and 8.37 points, respectively, and the criterion of 0.5 SD was equivalent to a 7.89- and 8.05-point improvement, respectively. In responders (≥0.5 SD on AAQoL), respective baseline-to-endpoint AAQoL mean (standard error) changes for atomoxetine vs. placebo in the slight-improvement group following short-term treatment were 20.5(1.0) vs. 21.3(1.5) and following long-term treatment were 19.7(0.9) vs. 18.9(1.2).

Conclusion(s): These results suggest that a MCID of approximately 8 points on the AAQoL is a clinically relevant improvement in quality of life and that the distribution- and anchor-based methodologies are equivalent when estimating MCID.

Keywords: attention deficit/hyperactivity disorder, ADHD, atomoxetine
NEUROIMAGING IN KORSAKOFF SYNDROME
C. Lopez, MJ. Sanchez, I. Martinez
University Hospital Guadalajara, Spain.

Korsakoff syndrome is characterised by a serious anterograde and retrograde amnesia. The biggest problem is the inability to form new memories and variable gaps from previous events, which represents a disconnection from reality and feel new experiences every minute. Chronic abnormalities identified with neuroimaging allow exam the brain damage in patients with Korsakoff syndrome and could explain the neuropsychological deficits resulting from thiamine deficiency and alcohol neurotoxicity. We report the case of a patient diagnosed of Wernicke's encephalopathy who kept daily alcohol consumption with consequent cerebral degeneration.
ASSOCIATION BETWEEN ASTHMA AND ATTENTION-DEFICIT HYPERACTIVITY DISORDERS IN CHILDREN: POTENTIAL RISK FACTORS
Abdulbari Bener 1,2, Mohammad S. Ehlayel 3,4, Hale Zeynep Bener 1
1 Dept. of Medical Statistics and Epidemiology, Hamad Medical Corporation, Dept. of Public Health, Weill Cornell Medical College, Qatar
2 Depart. Evidence for Population Health Unit, The University of Manchester, Manchester, UK
3 Dept. of Pediatrics, Weill Cornell Medical College & Hamad Medical Corporation, Qatar

Aim: The objective of this study was to investigate the prevalence of asthma among ADHD children.

Methods: 520 children with asthma and ADHD and 520 controls aged 5-16 years old controls matched by age and ethnicity studied Hamad General Hospital, Rumeilah Hospital, School Health and Primary Health care Clinics, between June 2011 to September 2013 in Qatar. Data based questionnaire, clinical manifestations, family history, BMI, and clinical biochemistry variables including serum 25(OH) vitamin D, calcium, phosphorus, magnesium was obtained. Univariate and multivariate statistical analyses were performed.

Results: The mean age (± SD, in years) for ADHD versus control subjects was 9.92±3.3 vs. 10.20±3.4. There was a significant difference found in the mean values (± SD, in ng/ml) of vitamin D between asthmatic with ADHD (17.25±10.53) and control children (23.91±9.82) (p<0.0001). Out of 520 asthmatic children with ADHD, 18.4% had severe vitamin D deficiency (< 10 ng/ml). Also, the proportion of overweight and obesity was significantly higher among asthmatic children with ADHD than healthy controls (p<0.001). The mean values of all biochemistry parameters such as vitamin D, serum iron, serum ferritin, hemoglobin, magnesium, and potassium were significantly lower among asthmatic children with ADHD than healthy controls (p<0.001 for each comparison). There was significant correlation between vitamin D deficiency and with age (r=-0.224, p=0.001); calcium (r=0.256, p=0.001); phosphorous (r=0.316, p=0.001); magnesium (r=0.288, p=0.001); and BMI (r=0.452, p=0.001) in asthmatic with ADHD children. The multivariate logistic regression analysis showed that predictors for asthmatic children with ADHD using were the mean serum vitamin D serum calcium level, physical activity, nervous behavior, consanguinity, BMI and child order were considered as the main factors associated with ADHD after adjusting for age, gender and other variables.

Conclusion: Vitamin D deficiency was higher in ADHD children compared to healthy children and supplementing infants with vitamin D might be a safe and effective strategy for reducing the risk of ADHD.
Aim: To determine the association between vitamin D and ADHD, and difference in level of vitamin D among ADHD children and control aged below 18 years old.

Methods and subjects: A total of 1,331 cases and 1,331 controls aged less than 18 years matched by age and ethnicity studied between June 2011 to May 2013 at the School Health and Primary Health Care Clinics, Qatar. Data on clinical manifestations, family history, BMI, and clinical biochemistry variables including serum 25(OH) vitamin D, calcium, phosphorus, magnesium was obtained. Univariate statistical analyses were performed.

Results: The mean age for ADHD versus control subjects was 10.63±3.4 vs. 10.77±3.4. There were statistically significant differences between ADHD and healthy control subjects with respect to BMI (p<0.001). There was a significant difference found in the mean values (± SD, in ng/ml) of vitamin D between ADHD (16.6±7.8) and control children (23.5±9.9) (p<0.0001). Mean values of calcium and phosphorous were also significantly higher among controls than ADHD children (p<0.001). There was significant correlation between vitamin D deficiency and age (r=-0.191, p=0.001); calcium (r=0.272, p=0.001); phosphorous (r=0.284, p=0.001); magnesium (r=0.292, p=0.001); and BMI (r=0.498, p=0.001) in ADHD children. 19.1% of ADHD children had severe vitamin D deficiency (< 10 ng/ml), 44.9% had moderate insufficient levels (between 10 -20 ng/ml), 27.3% had mild insufficient levels (between 20 -30 ng/ml) and only 8.1% had sufficient levels (>30 ng/ml).

Conclusion: The present study revealed that vitamin D deficiency was higher in ADHD children compared to healthy children and supplementing infants with vitamin D might be a safe and effective strategy for reducing the risk of ADHD.
COMORBIDITY AND ATTENTION-DEFICIT AND HYPERACTIVITY DISORDER (ADHD).
Adelina Alcorta-Garza1, Rita M Pecero-Osorio, Alberto Aguilar García
Hospital Universitario "José E. González" UANL. Nuevo Leon, Mexico
Servicio de Psiquiatría Infantil y de la Adolescencia- Nuevo Leon. Mexico

Objective: To compare the profile of comorbidity in children and adolescents with and without ADHD in tertiary care.

Methods: Descriptive, Comparative and Retrospective study. Patients answered the Connors questionnaire, the MINI-kid interview and we used their medical records for diagnosis (DSM IV TR), after 4 evaluation sessions. SPSS V.21 statistical package was used for analysis.

Results: 346 of 850 patients (during years 2009-2013) were evaluated, of which 203 met the criteria of positive cases Attention Deficit Disorder with Hyperactivity (ADHD); 79.3% men and 20.7% women, with a mean age of 9.97 ± 3.45. The control group was 143 subjects without a diagnosis of ADHD (mainly scored for affective disorders), of which 51% were male and 49% female, mean age 11.95 ± 2.92. The ADHD were divided into: 49% combined ADHD, 23.2% predominantly hyperactive-impulsive, 4.9% with attention deficit alone and 19.2% for ADHD. In the control group, 19.6% had mild depression, moderate depression 29.4%, 16.8% and 34.3% severe major depressive disorder and depressive disorder not otherwise specified. In both groups, 60% of patients reported no comorbidities and the remaining 40% in order of frequency are reported: 1) parent-child problems (17%), 2) oppositional defiant disorder (6%), 3) depressive disorder (4%) and academic problems (3%). Statistically significant difference between the two study groups, primary with "oppositional defiant disorder" (p ≤ 0.035) and secondary affiliates parental problems (p ≤ 0.013) was found.

Conclusions: The most prevalent ADHD is combined; 40% had significant primary comorbidity compared to the control group in their association with “oppositional defiant disorder” and secondary to parental problems. We need more studies and follow up to help these patients and their families.

References
EDUCATIONAL INTERVENTION PROGRAM FOR CHILDREN WITH ADHD - (PIE-ADHD)
Peres Clarice, F. Cardelle Garcia
University of Vigo, Vigo, Spain

Background: Primary Education: So far we can find in the scientific literature, extensive information on the concept of disorder - ADHD, models, features, diagnosis and treatment (Barkley, 2006). As in the educational intervention, many studies on identifying the child with the disorder, but not how to act in classroom (Castells, 2012). It is therefore a gap to be filled, which is the primary education curriculum enrichment.

Objectives: This thesis project aims to respond to a need for research and intervention is to offer schoolchildren with attention deficit disorder with or without hyperactivity - ADHD - attention within the mainstream education, by using strategies specific learning, and taking into account their intellectual, working memory and learning style, creativity, motivation and socialization.

Method: Intervention through PIE - ADHD focuses on implementing strategies acceleration, enrichment and enlargement, as time arrangements - with the use of the clock - stopwatch, to structure and organize the contents of the respective subjects - Concept Mapping, of intervene in your workflow through relaxation and breathing exercises, and modify the applicability of the "reviews". We apply it in a public primary school in Vigo, with 357 children aged 6 to 12 years, during the year 2011/2012, where we create and employ the PIE Questionnaire - ADHD. The program consists of four strategies (relaxation at the beginning of the session, time management, concept maps and split tests) applied in 10 sessions of 50 minutes. This program is being validated in Public Schools and Private Vigo. We hope that this program will improve the academic performance of children with ADHD and their self-control and motivation.

Results: Children in the experimental group showed significant improvement in their grades, improvement in attentional and hyperactive behavior and motivational enhancement for studies. And both teachers and parents, through PIE Questionnaire - ADHD, confirm the importance of using metacognitive strategies to improve behavior and learning process, highlighting the importance of relaxation as a very positive practice. In the use of strategies after the intervention is significant (t = 4190, p <0.01), it is also significant satisfaction studies (t = 2474, p <0.01) and significant in metacognition (t = -4.416, p <0.01).

Although care has improved and hyperactivity, the score is significant to us.

Conclusions: The PIE program - ADHD has proved an effective tool psychopedagogic for improvement in the use of strategies in elementary school children with ADHD (Attention Deficit Disorder and Hyperactivity Disorder), improving academic performance.
SLEEP DISTURBANCES VIA ACTIGRAPHY IN CHILDREN DIAGNOSED WITH ADHD IN COMPARISON WITH A HEALTHY CONTROL GROUP

JA. Alda, E. Ferreira, O. Sans, E. Serrano, E. Vargas-Clara, M. Mairena, M. Izquierdo

1. Hospital Sant Joan de Déu, Barcelona, Spain
2. Universidad de Barcelona, Barcelona, Spain
3. Universidad Autónoma de Barcelona, Barcelona, Spain

**Introduction:** In clinical practice, there is a recurrence of the association between sleep alterations and the Attention Deficit Hyperactivity Disorder (ADHD).

**Objective:** Evaluate via actigraphy the sleeping habits and its alterations in children recently diagnosed with ADHD (naïve) in contrast to children without ADHD.

**Methods:** Transversal and descriptive study of a sample of 55 naïve ADHD patients, admitted to the ADHD unit and 55 healthy control participants; paired by age and gender. All participants were evaluated with The Schedule for Affective Disorders and Schizophrenia for School-Age Children (Kiddie-SADS) and during a week, habits and sleep alterations were measured with an actigraph (ActLife, software for data analysis ActLife 6.5.0). The relation between patients and the control group with sleep alterations was analyzed with T-Student and U Mann Whitney tests.

**Results:** There were significant differences between children diagnosed with ADHD and children without ADHD on the time when going to sleep, on the time when waking up and on the time spent awake in bed. Specifically, it appears that children diagnosed with ADHD have a tendency to go to bed later. (Average=22:35h; p=.036) and therefore they also wake up later (Average=7:42h±00:46h; p=.006). No significant differences were found on the total sleep hours, however the time spent awake in bed was longer for the control group (average=74.6±24.50min) in comparison to children with ADHD (average=55.67±33.89min) (p=.007).

**Conclusions:** There were not significant differences on the total time of sleep between children with ADHD naïve and the control group. However, there appears to be a delay of the time when going to sleep with ADHD patients.

Project financed by ISCIII (PI11/02009)
DIFFERENCES OF ADHD SYMPTOMS BETWEEN INTERNATIONALLY ADOPTED CHILDREN AND NON-ADOPTED CHILDREN

JA. Alda1, E. Ferreira1,2, E. Vargas-Clara3, A. De Palol1, M. Llorens3
1. Hospital Sant Joan de Déu, Barcelona, Spain
2. Universidad de Barcelona, Barcelona, Spain
3. Universidad Autónoma de Barcelona, Barcelona, Spain

Introduction: At times, internationally adopted children diagnosed with ADHD, manifest stronger symptoms in school and personal settings in comparison to non-adopted children diagnosed with ADHD.

Objectives: Evaluate inattention, hyperactivity and impulsivity symptoms in internationally adopted children and non-adopted children, both groups recently diagnosed with ADHD (naïve).

Methods: Descriptive study in retrospect of patients admitted to the ADHD Unit between November 2009 and September 2012, with the following inclusion criteria: naïve ADHD and the completion of the Parent and Teacher version of: the Conners-Revised (S) scale, the Achenbach CBCL/6-18 and TRF/6-18 scale and the ADHD Rating Scale IV. Patients were randomly paired.

Results: The sample was designed with 32 patients, 16 internationally adopted children and 16 non-adopted children with naïve ADHD. The average age was 9.30±2.66 years old. The subtypes for ADHD: Combined (n=19), Inattentive (n=12) and Hyperactive-Impulsive (n=1). There was no significance on ADHD, Conners and CBCL for parents or on ADHD Teachers. However, there was a significant result on the Teachers Conners scale in the hyperactive subscale (p=.22) and on the TRF subscale for index ADHD (p=.023).

Conclusions: There was no significant difference with ADHD symptoms of internationally adopted children and non-adopted children. As for the significant results on the Conners and TRF for teachers, may imply that the problem for internationally adopted children may derive as prejudice in that setting.
ASSESSMENT OF QUALITY OF LIFE OF PATIENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) DEPENDING ON THE EXISTENCE OF COMORBIDITY

JA. Alda1, E. Ferreira1,2, A. De Palol3, M. Llorens3, E. Vargas-Clara3

1. Hospital Sant Joan de Déu, Barcelona, Spain
2. Universidad de Barcelona, Barcelona, Spain
3. Universidad Autónoma de Barcelona, Barcelona, Spain

Introduction: Children with ADHD have a high risk of having comorbidity of internalizing and externalizing psychiatric disorders.

Objectives: Assess differences in scores of satisfaction domain and comfort domain of CHIP-PE in patients with ADHD depending on the kind of comorbidity and gender.

Methods: Descriptive and retrospective study of a sample of N=247 patients ADHD NAÏVE that attended in our hospital between 2009 and 2013. The sample is divided in 4 groups: Group 0 (n=118) composed of patients with ADHD diagnosed with no comorbidity; Group 1 (n=46) ADHD with comorbidity of externalizing disorders; Group 2 (n=58) ADHD with comorbidity of internalizing disorders; and Group 3 (n=25) ADHD with comorbidity of externalizing and internalizing disorders. The patients’ parents answered the Parent Report Form of the CHIP. The differences between scores of satisfaction and comfort from different subject groups and differences of gender in the scores of both domains were analyzed with Chi-square tests.

Results: N=247 (183 males). Average age 9.78±2.84. There are significant differences between scores of satisfaction and comfort in patients with ADHD depending on the existence of comorbidity. Group 3 contained poorer levels of satisfaction (80%; p=.002) and comfort (44%; p=.003) related to the other groups. Group 0 have the highest numbers of scores in the normal range of satisfaction (29.7%; p=.002) and comfort (47.5%; p=.003) in comparison to the other groups. There are no significant differences between the scores of satisfaction and comfort relating to gender.

Conclusions: The parents of the patients diagnosed with ADHD and with comorbidity of externalizing and internalizing disorders are more likely to have a lower perception of their children’s health and well being. They also have a lower perception of their children’s’ self-esteem and self-concept. Parents also assess negatively on the physical, somatic and emotional symptoms of their children as well as the day-to-day restrictions due to their illness.
ARE ADOLESCENTS GOOD REPORTERS FOR SYMPTOMS OF ADHD?

JA. Alda1, E. Ferreira1,2, M. Llorens3, E. Vargas-Clara3, A. De Palol3
1. Hospital Sant Joan de Déu, Barcelona, Spain
2. Universidad de Barcelona, Barcelona, Spain
3. Universidad Autónoma de Barcelona, Barcelona, Spain

Introduction: ADHD is evaluated with questioners answered by caregivers, teachers and patients, older than eight years old, in which appear to be reliable reporters for their own behavior.

Objective: Adolescents with ADHD, when evaluating themselves, they do not refer as many symptoms compared to those referred by caregivers and teachers.

Methods: Sample with patients between the ages of 12 and 16 years old, admitted between 2009 and 2013 to the ADHD unit. The inclusion criteria were: ADHD naïve, the administration to caregivers, teachers and adolescents of the Conners-R, and the Achenbach scales (CBCL/6-18, TRF/6-18 and YRS). The clinically significant scores were considered PT>70. Chi-squared tests were used to evaluate relationship between variables.

Results: Sample of 53 ADHD naïve patients, age 13.19±1.21, 69.8% (n=37) boys and 56.6% (n=23) diagnosed with ADHD Combined. In Conners, adolescents score significantly less in the subscales of inattentive in comparison to the caregivers (X=69.74±9.923 and X=60.83±10.77; respectively p=.015) and on the subscale for ADHD index in comparison to the teachers (X=67.26±11.051 and X=55.85±9.622; respectively p=.042). On the Achenbach there were significantly differences on the subscale of affective disorder, where caregivers score above the adolescents (p=0.006); on the oppositional defiant disorder (ODD) scale, caregivers score above the adolescents (p=.006), while teachers score below (p=.008); and on Conduct Disorder (CD), the adolescents score higher than teachers (p<.001).

Conclusions: Patients diagnosed with ADHD report fewer symptoms than caregivers and teachers in the Conners and Achenbach questionnaires, except in ODD and CD in which they report more symptoms than what the teachers do.
USE OF MENTAL HEALTH SERVICES BY VICTIMS OF HUMAN TRAFFICKING: SERVICE USE CHARACTERISTICS AND COSTS.
King’s College London, London, UK

Objectives: Human trafficking is the recruitment and movement of persons, usually by force, coercion or deception, for the purposes of exploitation. This study aimed to: (1) describe the service use characteristics of trafficked people in contact with a large inner-city mental health service; (2) estimate the cost of providing secondary mental health services to survivors of human trafficking; (3) identify factors that predict higher costs of mental health service provision for victims of human trafficking.

Methods: A retrospective study of mental health service users who had experienced human trafficking. Anonymised full patient records of service users who had accessed mental health services through South London and Maudsley NHS Foundation Trust (SLaM) between 2007 and 2013 were identified using the Biomedical Research Centre Case Register Interactive Search (CRIS) database. Data were extracted on socio-demographic and service use characteristics and contacts with mental health service contacts. Total costs were calculated by multiplying each resource use item by an appropriate unit cost. Factors that predicted high mental health service costs were analysed using regression models.

Results: Case records of 119 people were included in the sample. The most commonly recorded diagnoses were depression, PTSD, and non-affective psychoses. Outpatient services were used by 87% of the cohort, emergency department services by 46%, and inpatient services by 32%. The total mean costs per patient were estimated to be £27,293 (s.d. 80,985) with a substantial range (from £59 to £633,970) and a median of £3,366. The costs of mental health service use were significantly higher for trafficked people who experienced pre-trafficking violence (versus none) (p=0.017) and for trafficked people who had a diagnosis of psychotic disorder (versus other or none) (p<0.001).

Conclusions: Mental health services in South London are caring for trafficked people and should be aware of indicators of human trafficking and of how to respond. More intensive mental health support may be required by trafficked people who have experienced pre-trafficking violence and or who have psychotic disorders.
ATTENTION RELATED EYE VERGENCE IS DISRUPTED IN CHILDREN WITH ADHD

H. Supèr¹,²,³, M. Solé¹, L. Pérez¹, L. Puigcerver¹, F. Esposito¹,², N. Esperalba⁵, C. Sánchez⁵, J. Cañete⁵
¹ Faculty of Psychology, University of Barcelona, Spain
² Braingaze, Barcelona, Spain
³ Institute for Brain, Cognition and Behavior, Barcelona, Spain
⁴ Catalan Institution for Research and Advanced Studies, Barcelona, Spain
⁵ Consorci Sanitari del Maresme, Mataró, Spain

Objectives: The oculomotor system is closely linked to the neural circuits of attention. Recent evidence shows a novel role for eye vergence in orienting attention. Here we investigated whether modulation in attention-related vergence is disrupted in ADHD.

Methods: We measured eye vergence in children previously diagnosed with ADHD while performing a cue/no-cue task and compared the results to age-matched controls.

Results: We observed a strong modulation in the angle of vergence in the control group but not in the ADHD group. In addition, in the control group the modulation in eye vergence was different between the cue and no-cue condition. This difference was absent in the ADHD group.

Conclusions: Our study supports the observation of deficient binocular vision in ADHD children. We argue that the observed disruption in eye vergence modulation in ADHD children is proof of a deficient cognitive processing of sensory information. Our work may provide a new tool for developing an observer-independent ADHD diagnosis.
ALEXITHYMIA LEVEL IN PATIENTS WITH PRIMARY HYPOTHYROIDISM

O. Pityk
Ivano-Frankivsk National Medical University, Ivano-Frankivsk, Ukraine.

Neurohumoral mechanisms are important in the formation of non-psychotic mental disorders in patients with thyroid pathologies, and one reason is psychosomatic relationships. The modern concept of relationships includes alexithymia model, since this psychological property is considered as genetically caused by the imbalance between the functions of the limbic system and the cerebral cortex, and as a result of violations of the interaction between the child and his mother during the early stages of development. The situation of chronic physical illness is regarded as one that provokes the identity crisis and therefore is a traumatic situation, that is a risk factor for the development of mental disorders. The aim of the study was to investigate the alexithymia level in patients with primary hypothyroidism. Alexithymia - a psychological feature that is defined by the following characteristics: difficulty in describing their feelings, reduced capacity for fantasy, impossibility to distinguish feelings and bodily sensations. We used Toronto Alexithymia scale proposed by Taylor G. 50 patients with hypofunction of the thyroid gland were investigated. In a study of 42 patients (84%) had a rate alexithymia more than 74 points, 12 % of patients were classified as areas of uncertainty and only 4 % of patients according to the method proved non-alexithymic. It was found that patients with an uncertain alexithymia level had difficulties in describing their inner feelings, did not give much attention to the absence of well-being in the emotional sphere, believed that painful symptoms of mental health problems are caused by only thyroid pathologies, even during sighting surveys ignored the presence of emotional stress and conflict experiences that showed a reduced capacity for understanding and expressing their own feelings, low emotional resonance. Thus, psychotherapeutic and psycho-corrective work with such patients should take into consideration alexithymia radical in the personal structure of such patients.
FORENSIC PSYCHIATRY EXAMINATION OF ELDERLY PATIENTS WITH ORGANIC MENTAL DISORDERS IN CIVIL LAW

Kharitonova N.K. 1, Koroleva E.V. 1
1. Serbsky State Centre for Social and Forensic Psychiatry, Moscow, Russia

Object. The research is based on analysis of 104 elderly patients with organic mental disorders who passed forensic psychiatry examination for evaluation of their bargaining power in civil suits according to article 177 of the RF Civil Code.

Methods of research were based on clinical and statistical research of basic psychopathological, social, psychological and somatic criteria impacting on the outcome of forensic psychiatry assessment.

Results of research showed that patients unable to commit bargain suffered from dementia (25 cases, 24.03%), organic delusion disorder (3 cases, 2.88%), organic personality disorder (26 cases, 25.00%). In all cases maladaptation was common. All persons were lonely, lost connection with relatives, and did not obtain necessary social support. Most of them suffered from somatic diseases that reduced ability to move.

Conclusion. Criteria of incapacity to commit bargain in case of chronic severe mental disorders were determined by clinical factors, primarily cognitive. Psychopathological disorders led to person’s inability to understand meaning and results of bargain. In case of organic personality disorder conclusion of person’s incapacity was based on assessment of clinical, psychological, social and somatic factors. Complex of this factors influences motivation of committed bargains and regulation of person’s behavior.

Reference.
DESCRIPCIÓN DE COMORBILIDAD PSIQUIATRICA Y TRASTORNOS DE LA CONDUCTA ALIMENTARIA EN UN HOSPITAL DE DIA DE ALIMENTACION

M.Jalón1, C.M.Rodríguez2, L.Garcia2, P.Valladares2, E.Alvarez del Moral1, J.Fernandez1, L.Gonzalez1, C. Emeterio2

1. Residentes MIR Psiquiatra HUCA, Oviedo , Principado de Asturias, España
2. Facultativos Especialistas de Area, HUCA, Oviedo, Principado de Asturias, España

Objectives
The main objective of this work to analyze the prevalence of psychiatric comorbidity in patients with eating disorder behavior in the Day Hospital Central de Asturias Hospital in the period between 2009 and 2013, and the frequency of occurrence of personality disorders.

Methods
It has reviewed a total of fifty-six medical records pertaining to the subjects treated in the Day Hospital disordered eating behavior of Oviedo, in the last five years. We analyzed sociodemographic, diagnostic and food according to the criteria of the Tenth International Classification of Diseases (ICD -10) and comorbidity in personality disorders and other psychiatric illnesses.

Results
Regarding the alimentarios diagnsticos, more than half are in the BN group (56.4% ), 39.3% being the AN group, the rest of the Eating Disorder are unspecified (5.3%). Trastronos affective in our sample is 42.9 %, with 3.6 % of piscotics disease. Personality disorders: 44.6 % is represented by instability personality and 16.1 % to dependent personality. As the average age of the above shows there is great variability, with an average age 32, with a 9.53 dt.

Conclusions
The association of BN with Axis II pathology is similar, in our sample with other studies. In the case of AN is not so clear, being the largest association in our sample with depression and other personality disorders.

SUBSTANCE ABUSE AND ATTENTION DEFICIT DISORDER IN THE ADULT - A CASE REPORT
Jorge Ramos, Salomé Xavier, Berta Ferreira, José Ramos, Guilherme Martins, Mariana Morins, Teresa Maia,
Hospital Fernando Fonseca. Lisboa. Portugal

Introduction:
The attention deficit is the main symptom of the Attention Deficit Hyperactivity Disorder (ADHD) in adults. This diagnosis is difficult in adults and comorbidity with substance abuse (SA) is high. As ADHD influences negatively the prognosis of the patients with SA, it is important to treat the ADHD in individuals with DS. Furthermore, it is common the use of substances to relieve ADHD and its comorbidities’s symptoms.
It is known the paradoxical effect of amphetamines in individuals with ADHD and it was also described with cocaine. This characteristic is an important clinical clue to the diagnosis of ADHD and it is a predictor of a positive response to the therapeutics.

Objectives
It is intended to approach the issues related to the psychopathology, differential diagnosis, prognostic and therapeutic implications when there is comorbidity between ADHD and substance abuse in the adult.

Methods:
After a clinical case description we performed a non-systematic review of the literature.

Results:
A 23-year-old woman, lawyer, has the diagnosis of ADHD since childhood. She regularly use cocaine for the last 2 years, without doing any medication, as she felt quiet, relax and focused, being more productive at work. The treatment with prolonged-release methylphenidate allowed to stop the use of cocaine without a recurrence of cognitive symptoms.

Conclusions:
The ADHD is an independent risk factor to the SA; The early detection and treatment of ADHD helps to prevent the substance abuse;
ACCESS, QUALITY AND HUMANE CARE THROUGH COMMUNITY BASED PARTICIPATORY NICOTINE CESSATION RESEARCH

P. Sheikhattari1,2, F.A. Wagner1,2, J. Buccheri1, L. Bleich1,2, C. Schutzman1,2

1. Communities Engaged and Advocating for Smoke-free Environments, Baltimore, MD., USA
2. Morgan State University, Baltimore, MD., USA

Objectives: We embrace the theme of the congress for our presentation. Tobacco use is the top preventable cause of premature death, and affects underserved populations disproportionately. Cessation programs have not been successful and sufficiently accessible to these populations. Our objective is to present evidence that community engagement is paramount to achieve access, quality, and humane care in nicotine cessation programs.

Methods: Community Based Participatory Research Methods (CBPR) were used to develop a nicotine cessation program that addresses the needs, resources, and characteristics of underserved populations. Two randomized clinical trials were used to test each of the development phases of the program with very minimal exclusion criteria. Trial "A" was implemented in a community-based healthcare center (n=400). Trial "B" was community-based and key features were the inclusion of trained peer mentors who implemented health education, a contingent behavior management intervention, group support, and nicotine replacement therapy (n=352).

Results: More than half of participants were homeless, jobless, and were had substance use disorders. Intent-to-treat analyses revealed the experimental intervention in Clinical Trial "A" conveyed better but yet unsatisfactory results due to high drop-out rate (almost 9% rate of smoking cessation). The experimental intervention in trial "B" yielded higher retention and cessation rates (60-75%, and 30-50%, respectively).

Conclusion: Both trials provided useful information. True community engagement may strongly increase the odds of achieving access, quality, and humane psychiatric care.
CORRELATES OF BULLYING VICTIMIZATION AND PERPETRATION AND THEIR ASSOCIATIONS WITH PSYCHOLOGICAL WELLBEING AMONG ADOLESCENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Wen-Jiun Chou¹, Cheng-Fang Yen²³

¹ Department Of Child And Adolescent Psychiatry, Chang Gung Memorial Hospital, Kaohsiung Medical Center And College Of Medicine, Chang Gung University, Kaohsiung, Taiwan
² Department of Psychiatry, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan
³ Department of Psychiatry, Faculty of Medicine, and Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

Aims: The first aim of this study was to examine the prevalence rates of various types of bullying involvement among adolescents diagnosed with ADHD in Taiwan. The second aim was to examine the individual and environmental correlates of bullying victimization and perpetration. The third aim was to examine the association of bullying victimization and perpetration with psychological wellbeing (including depression, anxiety and self-esteem).

Methods: A total of 287 adolescents aged between 11 to 18 years who had been diagnosed with ADHD participated in this study. Their severity of bullying victimization and perpetration was assessed using the Chinese version of the School Bullying Experience Questionnaire. Family and ADHD characteristics, the levels of reinforcement sensitivity, psychiatric comorbidity, and the severities of depression and anxiety, and the level of self-esteem were also assessed. The multiple regression analysis was used to examine the associations of bullying victimization and perpetration with sex, age, family factors, ADHD characteristics, reinforcement sensitivity, and psychiatric comorbidity. We also used three multiple regression analysis to examine the associations of bullying victimization and perpetration with depression, anxiety, and self-esteem.

Results: The prevalence rates of the pure victims, pure perpetrators, victim-perpetrators, and the neutral group were 14.6%, 8.4%, 5.6% and 71.4%, respectively. Younger age, less satisfaction with family relationships, a higher score on the BIS scale, and comorbidity of ASD were significantly associated with more severe bullying victimization. Less satisfaction with family relationships and a higher score of fun seeking on the BAS scale were significantly associated with more severe bullying perpetration. More severe bullying victimization was significantly associated with more severe depression, more severe anxiety, and lower self-esteem. More severe bullying perpetration was significantly associated with more severe depression, more severe anxiety, and lower self-esteem. More severe bullying perpetration was significantly associated with more severe depression.

Conclusion: The results of this study indicated that a high proportion of adolescents with ADHD are involved in bullying. Multiple factors are significantly associated with bullying victimization and perpetration among adolescents with ADHD. Meanwhile, bullying victimization and perpetration are associated with poor psychological wellbeing. Clinicians, educational professionals, and parents of adolescents with ADHD should monitor the possibility of bullying involvement of adolescents with ADHD.

Key words: adolescent, attention-deficit/hyperactivity disorder (ADHD), bullying, family, reinforcement sensitivity, anxiety, depression, self-esteem
HEALTH AND SOCIAL COSTS OF ADULTS WITH ATTENTION DEFICIT HYPERACTIVITY (ADHD) DISORDER IN SPAIN
Quintero J1; Ramos-Quiroga JA2; Montañés F3; Martínez-Raga J4; Correas J5; San Sebastián J6; Fernández-Jaén A7; García M8; Graell M9; Alda JA10
1Hospital Infanta Leonor, Madrid, Spain; 2Hospital Vall de Ebron, Barcelona, Spain; 3Fundación Hospital Alcorcón, Madrid, Spain; 4Hospital Universitario Dr Peset y Universitat de Valencia, Spain; 5Hospital Universitario del Henares, Madrid, Spain; 6Hospital Universitario Ramón y Cajal, Madrid, Spain; 7Hospital Quiron, Madrid, Spain; 8Hospital Clinic, Barcelona, Spain; 9Hospital Niño Jesús, Madrid, Spain; 10Hospital San Joan de Déu, Barcelona, Spain

Background: The estimated worldwide prevalence of ADHD is 4.4% in the adult population. The management and its consequences involve high consumption of health and social resources. However, the management cost of ADHD in Spain is unknown.

Objectives: To describe the direct costs (DC) and indirect costs (IC) of the management of adults with ADHD in Spain.

Methods: This was a subset (adult population) of a multicenter, cross-sectional, descriptive study on clinical and costs assessment. 78 adults with DSM-IV-TR diagnostic criteria for ADHD recruited consecutively from 15 sites were included. The health system perspective (DC) and social perspective (DC and IC) was used. The time horizon was 1-year. Standardized questionnaires were used to capture the variables: demographics, social, working, disease (DSM-IV-TR, CGI, CGA, and ADHD IV), services utilization, drug and non pharmacologic treatments, quality of life (EuroQol-5D) and work productivity (WPAI). DC were medical (services utilization, drug and non pharmacologic treatments) and non medical (transportation). IC were working hours lost for medical visits or sick leave, costs for hours lost were applied to parents/guardians and carers according to National Statistic Institute. The study was approved by Spanish Health Authorities and Ethic Committees.

Results: 78 adults with ADHD were analyzed. 31.1±11.81 years, male: 60.26%. The ADHD-RS-IV score was 24.51±11.53 and the EQ-5D thermometer scale, 68.51±17.9. 38.46% received psychological treatment besides pharmacological treatment. According to WPAI only 38.46% were employed, they reported losing 3.2±4.6 working hours in the past 7 days due to ADHD. Direct, indirect, and social costs were €2.630±2.177, €615±625, and €3.244±2.726 respectively. The most relevant DC were services utilization and pharmacological treatment. Form IC, most relevant were working hours lost because of medical visits.

Conclusion: ADHD causes significant loss of working hours and a decrease in labour productivity. The mean annual cost per patient with ADHD is €3.244, with IC representing 19% of the total costs. Funded by Shire.
THE EFFECTS OF ADHD ON PARTICULAR PSYCHOLOGICAL FUNCTIONS AND QUALITY OF LIFE AMONG CLIENTS UNDERGOING ADDICTION TREATMENT: DESIGN OF ONGOING STUDY IN THE CZECH REPUBLIC

L. Cablova, M. Miovsky
Charles University in Prague and General University Hospital in Prague, First Faculty of Medicine, Prague, Czech Republic

Objectives: While having a major impact on psychological functions, ADHD in adults has received little research interest with relevance to addiction treatment-related clinical psychology. The initial experience suggests that it is a complicating factor that may impair treatment compliance and outcome. Our intention is to ascertain whether the complications attributable to the ADHD syndrome really have a negative impact on treatment compliance, life skills, quality of life, and the general outcome of the treatment programme. The aim of the ongoing study is to test the specific effects of ADHD on psychological resilience, stress management, emotional lability, and life skills in general among clients in therapeutic communities for addicts.

Methods: A quasi-experimental study will be used to conduct a thorough psychological examination of about 170 clients entering treatment in Czech therapeutic communities. The test battery comprises specific ADHD diagnostic tools, as well as those intended to check for any other conditions. The diagnostic tools are divided into four test batteries which will be applied according to various treatment stage of the client. The clients will be divided into two groups: (A) with the ADHD diagnosis and (B) without it.

Results: The result of the study will verify and select the most appropriate tools for diagnosing ADHD in adult addictological clients and verify the hypothesis that the disorder is actually associated with more complications during treatment. The paper will present a design of study in the form in which it is implemented in the Czech Republic.

Conclusions: If the results are positive, we will possess evidence supporting the present clinical assumption that a specific psychological intervention/training for clients needs to be developed in order to ameliorate and compensate for the envisaged ADHD-related effects and improve the quality of life for clients after treatment.
Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder usually first diagnosed in school-age children, but symptoms frequently start in preschoolers.

**Objectives:** The goal is to estimate the prevalence of ADHD in a Spanish population of preschool children, and to standardize the ADHD Rating Scale–IV Preschool Version (ADHD-RS-IV) in Spanish language for boy and girls.

**Methods:** The sample of children 3 to <7 years old was stratified and randomized, and both teachers and parents filled the ADHD-RS-IV-Preschool version. We chose the 93rd percentile in the ADHS-RS-IV in inattention, hyperactivity/impulsivity and total score as threshold cut-off points for “at risk for ADHD”. Parents also answered the Strengths and Difficulties Questionnaire (SDQ) and provided data about paediatric clinical history.

**Results:** We evaluated of 1,171 children (50.4% males) in schools in Navarra and La Rioja; average age 4.73 (IC95% 4.68-4.78) years old. Prevalence of “at risk for ADHD” was 4.1% (IC95% 2.9-5.3).

Logistic regression analyses indicated significantly correlated with “at risk for ADHD”: ADHD family history (OR=2.56 IC95% 1.09-6.03) and delayed psychomotor development (OR=5.49 IC95% 2.01-14.37). Specific variables associated with ADHD within psychomotor development were: parents’ concerns about behavior (OR=9.33 IC95% 4.25-20.49), attention (OR=6.81 IC95% 3.06-15.16) and fine motor skills (OR=3.36 IC95% 1.15-9.81).

**Conclusions:** ADHD prevalence in preschool children in our provinces is similar to that published internationally (4.1% (IC95%:2.9-5.3). Parents’ concerns can be significant predictors of developmental problems (OR=9.33 IC95% 4.25-20.49).

Clinicians should initiate an evaluation for ADHD for preschool children who present with parents’ concerns about behavior, attention and fine motor skills, especially in the presence of ADHD family history.
We reported the case of a 10 year old patient diagnosed of ADHD, and with comorbid video game addiction, who was treated with a combination of medication and a novel cognitive training method based in videogames called TCT method. TCT method is a cognitive training method that enhances cognitive skills such as attention, working memory, processing speed, mental calculation, reasoning, and visuomotor coordination. A great risk of developing videogame or internet addiction has been reported in children, especially in children with ADHD. Despite this risk, we hypothesize that the good use of these new technologies can be useful to develop new methods of cognitive training. The aim of this study is to demonstrate the usefulness of certain video games, "fun and serious games", specifically designed to improve areas of impairment in ADHD. The cognitive areas in which a greater improvement was observed through the use of video games were visuospatial working memory and fine motor skills.

**Objectives:** We reported the case of a 10 year old patient diagnosed of ADHD, and with a comorbid video games addiction, who was treated with a combination of metilphenidate and a cognitive training method based in the TCT method. The Tajima Cognitive Method (TCT) is a type of computer adaptive test (CAT), as it adapts to the individual’s cognitive strengths and weaknesses, based on his own scores over time, as well as those of his peers. Users receive separate scores in different cognitive areas, including simple calculation, attention, perceptual reasoning, and visuomotor coordination. The aim of this daily training is to reach a preset individualized score in different cognitive domains, in order to complete a week of successful training.

**Discussion:** Most of the studies consulted make a special emphasis on the potential addictive risk of new technologies and the influence they have over children's interpersonal development by reducing the time they spend outside home and by increasing the time that they stay by their own playing in front of a television or computer screen. It is also known that the new technologies may affect children's academic performance by reducing the number of hours that they dedicate to studying.

There are a few studies which focus on the positive aspects of new technologies and the opportunities that they offer to generate new ways of interaction between professionals and users as well as the development of new therapeutic methods, capable of reaching the young. New technologies, in particular videogames, can be used as therapeutic tools to train executive functions. As they generate greater motivation in children and adolescents they will increase the frequency that they do the cognitive tasks oriented to enhance executive functions, especially working memory.

**Conclusion:** During the first month of cognitive training therapy the patient was only allowed to play with the specific videogame based on the TCT Method, which is called “ADHD Trainer”. He had to use the game at the same time every day, provided the other tasks that were assigned in therapy, the progressive reduction in the number of hours to play other games, and just being able to play with them once weekly targets were met. During the first month, he was allowed to play this game to a maximum range of 4 hours per day. No addiction to this videogame was observed during the first month. The average number of hours that the child played video game was 1 hour a day. In the following months the objective was to play the game at least 10 minutes per day. In less than two months video games abuse was substantially reduced, limiting their use to weekends, and always for periods not exceeding 4 hours in total over the weekend. Behavioral and academic improvement was rated on ADHD rating scales both by teachers and by parents.

Both the school and the family reported a significant improvement in the patient after 6 months of TCT cognitive training, referring important improvement of academic and behavioral outcomes.
SMALLER AMYGDALA VOLUMES IN ADULTS WITH ADHD. A MRI STUDY WITH FSL FIRST
M Yus-Fuertes 1, K Tajima-Pozo 2, F Montañes 2, J Arrazola 1
1. Departamento de Radiología, Hospital Universitario Clínico San Carlos, Spain
2. Departamento de Psiquiatría, Hospital Universitario Fundacion Alcorcon, Spain

Background: Attention deficit/ hyperactivity disorder (ADHD) is a chronic neurobiological disorder with childhood onset and persistence into adolescence and adulthood. ADHD patients frequently show exaggerated emotional responses. Amygdala plays an important role in emotion processing and in the activation of frontal lobe. We hypothesized that smaller amygdala volumes in ADHD would be associated with less control of impulsivity and emotional instability.

Methods: We studied 9 adult patients with ADHD and 9 group-matched healthy volunteers using a 1.5 T magnetic resonance imaging scanner. We manually obtained morphometric measurements which were later processed and compared.

Results: significant negative correlation between right amygdala volume and Barrat’s impulsivity scores was observed ($r=-0.756$, $p=0.018$, figure 2). No correlation was found between impulsivity scores and the volume of the left amygdala. Age was not found to be a contributor the results.

Conclusions: Smaller amygdala volumes have been observed in patients with ADHD. Our results suggest that greater emotional processing and less control of impulsivity are associated with smaller amygdala volume in ADHD patients. Furthermore, right amygdala would play a bigger role in impulsivity and behaviour control than left amygdala. Further studies involving larger samples of adult patients with ADHD and using multimodal designs are needed.
CLARIFYING THE CLINICAL PRESENTATION OF AGGRESSIVE BEHAVIOR IN CHILDREN WITH AUTISTIC DISORDER

S. Halayem¹, N. Charfi¹, S. Othmen¹, A. Belhaj², R. Ghachem², A. Bouden¹.

¹. Razi Hospital, Tunis, Tunisia
². Mongi Slim Hospital, Tunis, Tunisia

Objectives:
Little is known about the manifestation of aggressive behavior in children with autism spectrum disorders although it is commonly cited as an important problem. This study aimed to clarify semiology of hetero-aggressive and self-injurious behavior in children suffering from autistic disorder: their frequency, their severity, parts of the body covered, their age of onset and their evolution among children with autism spectrum disorders of different age and severity of the disorder.

Methods:
- Subjects: 50 children with autism spectrum disorders diagnosed according DSM IV in the department of Child and adolescent psychiatry of the Razi Hospital in Tunisia.
- Measures:
  - Subjects: 50 patients who were diagnosed with Autistic Disorder by a team of child psychiatrists, based on DSM-IV criteria.
  - Materials: The diagnostic was confirmed with the Autism Diagnostic Interview Revised (ADI-R). Maladaptive behaviors (self-injurious behavior, stereotyped behavior, and aggressive behavior) were assessed using the Behavior Problems Inventory (BPI-01) for which were added complementary items to precise the semiology (age of onset, precipitating factors, family reactions, part of the body concerned by aggressive behaviors…). Each child competencies were evaluated by the Psycho Educational Profile (PEP-R). The Childhood Autism Rating Scale (CARS) was used to evaluate severity of the disorder.

Preliminary results:
- The age ranged from 3 to 12 years with a mean age of 6 years, and a sex ratio of 3, 8.
- Prevalence of maladaptive behaviors was 80%; age of onset was 5 years.
- The results showed that children with autism have different forms of aggressive behaviors (79%): hitting, kicking, pushing, biting, pulling, pinching, spitting on others, destroying things…
- Self-injurious behaviors (48%) exist also in different forms: self-biting, hitting head or body with hand or other body part with /against objects, self-scratching…).

Conclusion: Further research and more interest to aggressive and self-injurious behaviors are required to help researchers and clinicians to monitor, treat, and eventually better prevent these problems.
CLINICAL PREDICTORS OF RESPONSE TO TREATMENT WITH METHYLPHENIDATE IN PATIENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

M. Vallejo-Valdivielso1, P. deCastro-Manglano1, A. Diez-Suárez1, A. Figueroa-Quintana1, J.J Marín-Méndez1, J.Nuñez1, C. Soutullo-Esperón1

1. University of Navarra Clinic, Pamplona, Spain

Introduction

Children with Attention Deficit Hyperactivity Disorder (ADHD) exhibit neuropsychological deficits that impair cognitive and behavioral functions, which are supposed to be based on dopamine system alterations. Differences in affinity and density of striatal dopamine level could explain different responses to treatment with Methylphenidate (MPH). The purpose of this study is to identify neuropsychological predictors of response to MPH.

Methods

This is an observational, descriptive and prospective study of ADHD patients between 7 and 18 years, patients with IQ<80 and neurological pathology were excluded. All patients were diagnosed through a clinical interview, and the ADHD-Rating Scales and neuropsychological tests (WISC-IV and CPT) were assessed individually. Clinical response to MPH was evaluated as a 30% reduction in the ADHD rating scale scores.

Results

Regarding the WISC-IV, a negative correlation between manipulative IQ scores and response to MTP was found (OR : 0.93 (0.88-0.98)). With respect to the CPT, a positive correlation between the HIT RT by block item and response to MPH (OR :1.04 (1.01-1.07)). The ADHD inattentive scores showed negative correlation with response to MPH (OR: 0.83 (0.76-0.91)). Higher scores on the ADHD items: “lost things” (OR:2.27 (1.07-4.81)), “not wait turn” (OR:3.34 (1.37-8.14)), “anger” (OR:3.97 (1.14-13.75)) and “get up” (OR: 2.48 (1.12-5.53)) show better response to treatment.

Conclusions

In our sample of 482 patients, higher scores on Manipulative IQ, and inattentive items are predictor variables of bad response to treatment with MPH. HIT RT by block in the CPT test and specific items (“lost things”, "get up"," not waiting turn" and “anger”) in ADHDrs are predictor variables of good response to treatment.
COGNITIVE CONTROL AND DORSAL ATTENTION NETWORK
RESTING STATE FUNCTIONAL CONNECTIVITY DIFFERENTIATES
REMITTED FROM PERSISTENT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER IN ADULTHOOD

H. McCarthy,1,2 N. Skokauskas,1,9 A. Mulligan,3,4 G. Donohoe,1,2,10 D. Mullins,1 J. Kelly,1 K. Johnson,5, A. Fagan,6 M. Gill,1,7 J. Meaney,6 T. Frodl,1,2,6,8

Department of Psychiatry, Trinity College Dublin, Dublin, Ireland (McCarthy, Skokauskas, Donohoe, Mullins, Kelly, Johnson, Gill, Frodl);
Trinity College Institute of Neuroscience, Trinity College Dublin, Dublin, Ireland (McCarthy, Donohoe, Fagan, Gill, Frodl);
Department of Child and Adolescent Psychiatry, Children’s University Hospital, Dublin, Ireland (Mulligan);
Mater Child and Adolescent Mental Health Service, Dublin, Ireland (Mulligan);
School of Psychological Sciences, University of Melbourne, Melbourne, Victoria, Australia (Johnson);
Centre for Advanced Medical Imaging, St James’s Hospital, Dublin, Ireland (Fagan, Meaney, Frodl);
Neuropsychiatric Genetics Research Group, Department of Psychiatry, Trinity Centre for Health Sciences, St James’s Hospital, Dublin, Ireland (Gill);
Department of Psychiatry and Psychotherapy, University of Regensburg, Regensburg, Germany (Frodl).

School of Psychology, National University of Ireland Galway, Galway, Ireland (Donohoe)

Objectives: To improve the current state of knowledge about specificity of resting state functional connectivity (RSFC) underlying recovery from Attention Deficit-Hyperactivity/Disorder (ADHD), this study compared RSFC in adults with a childhood diagnosis of ADHD categorized as currently having either persistent (P-ADHD) or remitted ADHD (R-ADHD) with healthy control participants.

Methods: 32 adults with a diagnosis of combined-type childhood ADHD and 32 healthy controls participated. Using resting-state functional magnetic resonance imaging, we calculated and compared functional connectivity from attention, affective, default, and cognitive control networks involved in the psychopathology of ADHD between P-ADHD, R-ADHD and control groups. Moreover, associations between RSFC and clinical symptoms were analysed to examine links between both retrospective and current ADHD symptom levels and significant levels of RSFC across groups.

Results: R-ADHD participants showed significantly increased RSFC in the dorsal attention and cognitive control networks compared to control and P-ADHD participants (p<0.05, FWE corrected). Moreover, RSFC in the cognitive control network was significantly reduced in P-ADHD compared to control participants (p<0.05, FWE corrected).

Conclusions: Our findings indicate clinical and neuro-functional recovery from ADHD for R-ADHD participants by their presentation of RSFC which converged with that of control participants. Increased dorsal attention and cognitive control network RSFC implies a greater capacity for top-down control for R-ADHD relative to P-ADHD participants. Also reduced left DLPFC RSFC is a potential site of affective dysregulation synonymous with ADHD in adulthood.
COMORBIDITY BETWEEN ADHD AND CONDUCT DISORDER IN CHILDREN AND ADOLESCENTS ADMITTED IN THE DETOXIFICATION UNIT AT THE NATIONAL ADDICTION CENTER

V. Riego, M.E Chávez
Hospital de Clínicas. Asunción-Paraguay

Objectives to determine the prevalence of Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder (CD) inpatients of the National Addictions Center and to describe the profile of these patients.

Methods Observational cross-sectional descriptive study. The study population was inpatients under 18 years old admitted in the National Addictions Center between the months of June and July 2013. Structured interviews of the DSM IV-TR were used.

Results 8(40%) of the 20 patients admitted with diagnosis of substance use dependence (SUD) had comorbid ADHD, 5 were the combined type, 2 were predominantly inattentive and 1 was hyperactive-impulsive type. CD were diagnosed in 19(95%) patients, 14(74%) were the childhood-onset type and 5(26%) were the adolescence-onset type. 8 (40 %) patients met the three diagnoses (SUD, CD and ADHD). From the total of patients with ADHD, CD and SUD, 6(75%) had academic failure and 7(87%) had law-breaking behaviour. The average age of onset of legal substances was 9.8 years old and of illegal substances was 11.5 years old

Conclusion: The rate of comorbidity between ADHD and CD is high. This comorbidity have a great impact in terms of economic costs, family stress, academic performance and a clear negative effect on self-esteem. When the diagnosis of ADHD or CD is made often it is not taken into account comorbidity, which increases risk behaviors and difficult to perform the appropriate therapeutic approach. Furthermore, the presence of dual pathology aggravates the clinical presentation, course and prognosis. Public health policies should be taken to set an early treatment (pharmacological, psychotherapeutic, psychoeducation, behavior interventions) in order to reduce the long-term adverse psychiatric outcomes.
RISK MITIGATION STRATEGIES FOR MAJOR NEUROCONITIVE DISORDERS (MND)
S. Bhatia, A. Sharma, S. Roy, S. Bhatia
Creighton University Department of Psychiatry, Omaha, Nebraska, USA

Objective: To discuss epidemiology and risk mitigation strategies for MNDs referred to as dementias.

Method: Review of current literature revealed that dementias pose a significant global burden. In 2010 it is estimated that 36.6 million individuals around the globe has dementia. This number is going to triple in 2050. Current cost of care is about 606 million/year. In addition it also poses overwhelming stress for caretakers. At present there is no effective treatment. Therefore population based risk mitigation strategies are discussed

Results: Current pharmacotherapies of dementia may delay short term progression of disease without significantly impacting its course. It is therefore recommended that every effort should be made to prevent this rather cruel disease. Six valuable evidenced-based nonpharmacological strategies are proposed for its prevention. These are: physical exercise, cognitive stimulation, healthy macro and micronutrient diet, social engagement, social stimulation, stress reduction and healthy sleep. Metaanalysis of studies regarding exercise concluded that physically active individuals can have cognitive improvement in short 4 months. 30-45 minutes of medium paced or brisk walk protects the aging brain. Its benefits may be through neuroamines, brain derived neurotrophic, insulin like growth factor, glutaminergic system or through enhanced cardiovascular health. Mediterranean diet, antioxidants to decrease the oxidative stress of late life and micronutrients have value. In addition social engagement, healthy sleep pattern and stress reduction strategies also have preventive value. These strategies will be discussed in light of current literature.

Conclusions: Dementias pose a significant social and economic burden of disease to global family. With increase in life expectancy its prevalence is expected to increase. Preventive strategies starting as early as age 40 may have preventive value.
THE ASSOCIATION OF COGNITIVE FUNCTION AND BRAIN MRI VOLUMETRIC STUDY IN ELDERLY BIPOLAR PATIENTS

Jen Chin Lee 1,2
1. Taoyuan Psychiatric Centre, Taiwan
2. Taipei Medical University, Taiwan

Objectives
Although mood symptoms of bipolar patients can be improved during euthymic state, the declining of cognitive function still persist in the longitudinal follow-up. The aim of this study focuses on realizing the correlation between cognitive function deterioration and brain volumetric changing in euthymic elderly bipolar patients, and the possibility of protective potential by educational level.

Methods
The study group consisted of 29 patients, age>60 year-old, with DSM-IV-TR defined Bipolar I disorder. They were euthymic for at least 8 weeks before entering study. Brain MRI without contrast median was also performed for recognizing anatomical difference. We divided the whole brain into 26 areas (13 areas in each left and right side) by some landmarks: central sulcus, parietooccipital sulcus, lateral sulcus, anterior/middle/posterior cerebral artery. Divided by the whole brain, which translated into the regional standard brain percentage as analytic variants, and educational attainment(year), MMSE, compared to the whole brain. Statistic Prametric Mapping program was used to analyses the volume of white matter, gray matter, and cerebrospinal fluid(CSF).

Results
The percentage of right temporal in whole brain had positively significant correlation to the years of education(p=0.013, Pearson correlation=.464). The percentage of CSF volume over left side hemisphere in the whole brain had negatively significant correlation to the memory score of MMSE(p=0.001, Pearson correlation=.413).

Conclusions
The percentage of CSF volume over left side hemisphere, relatively equivalent to the degree of the brain atrophy, may play a role in the impairment of memory un elderly bipolar patients. Educational level, a kind of representative of premorbid cognition, may protect the right temporal lobe in the aging process of bipolar individuals. Type I error is a likely problem, thus we should be careful interpret these data, and consider other comorbidity such as dementia.
DO PRE-AND PERINATAL RISK FACTORS FOR ADHD DIFFER BY AGE AND GENDER? A NORWEGIAN POPULATION BASED STUDY

J.T. Instanes1, A. Halmøy1, A. Engeland3, K. Klungsøyr 1,3
1. University of Bergen, Bergen, Norway
2. Haukeland University Hospital, Bergen, Norway
3. Norwegian Institute of Public Health, Bergen, Norway

Objectives
Previous studies have described pre-and perinatal risk factors for ADHD in children or adults [1]. We studied whether these risk factors differed by age and gender.

Methods
Data from the Medical Birth Registry of Norway were linked to the National Prescription Database. Individuals receiving ADHD medication between 2004-2012 were defined as ADHD patients (N=48,396), and grouped as children or adults based on age at last registered prescription. The remaining population (N=2,326,420) was used as reference. Maternal health, pregnancy/delivery factors and birth outcomes were studied in relation to ADHD, using logistic regression to adjust for confounding and evaluate interactions.

Results
Several maternal diseases were related to ADHD in the offspring, the strongest being rheumatoid arthritis (adjusted odds ratio (adjOR) 1.64; 1.44-1.86), epilepsy (1.63; 1.49-1.79) and asthma (1.51; 1.44-1.59) Thyroid disorders, diabetes and renal diseases were also associated with ADHD. No associations differed significantly by age.

Maternal illicit drug use during pregnancy strongly increased the risk of ADHD in the offspring (adjOR 3.03; 2.16-4.24). Even stronger associations were found for women treated with methadone or buprenorphine during pregnancy (6.40; 3.78-10.84).

Preeclampsia, placental- and umbilical cord complications were associated with ADHD, point estimates being higher for ADHD in children than adults, but not significantly higher. Gestational age, birth weight and low Apgar scores were associated with ADHD, both in children and adults. The strongest association was found between extremely preterm birth (<28 weeks) and ADHD in adult males (adjOR 4.16 (2.82-6.13).

Conclusions
This large epidemiological study on risk factors for ADHD confirmed previously described risk factors across the lifespan. Only minor differences between age groups and gender were found. New associations between maternal diseases and ADHD also emerged.

References
MAINTENANCE OF SYMPTOM IMPROVEMENTS IN PATIENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER RECEIVING CONTINUED LISDEXAMFETAMINE DIMESYLATE TREATMENT

D.R. Coghill¹, T. Banaschewski², M. Johnson³, M. Lecendreux⁴, A Zuddas⁵, B. Adeyi⁶, R. Civil⁶, M. Gasior⁶, L.A. Squires⁶

¹ University of Dundee, Dundee, UK
² University of Heidelberg, Mannheim, Germany
³ Queen Silvia Children’s Hospital, Gothenburg, Sweden
⁴ Robert-Debré University Hospital, Paris, France
⁵ University of Cagliari, Cagliari, Italy
⁶ Shire, Wayne, PA, USA

Objectives: To evaluate the maintenance of efficacy of lisdexamfetamine dimesylate (LDX) in the treatment of attention-deficit/hyperactivity disorder (ADHD).

Methods: Children and adolescents (aged 6–17 years), and adults (aged 18–55 years) with ADHD were enrolled in studies SPD489-326 and SPD489-401, respectively. In both studies, following open-label LDX treatment (SPD489-326, ≥ 26 weeks; SPD489-401, ≥ 29 weeks; 30, 50, or 70 mg/day), patients who maintained responder status were randomized (1:1) to LDX or placebo for a 6-week, double-blind, randomized-withdrawal period (RWP). Efficacy was assessed using the ADHD Rating Scale IV (ADHD-RS-IV). RWP endpoint was defined as the last post-randomization, on-treatment visit with a valid ADHD-RS-IV score.

Results: Of 276 patients enrolled in SPD489-326, 157 were randomized and 76 completed the RWP. From RWP baseline to endpoint, mean (standard deviation [SD]) ADHD-RS-IV total scores increased in the placebo group (+14.5 [9.95]) but remained relatively stable in the LDX group (+1.9 [6.97]). SPD489-401 enrolled 123 patients, 116 were randomized and 63 completed the RWP. In SPD489-401, mean (SD) ADHD-RS-IV total scores also increased from RWP baseline to endpoint in the placebo group (+16.8 [11.80]) and remained relatively stable in the LDX group (+1.6 [8.63]). In both studies, the least-squares mean change in ADHD-RS-IV total score from RWP baseline to endpoint was significantly larger in the placebo group than in the LDX group (SPD489-326, effect size 1.493, p < 0.001; SPD489-401, effect size 1.5; p < 0.0001).

Conclusions: In two double-blind, randomized-withdrawal studies, continued LDX treatment was associated with maintained symptom improvements in both children and adolescents, and adults with ADHD.
CLINICAL GLOBAL IMPRESSIONS-SEVERITY ASSESSMENTS IN TWO RANDOMIZED-WITHDRAWAL STUDIES OF LISDEXAMFETAMINE DIMESYLATE IN THE TREATMENT OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

D.R. Coghill1, T. Banaschewski2, M. Johnson3, M. Lecendreux4, A Zuddas5, B. Adeyi6, R. Civil6, M. Gasior6, L.A. Squires6
1. University of Dundee, Dundee, UK
2. University of Heidelberg, Mannheim, Germany
3. Queen Silvia Children’s Hospital, Gothenburg, Sweden
4. Robert-Debré University Hospital, Paris, France
5. University of Cagliari, Cagliari, Italy
6. Shire, Wayne, PA, USA

Objectives
To assess the maintenance of efficacy of lisdexamfetamine dimesylate (LDX) in the treatment of attention-deficit/hyperactivity disorder (ADHD).

Methods
Studies SPD489-326 and SPD489-401 enrolled children and adolescents (aged 6–17 years), and adults (aged 18–55 years) with ADHD, respectively. In both studies, following open-label LDX treatment (SPD489-326, ≥ 26 weeks; SPD489-401, ≥ 29 weeks; 30, 50, or 70 mg/day), patients who maintained responder status were randomized (1:1) to LDX or placebo for a 6-week, double-blind, randomized-withdrawal period (RWP). Efficacy was assessed using Clinical Global Impressions-Severity (CGI-S) scores. RWP endpoint was defined as the last post-randomization, on-treatment visit with a valid CGI-S score.

Results
In SPD489-326 (N = 276), all patients had a CGI-S score of 1 (normal, not at all ill) or 2 (borderline mentally ill) at RWP baseline. At RWP endpoint, a larger number of patients receiving LDX (61/75 patients) than placebo (20/73 patients) maintained a CGI-S score of 1 or 2. In SPD489-401 (N = 123), the majority of patients had a CGI-S score of 1 or 2 at RWP baseline (LDX, 37/56 patients; placebo, 37/60 patients). At RWP endpoint in SPD489-401, 38/56 patients receiving LDX and 10/60 patients receiving placebo had a CGI-S score of 1 or 2. The difference in distribution of CGI-S categories between the treatment groups at RWP endpoint was statistically significant in both studies (p < 0.001).

Conclusions
In children, adolescents and adults with ADHD, continued LDX treatment was associated with maintained improvements in CGI-S scores whereas scores deteriorated when patients were switched to placebo.

Supported by funding from Shire.
PREVALENCE AND RISK FACTORS ASSOCIATED TO ADHD IN FOSTER HOMES/FAMILIES IN SPAIN. PRELIMINARY RESULTS.
J San Sebastian1; ME Giraudo 2; C Amo3; R Martínez4
1 Hospital Universitario Ramón y Cajal, Madrid, Spain and Fundación Internacional O´Belén; 2,3,4 Fundación Internacional O´Belén

Background
ADHD is one of the most important clinical problems in terms of morbidity and dysfunction in the child and adolescent population. Studies are needed to analyze the magnitude of the problem and its comorbidities in order to develop specific institutional programs.

Objective
To assess the prevalence, comorbidities and risk factors of ADHD in children and adolescents in foster homes in Spain.

Methods
This was a transversal observational multicenter study. 150 patients between 11 and 18 years old who were under a protection system that manages O´Belén foundation were analyzed.

The prevalence of ADHD in the sample was evaluated with ADHD-RS. Standard questionnaires were used to assess the global psychopathological profile (CBCL and ESPERI).

Results
150 patients between 11 and 18 years old of 4 sites of O´Belén foundation were analyzed. The prevalence of ADHD in the sample was 32.3% and was higher in boys 37.1% than in girls, 20%. The inattentive subtype was the predominant with a prevalence of 81.2%. 75% of patients with ADHD had a medium-low socio-economic status. Increased CBCL scores on aggressive behaviour, attention and social problems, and somatic complaints was observed. In the ESPERI questionnaire there was an increase in impulsivity and hyperactivity.

Conclusions
The prevalence of ADHD in the sample (32%) is much higher than in the general population. A distribution ratio for male / female were 4.3 / 1, similar to the general population.

Is necessary to increase the sample size to confirm the statistical significance of these preliminary results.
INVESTIGATION OF BODY COMPOSITION IN CHILDREN WITH ADHD WITH AND WITHOUT MOTOR PROBLEMS

J.B. Goulardins 1, R.H. Hassue2, R.O. Nascimento1, J.P. Piek3, M.A. Silva4, J.A. Oliveira1

1 Laboratory of Motor Behaviour, School of Physical Education and Sport, University of Sao Paulo, Sao Paulo, Brazil
2 Department of Physical Therapy, Communication Science & Disorders and Occupational Therapy, Faculty of Medicine, University of Sao Paulo, Sao Paulo, Brazil
3 School of Psychology and Speech Pathology, Curtin University, Perth, Western Australia
4 Department of Restorative Dentistry, University of Sao Paulo, Sao Paulo, Brazil

Increasing evidence suggests a significant association between attention deficit hyperactivity disorder (ADHD) and obesity. Approximately half of all children with ADHD also suffer from developmental coordination disorder (DCD), a condition which harms motor ability and physical fitness. Our purpose was to contrast body composition between children with indicators of ADHD, co-occurrence ADHD/motor impairment and healthy controls. Cross-sectional assessment of 40 children aged 7 to 10 years. ADHD were identified via Swanson, Nolan e Pelham-IV questionnaire, considering six or more symptoms. Motor impairment was considered in children at or below the 15th percentile on Movement Battery Assessment for Children second edition. The body composition was estimated from the Body Mass Index (BMI) based on the health-related physical fitness battery Fitnessgram. ADHD group comprised 11 children and present no one obese, 90.9% achieved a score within the healthy fitness zone and 9.09% were very lean. ADHD/motor impairment group comprised nine children and 66.6% were overweight (55.5% high risk and 11.1% some risk) while control group included 20 children and 30% were overweight (5% high risk and 25% some risk). The mean values of BMI in ADHD, ADHD/motor impairment and control were respectively 16.4 (healthy fitness zone), 20.9 (high risk) and 18.4 (healthy fitness zone). Between-group testing revealed statistically significant differences only between the ADHD and ADHD/motor impairment groups (p=0.035). Although previous studies have been reported that individuals with ADHD are heavier than expected, the relationship between obesity and the co-occurrence with motor impairment has not been investigated before. Obesity and DCD with ADHD are still a neglected area of clinical attention with the possible consequence that these motor problems go undertreated, but may have a severe impact on daily life. This study suggests the presence of obesity in children with ADHD could be an indicative of the co-occurrence with motor difficulties.
SICK LEAVES IN THE PSYCHIATRY AND DEPRESSION: DESCRIPTIVE STUDY
L. Letaif1, Y. Laajili1, J. Nakhli2, M. Oumaya1, R. Bouzid1.
University El Manar, Tunis, Tunisia
Faculty of medicine of Tunis, Tunisia
Mohamed Tahar Maamouri Hospital, Nabeul, Tunisia

Objectives
The objective of our work is to determine the prevalence of patients followed for depression who benefited from a sick leave and justified by a psychiatrist, over a given period, and to describe their socio-demographic and clinical characteristics.

Methods
Our cross-sectional and descriptive study, made on patients followed for depression and consulted in psychiatry at hospital of Nabeul, Tunisia, enters the period going from August 1st, 2012 until October 5th, 2012. A pre-established index card was filled and containing characteristics of the patients followed for depression benefiting from a sick leave.

Result
320 patients followed for depression consulted the psychiatric department of Nabeul during the period going of August 1st, 2012 until October 5th, 2012. Women presented 69.45 % of the population which benefited from a sick leave, versus 31.55 % of men. The kind of leave was in 78.42 % of the cases a long-term leave, in 33.40 % an ordinary rest, 12.45 % an early retirement and two benefited from an invalidity. 85.56 % of the patients granted a sick leave, has worked on the private sector.

Conclusion:
The prescription of sick leaves should be more codified. The prevention of the depression in the professional environment would be a way to decrease the number of days off.
POPULATION-BASED COHORT STUDY ON ATTENTION DEFICIT HYPERACTIVITY DISORDER IN CHILDREN WITH EPILEPSY OR FEBRILE SEIZURE.

F.N. Bertelsen1,2, E. Agerbo1,2, J. Christensen1, S. Dalsgaard1,2,4
1 National Center for Register-based Research, Aarhus University, Aarhus, Denmark
2 The Lundbeck Foundation Initiative for Integrative Psychiatric Research, /PSYCH, Aarhus, Denmark
3 Department of Neurology, Aarhus University Hospital, Aarhus, Denmark.
4 Department for Child and Adolescent Psychiatry, Hospital of Telemark, Kragerø, Norway

Objectives
Recent studies suggest that epilepsy and febrile seizure (FS) may be associated with later development of attention-deficit/hyperactivity disorder (ADHD). The purpose of this prospective nationwide register-based study is to investigate the association between epilepsy and/or FS and later ADHD, while taking into account the effect of perinatal, familiar, socioeconomic and environmental risk factors.

Methods
Children born in Denmark in the period from 1990 through 2007 (n≈1.000.000) are included in the study. In all cohort members we identify hospital contacts with clinical diagnoses of epilepsy and/or FS as the exposure and clinical diagnoses of ADHD as outcome. By using the ten-digit personal identification number (PIN), we will link information on children in the cohort, their parents and siblings from nationwide registries on somatic and psychiatric diagnoses, family history, pre- and perinatal factors and socioeconomic status. Hazard ratio’s (HR’s) with 95% confidence intervals, adjusted for covariates will be estimated by Cox regression.

Results
Analyses have not yet been performed. Crude and adjusted HR’s on the association between epilepsy and ADHD and the modifying effect of potential confounders will be presented.

Conclusion
This is the first nationwide study on the association between epilepsy, FS and ADHD and represents - to our knowledge – the largest sample and the longest prospective observation, with minimal lost to follow up. Results from the present study will add new knowledge on the etiology of ADHD and epilepsy. Identifying an association between the two disorders will have clinical implications for psychiatrists, child psychiatrists, neurologists and pediatricians in identifying children with both disorders and thereby improve assessment, treatment and outcome for children and families.
BELIEFS ABOUT MENTAL ILLNESS AMONG UNIVERSITY STUDENTS IN EGYPT
Hani Hamed Dessoki1, Tamer M.S. Hifnawy2
1 Department of Psychiatry at the University of Beni Suef
2 Faculty of Medicine Beni Suef University

Objective: To detect differences in attitudes towards psychiatric illness, regarding its nature, cause, different ways of therapy, possibility of cure and the effect on the society in two areas from different socioeconomic classes in Egypt.

Method: A survey study using self administered questionnaire, to detect culture differences between students of Cairo and Beni Suef universities “Beni Suef is one of upper Egypt governorates”. All participating students were subjected to Familial Socioeconomic status scale, Beliefs about Psychiatric Illness in the Arab Culture Scale.

Results: 69.8% students were females. The majority of Cairo University students were from higher socioeconomic classes (average 41% and above average 32.5%). However, the majority of Beni Suef University students were form low and below average class (13.6%, 49% respectively). Cairo University students showed higher positive attitude regarding Beliefs about Psychiatric Illness including the nature of psychiatric illness, psychiatric etiology, psychiatric management, psychiatric cure, and effect on the family than Beni Suef University students (p<.001). Females in both groups showed lower positive attitude on Attitudes Towards Psychiatric Illness in the Arab Culture Scale than males (P <.001).

Conclusion: Beliefs about mental illness are highly affected by low socioeconomic status, upbringing way and beliefs in Egypt. Public education about psychiatric illnesses is highly beneficial for mental and public health professionals.
Paliperidone, Great Rapidity of Action and Shorter Hospital Stay

N Olmo López¹, C Falconi Valderrama², A Esojo Jiménez³
¹R2 Psiquiatria Unidad Salud Mental Hospitalaria-Algeciras, Cádiz, Spain.
²R4 Psiquiatría Unidad Salud Mental Infanto-Juvenil- Algeciras, Cádiz, Spain.
³ R2 Psiquiatría Unidad de Gestión Clínica Carlos Haya, Málaga, Spain.

Paliperidone is a psychoactive drug, indicated for the treatment of schizophrenia and one with schizoaffective disorder indicated. It occurs as a metabolite of risperidone less powerful and therefore with less side effects, which gives greater safety and efficacy. Therefore, we conducted a descriptive study, by obtaining data from Mental Health Unit Hospital of Algeciras, across the AMIS program, from December 2011 until January 2014, obtaining a sample of 26 patients aged 23 and 66 years. 78% of the sample diagnosed with schizophrenia and 22% schizoaffective diagnosis.

The objectives of this study were to compare if after establishment of Paliperidone from the 1st day of admission decreases the length of hospital stay of patients with respect to previous admissions to other treatments and if there is good adhesion and subsequent tolerability.

The results we obtained were that after establishing Paliperidone, only 3 patients had a subsequent admission and days of average hospitalization compared to previous income decreased by 33% in 85% of the sample and 10% in the rest of the sample, in no case increased inpatient days. The decrease of the average stay with Paliperidone over previous treatments were compared. 56% with risperidone, olanzapine 26% and 18% with clozapine.

With all this, we can conclude that Paliperidone has a remarkable tolerability and adherence, since only 3 patients, the total sample had a subsequent relapse (explained by the abandonment of the drug). So how great rapidity of action, allowing the earliest of all patients studied, with little side effects high. Therefore, an option to consider in acute care.

References:
- Machanda, R; Chue, P; Malla, A; Tibbo, P; Roy, MA; William, R; et al. Long-Acting injectable antipsychotics: evidence of effectiveness and use. Can J Psyquiatry. 2013 May; 58( 5 suppl 1) 5s-13s.
EXPLORING PLANNING ABILITIES IN EATING DISORDERS
L. Carral-Fernández 1,2, J. González-Gómez 1,2, P. Benito-González2, A. Gómez del Barrio2
1 Fundación Instituto de Investigación Marqués de Valdecilla (IDIVAL), Santander, Spain
2 University Hospital Marqués de Valdecilla, Santander, Spain

Objective: Altered cognitive functioning could have an important role in the development and maintenance of Eating Disorders (ED). The majority of previous research, especially in Anorexia Nervosa, has focused on flexibility and global-detail processing. The aim of this study was to explore planning abilities in women with ED.

Method: Women with ED (n=76) were compared to healthy controls (HC) (n=44) using two different types of neuropsychological tasks for the assessment of planning abilities: Tower of London and Zoo Map test. Measures of ED psychopathology, anxiety, depression and obsessive compulsivity were also collected.

Results: The ED group did not differ from controls on the Tower of London. Women with ED performed significantly worse than controls in the more ecologically valid planning measure (ie. Zoo Map).

Conclusions: Our study indicates of the presence of subtle planning difficulties in women with ED. The identification and characterization of planning abilities may help to develop more specific treatment strategies for patients with ED. This study highlights the need to develop cognitive tasks more directly linked to the abilities needed to cope with real-world situations.
DOES THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE EQUALLY SCREEN ADHD SUBTYPES?
Lucía Rodríguez-Blanco 1, Rebeca García-Nieto 1,2, María José Zamorano-Ibara 1, Enrique Baca-García 1,2, Juan José Carballo 1,2
1 Jimenez Díaz Foundation. Madrid, Spain.
2 Universidad Autónoma de Madrid (UAM). Madrid, Spain.

Objective. The aim of this study is to test the screening ability of the Strengths and Difficulties Questionnaire hyperactivity-inattention subscale (SDQ H/I) for the Attention-deficit/hyperactivity disorder (ADHD), and its differential screening ability among the three ADHD subtypes.

Methods. Parents of 523 children (3-17 years old) newly referred to a Child and Adolescent Mental Health Services from January 1st 2011 to August 31st 2013 completed the Spanish version of the Parents-Rated SDQ and the ADHD Rating Scale-IV. ROC curve analyses and Likelihood ratios (LR) were conducted.

Results. 54.1% of the sample met criteria for ADHD phenotype: 47.7% for ADHD combined subtype (ADHD-Co), 45.9% for ADHD inattentive subtype (ADHD-I) and 6.44% for hyperactive/impulsive subtype (ADHD-H). The ROC curves for the SDQ H/I (against the ADHD phenotype) gave an AUC of 0.860 (95% CI: 0.820–0.886). The LR results indicated that the 8/10 cutoff showed the highest diagnostic accuracy. 89.7% (95% CI: 82.20%–94.26%) of those children and adolescents that met criteria for ADHD phenotype were identified by the SDQ H/I at a cutoff of 8/10. However, the sensitivity of the SDQ 8/10 cutoff for the three subtypes of the ADHD was significantly different: 84.0% (95% CI: 75.58%–89.90%) of ADHD-Co, 25.0% (95% CI: 17.55%–34.30%) of ADHD-I and 77.8% (95% CI: 68.71%–84.83%) of ADHD-H.

Conclusion. Our study supports the use of the SDQ H/I in the screening for ADHD. However, not all ADHD subtypes are equally screened by means of the SDQ H/I. The addition of extra questions especially related to the ADHD-I subtype might serve to overcome screening limitations of SDQ. Further studies considering these issues are needed.

References
COMORBIDITY AMONG ADULTS PRESENTING TO A UK NHS ADULT ADHD CLINIC
A Mishra², S. Mattu,¹, AK Gupta, A¹, A Sharma¹, P Matthews¹, A Jay¹, J Pankiw¹ and P. McArdle¹
¹ Northumberland Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, England
² Dalhousie University and Annapolis Valley Health, Nova Scotia, Canada

Objectives
Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder that persists into adulthood. Many affected children suffer from co-occurring mood, anxiety and conduct disorders. As substance misuse, bipolar and other disorders, known to be associated with ADHD, become more common in late adolescence and early adulthood, patterns of comorbidity associated with ADHD in adult clinics is likely to be more complex. This will be important in shaping the professional skill mix and links between adult ADHD and other services.

Method
In order to clarify patterns of comorbidity affecting patients referred to an adult ADHD clinic we administered the Mini International Neuropsychiatric Interview to a consecutive sample of 60 patients. This instrument identifies a range of psychiatric disorders based on DSM IV criteria.

Result
We report that the majority of patients with ADHD had comorbid disorders. 25% met criteria for antisocial personality disorder; 18% bipolar disorder; 18% substance use disorder and a further 20% met criteria for major depression or anxiety.

Conclusion
It is important that services for patients with ADHD have skills in assessment of comorbidity and links with relevant other services. The high frequency of ASPD suggests that ADHD services are attracting a group of vulnerable and risky patients who might not otherwise seek help. How to respond presents a challenge for adult ADHD services.
Introduction:
The attention deficit is the main symptom of the Attention Deficit Hyperactivity Disorder (ADHD) in adults. This diagnosis is difficult in adults and comorbidity with substance abuse (SA) is high. As ADHD influences negatively the prognosis of the patients with SA, it is important to treat the ADHD in individuals with DS. Furthermore, it is common the use of substances to relieve ADHD and its comorbidities’s symptoms. It is known the paradoxical effect of amphetamines in individuals with ADHD and it was also described with cocaine. This characteristic is an important clinical clue to the diagnosis of ADHD and it is a predictor of a positive response to the therapeutics.

Objectives
It is intended to approach the issues related to the psychopathology, differential diagnosis, prognostic and therapeutic implications when there is comorbidities between ADHD and substance abuse in the adult.

Methods:
After a clinical case description we performed a non-systematic review of the literature.

Results:
A 23-year-old woman, lawyer, has the diagnosis of ADHD since childhood. She regularly use cocaine for the last 2 years, without doing any medication, as she felt quiet, relax and focused, being more productive at work. The treatment with prolonged-release methylphenidate allowed to stop the use of cocaine without a recurrence of cognitive symptoms.

Conclusions:
The ADHD is an independent risk factor to the SA; The early detection and treatment of ADHD helps to prevent the substance abuse;
Efficacy of Lisdexamfetamine Dimesylate and Atomoxetine in Children and Adolescents with ADHD: Head-to-Head Responder Analyses

D.R. Coghill,1 P. Nagy,2 E. Cardo,3 B. Adeyi,4 C.S. Anderson,4 B. Caballero,5 R. Civil,4 R.W. Dittmann6

1 University of Dundee, Dundee, UK
2 Vadaskert Child and Adolescent Psychiatry Hospital and Outpatient Clinic, Budapest, Hungary
3 University of Balearic Islands, Palma, Spain
4 Shire, Wayne, PA, USA
5 Shire, Eysins, Switzerland
6 University of Heidelberg, Mannheim, Germany

Objectives
To compare sustained treatment responses to the prodrug psychostimulant lisdexamfetamine dimesylate (LDX) and the non-stimulant atomoxetine (ATX) in a head-to-head, randomized, double-blind, clinical trial.

Methods
Patients (6–17 years) with attention-deficit/hyperactivity disorder (ADHD), a baseline ADHD Rating Scale IV (ADHD-RS-IV) total score ≥ 28 plus an inadequate response to methylphenidate treatment were randomized (1:1) to once-daily, dose-optimized LDX (30, 50 or 70 mg) or ATX (patients < 70 kg, 0.5 or 1.2 mg/kg/day, not exceeding 1.4 mg/kg/day; patients ≥ 70 kg, 40, 80 or 100 mg). The double-blind treatment period comprised a 4-week dose-optimization phase and a 5-week dose-maintenance phase. Sustained response was predefined as a Clinical Global Impressions–Improvement (CGI-I) score of 1 or 2, or ≥ 25%, ≥ 30% or ≥ 50% reduction from baseline in ADHD-RS-IV total score throughout the dose maintenance phase (Visit 4–9).

Results
Of 267 randomized patients, 262 were included in the full analysis set and 200 completed the study. The proportion of CGI-I sustained responders (95% confidence interval [CI]) was significantly greater (p < 0.05) for LDX (52.0% [43.3, 60.7]) than for ATX (39.3% [31.0, 47.5]). The proportion of ADHD-RS-IV sustained responders (95% CI) was significantly greater for LDX than for ATX (≥ 25% reduction: LDX, 66.1% [57.9, 74.4], ATX, 51.1% [42.7, 59.5], p < 0.05; ≥ 30% reduction: LDX, 61.4% [53.0, 69.9], ATX, 47.4% [39.0, 55.8], p < 0.05; ≥ 50% reduction: LDX, 41.7% [33.2, 50.3], ATX, 23.7% [16.5, 30.9], p < 0.01).

Conclusions
Significantly greater proportions of children and adolescents with ADHD treated with LDX than with ATX exhibited sustained response, pre-defined as improvements in CGI-I score and ADHD-RS-IV total score, throughout the 5-week dose-maintenance phase.

Supported by funding from Shire.
PREMENSTRUAL SYNDROME PROPOSE OF A NEW NOSOLOGY - A STUDY IN A UNIVERSITY POPULATION

J. Ramos1,2, R. Sá2, E. Barata2, C. Esteves2, P. Ferreira2, S. Ferreira2
1Hospital Fernando Fonseca, Amadora, Portugal
2Faculdade de Ciências Médicas

Introduction:
During the luteal phase of the menstrual cycle a number of symptoms can occur, termed the premenstrual symptomatology. It is a frequent situation, with data estimating that 70% to 90% of women of reproductive age are affected, with an important burden in their lives.

Objectives:
Characterize the premenstrual symptomatology in a non-randomized sample of female university students, its burden in their personal, social and professional lives, the symptomatic relief strategies that they use.

Methodology:
Cross-sectional study. Study population: Female university students of Lisbon area, between 18 and 34 years old, with regular menstrual cycles in the last 6 months. A self-questionnaire was applied to a non-randomized sample (n=200) of the study population to characterize their premenstrual complaints, verify the burden they had in their lives, identify symptomatic relief strategies that are used and verify the degree of information they have on this matter.

Results:
77% of the inquired women have premenstrual symptomatology; irritability was the most frequently referred symptom; 3 to 8% of study population had diagnostic criteria to premenstrual dysphoric disorder. It is curious that most women do not limited the complaints before the menstruation period, with even 39.1% complaining that had more intense symptoms in "the four days after the menstruation".

Discussion/Conclusion:
The premenstrual symptomatology is a true public health problem, with a significant impact at all levels of a woman’s life. Due to the distribution of symptoms in relation to the menstrual period, in our study, we note that the name "premenstrual syndrome" does not characterize well the distribution of symptoms in time. For this reason we propose a new nosology: "perimenstrual syndrome."
EXPERIENCE WITH DIFFERENT TREATMENTS IN OPIOID USE DISORDERS IN NORTH INDIA

J. Singh
Amrit Drug Deaddiction And Research Foundation, Punjab, India

In India there is big problems with opioids especially in north India. Synthetic and non synthetic opiates being widely used are Heroin, Morphine, opium extracts, Bukki, propoxyphene, injection buprenorphine, loperamide etc. Prescription Opioid (oxycodone, hydrocodone etc) not available for pain. Use of Opioid in clinical practice is limited mostly to ICU patients and Operative patients.

Methadone being not available there are mainly two modes of treatments naltrexone (antagonist) and buprenorphine (substitution).

Naltrexone is very good in decreasing craving and prevention of relapse but has big issue in compliance and most of patients relapse within three months. Though there is no formal approval, ultra rapid detox procedure and long acting preparations of naltrexone in the form of injections and pellets are being widely used in India especially in private setups. In last 10 years we have experience with more than 500 implants.

Buprenorphine was approved in India in 2005. Most of the patients are stable with 2 to 8 mg daily dose which is far less than dose being used in western countries. In India buprenorphine 8 mg, films and patches are not available. Even after 7 years of approval it is not being widely used in India. Most of the patients and even the doctors have no understanding of chemical nature and safety of this drug and they believe this is just replacing one addiction with other. Buprenorphine is mostly being used in Govt run de addiction centers which receive between 100-300 patients per day. There is NACO project where intravenous drug users are given buprenorphine free of cost on daily visit just like methadone.
REMISSION IN SCHIZOPHRENIA: RATES; PREDICTORS AND OUTCOME CORRELATE
B Ghajati, I Johnson, A Belkhiria, K Tabbène
Psychiatry Department E, Razi Hospital, Tunis, Tunisia

In 2005, a consensus definition of symptomatic remission in schizophrenia was proposed by the Remission in Schizophrenia Working Group (RSWG). These criteria have been explored by a variety of studies who also identified the predictors of the remitted status. Among these predictors, depression and cognitive dysfunction have been pointed out. However, the validity of these criteria and the relationship to other outcome measures required further research.

Objectives: In this study, we sought to determine the prevalence of symptomatic remission and to investigate whether remitted schizophrenia community patients presented better social functioning, better neurocognitive performance.

Methods: Thirty patients suffering from schizophrenia spectrum disorder (DSM IV), were included in a prospective descriptive and analytic study with a six month follow-up. RSWG criteria (PANSS), functional outcome (GAF), depression (Calgary depression scale), neurocognitive performance (the Tunisian neurocognitive test battery) were assessed among other variables, in the first and the sixth month of the study. Correlates of remission were identified by logistic regression.

Results: The majority of patients (n=18) were not in remission. Remitted patients presented better social functioning, better insight and lower depression. They also showed better executive function, processing speed and verbal memory. Cognitive status was especially associated to functional remission. Among the predictors of symptomatic remission, the duration of untreated psychosis has revealed to be the most predictable variable of the remitted status.

Conclusion: Symptomatic remission may be an indicator of better clinical, cognitive status and social functioning.

References:
Andreasen N.C.; Carpenter Jr; W. T Kane; J.M Lasser; R.A Marder; S.R Weinberger DR; Remission in schizophrenia: proposed criteria and rationale for consensus. Am. J. Psychiatry 2005-162(3); 441-449.
Brissos S; Dias V.V ; Balanza-Martinez V ; Carita A.I ; Figueira M.L ; Symptomatic remission in schizophrenia patients: Relationship with social functioning, quality of life, and neurocognitive performance; Schizophrenia Research 2011 (129); 133-136.
Ciudad A; Alvarez E; Bobes J; San L; Polavieja P; Gilaberte I; Remission in schizophrenia: Results from one year follow-up observational study; Schizophrenia Research 2009 (108); 214-222.
Emsley R; Robinowitz J; Medori R; Remission in early psychosis: Rates, predictors and clinical and functional outcome correlates; Schizophrenia Research 2007 (129); 129-139.
Lasser A.R; Nasrallah H; Heldin L; Peuskens J; Kane J; Docherty J; Tronco A.T; Remission in schizophrenia: Applying recent consensus to refine the concept; Schizophrenia Research 2007 (96); 223-231.
Van O; Drukker M; Campo J; Meijer J; Back M; Delespaul P; Validation of Remission Criteria for Schizophrenia; Am. J. Psychiatry 2006 (163); 2000-2002.

José Guzmán¹, Fermin Mayoral¹, Fabio Rivas¹, Pablo Romero¹, Eudoxia Gay², María José González³, Susana Gil⁴, Francisco Cabaleiro², Francisco del Río², Fermín Pérez², Jesús Haro⁷, Markus Nöthen⁸, Fabian streit⁹, Jana Strohmaier⁹, Marcela Rietschel⁹.

1. University Regional Hospital of Malaga Spain. Biomedicine Institute of Malaga (IBIMA).
2. University Hospital Reina Sofia, Spain; Province Hospital, Cordoba, Spain.
3. Mental Health Care Centre Lucena, Spain; Province Hospital, Cordoba, Spain.
4. Mental Health Care Centre Montoro, Spain; Province Hospital, Cordoba, Spain.
5. Mental Health Care Centre de San Dionisio Jerez de la Frontera Cádiz, Cadiz, Spain.
6. Unidad de Rehabilitacion de Area, Puerto de Santamaría Cádiz, Cadiz, Spain.
7. Mental Health Care Centre Algeciras Cádiz, Cadiz, Spain.
8. University of Bonn, Institute of Human Genetics, Germany.
9. Central Institute of Mental Health, University of Heidelberg. Mannheim, Germany

Objectives.
Bipolar disorder (BD) is highly heritable, and gene identification will elucidate biological factors and gene-environment interactions. Multiplex families represent a promising resource for identifying rare variants and polygenic effects. However, such families are difficult to recruit.
In 1997, >100 multiplex Andalusian BD pedigrees - the largest of which contains >20 affected members- were recruited within an Andalusian-German collaboration study. Since then, the Andalusian psychiatric network and biobank facilities have been expanded in order to facilitate psychiatric research. Therefore in 2013, the Andalusian-German collaborators initiated a follow-up study of this cohort in order to identify new genetic and environmental factors for BD aetiology and clinical course.

Methods.
In 1997, BD patients at Andalusian psychiatric hospitals who reported a family history of BD were asked to inform their families about the study. All consenting family members (N= 937; BPI/II=265; Recurrent Mayor Depression=149) were assessed using a structured psychiatric interview for life-time best estimate psychiatric diagnosis (SADS) and the family history method, and blood was obtained for DNA genetic analysis.
Follow-up involves reassessment of diagnosis, neuropsychological testing (CANTAB), and the collection of biomaterials (RNA, Plasma, IPS, hair cortisol, etc.). Written informed consent is obtained for all study procedures and analyses.

Results.
For the first three families, follow-up assessments and biomaterial-processing have been completed. Follow-up of the remaining families is ongoing.

Conclusion.
This cohort represents a unique resource for the investigation of BD aetiology and clinical course, and will be available to international researchers from other sciences.
ATTENTION DEFICIT AND HYPERACTIVITY DISORDER IN ADULT: A CASE-REPORT

R. Gonçalves¹, A. Machado², T. Carvalhão²

¹ Centro Hospitalar da Universidade de Coimbra – HP, Coimbra, Portugal
² Centro Hospitalar da Universidade de Coimbra – HUC, Coimbra, Portugal

It is becoming increasingly recognized that one third to one half of children suffering with Attention Deficit and Hyperactivity Disorder (ADHD) continue to exhibit symptoms into adulthood, but the nature of the clinical picture is not well understood by adult psychiatry services.

The aim of this work is to present a case-report of ADHD, reviewing the clinical record and scientific literature in order to illustrate the difficulties on differential diagnosis of this disorder in adults.

A 31-year-old male was admitted to the Acute Psychiatry service following an episode of self-injury behaviour.

His psychiatry history was remarkable since he was 16 years old, with a pattern of emotional instability associated with interpersonal conflicts, abuse of psychoactive substances and several episodes of self-mutilation.

He was diagnosed with several disturbances including drug induced psychosis, atypical psychosis, bipolar affective disorder and borderline personality disorder.

The exhaustive data collection, including retrospective analysis of his clinical file and interviews with the family, was compatible with symptoms of ADHD during childhood. Initially we used the Diagnostic Interview for ADHD in adults (DIVA), with the patient fitting the criteria for ADHD Combined Subtype. Next we accessed the severity of symptoms with Clinical Global Impressions-ADHD-Severity scale (CGI-ADHD-S) rating 7 points.

We introduced methylfenidate with progressive increase to therapeutic doses. After 2 weeks we apply the Clinical Global Impression–Improvement Scale (CGI-I) with a score of 2, indicating significant improvement compared with baseline.

Gradually, we proceeded to reduction and suspension of other prescription drugs, with maintenance of clinical improvement.

The developmental disorders, including ADHD, manifest themselves in adulthood through atypical symptoms and often presenting with comorbidities, as personality or mood disorders. Therefore, it is clearly relevant for psychiatrists to consider it as a diagnostic option, either as the patient's main problem or as a predisposing factor for other psychiatric disorders.
EPIDEMIOLOGY AND CHARACTERISTICS OF THE PSICHIATRIC INTERCONSULTATION DUE TO PSICHIATRIC ALTERATIONS IN TRANSPLANT PATIENTS RECEIVING A IMMUNOSUPPRESSANT TREATMENT WITHIN A PUBLIC HOSPITAL

I.M. Castillo García 1, R. Angora 1, M.J. del Yerro 1, J.de la Oliva, A. Muñoz 1, P. Nava 1, M. Nieves 1, P. Pendola 1, P. Garcia 1, M.A. Jiménez-Arríero. 1,2,3

1. Área de Gestión Clínica y Salud Mental. Hospital Universitario 12 de Octubre. Madrid. Spain
2. Instituto de Investigación 12 de Octubre, Madrid, España.
3. CIBER-SAM, España.

Introduction: To know the number and characteristic of the psychiatric alterations in transplant patients receiving an immunosuppressant treatment who require to be treated within our hospital unit.

Objectives: Describing the epidemiology and characteristic of adult transplant patients receiving immunosuppressive therapies in our hospital unit having developed a further psychiatric involution along 2013.

Methods: The data resulting from those patients treated through 2013 was obtained from the record book of the Unit of Psychiatric interconsultation of Hospital 12 de Octubre of Madrid.

Results: From all the cases we studied in our service, only a 4% dealt with psychiatric alterations in transplant patients. From the total of these transplants, liver patients represented a 37.5%, lung a 25.0%, kidney a 12.5%, heart a 12.5% and pancreas-kidney a 12.5%. The majority of the psychiatric alterations we treated were as follows: 31.0% of delirium, 19.0% of affective disorders, 12.5% of sleep alterations, 12.5% of some other alterations, 12.5% of adaptation disorders, 6.0% of anxiety, 0.0% psychotic disorder. These psychiatric alterations were present in a 31% of men and a 69% in women. The most associated drugs to the psychiatric alterations were: prednisone, tacrolimus, micofenolato mofetile (these treatments were the most used).

Conclusion: Those transplant patients with psychiatric alterations (treated with immunosuppressive drugs) represent a small amount of the total number of transplant patients. Most of them are related to an immunosuppressive treatment with prednisone, tacrolimus and micofenolato mofetile. Alterations are produced and more frequent in women (69%) among 31-50 years old. Despite the limitations of a cross-sectional survey, the knowledge of the epidemiological data within the psychiatric alterations present in transplant patients provides important data.

References:
USO DE PALMITATO DE PALIPERIDONA INYECTABLE EN PACIENTES CON TRASTORNO MENTAL EN UN EQUIPO DE PSIQUIATRÍA COMUNITARIA

J.M.Meca1, M.N García1, E.I.Palou1, T.H.Jimenez1
1 CHT. Torrecárdenas, Almería, España

Objectives
Registro de pacientes con palmitato de paliperidona (PP) inyectable mensual en la USMC de Almería. Describir el uso del inyectable según indicaciones de la FDA y los distintos diagnósticos psiquiátricos beneficiarios del inyectable.

Metodos.
Se procedió a la selección de la muestra a través de registro de pacientes con inyectable tipo Palmitato de Paliperidona de la consulta de enfermería. Posteriormente se realizó una búsqueda a través del programa Diraya, de donde se obtuvo la información sobre diagnóstico. Los datos están recogidos a lo largo de 27 meses de seguimiento.

Resultados
Del total de población con trastorno mental considerado grave registrado de un equipo comunitario es de 390 pacientes, de ellos tan sólo 68 están en tratamiento con PP. El 58,82% son diagnósticos de esquizofrenia y el 41,18% de pacientes con diagnósticos diversos, predominando trastorno esquizoafectivo, seguido de trastorno bipolar.

Conclusiones
Podemos concluir que la indicación principal de Palmitato de Paliperidona inyectable en pacientes en seguimiento en la USMC es la Esquizofrenia, en consonancia a lo aprobado por la FDA, prescribiendo el inyectable en otro tipo de patologías psiquiátricas, estando algunas fuera de indicación, pero con la búsqueda de una adherencia farmacológica, una mayor comodidad para el paciente y siempre sustentado por publicaciones que lo avalan científicamente.

Referencias.
Niaz Omair S., Haddad Peter M. Inyecciones de antipsicóticos de acción prolongada(ILDs). Mortimer Ann M, McKenna Peter J, eds. The year in schizophrenia.1ªed.Oxford; Clinical Publishing; 2010. p. 17-44
Attard A &Taylor DM. Poster session for British Association of Psychopharmacology Conference July 2011. Paliperidone Plamitate our first 120 patients
Nussbaum AM, Stroup TS. Paliperidone palmitate for schizophrenia. Cochrane Database Syst Rev 2012 Jun 13;6
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER AND INTELLECTUAL GIFTEDNESS: A STUDY OF SYMPTOMS FREQUENCY AND MINOR PHYSICAL ANOMALIES

D. Minahim¹, L. Rohde²³
¹Graduate Program in Psychiatry, University of Sao Paulo, Brazil
²ADHD Outpatient Program, Hospital de Clinicas de Porto Alegre, Federal University of Rio Grande do Sul, Porto Alegre, Brazil
³Institute for Developmental Psychiatry for Children and Adolescents, Brazil

Background: Previous data about the frequency of ADHD symptoms in the intellectually gifted population are still scarce and contradictory.

Objective: To evaluate the frequency and pattern of ADHD symptoms in gifted individuals during two distinct moments of their life cycle, applying standardized scales. In addition, we tested whether an association between minor physical anomalies and ADHD can be found in gifted adults.

Methods: Two cross-sectional studies have been performed in individuals previously evaluated for IQ with the Raven Progressive Matrices: (1) Mensa: This study included 77 adult participants (22% female) recruited from the records of active members of Mensa Brazil living in Sao Paulo. The ASRS-18 scale and a modified Waldrop scale for minor physical anomalies were applied; (2) Elementary School: We included 78 children from the first to fifth elementary school grade (6-11 years old) that were above the 99th percentile for IQ. The control group (n= 78) included classmates randomly selected from those below the 90th percentile for IQ matched for age and sex. Teachers assessed participants using the MTA-SNAP-IV.

Results: (1) Mensa: The estimated frequency of ADHD was 37.8%. The total number of minor physical anomalies was significantly associated with ADHD (p <0.001) and 8 of the 36 assessed signs exhibited this association individually (p <.05). (2) Elementary School: We obtained an ADHD frequency of 25.6% in the control group and 17.9% in the group of gifted individuals (OR = 0.64, p = 0.58).

Conclusion: Although our data did not confirm unequivocally a higher prevalence of ADHD in gifted subjects during the life-cycle, it contributes to the validity of the diagnosis in this population. In the Mensa population, an association was found between ADHD cases and minor physical anomalies, further supporting the notion that ADHD is a neurodevelopmental condition.
SDQ DYSREGULATION PROFILE AND ITS RELATIONSHIP WITH PSYCHOPATHOLOGY SEVERITY AND PSYCHOSOCIAL FUNCTIONING IN A SAMPLE OF CHILDREN AND ADOLESCENTS WITH ADHD

I. Caro-Cañizares¹, M. Díaz de Neira Hernando¹, R. García-Nieto¹, F. Arévalo¹, E. Baca-García ¹, J.J. Carballo¹
¹, Fundación Jiménez Díaz, Madrid, Spain

Background: The clinical presentation of children and adolescents diagnosed with ADHD is usually complicated by affective and behavioral dysregulation. This dysregulation phenotype seems to be an indicator of overall psychopathology, severity, functional impairment and prognosis. Currently, this phenotype is assessed by the Child Behavior Check List; however, the widely used Strengths and Difficulties Questionnaire has been validated to screen the dysregulation profile (SDQ-DP) in clinical settings. The objective of this study was to determine the relationship between the SDQ-DP phenotype and psychosocial functioning and psychopathology severity in an ADHD Spanish clinical sample.

Methods: In a clinical sample of 250 children and adolescents diagnosed with ADHD (4–17 years old), we compared clinical (CDI, STAXI and STAIC/STAI) and socio-demographic correlates between subjects that met the SDQ-DP criteria (DP) and those who did not (NO_DP). Socio-demographic data, parents-rated SDQ, Children’s Global Assessment Scale, Clinical Global Impression, Family APGAR scale and clinical diagnoses were collected by experienced psychiatrists.

Results: Overall in our sample, 70 (28 %) subjects met the SDQ-DP criteria (DP). Compared with the NO_DP group, DP subjects had significantly increased overall symptom severity, such as higher scores on Depression, Disforia and Anger trait, and had significantly lower scores on Anger control. DP subjects also showed significantly greater overall difficulties, problems at home, with peers and during leisure activities. They also reported greater distress and significantly worse family functioning.

Conclusions: A high prevalence of children and adolescents diagnosed with ADHD showed the dysregulated profile, assessed by the SDQ-DP, in our clinical setting. Among ADHD patients, the SDQ-DP may serve as an index of overall psychological severity, distress and functional impairment. It also could be used as an index of risk for depression and poor anger control strategies among these subjects. In addition, it may indicate family dysfunction. Further research is needed to validate the clinical value of SDQ-DP on ADHD subjects, especially as an index of general psychopathology and prognosis.

THERAPEUTIC IMPACT OF SPORTS ACTIVITIES ON CHILDREN AND ADOLESCENTS WITH ADHD

F. Härtling1, T. Richter,1 P. M. Wehmeier1,2

1. Social-Psychiatric Center for Children and Adolescents, Frankfurt, Germany
2. Vitos Hospital for Psychiatry and Psychotherapy, Weilmünster, Germany

Objectives: Sports activities and physical exercise are not usually part of multimodal treatment concepts for treating AD(H)D. Studies in healthy subjects have suggested a positive effect in terms of improving cognitive performance and neuropsychological response to treatment. Sports activities may also lead to improved self-esteem, self-perception and social recognition. Thus, sports activities offer children and adolescents with AD(H)D an opportunity to learn ways to cope with success and failure in a social context and to train their motor skills and body coordination capabilities. As there are few studies on the impact of physical activity on core symptoms of AD(H)D, we are carrying out a study on this topic in a social-psychiatric center for children and adolescents in Frankfurt (Germany).

Methods: Using a newly designed, fully structured interview, 300 patients with a confirmed diagnosis AD(H)D and their parents are being interviewed about sports activities over a period of 6 months. The aim of this ongoing study is to systematically collect data to provide meaningful answers to the following questions:
• Do children and adolescents with AD(H)D enjoy sports?
• Are there any difficulties during sports activities due to behavioural problems?
• Which are the preferred sports?
• Does the coach or physical education teacher play an important role?
• Is the risk of accidents during sports actually higher?
• Do sports activities have an effect on core symptoms of AD(H)D?
• Can sports promote the social integration of patients with AD(H)D?
• Do sports have positive effects on self-esteem in patients with AD(H)D?

Results: A descriptive analysis of the collected data will be presented.

Conclusions: The information gathered in the course of this ongoing study will serve as a basis for considerations how to integrate sports activities and physical exercise into the multimodal treatment of children and adolescents with AD(H)D.
ADHD SYMPTOMATOLOGY IN EATING DISORDERS: A SECONDARY PSYCHOPATHOLOGICAL MEASURE OF SEVERITY?

F. Fernández-Aranda1,2 Z. Agüera1,2, S. Jiménez-Murcia1,2, JA. Ramos-Quiroga3,4, R. Bosch3,4, AB. Fagundo1,2, R. Granero2,6, M. Casas3,4,5 and JM. Menchon1,4

1Department of Psychiatry, University Hospital of Bellvitge-IDIBELL, Barcelona, Spain.
2CIBER Fisiología de la Obesidad y Nutrición (CIBERobn), Instituto Salud Carlos III, Barcelona, Spain.
3Department of Psychiatry, University Hospital of Vall d’Hebron, Barcelona, Spain.
4CIBER Salud Mental (CIBERSAM), Instituto Salud Carlos III, Barcelona, Spain.
5Department of Psychiatry and Legal Medicine, Universitat Autònoma de Barcelona, Barcelona, Spain.
6Departament de Psicobiologia i Metodologia, Universitat Autònoma de Barcelona, Barcelona, Spain.

Background: Attention-deficit/hyperactivity disorder (ADHD) has commonly been described in psychiatric disorders. Although several studies have found positive associations between abnormal eating patterns during childhood and ADHD, there is a lack of studies on ADHD and Eating Disorders (ED).

Objectives: The aims of this exploratory study were 1) to assess the ADHD symptoms level in ED and to ascertain whether there are differences among ED subtypes; 2) to analyze whether the presence of ADHD symptoms is associated with more severe eating disorder symptoms and greater general psychopathology; and 3) to assess whether the ADHD symptoms level is associated with specific temperament and character traits.

Methods: 191 female ED patients were included. Assessment was carried out with the EDI-2, ASRS-v1.1, the SCL-90-R and the TCI-R.

Results: The ADHD symptoms level was similar in bulimia, eating disorder not otherwise specified and binge eating subtypes, and lower in anorexic patients. Obsessiveness and Hostility were significantly positively associated with ADHD symptoms. A path model showed that ADHD was associated with high Novelty Seeking and low Self-Directedness, whereas ED severity was influenced by ADHD severity and low Self-Directedness.

Conclusions: Bingeing/purging ED subtypes have a high ADHD symptoms level, also related with more severe eating, general and personality psychopathology.
ADHD AND SLEEP DISORDERS IN CHILDREN
Fadoua Ouerragui Nabih, Abdesslam Benali, Imane Adali, Fatiha Manoudi, Fatima Assri
Research Team For Mental Health, University Caddi Ayyad: Marrakech, Morocco

Introduction:
The present study was conducted to describe sleep patterns and problems in a sample of children with ADHD and to examine the impact of symptoms severity and subtypes on their sleep.

Methods:
The parents of 40 ADHD children, aged 6 to 13 years, filled out the Children's Sleep Habits Questionnaire (CSHQ) and Conners’ Parent Rating Scale-Revised: long version (CPRS-RL). The parents of 40 normal control children filled out the CSHQ.

Results:
The ADHD group had significantly higher scores on bedtime resistance, sleep duration, sleep anxiety, 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), daytime sleepiness, and total score (p<0.001).

Conclusion:
There were no significant difference between ADHD subtypes in regard to CSHQ scale scores.
SASOP GUIDELINES FOR THE INTEGRATION OF SPIRITUALITY IN THE APPROACH TO PSYCHIATRIC PRACTICE

B. Janse van Rensburg
University of the Witwatersrand, Johannesburg, South Africa

It was important to develop South African guidelines in view of the extent of local and worldwide religious affiliation; rapid growth of academic investigation (Pargament & Lomax, 2013); guidelines provided by other associations (e.g. Royal College of Psychiatrists), SASOP’s own position statements on culture (Janse van Rensburg, 2012); appropriate definition of spirituality (Schneiders, 2003); need for an evolutionary/anthropological approach (Lewis-Williams, 2010); DSM-5 cultural formulation (Lukoff et al., 2010); local legislation (South Africa, 2008); ongoing research (Peteet et al., 2011); as well as teaching requirements (Prozesky, 2009).

Objective: To report on the results of the peer reviewed process followed.

Methods: During 2013, comments by members of the South African Society of Psychiatrists on draft guidelines were collated and submitted to the SASOP Board.

Results: Guidelines were compiled in terms of: (1) integrating spiritually in clinical care and service provision; (2) integrating spiritually in psychiatric training; (3) ethically integrating spiritually within the professional scope of practice; and (4) appropriate referral between psychiatrists and spiritual advisors.

Conclusions: Integrating spirituality in the approach to practice and training can’t be ignored by local psychiatrists in the multi-cultural, multi-religious South African context.

1 Pargament KI, Lomax JW. Understanding and addressing religion among people with mental illness. World Psychiatry 2013;12:26–32
4 Schneiders S.M. Religion versus spirituality: a contemporary conundrum. Spiritus 3; 2003: 163-185
5 Lewis-Williams D. Conceiving God. The cognitive origin and evolution of religion. London: Thames & Hudson. 2010
7 South Africa. Traditional Health Practitioners Act no. 22, 2007; Government Gazette 10 Jan 2008
LONG-TERM EVOLUTION OF THE ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AND SOME COMORBILITIES IN THE ADULTHOOD, A CASE-REPORT

Hospital Clínico Universitario de Valladolid. Spain

OBJECTIVES
ADHD it’s a neurobiological disease that begins in the infancy and can presents significant symptoms in the adulthood. It is a chronic disorder that persists even in 60 % of the cases. Some another comorbidities can mask it.

METHODS
19-year-old Woman, who presents depressive clinic, disforia, irritability and insomnia. The only daughter. Normal pregnancy, childbirth and psychomotor development. Well with peers. Follow-up in Infantile Psychiatry from 12 years old for difficulties of attention and school failure; diagnosed of combinated-ADHD. Treatment: Concerta® 54 mg/día; poor improvement.

RESULTS
We beginning familiar and systemic psychotherapy and at the same, we reduced progressivement the medication. We realized that there was an absolute rejection of the parents stands out towards his daughter and lack of fondness. Unable father to intervene in her education. The patient shows autoesteem and mood improvement ("she feels listened and supported" for the first time). On having persisted depressive symptomatology, atomoxetina 40mg/dia was used, obtaining stabilization of the symptoms.

CONCLUSIONS
ADHD’s symptoms could generate feelings of low autoesteem, depression and chronic sensation of failur e, since they receive constant critiques in spite of straining. It is necessary to realize a complete treatment, including in the associate comorbidities, who are present in 75-80 % of the cases. The familiar and systemic psychotherapy together with the pharmacological therapy have demonstrated to be effective.
RESIDUAL SYMPTOMS OF THE ADHD IN ADULT PATIENTS
I. Sevillano, S. Cepedello, E. Mayor, L. Gallardo, E. Vasquez, P. Ferreira, P. Marqués, E. Ryback, JM, Espina, F. Uribe
Hospital Clínico Universitario de Valladolid, Spain

OBJECTIVES
There was known that adults could continue suffering symptoms derived from his infantile ADHD after this disorder has been recognized and typified in children. We wonder if the majority of the young males derived to our consultation present symptoms compatible with ADHD of the adult.

METHODS.
There were analyzed 39 patients derived by suspicion of psychiatric pathology, between 17 and 35 years old. They stem to clinical psychology for study of features of personality (Million Questionnaire). Another questionnaire was used also autoapplied for sifted of the ADHD in adults (ASRS_V1:1). According to the criteria DSM-IV TR, the patient had moderate symptoms of ADHD if it was fulfilling 6 or more diagnostic criteria, according to their answers in the screening questionnaire.

RESULTS.
The average of age was 25 years. Males, in the main active workers and with low - half socioeconomic level. The majority, 28 patients, recognize abuse of substances. Symptoms of impulsiveness and abuse of substances were the most frequent motive of consultation. The most frecuent diagnosis was "adaptive disorder". The majority of cases present symptoms of anxiety, impulsiveness and social or work trouble. There was a 47 % of the sample that presents features of personality from the B group; opposite to 15,40 % who presents features inside the A group.

CONCLUSIONS.
The ADHD is not only a problem of distraibilidad or worry, but a deeper and extensive alteration caused by the deterioration of a set of cerebral activities. An early treatment in the childhood could prevent devastating consequences for their development, since they include the majority of the functional areas of the patient and impede their later social and labor adjustment.
THE EFFECT OF AEROBIC EXERCISE AS AN ADJUVANT THERAPY IN THE PROPHYLAXIS OF DEPRESSIVE ILLNESS

Indira Sharma¹, Pallab Majumder²
¹ Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India
² Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India

Objectives: 1) To study the efficacy of aerobic exercise as an adjuvant therapy in the prophylaxis of depressive disorders 2) To find out the relationship between response to adjuvant aerobic exercise therapy and clinical variables such as severity of illness, age of onset, presence of melancholic features, atypical symptoms, experience of specific life events.

Methods: 50 patients of depressive disorder (Major depression and Dysthymic Disorder) in remission were assigned alternately to group E and D. Patients were assessed for severity of illness (by Hamilton Rating Scale of Depression (HRSD)), age of onset of illness, melancholic features, atypical features and life stress (by Presumptive Stress eventful live event scale), during lifetime and recent past. All patients received antidepressant medication. Patients of Group E exercised (“stationary running”) in the morning and evening daily (15 minutes each time), 3 times a week. Harvard Step Test Index was used at baseline and at every follow up, every 3 weeks for 12 weeks, to assess the fitness level of patients.

Results: Significant improvement on HDRS was observed in the E group on HDRS at 6, 12, 18 and 24 weeks, and in D group at 6, 12 and 18 groups. The E group showed more improvement than the D group at 12 and 24 weeks. There was no significant difference between E and D groups with regard to the life event stress cores.

Conclusion: Patients of depression in remission, who are on drug therapy and also exercise, have a tendency to greater improvement compared to those who receive only drug therapy. Improvement in E group positively correlated with severity of illness and negatively with age of onset.

COMORBIDITY AMONG ADULTS PRESENTING TO A UK NHS ADULT ADHD CLINIC
A Mishra2, S. Mattu,1, AK Gupta, A1, A Sharma1, P Matthews1, A Jay1, J Pankiw1 and P. McArdle1
1 Northumberland Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, England
2 Dalhousie University and Annapolis Valley Health, Nova Scotia, Canada

Objectives
Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder that persists into adulthood. Many affected children suffer from co-occurring mood, anxiety and conduct disorders. As substance misuse, bipolar and other disorders, known to be associated with ADHD, become more common in late adolescence and early adulthood, patterns of comorbidity associated with ADHD in adult clinics is likely to be more complex. This will be important in shaping the professional skill mix and links between adult ADHD and other services.

Method
In order to clarify patterns of comorbidity affecting patients referred to an adult ADHD clinic we administered the Mini International Neuropsychiatric Interview to a consecutive sample of 60 patients. This instrument identifies a range of psychiatric disorders based on DSM IV criteria.

Result
We report that the majority of patients with ADHD had comorbid disorders. 25% met criteria for antisocial personality disorder; 18% bipolar disorder; 18% substance use disorder and a further 20% met criteria for major depression or anxiety.

Conclusion
It is important that services for patients with ADHD have skills in assessment of comorbidity and links with relevant other services. The high frequency of ASPD suggests that ADHD services are attracting a group of vulnerable and risky patients who might not otherwise seek help. How to respond presents a challenge for adult ADHD services.
ADDICTS RESISTANT TO PAS AND SUGGESTED PSYCHO-SOCIAL MEASURES TO PREVENT RECIDIVISM

M.Roganovic 1, A. Tomcuk 1, B.Cizmovic 1, N.Matkovic 1, M.Zarkovic 1
1. Special Psychiatric Hospital, Kotor, Montenegro

OBJECTIVE
Level of recidivism in addiction is high. Recidivism means the use of the substance after the abstinence. It is caused by craving and the situation.

METHODS
Our research has been made on the sample: 50 alcoholics, 50 heroin addicts, treated in the Psychiatric Hospital, during the period 2005-2010.
- Retrospective analysis of the anamnesis has been done for patients with multiple hospitalizations
- Personality evaluation: interview, VITI, MMPI, Rorschach
- Level of the resistance is proportional to level of recidivism within unit of time
- Longtime use of PAS: permanent brain damage.
- Influence of family and social surroundings is important. Changing process is discontinuous.

RESULTS
Our research shows:
- average age of alcoholics 51-57, drug addicts 25-35
- 35% alcoholics are divorced
- 62% drug addicts are not married
- education level: 56% of addicts are high school graduate
- 41% of alcoholics are employed
- 82% of drug addicts are unemployed
- 36% of drug addicts and 22% of alcoholics have alcoholic fathers
- Frequency of the suicide among the addicts’ fathers is 4%.
- 70% of people who use the PAS have psychological problems, co-morbid personality disorder, co-morbid disorders with depression and somatic damages
Majority of addicts have high risk of recidivism.

CONCLUSION
Prevention of the recidivism means:
- Understanding of the therapeutic team
- Craving has to be treated with pharmacological therapy (especially the first year after treatment)
- Noticing symptoms that lead to the recidivism (self confidence, stagnation, misconceptions, failures, impatience, discontent, disappointment, unrealistic expectations)
- Analysis of the recidivism
- Work on self confidence
- Developing relaxation skills
- Improving communication
- Work on self control
- Assessment of patient’s capacities
LEVEL OF EMPATHY AND COPING STRATEGIES DEALING WITH ISSUES ACCORDING TO THE DEGREE OF PERSONAL RELIGIOSITY

C. Valiente-Barroso 1,2,
1. International University of La Rioja, Logroño, Spain
2. Complutense University of Madrid, Madrid, Spain

Objective. Analysing the degree of empathy (cognitive and affective) and coping styles regarding issues, depending on the different degree of religiosity of people, defining two axes of psychological performance (intra and extrapersonal), in which cognition, emotion, behaviour and social interaction are involved.

Methods. The study focused on a randomized group of 50 people (18 males and 37 females) aged 44.63 (range: 21-79), on average, composed of devout Christians believers (55.8%), non-believers and non-devotees (44.2%). They were assessed by means of the Assessment of Cognitive and Affective Empathy, and the Coping Responses Inventory for Adults along with an "ad hoc" assessment for sociodemographic variables.

Results. We obtained significant correlations between the level of religiosity and: 1) the degree of emotional and global empathy; 2) coping strategies called "Guide and Support Search" and "Cognitive Avoidance" (in this case, negative correlation) as well as regarding a healthy ratio between approach and avoidance strategies; 3) age (and not between sexes, educational level and years of schooling). On the other hand, correlations between empathy and coping were obtained, highlighting that found between "Adoption of approaches" and the "Troubleshooting" strategy, and between "Seeking for alternative rewards" and a greater degree of cognitive empathy.

Conclusions. Personal religiosity would be associated with greater affective empathy, expressed by a higher level of perception of other people’s feelings. On the other hand, it would also be linked to a more appropriate use of coping strategies dealing with issues, therefore favoring a more adaptive type of behaviour.

PHARMACOLOGICAL TREATMENT IN ADHD ADOLESCENT WITH DRUG ABUSE RISK

M. Verdeguer Dumont, C. Laguía Moreno
Psychiatrist Consultant SERVASA Valencia (Spain)

Objectives: From our clinical experience, adults and adolescents with Attention deficit hyperactive disorder (ADHD) are the most impulsive and have greater risk of alcohol and other toxics abuse. As Metilfenidate is a potential abuse drug, we will like to investigate which is the best first choice treatment for those patients, mostly those diagnosed as adults or adolescents.

Methods. We have searched the keywords "adolescent ADHD" and "drug abuse risk" and "atomoxetine" in PUBMED. The relevant papers are studied.

Results. No significant differences between stimulants and no stimulants drugs have been found in ADHD symptoms control.

Conclusions. From childhood no significant differences between the use of stimulants and no stimulants drugs for ADHD control. From the side effects point of view, the choice of one drug over the other, depending of the age of the patient, more studies are needed.
Objectives: Psychogenic non-epileptic seizures (PNES) are paroxysmal events that resemble epileptic seizures without organic substrate identified. It is a heterogeneous condition, which often crosses Psychiatry and Neurology. The aim of this work is to review the diagnostic and therapeutic approaches to this disorder.

Methods: A review of current literature.

Results: Although they are common events, they are often under or misdiagnosed, even though they may be confirmed by videoelectroencephalography (VEEG). Such diagnoses mistakes generate impact on physical, social and financial patients’ conditions. It’s frequent post-traumatic nature puts PNES in close relation with anxiety disorders, being panic attacks disorder and posttraumatic stress disorder (PTSD) the most representative.

Conclusions: The treatment of PNES should be individualized and a multiple therapeutic approach (medication, cognitive, behavioral and family) is essential. Additional studies should also be conducted to better understand the disorder.
ADVERSE REACTIONS TO METHYLPHENIDATE IN TWINS – A REPORT ON THREE PAIRS
P. Mendes, M. Fonseca, I. Guerra Aguiar, F. Moreira, G. Fernandes, V. Martins
Oporto Hospital Center, Oporto, Portugal

Objectives: To report on the clinical cases of three pairs of twins diagnosed with ADHD, revealing different reactions to methylphenidate – one of the individuals in each pair had adverse reactions to the introduction, switch or increase in dosage.

Methods: The authors conducted a retrospective study of the clinical sample through analysis of the respective clinical processes, and reviewed the literature on this matter. The report refers to two pairs of dizygotic twins and a pair of monozygotic twins.

Results: In the first case, a pair of 7 years old dizygotic twins, both individuals revealed emotional lability and behavioral isolation with the introduction of the intermediate-acting formulation; two years later, a short-acting formulation was reintroduced and well tolerated, as well as the switch to the long-acting one, although there were adverse reactions such as irritability and agitation in one of the twins, as the dosage was increased. In the second pair of dizygotic twins (6 years old), one of the brothers showed tics, emotional lability, insomnia and isolation when the dosage of the short-acting formulation was increased. In the third case, one of the children of the 6 years old monozygotic pair reacted adversely to the introduction of a short-acting dosage with irritability, aggressive and stereotypic behaviors.

Conclusions: There is evidence of genetic basis for ADHD, supported by the study of twins that demonstrate up to 92% concordance in monozygotic twins and 33% in dizygotic twins. Although some genes have already been identified as possibly playing a role in the etiology of ADHD, little is known about the influence of genetic factors on the clinical response to the most widely used psychoactive drug, in this condition. These reports show the unpredictability of the performance profile of methylphenidate and its side effects even in individuals with higher concordant genetic background than the general population.
Disorder Attention Deficit Hyperactivity Disorder (ADHD) defines a difference in the frequency which are emitted attention, activity and reflection which behaviors. Therefore it is important to know what is the normal frequency of these behaviors to distinguish when considered problematic. Teachers are the first to identify them.

**Objectives:** The purpose of this study was to determine the frequency with which primary teachers with different sociodemographic and situational considered normal for an average children attention, activities and reflection in the classroom. We also assessed the level of knowledge they have regarding ADHD.

**Methods:** Voluntarily participated 691 public school teachers Mexico City, mostly women, who were in charge of one of the six primary grades. A questionnaire was developed expressly to assess the frequency with which a child normally emits the 19 criteria of ADHD behaviors and degree of teacher knowledge about ADHD.

**Results:** The results showed that a third of teachers categorized with high frequency and normal emission of the 19 behaviors from the infant. Also knowledge of teacher about ADHD is poor.

**Conclusions.** Differences were found in the normal frequency of attention behaviors, activity and reflection based on the sociodemographic and situational teacher.
THE ROLE OF OMEGA 3 FATTY ACIDS IN ADHD’s TREATMENT

I. Gornilho 1, A. Sotero 1, N. Baptista 2

1. USF AlfaBeja, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal
2. UCSP Beja, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal

Introduction
Omega 3 fatty acids are essential for correct brain development and function. Some of the properties attributed to these molecules are anti-inflammatory effects and influence in the composition and fluidity of plasmatic membrane thus affecting neurotransmission of serotonin and dopamine.
Several studies have demonstrated the presence of abnormally low omega 3 fatty acids blood levels in children and adolescents with Attention Deficit Hyperactivity Disorder (ADHD) when compared with control groups. However, the actual role of omega 3 fatty acids supplements in ADHD’s treatment as well as the optimal dose or formulation remains somewhat undefined.

Objective
The aim of this review is to clarify the role of omega 3 fatty acids in ADHD’s treatment.

Methods and Results
A systematic review was made using PubMed database and MESH terms: “omega”, “ADHD” and “Attention Deficit Hyperactivity Disorder”. The search was limited to articles written in English and Spanish, published in the last ten years. We found eleven articles and all of them were analysed.

Conclusions
The majority of studies demonstrated that supplementation with omega 3 fatty acids was related to an improved clinical response, especially when associated to pharmacological treatment of children and adolescents with ADHD. Although there is not enough evidence to considered it a first-line therapy, evidence suggest that it may potentiate the action of stimulant drugs commonly used in ADHD’s treatment. Once omega 3 fatty acids have overall health benefits and are considered to be safe, they can be used as a complement therapy in ADHD. However further studies are needed in order to clearly establish its effectiveness as well as the optimal dose, formulation and duration of this supplementation.
DEVELOPMENTAL PROFILES OF INDIVIDUALS ON THE AUTISM SPECTRUM
C.A. Varanda1, F.D.M. Fernandes2
1,2 Universidade de São Paulo, São Paulo, Brazil

Objectives
This study aimed to describe the profiles of groups of subjects with autism based on ADI-R through clustering by affinity.

Methods
Parents of 10 individuals (aged 5.7 – 14.8) diagnosed on the autism spectrum were interviewed through ADI-R (Autism Diagnostic Interview – Revised), providing information on social interaction, communication, behavior and interests. A qualitative and hierarchical analysis of clusters of the answers was made.

Results
The analysis of the clusters revealed three subgroups: 1 - without typical autistic characteristics, 2 - with typical characteristics of the autism disorder with prevalence of failure in communication and social interaction and 3 - with characteristics of the autism disorder with severity in the deficits of communication and social interaction.

Conclusions
Failure of cognitive flexibility seemed to be involved in the deficits reported. The patterns of repetitive and stereotyped behavior can be attributed to failure in the ability of thinking coherently and solving problems that depend on the cognitive flexibility. In communication, it is expected that subjects share attention, have interest in others and modulate the sensory experiences as well as change the attentional focus quickly. The subjects present a strong tendency to focus on one event to obtain a certain measure of control over the intensity of information and events come from the environment. Deficits in social interaction seem to derive from a primary deficit that did not favor its development. It was possible to conclude that productive assessment practices require input and participation by both professionals and family members. Autism spectrum is one that ranges in severity of social and cognitive impairment this is why a cluster analysis of the collected data through ADI-R and the description of the developmental history are recommended for a better description of the disorder because it offers a spectrum approach rather than a categorical one.
CLINICIAN’S REACTIONS TO THE EMOTIONAL AND BEHAVIORAL PROBLEMS OF ABUSED AND NEGLECTED PRESCHOOL CHILDREN

J. Martin Maldonado-Durán, Brian Cuthbertson², Kenia Gomez¹, Prakash Chandra¹, Matthew Brown³, Ahmed Maher¹, Manuel Morales-Monsalve¹, Karlo Beltran¹

¹Department of Psychiatry. University of Missouri Kansas City School of Medicine
²Child Psychiatry Fellowship. University of Kansas.
³Child Psychiatry Fellowship, University of Chicago

OBJECTIVES.
Identify the most common problematic emotional reactions of mental health professionals to abused and neglected preschool children. Awareness of such responses may assist in the psychodynamic diagnosis of the child and family situation, and facilitate designing an adequate mentalization-based intervention with them.

METHODS
In a cohort of 85 consecutive preschoolers referred for evaluation from a therapeutic day treatment center, clinicians systematically rated their predominant emotional reactions to the child and caregivers.

RESULTS
Two thirds of children were boys. About a half were African American. Most were referred due to hyperactive, disruptive-aggressive behavior, and about a fifth due to sexualized acts. Almost all were in the custody of the state.

The most common reaction toward the children were a “wish to protect” or to save the child. However, in approximately 40%, there were additional negative feelings, including frustration and hostility toward the child. Fear of the aggressive behavior and a reluctance to see the child. Less common was a tendency to “forget about the child and his problems” i.e. a dissociative response in the clinician. In five cases the an erotized countertransference was noted. About 20% provoked strong retaliatory and sadistic reactions, as the child struggled to elicit anger and punishments from adults. There were some “paralysis of the mind” and feeling helplessness in the psychiatrist.

CONCLUSIONS
Identification of these problematic reactions can assist treaters and caregivers to identify children’s strategies to relate and thus inform therapeutic responses as adults are prepared to not “act out” in the predictable ways from the child’s working model of relationships.
DEFICIENT RECOGNITION OF FACIAL EMOTION IN CHILDREN WITH ATTENTION DEFICIT / HYPERACTIVITY DISORDER: COMORBIDITY AND PSYCHOSTIMULANT EFFECTS.

J. Maire¹, C. Galera², S. Bioulac², M. Bouvard² & G. Michel¹

¹University of Bordeaux, Bordeaux, France
²Charles Perrens Hospital, Bordeaux, France
³Center for Research in Epidemiology and Biostatistics, Bordeaux, France

Several studies suggest that children with Attention Deficit / Hyperactivity Disorder (ADHD) are impaired in recognizing facial expressions of emotion (for review, see Collin, Bindra, Raju, Gillbarg & Minnis, 2013a). ADHD is a highly comorbid disorder (about 90% according to Ralston, Lorenzo & ADORE, 2004b) but little is known about the influence of comorbidity in recognition of emotion. This study aims to examine the impact of comorbidity and psychostimulant medication on recognition of facial emotion in children with ADHD.

Participants were 40 children with ADHD (23 unmedicated and 17 medicated but free of methyphenidate for at least 24 hours) and 40 age- and sex-matched typically developing children. ADHD and comorbidity were assessed with a semi-structured interview as well as parents’ ratings. Children did a computerized task to assess accuracy in identifying facial expressions of fear, sadness, disgust, surprise, joy, anger and neutral expression and a control task.

Whereas they performed similarly to controls on the control task, children with ADHD were globally deficient in recognizing facial expressions of emotion. They performed worse in identifying sadness, disgust and joy. Oppositional comorbidity slightly increased the deficit in recognition of sadness whereas anxiety and emotional lability were non-significant. Children who had been treated with methyphenidate showed slight improvement in recognition of sadness.

Our data indicate that a deficit in recognition of emotion seems to be a component of ADHD while comorbidity has little impact on it. Perspectives are offered by the better performance of children who had been treated with methylphenidate.


MANAGEMENT OF ACUTE PSYCHOTIC SYMPTOMS IN PATIENTS WITH DEMENTIA

L. Bálega 1, J.M. Manzano 1,2
1 Hospital San Juan de Dios, Ciempozuelos, Madrid, Spain
2 University Complutense of Madrid, Madrid, Spain

Introduction: Acute psychotic symptoms are most often experienced by patients diagnosed with dementia at some point in the course of their illness. These events are very important as they aggravate the patient's baseline cognitive defects. There is a significant controversy over the treatment of these symptoms with different antipsychotic drugs, so it was decided to conduct a comparative review between the data obtained from inpatient treatments for this cause in our brief hospitalization unit and different published studies.

Objectives: To compare the treatments used in acute psychosis in patients with dementia in our brief hospitalization unit and the recommendations in the different published studies.

Methods: Data collection for patients admitted with acute psychosis and a history of dementia and its comparison with the treatment recommendations based on the different studies published in the literature.

Results: We collected data from 14 patients diagnosed with dementia and admitted for an acute psychosis. In our patients the drugs used were quetiapine, the most used (64%), followed by haloperidol. Only 3 patients treated with olanzapine. One patient was treated with ECT. Eight patients received combination therapy with two or more antipsychotics.

Conclusions: Although the current recommendations advocate the use of atypical antipsychotics, our results found that haloperidol is still a drug widely used to treat such symptoms. The scarcity of studies on the effectiveness of the new atypical antipsychotics as aripiprazole, limit their use in the routine management of these patients. So more studies on the recommended drug, dose and duration of treatment in these patients increasingly common in clinical practice are necessary.
USE OF VIRTUAL REALITY IN BARIATRIC SURGERY: A CASE STUDY

K. Cabas - Hoyos¹, I. Cadavid - Pérez¹, G. Cárdenas - López² and G. Torres – Villalobos³
¹ Pontifical Bolivarian University, Montería, Colombia.
² National Autonomus of Mexico University, México City, Mexico.
³ Obesity Surgery Clinic, Medica Sur Clinical Foundation, Mexico City, Mexico.

One of the advantages of laparoscopic bariatric surgery is lower post-surgery pain, however some patients often experience severe pain. This is a challenge for specialists.

Objective: This case study explores the use of VR distraction in a patient (18 years old) operated with laparoscopic bariatric surgery reported pain during the postoperative period.

Setting: The study was conducted in a private hospital X Level of Mexico City where she was hospitalized.

Intervention: To the patient were given standard analgesics while VR distraction sessions. She received a total of 40 minutes of VR Distraction distributed in two sessions.

Measurements: the score of three visual analog scales and catastrophism were the dependent variables. These instruments were administered before and after intervention with VR Distraction.

Results: The patient reported reduction in pain levels after administration of VR Distraction, also presented a decrease in some components of catastrophizing.

Conclusion: This study shows that VR distraction can be effective not only to decrease the physical component of pain-fully understood-aspect but also the cognitive component -affective thereof. It is necessary to undertake more controlled studies in this direction.

ESCUELA PARA LA VIDA: TERAPIA DE MADRES, PADRES Y ADOLESCENTES DESDE UNA EXPERIENCIA COMUNITARIA

María Dolores Maurisset Moráguez, Lic Lourdes María Roque
CENTRO COMUNITARIO DE SALUD MENTAL - HOSPITAL DE DÍA, “María Elisa Rodríguez del Rey Bocalandro”, La Habana, Cuba

Introducción.
Los adolescentes no son niños ni adultos, crecer es aprender y aprender es cambiar. Cambia el individuo y sus relaciones con los demás, crecer es un tránsito difícil no solo para los adolescentes, sino también para los adultos y la familia, en estas contradicciones participan los adultos, pero ellos también están confundidos porque significa un aprendizaje, difícil y más aun por los atravesamientos culturales.
Nos hemos propuesto como objetivos de investigación proporcionar a través de una escuela información, herramientas, espacios de reflexión, para fortalecer la personalidad de padres y adolescentes. Posibilitar un espacio donde hijos, hijas madres y padres puedan reflexionar sobre los que les pasa sus contradicciones y conflictos. Así como brindar elementos de análisis que le faciliten la resolución de conflictos y las búsquedas de alternativas en los diferentes ámbitos de su crecimiento.

Diagnostico de situación previa.
La familia se constituye sin herramientas básicas ni conocimientos para su integración exitosa entre sí y con sus hijos adolescentes, así como resto de la familia en general. Además de las escuelas de formación básica no existe una que prepare a la familia y sus miembro adolescentes para la vida, por ello desde nuestra experiencia de casi 30 años de trabajo le hemos llamado escuela para la vida. Existen múltiples estudios que abordan la temática desde el análisis del problema pero no ofrecen alternativas de solución en la praxis, en nuestra experiencia la escuelita de la vida está destinada a la enseñanza, ofreciendo recursos y herramientas con la toma de conciencia de la necesidad de ello para lograr estilos de afrontamientos y capacidad resolutiva que garantice el desarrollo sano de la personalidad de las nuevas generaciones y la convivencia familiar armónica y cohesionada.
Población a la que está destinada: Madres y padres de adolescentes ellas y ellos que demandaron asesoramiento terapéutico de Enero a Diciembre del año 2012. En nuestro Centro Comunitario de Salud Mental de Arroyo Naranjo Habana Cuba. Participaron 48 madres 6 padres y 63 adolescentes de ambos sexos comprendidos entre 12 y 18 años.
Remisiones de los policlínicos comunitarios y médicos de familia, Remisiones de familias emitidas por el Centro Nacional de Educación Sexual (CENESEX).

Resultados: Fortalecimiento de la personalidad de padres ,hijas ,hijos adolescentes. Disminución de la violencia intrafamiliar mejorando la armonía dentro del hogar. Facilito visualizar las contradicciones y emergentes sociales, aumentando la eficacia y eficiencia en el rendimiento familiar, social y laboral y mejorando la calidad de vida personal y comunitaria. El programa curricular y entrenamiento de la escuelita para la vida en su integridad, resultan efectivo en el logro del funcionamiento armónico y el bienestar de la familia. Se demuestra la necesidad de una escuela que brinda conocimientos y aprendizajes para ser mejores en la vida cotidiana, basados en una experiencia comunitaria de más de 30 años.
DESCRIPCIÓN DE CASO CLÍNICO DE UNA PACIENTE CON T. ESQUIZOAFECTIVO TIPO BIPOLAR Y DEMENCIAS FRONTO-TEMPORAL

M. Zarabanda. D. Basto Pacheco. M. Blanco
Alcalá de Henares, Madrid.
Hospital Universitario príncipe de Asturias

Se trata de una paciente de 39 años, en tratamiento en Salud mental desde los 16 años con diagnóstico de Esquizofrenia paranoide, Trastorno bipolar, Trastorno de personalidad, quien desarrolló un cuadro compatible con demencia frontotemporal. Tiene antecedentes familiares por parte de la madre de Esclerosis Múltiple y la hermana de T. ansios-depresivo. Ha precisado múltiples ingresos, último ingreso en el 2013 por cuadro de alteraciones de conducta en el contexto de descompensación psicótico, recibiendo tratamiento con Clozapina 425mg/día y Acido Valproico 1500mg/día, tratamiento que mantiene desde hace años con variación de dosis en función de sintomatología. En las consultas de seguimiento, la paciente presenta de manera habitual discurso con contenidos bizarros, realiza en ocasiones inferencias delirantes que parecen cronificadas sin repercusión conductual. Verbaliza múltiples quejas somáticas e ideación delirante de perjuicio hacia sus familiares, mantiene cierta ideación delirante de contenido megalomaniaco, aparentemente desestructurada pero sin repercusión conductual o emocional, también presenta desinhibición, discurso reiterativo, apatía, retraimiento social, comentarios o comportamientos inapropiados y dificultades para planificar y organizar secuencias complejas. Se decide completar estudios radiológicos, solicitando TC-RM -SPECT craneal donde se evidencia atrofia cortico-subcortical frontal.

Objetivo: El objetivo de la revisión es poder diferenciar la presentación clínica de una descompensación de un T. Esquizoafectivo tipo bipolar y la demencia frontotemporal de inicio precoz.

Métodos: Se realiza una búsqueda bibliográfica, en las base de datos de PUBMED-HUPA, Clinical Key, Proquest, Ovid, UpToDate, utilizando como palabra clave “Trastorno Bipolar y Demencia Frontal temporal”. Revisando 15 artículos, de los cuales fueron seleccionados 10 de ellos.

Conclusiones: La limitación para diferenciar entre sintomatología de una posible demencia frontotemporal de aparición temprana y descompensación de trastornos esquizoaffectivo, esta dada especialmente por la superposición de ciertos síntomas tales como apatía, desinhibición, depresión, anhedonia, comportamiento estereotipado y la psicosis. No hay evidencia que apoye una relación directa entre T. Esquizoafectivo tipo bipolar y la aparición de una demencia fronto-temporal, y de existir alguna relación esta condicionada por otros factores tales como la medicación, los factores de estilo de vida, la salud física, así como un posible origen genético. Due to the complexity of its diagnosis, we suggest that patients with frontotemporal dementia should be evaluated in the context of an interdisciplinary clinical setting involving behavioural neurologists, neuropsychologists, and psychiatrists.
IRON DEFICIENCY AND COMORBIDITY IN ATTENTION DEFICIT-HIPERACTIVITY DISORDER IN CHILDREN

N. Ogando¹, M. Martinez², P. Garcia¹, C. Garcia³, MN. Silva¹, V. Quiroga¹, MJ. Güerre¹.
¹Hospital 12 de Octubre, Madrid (Spain)
²Hospital San Juan De Alicante, Alicante (Spain)
³Hospital Príncipe de Asturias, Alcalá de Henares, (Spain)

Objectives:
To analyse a possible relationship between iron deficiency and symptoms of inattention, and hyperactivity in Attention Deficit-Hyperactivity Disorder (ADHD) patients, and its comorbidity

Methods:
A prospective study was conducted on non-anaemic and cognitively normal children, diagnosed with ADHD, according to DSM-IV criteria. Specific scales were used (SNAP-IV, CONNERS) and serum ferritin was determined. A descriptive analysis with the SPSS program was done.

Results:
A total of 48 patients, with a 6-17 range age, were analysed. The inattentive subtype was the most frequent one and almost two-thirds had iron deficiency, which was more frequent among the inattentive group. Mood disorders, sleep disturbances and impulsivity were found to be most frequent comorbid pathologies.

Discussion:
Several studies have suggested that iron deficiency may be related to the pathophysiology of ADHD due to the role of iron in the production of dopamine and noradrenaline. Our findings suggest that low iron stores may be related to ADHD. Comorbid psychiatric pathology is frequent so that it could be useful to prevent low iron levels in order to reduce or improve other symptoms. A more comprehensive investigation of iron in this pathology has to be done in order to inform clinical practice in terms of screening and treating iron deficiency in individuals with ADHD.

References:
ATTENTION AND HYPERACTIVITY PROBLEMS IN CHILDREN WITH AUTISM
Š. Golubović 1, N. Brkić-Jovanović 1, M. Randelović 1
1. Medical Faculty, University of Novi Sad, Serbia

Objectives: Many factors point to a connection between autism and hyperkinetic disorder. Psychopathological findings, as well as genetic analysis and the results of neuropsychological tests indicated a link between these two disorders. The main problem of this study was the incidence of attention problems and hyperactivity in children with autism. We were interested in differences in the severity of attention problems and hyperactivity in children with autism and children with typical development.

Methods: Sample of this research were 60 children between 6 and 12 years old. There was experimental group of 30 children with autism, while the other group were children with typical development. Applied instruments were IVJER and TRF scales. Subscales attention, hyperactivity and total ADHD were used. We also examined if children’s age or level of their parents education influenced on expression of mentioned problems. The evaluators were teachers who work with children.

Results: Results showed that children with autism have more attention and hyperactivity problems than children with typical development. Correlation between attention problems and hyperactivity with children’s age turned out not to be significant in both groups. There is a difference between children whose fathers have primary education in regard to children whose fathers have secondary education. We proved that children whose mothers have primary education have pronounced attention problems in opposed to children whose mothers have secondary or high education.

Conclusions: Children with autism have more pronounced problems with attention and hyperactivity compared to children with typical development. What is important is the question of whether the problem of attention and hyperactivity in children with autism is qualitatively the same as for other children with ADHD. The answer to this question is important for directing the rehabilitation and treatment of children with autism.
EFFECTS OF SOCIAL SKILLS TRAINING ON EXECUTIVE FUNCTIONING IN CHILDREN WITH DISRUPTIVE BEHAVIOUR DISORDERS (DBDS)
M. Y. Ong 1,2, S. J. Weng 2,3, D. S. S. Fung 2,3, M. J. Meaney 1,4
1. Singapore Institute for Clinical Sciences, Singapore, Singapore
2. Institute of Mental Health, Singapore, Singapore
3. DUKE-NUS Graduate Medical School, Singapore, Singapore
4. McGill University, Montreal, Canada

Objectives:
Previous studies have shown that children with Attention Deficit Hyperactivity Disorder (ADHD) and Disruptive Behaviour Disorders (DBDs) have deficits in executive functioning. Interventions such as Social Skills Training (SST) and behavioural programs have been conducted to help these children cope with daily social and academic demands. This study sought to examine the impact of SST on executive functioning, particularly, their ability to problem solve. We hypothesized that children in the SST group will perform better on a problem solving task, the Stocking of Cambridge (SOC), as compared to the Non-SST group.

Methods:
We recruited 152 boys, aged 7-16 at an outpatient child psychiatric clinic in Singapore. Of these, 60 were diagnosed with ADHD, 80 with ADHD and Conduct Disorder (CD), and 12 with CD only. Participants were randomly assigned into a SST or Non-SST group. Following a 6 month weekly intervention, the Cambridge Neuropsychological Test Automated Battery (CANTAB), SOC task was used to assess problem solving. ANOVAs and repeated measures were used to examine group differences in problem solving and time taken before responding to the problem.

Results:
A main effect was found for the total trials solved within minimum moves, with the SST group completing more trials within the minimum moves as compared to the Non-SST group. No difference was found between the groups on the initial time taken to respond to trials.

Conclusions:
Children in the SST group showed better overall planning accuracy as compared to the Non-SST group. This finding indicates that SST may be useful in improving children’s planning and problem solving ability.
SEXUAL DYSFUNCTION IN MIGRAINE PATIENTS RECEIVING PREVENTATIVES: EVALUATION WITH TWO SCREENING TEST
*Hospital Clinico Universitario de Valladolid, Spain
** Hospital Universitario de Coslada, Madrid, Spain

INTRODUCTION: Sexual dysfunctions are one of the problems traditionally underserved in psychiatry, and are associated to quality of life impairment. The influence of migraine on sexuality has not been extensively studied to date. We aimed to evaluate sexual functioning in migraine patients and sexual dysfunction attributable to preventive treatment.

METHODS: Patients attended in two outpatient headache offices. Included during follow-up visit after initiation of preventive therapy. They answered Massachusetts General Hospital-Sexual Functioning Questionnaire (MGH-SFQ) (5 multiple choice items considering different phases in sexual response) and Psychotropic-related sexual dysfunction questionnaire (SALSEX) (2 dicotomic items assessing any change in sexual activity and if it was spontaneously reported, and 5 multiple choice items considering specific dysfunctions).

RESULTS: 59 patients (14 males, 45 females), age 35.9 ± 8.7 years (range: 19-57), and age at onset 19.6 ± 9.7 (5-42). 23 (39%) with chronic migraine and in 8 (13.6%) medication overuse. 9.3 ± 8.7 (1-30) headache days during previous month. As preventive treatment 22 (37.2%) received beta-blockers, 27 (45.7%) anticonvulsants, 6 (10.1%) calcium-channel blockers, and 4 (6.7%) antidepressants. In MGH-SFQ in 13 (22%) at least moderate decrease in overall sexual satisfaction. In 2 out of 14 males (14.2%) at least moderate erectile dysfunction. SALSEX detected change in sexual activity since the beginning of treatment in 21 (35.6%) patients, but in none of them impairment was spontaneously reported. Mean age was higher among patients with at least moderate decrease in sexual satisfaction in MGH-SFQ (40.5 ± 9.9 vs 34.6 ± 8, p: 0.03). No other relationship between demographic and clinical variables and MGH-SFQ or SALSEX scores.

CONCLUSION: Sexual dysfunction assessed by simple and quick screening test is common among migraineurs. Though dysfunction related to preventatives is frequent, it is not spontaneously reported.
ETHICAL QUESTIONS AND DILEMMAS IN PSYCHOTHERAPY

Jana Vyskocilova
d Jan Prasko.

1Institute of Doctoral Studies, Faculty of Humanities Charles University Prague, Prague, Czech Republic.
2Department of Psychiatry, Faculty of Medicine and Dentistry Palacky University Olomouc, Olomouc, Czech Republic.

Introduction: There is no distinct answer to the various, complex and multilevel ethical questions that therapists may be exposed to during treatment of their clients.

Ethical dilemmas in psychotherapy: The most frequently cited ethical concerns in psychotherapy are related to professionalism, therapeutic boundaries and confidentiality. Ethically oriented therapists serve the well-being of their clients above all other benefits or obligations. Principle-based medical ethics is a valuable tool for resolving ethical dilemmas in psychotherapy in that the therapeutic aspects of ethical dilemmas can be better expressed than in other methods. The main four principles of bioethics, i.e. autonomy, beneficence, non-maleficence and justice, may be adapted for ethics in psychotherapy. However, the context must be reflected because of exceptions in the use of this general concept. On the other side, a client in psychotherapy can be abused economically, sexually and emotionally. This process may be intentional as well as unintentional. Another important dilemma is the dual role in psychotherapy. This dilemma is linked to the tension between psychiatrists’ obligations of beneficence towards their clients and conflicting obligations to the society, third parties, other health care colleagues or the continuation of knowledge in the field.

The issue of confidentiality often causes ethical dilemmas for the psychotherapist. Since confidentiality is essential for clients to engage in therapy, it is important to protect psychotherapy notes. On the other hand, there is a difference between confidentiality and legal right; how, why and when it can be broken. And the reasons for doing so are not well understood by many therapists.
CULTURE, COGNITION, VALUES AND WISDOM
Vijoy K. Varma, Fort Wayne, IN, USA

• Right and wrong, true and false, just and unjust, good and bad, lawful and illegal, profitable and unprofitable; there are many ways to dichotomize a decision, a course of action. Wisdom – wise and unwise – goes beyond all of these and straddles these dichotomies.

• Wisdom involves the ability to see things in the totality, to see what is desirable. A course of action may be right and lawful, but still may be unwise. Wisdom involves seeing things in the totality, and requires a synthetic ability.

• People differ from one another in cognitive style, from analytic to synthetic. Western cultures tend to be analytic, whereas the traditional societies of the East holistic and synthetic.

• A number of things may appear to be right but may still be unwise. Certain things may be just, but implausible. A legal action may give rise to complications in its wake. It may not be worth the cost. Wisdom involves a meta-approach to the problem at hand, to arrive at a course of action.

• Wisdom is inextricably linked with moral values and social mores. Values largely determine what should be done. However, at times, a course of action may be ignored or left undone, if although morally correct, may create problems.
THE INFLUENCE OF SOCIOCULTURAL ENVIRONMENT OVER THE OUTCOMES OF THE DEVELOPMENTAL COORDINATION DISORDER QUESTIONNAIRE (DCD).
R.H. Hasue, R.O. Nascimento, J.B. Goulardins, M.A Silva, J.A. Oliveira
University of Sao Paulo, Sao Paulo, Brazil

Objectives: The Developmental Coordination Disorder (DCD) is a neurodevelopmental disorder according to the DSM-V, and is a comorbidity in up to 50% of the persons with Attention Deficit/Hyperactivity Disorder\(^1\). Some instruments can help the diagnosis of DCD: the Developmental Coordination Disorder Questionnaire (DCDQ), a parent-based screening questionnaire, and the Movement Assessment Battery for Children-2 (MABC-2), a comprehensive gross and fine motor skills test used to detect and classify the DCD\(^1\). Our objective was to verify whether the DCDQ is useful to predict the DCD detected by the MABC-2.

Methods: Parents of 39 children from a public school (48.7% boys, mean age 9y4m ± 1y1m) responded to the validated Brazilian version of DCDQ, and a trained examiner who did not know the results of the DCDQ evaluated each child using the MABC-2.

Results: Only 25% of the children who had DCDQ-positive results had in fact motor problems as detected by the MABC-2. Surprisingly, 83.3% of the children who had motor problems detected by the MABC-2 did not show motor problems at the DCDQ.

Conclusions: These results suggest that the DCDQ was not effective to predict motor problems detected by the MABC. Since the parents respond the DCDQ, one explanation is that the low sociocultural level of the families may have influenced the comprehension of the questionnaire. In fact, although there is a validated Brazilian version of the DCDQ, the sociocultural level of the population assessed in our study is lower than those who participated in the validation study\(^2\). This highlights the necessity of look on diversity and include populations from different sociocultural levels in future studies.

FIGHTING STIGMA OF PSYCHIATRIC DISORDERS IN CZECH REPUBLIC

a,bMarie Ociskova, bJan Prasko, bAles Grambal, bDaniela Jelenova, bDana Kamaradova, bKlara Latalova, aZuzana Sedlackova

aFaculty of Philosophy, Department of Psychology, Palacky University Olomouc
bFaculty of Medicine and Dentistry, Palacky University Olomouc, Department of Psychiatry, University Hospital Olomouc

Introduction: The most stigmatized patients are those suffering from schizophrenia and bipolar disorder, alcohol and drug dependence, and highly affected are also patients with personality disorders, eating disorders, anxiety and OCD. There can also be a stigma in the psychiatric treatments. Psychopharmacs can be labelled as toxins that alter the psyche or body, psychotherapy as a brainwashing.

Programs: Stigma of mental disorder is connected with a lack of knowledge about psychiatric disorder, fear, prejudice and discrimination of the patients. Czech mass media significantly contribute to the stigmatization of patients with mental disorder.

There are already some programs with destigmatization message in the Czech Republic. These programs are in charge of organizations focused on patients with mental disorders, as well as individual professionals or even nonspecialists. The Czech psychiatric association declared the National Psychiatric Program. This program aims to improve the quality of psychiatric care with emphasis on the humane condition of the care and destigmatization. There are also several articles and TV relations describing the psychiatric patients non-stigmatization way published in local newspapers and magazines every year wrote by leading experts in psychiatry. Directly to the patients and their families there were published more than 45 books and about 40 booklets with most often psychiatric problems. Many patients found the information and stories helpful and were more comfortable seeking the treatment.
ATTENTION DEFICIT HYPERACTIVITY DISORDER, EXTERNAL DISTRACTION AND CRASH ACCIDENT

C. Galera 1, K. El Farouki 2, M. Bouvard 1, E. Lagarde 2
1. Université de Bordeaux, Bordeaux, France
2. INSERM U897, Bordeaux, France

Objective. Although external and internal distractions are getting better described, their impact on traffic accidents remains under studied. Better identification of populations at higher risk would help to provide appropriate preventive measures. The objective of the study was to assess the effect of Attention Deficit Hyperactivity Disorder (ADHD), external/internal distraction and responsibility for crash.

Methods. A case-control study was conducted in the adult emergency department of Bordeaux University Hospital. Subjects were recruited among drivers injured in a motor vehicle crash between April 2010 and August 2011. A standardized method to assess responsibility levels was used to compare the frequency of exposures between drivers responsible and drivers not responsible of the accident they were involved in.

Results. Multivariate modelling on 777 subjects showed that external distraction (OR=1.61 [1.11-2.35]), internal distraction (OR=2.43 [1.53-3.87]) and attention deficit hyperactivity disorder (OR=2.17 [1.21-3.88]) were associated with responsibility. Assessment of interactions showed a more important effect of external distraction on the excess risk of being responsible under the exposure to the attention deficit hyperactivity disorder (OR=6.25 [2.19-17.87]). Attributable proportion due to interaction was estimated at 68 %.

Conclusion. Attention deficit hyperactivity disorder should be taken into account to limit the impact of external distraction on traffic accidents. This implies not only an improvement of screening and healthcare but also a raising awareness of patients to the potential excess risk of accidents.

Keywords: Traffic accident; distraction; attention; psychiatric disorders, interaction
IMPAIRED MANUAL DEXTERITY IN ADULTS WITH ATTENTION DEFICIT/HIPERACTIVITY DISORDER

M.A. Silva; T.M. Chaim; F. Zolezi; M. Cavalett; M.R. Louzã; G.F. Vieira; G. Busatto Filho, J.A. Oliveira, R.H. Hasue

1 University of São Paulo, São Paulo, Brazil

**Objective:** Over 50% of children with Attention Deficit/Hyperactivity Disorder (ADHD) have also Developmental Coordination Disorder (DCD) with impaired manual dexterity, with important motor discoordination. The persistence of motor problems into adulthood in patients with ADHD is uncertain because most studies are conducted with children. One explanation for DCD is the incapacity to accurately and consistently process and act on temporal information. The objective of this study is to compare the manual dexterity of adults with ADHD and healthy controls.

**Methods:** Manual dexterity was tested in 10 treatment-naïve male adults with ADHD (age 27.3 ± 4.9 years) and 10 scholarity and gender-matched healthy controls (age 20.8 ± 1.31 years) using the Grooved Pegboard Test.

**Results:** Although there was no difference between groups considering the time spent to insert the pegs (test t: dominant hand p=0.35; non-dominant hand p=0.34), the ADHD group showed less motor accuracy since they significantly dropped more pegs than controls during the test (Fisher test; p<0.003).

**Conclusion:** Our results suggest that adult ADHD is associated with poor manual motor control. The importance of recognizing coordination deficit as comorbidity is key to understand the effectiveness of responses to treatment, as well as to measure the impact of motor problems on daily life activities and quality of life of patients with ADHD.

**References:**


LATERALITY AND SENSORY INFLUENCE OVER MOTOR CONTROL IN CHILDREN WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER: PARTIAL RESULTS
V.C. Silva, R.O. Nascimento, J.B. Goulardins, J.A. Oliveira, M.A. Silva, R.H. Hasue
University of Sao Paulo, Sao Paulo, Brazil

Objectives: Up to 50% of the children with Attention Deficit/Hyperactivity Disorder (ADHD) have also motor problems1. Particularly, poor manual dexterity can affect daily life and school activities, but it is not known at what extent these deficits can be attributed to inattention and/or altered sensorimotor processing. Our objective was to investigate tactile perception and manual dexterity with or without visual feedback in children with ADHD.

Methods: Participated in the study 12 children between 9 and 10 years of age, being six (16.7% male) with indication of ADHD by the SNAP-IV Teacher and Parent Rating Scale, and six with typical development (50% male). We assessed manual tactile perception measuring the distance (in millimetres) necessary to discriminate two-points at the index, thumb and palm of both hands. Manual dexterity was assessed by the time (in seconds) spent to perform the Pick-up test with the eyes either open or closed. Descriptive analysis was used for comparison.

Results: Tactile discrimination in children with ADHD seems to be similar to controls with the preferred hand, but worse with the non-preferred hand, especially at the palm (7.2±2.1 versus 4.2±1.7 mm, respectively). Manual dexterity was also worse than controls in children with ADHD with the eyes closed, both with the preferred (15.9±2.1 versus 7.9±4.0 seconds, respectively) and non-preferred hand (18.0±2.4 versus 7.9±4.1 seconds, respectively).

Conclusions: Our preliminary results suggest an influence of laterality over the tactile perception in children with ADHD. The worsening of manual dexterity with the eyes closed suggest also that they were highly dependent on visual information rather than on tactile perception to control movement. Therefore, the processing of sensory somatic may be impaired in children with ADHD, and influence hand control during daily life activities.

REAL WORLD DOSING PATTERNS OF ATOMOXETINE IN ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

C. Alatorre¹, S. Kabul¹, L. Montejano², D. Kelsey¹
¹. Eli Lilly and Company, Indianapolis, Indiana, United States
². Truven Health Analytics, Cambridge, Massachusetts, United States

Objective: Atomoxetine is a selective norepinephrine reuptake inhibitor indicated for the treatment of Attention-Deficit/Hyperactivity Disorder (ADHD). In adults with ADHD, atomoxetine should be initiated at a daily dose of 40 mg for a minimum of 3 days prior to upward dose titration to a target daily dose of 80 mg. After an additional 2-4 weeks, the dose may be increased to a maximum of 100 mg. This research investigated dosing patterns of atomoxetine monotherapy in adults with ADHD to assess if the average daily dose in real-world conditions is consistent with the recommended daily dose.

Methods: This study was a retrospective observational cohort analysis of adult patients with ADHD (ICD-9-CM diagnosis codes 314.0x) newly started on atomoxetine between January 2006 and December 2011 who had 12-month follow-up data. The patient sample was derived from the MarketScan Commercial Claims Database which consists of a fully de-identified nationally representative population with employer-sponsored health insurance covering 45 million lives throughout the United States. The analysis assessed the overall average daily dose and examined baseline characteristics of patients receiving suboptimal (less than 80 mg) and recommended (80-100 mg) daily dosing throughout the follow-up after a 30-day titration period.

Results: Eighty-two percent (N=12,412) of the patient sample was treated with atomoxetine monotherapy. After the 30-day titration, the average daily dose while on therapy was 68 mg and only 3323 patients (27%) filled claims for recommended dosing throughout the follow-up. The average daily dose for patients filling suboptimal dose prescriptions was 43 mg. A sensitivity analysis based on dose at day 31 showed similar results.

Conclusions: Adult ADHD patients receiving atomoxetine therapy in a real-world setting are often dosed sub-optimally after a 30-day titration period. This finding is relevant for clinicians and patients since treatment at the recommended daily dose is important for ADHD symptom improvement.
WHAT PARENTING STYLES IN ADOLESCENTS WITH ADHD? A PORTUGUESE SAMPLE

N. Almeida 1, C. Tavares 2, J. Saraiva 2
1. Centro Hospitalar do Alto Ave, Guimarães, Portugal
2. Centro Hospitalar do Porto, Porto, Portugal

Objectives The authors intend to carry out an assessment of pattern of parenting styles adopted by parents of adolescents with ADHD in outpatient unit of a Department of Child and Adolescent Psychiatry, with a Portuguese sample.

Methods The authors want to perform a cross-sectional observational study, in a convenience sample. To assess parenting styles conveyed by parents, in a population of adolescents diagnosed with ADHD, followed at a Department of Adolescent Psychiatry, will be recourse “The Parenting styles Questionnaire”- Portuguese version, and socio-demographic questionnaire, developed by the authors. The sample, consists in adolescents between 12 and 17 years, in a total of 30 individuals. The presence of psychiatric, Major medical or surgical co-morbidities, is constituted as an exclusion factor. In order to compare with international findings, a bibliographic research will be performed in Pubmed® with terms "parenting styles" and "ADHD".

Results The concretion of the study under examination, have date of carrying out during the quarter March to May this year, so the authors publish the results at the presentation.

Conclusions. The importance of parenting in concerning to his idiosyncratic style, has an importance that had already been shaped in the literature. The impact on quality of life, including the social (emphasizing the school and the interpersonal), emotional and intellectual dimension, is undisputed in the general population, but has greater preponderance in the subpopulation of adolescents diagnosed with ADHD. According to some authors, the development of skills and the ability to self-regulation of adolescents, is a factor, in part dependent on the style adopted by parents. These styles, are categorized in Democratic or Authoritative, Authoritarian, and Permissive. The authors have the prospect of getting congruent data with the literature. And in consonance, find in cases of Authoritative parenting styles, examples of children with higher levels of affect, autocontrol and therefore with greater autonomy.
IMPAIRED TACTILE RECOGNITION IS NOT DUE TO ALTERED TACTILE SENSITIVITY IN ADULTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER

R.H. Hasue1; V.C. Silva1; C.T. Odan1; F. Zolezi1; M.R. Louzã Neto1,2; G. Busatto Filho1,2, J.A. Oliveira1, M.A. Silva1,2

1University of São Paulo, São Paulo, São Paulo, Brazil
2Hospital of Clinics, School of Medicine of the University of São Paulo, São Paulo, São Paulo, Brazil

Objective: Gross and fine motor problems are frequent in persons with Attention Deficit/Hyperactivity Disorder (ADHD). The etiology of these motor impairments can be due to altered cognitive processing and/or genuine sensorimotor deficits. The objective of this study was to compare the tactile sensitivity and perception of adults with ADHD and healthy controls.

Methods: Eleven treatment-naïve patients with ADHD (mean age 28.9±4.1 years) and 11 healthy controls (mean age 24.5±1.9 years) participated in the study. Both groups had subjects with complete or incomplete bachelor or equivalent level of education. Tactile sensitivity was assessed using the two-point discrimination test, and the distance necessary to discriminate the stimuli was measured in millimetres at the index, thumb and palm of both hands. Manual tactile perception was assessed using the stereognosis test, measured by the time (in seconds) spent to manipulate and recognize six familiar objects without vision. Groups were compared using t-test, considering statistically significant \( p<0.05 \).

Results: Object recognition during stereognosis test was significantly much slower in patients with ADHD both with the preferred (\( p<0.0001 \)) and non-preferred hand (\( p<0.0001 \)). Nevertheless, there was no difference between groups in tactile sensitivity of the preferred (index: \( p=0.232 \); thumb: \( p=0.062 \); palm: \( p=0.422 \)) or of the non-preferred hand (index: \( p=0.080 \); thumb: \( p=0.016 \); palm: \( p=0.699 \)).

Conclusion: Our results show that adults with ADHD have poor performance during a cognitive-motor task to recognize objects using manipulation. Since the tactile sensitivity of the hands is intact, as demonstrated by the two-point discrimination test, cognitive aspects such as working memory and sustained attention may have influenced movement control. These results highlights the importance of recognizing the influence of ADHD over motor control, and the necessity of measuring the impact of motor problems on daily life activities to analyze the effectiveness of treatment of patients with ADHD.

Acknowledgements: CNPq, NARSAD.
A CASE OF COMORBIDITY IN ADULT ATTENTION DEFICIT HIPERACTIVITY DISORDER
I. López Saracho 1, M. Soto Ontoso1
1. UGC-Salud Mental Almería, Almería, España.

Objectives
The origin of adult attention déficit/hyperactivity disorder (ADHD) displaces in the infancy. There exist investigations that have proved the maintenance of his symptoms in the adult age besides his comorbidity with another psychiatric illness, between them the bipolar spectrum and the drug abuse disorder. Prospective studies of follow-up of infantile patients with ADHD demonstrate a clear association between ADHD and drug abuse disorder.

Methods
22-year-old Male diagnosed to the age of 8 years of disorder for deficit of ADHD receiving treatment for four years with metilfenidato. It restarts follow-up in psychiatry to the age of 20 years old for clinic compatible with a mixed episode. The patient recognizes frecuent THC consumption and occasionally of LSD and Speed, from approximately three years. After the conclusion of the affective episode he initiates a frame consisting of obsessive ideas concerning the cleanliness and care of the corporal image without ritualized conducts

Results
The inicial psychotherapeutic interventions were destined for the resolution of the affective symptoms with psychotropic drugs, being added a mood stabilizer and an antipsychotic. The clinical remission was obtained in two weeks. After a few months he initiates clinic consisting in continuous rumiative thoughts concerning his physical image for what he needed psychological treatment. The prospective observation will be precise to determine a suitable diagnosis of bipolar disorder.

Conclusions.
Adult ADHD it is a frequent comorbidity in patients with bipolar disorder that it affects negatively to the evolution of the diagnosis, associating with a major number of affective episodes and drug abuse disorder. Comorbidity in bipolar disorder could difficult his diagnosis as well as his suitable treatment. Bearing this relation in mind a major follow-up would be necessary in ADHD patients to anticipate future diagnostic problems as well as complications in the course of the disease.
DOES LONG-TERM GROUP PSYCHOEDUCATION OF PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDERS HELP THEIR FAMILIES AS A SYSTEM? A QUASI-EXPERIMENTAL STUDY
I. Tsiouri1,3, A. Gena1, K. Bonotis2,3
1. National and Kapodistrian University of Athens, Greece
2. University of Thessaly, Larisa, Greece
3. University Hospital of Larisa, Greece

Objectives: Families of children with Autism Spectrum Disorders (ASD) experience unique stressors in their everyday life, mainly derived from their child’s social, communicative and behavioral dysfunctions, in conjunction with the limited resources in comprehensive therapeutic interventions. The aim of this study was to investigate the efficacy of a long term group psychoeducational intervention in parents of children with ASD.

Methods: Three couples of parents of children with ASD participated in a long-term (24 biweekly sessions) group psychoeducational intervention (treatment group). The intervention included information on the nature and the psychological characteristics of ASD, and communication and problem solving skills development. Another three couples of parents of children with ASD received standard parent counseling services (clinical control group). Both groups were pre- and post-tested with three self-reported questionnaires that measured three family outcomes: family functioning (Family Assessment Device), family atmosphere (Family Rituals Scale) and family burden (Family Burden Scale).

Results: At pre-test, there were no systematic differences between the two groups in any of the parameters assessed, while at post–test, the mean scores of the treatment group improved significantly in all three parameters under study, compared to the control group. Within group comparisons of the mean scores of the treatment group, following treatment, revealed significant decreases in all three parameters under study.

Conclusions: Our findings provide pilot evidence that intensive long term group parent psychoeducation is an efficient and efficacious treatment intervention for the improvement of the systemic properties of the families.
TRAIT EMOTIONAL INTELLIGENCE PROGRAM AND EXECUTIVE FUNCTIONS IN ADHD

MJ. Cardoso-Moreno1, L. Tomás-Aragonés1, S E. Marrón2
1. University of Zaragoza, Zaragoza, Spain
2. Alcañiz Hospital, Teruel, Spain

Objectives: The aim of this study was to determine whether an emotional intelligence program could improve executive functions in children with Attention Deficit Hyperactivity Disorder (ADHD).

Method: A total of 25 boys aged 8–11 years with ADHD (hyperactive-impulsive, inattentive or combined type) participated in the study. All participants attended mainstream elementary schools. A Quasi-experimental pre-test and post-test design was used. Data was collected using a socio-demographic questionnaire, the Behavioural Assessment of the Dysexecutive Syndrome in Children (BADS-C), and the Behaviour Rating Inventory of Executive Functions (BRIEF) – Parent Form. During 12 weeks we worked on the ability to recognize emotions, empathy, self-determined motivation, self-esteem and conflict-resolution.

Results: The outcomes revealed that executive functions significantly improved after the program implementation (F= 4,7, p<0.05).

Discussion: results showed that an emotional intelligence education program contributed significantly to improve executive functions in children with ADHD. Further research is needed with a bigger sample size to confirm these preliminary findings.
NONPSYCHOTIC PSYCHIC DISORDERS ON CARDIAC INFARCTION AND CEREBRAL STROKE PATIENTS
Korostiy V., Kozhyna H., Mykhaylov V., Chajka E., Zinchenko O.
Kharkiv National Medical University

Objectives. Treatment methods to develop non-psychotic mental disorders in patients with previous myocardial infarction and stroke in.

Methods. clinical-psychopathological, psychodiagnostic, statistical.

Results. At patients with cardial infarction in acute period the painful syndrome was the main one, leads to severe psycho-emotional disturbances. At the background of preservation of cognitive function phobic, anxiety and depressive symptoms were prevailed, the severity of which depends on the severity of pain. Subsequently, the primary psycho-emotional component disappeared, anxiety-depressive disorders, hypo-and anozognostical type of perception of self condition were formed. At cerebral stroke patients disorders of level of consciousness were primary with cognitive and asthenic disturbances with subsequent formation of psycho-emotional disorders, anxiety and depressive disorders with hypochondrical elements on the basis of persistent cognitive impairments. The multimodal principle based system of psychotherapeutical correction of nonpsychotic psychic disorders was developed. For myocardial infarction patients, system includes personaly-oriented, rational, and autogenic-training therapy for cerebral stroke patients - hypnosuggestive, cognitive-behavioral therapy, cognitive and autogenic-training therapy.

Conclusions. Based on the systematic approach of evaluating results of complex clinical-psychopathological, psychodiagnostical investigation cardiac infarction and cerebral stroke patients the clinical structure features, regularities in the formation, development and course of nonpsychotic psychic disorders on these patients was determined.
ASSOCIATION BETWEEN CIGARETTE SMOKING AND SUICIDE IN PSYCHIATRIC INPATIENTS.
SNENE H., BEN AMOR A., KRIR, M.W., BEN CHEIKH C., OUMAYA A., LAKHAL N., GALLALI S.
Psychiatry Department, Military Hospital of Instruction of Tunis

INTRODUCTION:
Cigarette smoking is the single largest preventable cause of death and disability in the industrialized world and it causes at least 85% of lung cancers and chronic bronchitis and emphysema. In addition smokers are at a higher risk from psychiatric co-morbid illness such as depression and completed suicide.

METHODS:
We conducted a cross-sectional survey in which we targeted all patients with serious mental illness who were admitted in Psychiatry Department in Military Hospital of Instruction of Tunis (HMPIT). We recruited 300 participants, who were receiving services from HMPIT Hospital and were hospitalized for at least two days between 01 July to 30 September, 2013. Three hundred patients out of this figure were able to participate in our study.

RESULTS:
The final study sample (n = 300) consisted of 75% males and 25% females. The mean age was 39 (SD=11.25). A majority of participants (69.5%) was smoker. A history of never smoking was present for 26% of the study sample; while 6% qualified as former smokers and 60.0% as occasional or current smokers. One hundred thirteen participants had attempted suicide amongst them 38 (12.8%) once, 44 (16.9%) twice, and 31 (11%) attempted more than two times in their life time. In regression model, gender, age, and cigarette consumption were associated with previous suicide attempts and entered the model in this order as significant predictors.

CONCLUSION:
There is an association of cigarette smoking and suicide attempt in psychiatric inpatients. Current smoking, a simple clinical assessment, should trigger greater attention by clinicians to potential suicidality and become part of a comprehensive assessment of suicide risk.
HYDROCEPHALUS AND PSYCHIATRIC DISORDERS: A Case report
SNENE H., BEN AMOR A., KRIR, M.W., BEN CHEIKH C., LAKHAL N., OUMAYA A., GALLALI S.
Psychiatry Department, Military Hospital of Instruction of Tunis

Introduction: Hydrocephalus is a neurological disease caused by excessive accumulation of cerebrospinal fluid following, an abnormal secretion, circulation or absorption. It is considered the most common cause of dementia but still an underestimated reversible cause of psychiatric disorders.

Objectives: The aim of this study is to highlight the possible association of hydrocephalus and certain psychiatric disorders and to try to know more about the management of this co-morbidity.

Methodology: It is a literature review by searching in the databases Medline and Science Direct, illustrated by a clinical case. Keywords used are: «hydrocephalus », «psychiatric disorder. »

Clinical observation: Mr. BT, aged 46, with no personal or family history. He was a victim of a highway accident in 1995, causing severe head trauma: a subdural hematoma, subarachnoid hemorrhage and multiples contusions. The evolution was marked by the persistence of a non-active hydrocephalus. Moreover, He was followed in the Psychiatry department of the Military hospital since 2006 to behavioral and mood disorder that lead to his hospitalization 6 times. Psychiatric interviews were highlighted: a hallucinatory syndrome and a depressive syndrome. He has been put under neuroleptic treatment (haloperidol), antidepressant (imipraminique) and anxiolytics. The evolution was fluctuating with iterative relapses.

Conclusions: Psychiatric disorders can mark the evolution of hydrocephalus. Prescribing psychotropic in this case, proves difficult due to drug interaction and the adverse effect. Further studies are needed to better elucidate the physiopathology of this association and to develop appropriate therapeutic consensus.
METHYLPHENIDATE UTILIZATION IN TURKEY: AUGUST 2012 – OCTOBER 2013
H. E. Sakalli 1, E. Ak 1, E. U. Gurpinar 1, E. Akyildiz 1, E. Kadi 1, C. Seckin 1, M. Aksoy 1, G. Artiran 1, S. Kerman 1
1. Ministry of Health of Turkey Turkish Medicines and Medical Devices Agency

Objectives:
Methylphenidate is the only available stimulant drug in Turkey and recommended as the first choice for ADHD treatment. It has two available formulations which are immediate release and extended release methylphenidate formulations. In this study we aimed to evaluate the utilization patterns of immediate release and extended release methylphenidate formulations in regard to age, sex, diagnosis, specialty of prescriber and seasonal effects.

Methods:
Prescription informations for the 15 months period between August 2012 and October 2013 were evaluated retrospectively by Prescription Information System (PIS) of Turkey. PIS contain approximately 20% of all methylphenidate prescriptions in the study period and may provide extrapolated data about methylphenidate utilization in Turkey.

Results:
Extended release methylphenidate was found to constitute 62.68% of all methylphenidate prescriptions. Methyphenidate prescriptions to males were 2.8 times more frequent compared to females. 52.78% of the patients were under the age 12 years and 93.67% were under 18 years. The difference of the frequency of methylphenidate use between males and females were tend to decrease with the age where the male female ratio was 3.44 at 0-12 years patients; 1.23 at 12-18 years patients and 1.25 at 25 years and older patients. Immediate release methylphenidate use were more frequent among 25 years and older patients. A seasonal effect was observed in methylphenidate utilization where the prescription rates tend to decrease in the summer period. This seasonal effect were also associated with age which is more significant in the younger patients. There was no such effect in the patients older than 25 years age.

Conclusions.
This study is the first comprehensive study to provide prescription informations about methylphenidate utilization in Turkey. Results of this study provide insight about the effects of methylphenidate formulation, age and sex properties of patients, specialty of the prescribers and seasonal influences over methylphenidate utilization.
SACCADIC REFIXATION IN THE DIAGNOSIS OF ADHD IN ADULTS

Piotr Walecki1, Marek Kunc2, Edward J. Gorzelanicyzk3,4
1 Faculty of Medicine, Jagiellonian University Medical College, Krakow, Poland
2 University of Leeds, Leeds, West Yorkshire, England, UK
3 Nicolaus Copernicus University, Medical College, Bydgoszcz, Poland
4 Non-Public Health Care Center Sue Ryder Home, Bydgoszcz, Poland

Objectives
The aim of this study is to evaluate the usefulness of the measurement of physiological parameters of eye movement (i.e. saccadic refixation) in the diagnosis of ADHD.

Methods
40 adults (age 22±7) with ADHD and 38 healthy controls matched in terms of demographic characteristics were examined. A non-invasive eye movements examination using the Saccadometr (ACI, Cambridge, UK) was applied. The target steps randomly to the left or right, with a randomized foreperiod. When the resultant saccade is detected the next trial begins automatically. Two saccadic tests: latency task (LT) and antisaccade task (AT) were carried out. Each test consisted of 10 trials for calibration and 50 trials of the measurement. In total 120 responses to stimuli were evoked in each person.

Results
In the prosaccade task, ADHD participants’ latency was greater by 30% when compared to the healthy subjects. In the antisaccade task, ADHD it was greater by 26% in comparison to healthy subjects. In the prosaccade task, ADHD participants’ standard deviation of latency was greater by 150% when compared to healthy subjects. In the antisaccade task, ADHD it was greater by 77% in comparison to healthy subjects. Also, statistically significant differences between the two groups in the promptness and correctness occurred. In the prosaccade task and antisaccade task, ADHD participants were characterised by smaller promptness by 11% when compared to healthy subjects. In the prosaccade task, ADHD participants had a greater number of directional errors by 178% in comparison to healthy subjects. In the antisaccade task, ADHD participants had a greater number of directional errors by 74% compared to healthy subjects.

Conclusion
Based on the results we can assume that selected parameters such as latency, standard deviation of latency, promptness and correctness (directional errors) in individuals with ADHD/HKD differ statistically from the relevant parameters in the healthy subjects.
WORKING MEMORY TRAINING ROLE IN ADHD TREATMENT
C. Ferreira1, J. Ferreira1, C. Amaral1, C. Pinho1
1. Centro Hospitalar Universitário de Coimbra, Coimbra, Portugal

OBJECTIVES:
The objective of this study was to determine if the Working Memory Training (WMT) has a role in the attention-deficit/hyperactivity disorder (ADHD) treatment.

METHODS:
A literature search was conducted using PubMed. Search terms included “ADHD”, “attention-deficit/hyperactivity disorder” and “working memory training”.

RESULTS:
ADHD is one of the most common neurobehavioural disorders in childhood. Nonadherence with treatment is common, partly due to parents concerns regarding the possible negative effects of medications. Therefore, nonpharmacological interventions continue to be of great interest.
Interventions that target working memory (WM) deficits are particularly relevant to ADHD due to the presumed central role WM plays in learning and reasoning. Critical to classroom learning, WM is the function of actively holding in mind and manipulating information relevant to a goal. WM is a core cognitive function essential for academic performance and achievement, goal attainment, and following rules. WM was viewed as a limited capacity system, and thus children with impaired WM often experience overload during learning activities, hindering their ability to sustain attention and stay on task. Neuropsychological testing reveals moderate-to-marked impairment in WM in children with ADHD, both in initiating WM and in the limits of storage, particularly in the visuospatial domain. These WM deficits may contribute to inefficient learning, behavioral problems, executive dysfunction, and underachievement that children with ADHD often experience.

CONCLUSIONS:
Recent studies show that WM can be improved through intensive training. It has been suggested that WMT in children with ADHD improves performance of observable ADHD-associated behaviors. Attention, often considered as a primary issue in ADHD, also appear to be modifiable by MWT, and this gets a particular importance as it is intimately related to academic functioning.
Therefore, it seems reasonable to state that interventions that have the potential to improve WM may have a critical importance in the ADHD management.
CAREGIVERS’ DEPRESSIVE SYMPTOMS AND CHILD NEURODEVELOPMENT ASSESSMENTS IN RURAL UGANDA

Familiar, Itziar1; Sikorskii, Alla2; Nakasujja, Noeline3; Bangirana, Paul3; Opoka, Robert3; Murray, Sarah4; Bass, Judith4; Boivin, Michael1
1 Department of Psychiatry, Michigan State University, USA
2 Department of Statistics and Probability, Michigan State University, USA
3 Makerere University College of Health Sciences, Uganda.
4 Department of Mental Health, Johns Hopkins School of Public Health, USA

Introduction: Caregivers’ depression has been associated with adverse effects on children’s later emotional life and neurodevelopment. However, scant information exists on if and how depressive symptoms influence parental ratings of child neurodevelopment tests. The aim was to examine associations between caregivers’ depressive symptoms and neurodevelopmental outcomes in HIV infected (N=120) and HIV exposed (N=162) infants from Uganda.

Methods: Caregivers’ depressive symptoms were measured with the Hopkins Symptom Checklist-25 depression scale (HSCL-25), while the COAT (Color-Object Association test), Mullen Scales of Early Learning, and the Behavior Rating Inventory of Executive Function (BRIEF) were used to assess neurodevelopment in infants. Linear regression models adjusted for potential confounders and interaction effects were used.

Results: HIV infected (1.8-4.4yrs, 43% males) and HIV exposed (1.8-3.4yrs, males 58%) had comparable neurodevelopmental scores. Caregivers were predominantly young mothers in both HIV infected (mean age: 35.7 years, 76%) and HIV exposed (mean age: 34.6 years, 92%) samples. Caregiver’s depressive symptoms were significantly higher among those not receiving ART treatment, mothers, and lower among those living with more family in the household. Caregiver’s mean depressive symptoms (14.4, SD: 7.4) had a direct and significant effect on the BRIEF scales but not on Mullen or COAT measures. Caregiver’s depressive symptoms were positively associated with higher levels of dysfunction in all BRIEF subscales: emotional control (p<.001), flexibility index (p=.002), emergent metacognition (p=.002), with the effect being more positive among HIV infected infants (p=0.004).

Conclusions: Caregivers’ mental health influences the child’s ratings of executive functions differentially by child’s HIV status. When using parental/caregiver ratings of child neurodevelopment, depressive symptomatology should be evaluated and used to adjust analyses for potential confounding.
A MIXED-METHOD STUDY OF EXPERT PSYCHOLOGICAL EVIDENCE SUBMITTED FOR A COHORT OF ASYLUM SEEKERS UNDERGOING REFUGEE STATUS DETERMINATION IN AUSTRALIA

K. Tay1,2, N. Frommer1,2, J. Hunter3, Silove1,2, Z. Steel1,2
1. University of New South Wales, Sydney, Australia
2. The Psychiatry Research and Teaching Unit, Liverpool Hospital, Sydney, Australia
3. Faculty of Law, University of New South Wales, Sydney, Australia

Context: The levels of exposure to conflict-related trauma and the high rates of psychiatric comorbidity amongst asylum seekers pose specific challenges to refugee decision makers who lack mental health training.

Objectives: To examine key mental health issues presented in psychological reports and key documents submitted for consideration of asylum at the primary and review levels in Australia.

Methods: A mixed method approach was applied drawing on the archives of a representative cohort of 52 asylum seekers.

Results: The majority of decision makers at both levels did not refer to psychological evidence in their decision records. Those who did, particularly in the context of negative decisions, challenged the expert findings and rejected the value of such evidence. Asylum seekers exhibiting traumatic stress symptoms such as intrusive thoughts and avoidance, as well as memory impairment, experienced a lower acceptance rate than those who did not across the primary and review levels.

Conclusions: Our findings raise concern that trauma-affected asylum seekers may be consistently disadvantaged in the refugee decision-making process and underscore the need it improve to understanding and use of mental health evidence in the refugee decision-making setting. The study findings have been used to develop a set of guidelines to assist refugee decision makers, mental health professionals, and legal advisers in improving the quality and use of psychological evidence within the refugee decision-making context.
ACCESS IN MENTAL HEALTH - THE EXPERIENCE OF DEMAND ANALYSIS GROUP - GAD AS A RESOURCE IN THE PREPARATION OF THERAPEUTIC DESIGN, VOLTA REDONDA, RJ, BRAZIL

L.C. Varela 1, M.B.G. Nunes 1,2,3, D.C.S. e Silva 1,4

1. Secretaria Municipal de Saúde de Volta Redonda, RJ, Brasil
2. Universidade do Estado do Rio de Janeiro, RJ, Brasil
3. Curso de Enfermagem, Centro Universitário de Volta Redonda, UniFOA, RJ, Brasil
4. FAETEC de Volta Redonda, RJ, Brasil

The Network for Psychosocial Care (REDE DE ATENÇÃO PSICOSSOCIAL - RAPS) for people suffering or mental disorder and needs arising from the use of crack cocaine, alcohol and other drugs within the Unified Health System (SISTEMA ÚNICO DE SAÚDE - SUS) established by Ordinance No. 3088 of 23 December 2011 aims is the creation, expansion and articulation points of health care for people with mental distress or disorder and needs arising from the use of crack cocaine, alcohol and other drugs within the Unified Health System (SISTEMA ÚNICO DE SAÚDE - SUS). The host assumes the care of the real needs of each citizen which implies establishing a bond with the responsibility to also meet all focusing on rehabilitation and social reintegration. So the Health Care Network of people suffering from mental disorders and needs arising from the use of crack cocaine, alcohol and other drugs within the Unified Health System brings itself a model of resource sharing that includes the necessary continuity and complementarity to healthcare in this descriptive study presented in the form of a case study in which data were obtained from different sources: documents, interviews with key informants. The concepts of host connection, responsibility and inclusion have been used in the analytical categories. The results revealed difficulties in meeting the mental health needs both in primary care and in specialist area that the daily use of benzodiazepines is one of the most relevant points. Highlights the successful experience in building natural therapeutic projects as well as the need for training of professionals to meet the mental health needs across the RAPS.

Keyword: mental health, host, primary care, crack cocaine, drugs.
MENTAL HEALTH IN SCHOOLS : FACING THE " DRUG " - CHALLENGE APPROACH TO CRACK USE, ALCOHOL AND OTHER DRUGS IN SCHOOLS IN THE VOLTA REDONDA CITY, RJ, BRAZIL.

D.C.S. e Silva 1,2, M.B.G. Nunes 1,3,4, L.C. Varela 1.

1. Secretaria Municipal de Saúde de Volta Redonda, RJ, Brasil
2. FAETEC de Volta Redonda. Secretaria Municipal de Saúde de Volta Redonda, RJ, Brasil
3. Curso de Enfermagem, Centro Universitário de Volta Redonda, UniFOA, RJ, Brasil
4. Universidade do Estado do Rio de Janeiro, RJ, Brasil

This study aimed to present the experience of the mental health of Volta Redonda with the School Health Program, offering attention to the promotion and health care for children, adolescents and young public basic education regarding the second block working dimensions of building a culture of peace and combat different expressions of violence, alcohol, tobacco and other drugs. This program was articulated as health and education, taking as reference the integration of network services in the education sector and the National Health System, reaffirming the logic of territory, strengthening and sustaining linkages between public schools and units basic / family health units, by performing actions directed at students. Wheels conversations were held in members of the schools program with active participation of many students. These wheels allowed the construction of a proposal to be developed in the form of training aimed at teachers and principals / managers with the participation of units of primary care components of the territory in which the school is located and outline the articulation / flow into the Care Network psychosocial Municipality of Volta Redonda.

Keyword : school health program, mental health, drugs, childhood, adolescence
PHOBIA TREATMENT UNIT FOR USE IN A VIRTUAL REALITY PERUVIAN HOSPITAL: A PROJECT

Vásquez-Suyo, Isabel 1,2, Núñez-Torres, Pedro 1
1. Hospital Nacional Arzobispo Loayza, Lima, Perú
2. Universidad Nacional Mayor de San Marcos, Lima, Perú

Objectives: to create a unit specialized in treating phobias and anxiety-producing situations (such as fear of falling) in the Mental Health Service of Hospital Arzobispo Loayza, a general hospital that receives patients diagnosed with various phobias and receiving patients for consultation-liaison by anxiety-producing situations, as fear of falling, from Rehabilitation, Geriatrics, Orthopedics and Rheumatology services, among others. In our country, these conditions can be very disabling and treatment cost can be very high, because the use of the technique of in vivo exposure, the most effective of all, is very expensive and takes a long time, In a medium in which scarce economic resources and qualified therapists, this can be a quick and economical answer for our patients.

Methods: we will acquire VirtualRET program from Virtualware Group. We will proceed to the recruitment of patients from our service partners and other services through interdepartmental appointments for a period of three months. An assessment of mental pathology is performed (to define the problem), neurological assessment and training in relaxation techniques as well as basic training in computer use and baseline measurement of anxiety caused by Phobic stimuli Response sitaioation (PSRS) and self-reports. Subsequently, the patient will have 6 sessions during the study period and the level of anxiety was reassessed with same stimuli.

Results: We expect a reduction of at least 50% of the initial level of anxiety displayed by these patients and feel less invalidated by anxiety. We will propose more sessions until the discomfort level has dropped to 25% of the home.

Conclusions. We hope to reduce by at least 50% of our patients discomfort during the first 6 sessions.
COGNITIVE BEHAVIORAL THERAPY FOR VICTIMS OF DOMESTIC VIOLENCE AND BULLYING
Lourenço, L.M. 1, Senra, L.X.2,3
1. Universidade Federal de Juiz de Fora, Juiz de Fora, Brazil
2,3. Universidade Federal de Juiz de Fora-UFJF, Juiz de Fora, Brazil; Faculdade de Minas-FAMINAS, Muriaé, Brazil.

Domestic violence (DV) affects the global population through acts and omissions at the expense of well-being, physical and psychological integrity, as well as the freedom and right to the full development of a family member, especially children and adolescents, regardless of their cultural, social and economic condition. The injuries are: early involvement with illicit activities, truancy and bullying, characterized by recurring abuse of power; and intentional, sustained and continuous aggressive acts and behaviors. The assaults are physical and psychological, thereby causing injury to someone or to a group perceived as fragile, due to cultural, economic, ethnic, sexual orientation, and physical characteristics. These acts of violence trigger mood, anxiety and eating disorders; insecurity, poor scholar performance, isolation and social exclusion, drug abuse, criminal and antisocial behavior. Cognitive Behavioral Therapy has been reference in individual and group approaches for those involved in these phenomena. Interventions with victims and relatives embrace assertive training and improvement of social skills and coping strategies, as well as monitoring of misconduct, identifying and changing dysfunctional beliefs. As to aggressors interventions focus on the improvement of empathy and cooperation, impulse control, acceptance of frustration, and changing aggressive behaviors. The primary intervention with families is to identify the parenting styles and the roles of children and adolescents. It is also important to mediate conflicts and teach better problem solving, greater clarification of rules and extinction of generalized punishments. Therefore, the approach should prioritize the change of behavior and beliefs of the population concerning bullying and DV, and also in how the environment in which those involved live is structured and organized.

Keywords: domestic violence, bullying, cognitive behavior therapy
PARENT-REPORTED SLEEP PROBLEMS, SYMPTOM RATINGS, AND SERUM FERRITIN LEVELS IN CHILDREN WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER: A CASE CONTROL STUDY
Maha K Abou-Khadra, Omnia R Amin, Olfat G Shaker and Thanaa M Rabah
Cairo University Psychiatric Department, Egypt

Background: Sleep problems are common among children with attention-deficit/hyperactivity disorder (ADHD).

Serum ferritin levels have been associated with the severity of symptoms and sleep disturbances among children with ADHD. This study was conducted to investigate parent-reported sleep problems in a sample of Egyptian children with ADHD and to examine the relationship between their sleep, symptom-ratings, and low serum ferritin levels.

Methods: Parents of 41 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. Serum ferritin levels were determined with an enzyme-linked immunosorbent assay. The parents of the 62 controls filled out the CSHQ.

Results: The ADHD group showed significantly higher scores in CSHQ subscales and total score. Children with serum ferritin levels <30 ng/mL had more disturbed sleep. There were significant negative correlations between sleep duration subscale, total score of CSHQ, and serum ferritin levels. There were no significant differences in hyperactivity, cognitive problems/inattention, oppositional, or ADHD index subscale scores between children with serum ferritin levels <30 ng/mL and those with serum ferritin levels ≥30 ng/mL.

Conclusions: Sleep problems are common, and this study suggests an association between low serum ferritin levels and sleep disturbances.

Keywords: ADHD, Ferritin levels, Sleep
THERAPEUTIC ADHERENCE IN SCHIZOPHRENIA: COMPARISON BETWEEN CONVENTIONAL AND UNUSUAL ANTIPSYCHOTICS
B. Tefahi
Faculty of medicine, Annaba, Algeria

Adherence is defined as the effective and accurate patient monitoring drug prescriptions. It depends on patient factors (lack of insight, comorbidity addictive), others related to antipsychotic treatment (side effects) and factors related to the therapeutic relationship (therapeutic alliance). Our goal is to compare adherence between two groups of schizophrenics treated with conventional antipsychotics (APNA) and atypical antipsychotics (APA) over a period of two years in the scale of MARS (Medication Adherence Rating Scale). Patients and methods: A descriptive and comparative study on records of schizophrenic patients according to DSM IV -TR followed in consultation with the ER Razi Annaba (Algeria Is) psychiatric hospital during a period from 15 March to 31 August 2014. The two groups were matched for sex, school and socioeconomic levels. Thus, compliance is considered bad if the scale score MARS is below freezing and / or the number of visits missed is greater than or equal to 1

Statistical analysis: The data are collected and processed using the Statistica software, version 5.1 (1997) with a threshold of statistical significance set at P 0.05 Current results

Conclusion: Adherence is a fundamental dimension in the treatment of schizophrenia since his difficulties are a source of psychotic relapse.

Keywords: Schizophrenia, adherence, atypical antipsychotics, antipsychotics conventional
HEART TRANSPLANTATION AND TREATED ATOMOXETINE ADHD: REPORT OF A CASE OF CHILD

X. Gastaminza1,2, P. Escobar1, F. Gran1, R. Vacas2, O. Herreros2
1) Hospital Universitari Vall D'Hebron. Barcelona. Spain.
2) NOVOMEDIGRUP. Barcelona. Spain.
3) Hospital Universitario Virgen de las Nieves. Granada, Spain.

AF Pat. Padre: exitus in 48, sudden death, reported as massive heart attack. Mother: Stroke at 30, vasovagal episodes, migraine and depression after her husband's death. AP: cesarean. Normal karyotype. Psychomotor and language delay. At 5 years, was admitted to a Reception Centre, for 68 days on suspicion of child abuse by the ex-partner of the mother, then returning to the mother. Currently 3rd year with more content adaptation support special education. Since 2006, comes to CDIAP, and reported, in May 2009, as a global developmental delay. By peculiar phenotypic features (low set ears, thin upper lip) with suspected S Williams or other alteration of genetic basis come to his studio in HSJD with further screening for fragile metabolopathias with normal SX . 2008 intervened by drainage and adenotonsillectomy in HSJD . 2009 speech therapy for stuttering . In March 2010 I was diagnosed with private center: Expressive language disorder and attention deficit disorder with hyperactivity (ADHD ), combined type. CSMIJ confirming the diagnosis of ADHD requested prior to the start of drug therapy echocardiography. Normal echocardiogram . So please indicate and, subsequently, drug treatment in May 2011, with methylphenidate until June 2011 when it was changed to modified and methylphenidate dosage of 10 mg / d release . 09/05/2011 Emergency Hospital flock to reference referred by his pediatrician with a dialog about 2-3 week history of worsening asthenia and anorexia, and the appearance of bloating in the last 3-4 days, skin pallor, dry cough and grunting with analytics which highlights 29/08/2011 Urea 79 mg / dl and creatinine 1mg/dl and diagnostic orientation of heart failure with renal failure, emergency admitted and transferred to our hospital where you enter in ICU and Implementation of Berlin-biventricular heart proceed . In October 2011, we proceed to cardiac transplant biopsies negative control to date. At a FSIQ WISC -IV 73. OD: ADHD predominantly presentation with attention deficit. Mild intellectual disability. Heart transplantation in patients with dilated cardiomyopathy [ I00- I99 ]. Hemifragma left paresis. Problems related to school performance and family parenthood. Assessment Scale (GAF ) : 70. Alteration of family, school activity. OT: atomoxetine drug began 10 mg / d to two weeks passed 20 mg (2 of 10) prior to the corresponding dosage was 25 mg / d. With cardiac monitoring. With 10 mg was the clinical impression of improvement that reach 20 mg per month was extreme: the mother even said that "he did not recognize his son" by extreme concentration hypokinesia and presenting with somnolence easy in the absence of a particular stimulus, so that the dose was reduced to 10 mg as the optimal in the case with severe developmental control.
EFFECTS OF LOCAL GUIDELINES ON PRESCRIBING PRACTICE AND TREATMENT OUTCOMES IN A LONG-STAY PSYCHIATRIC FACILITY

Ivana M. Ilickovic¹, Slobodan M. Jankovic², Aleksandar Tomcuk³, Jovo Djedovic³, Kristina Becir³
¹ Farmegra Ltd., Podgorica, Montenegro
² Faculty of Medical Sciences, University of Kragujevac, Serbia
³ Special Psychiatric Hospital, Kotor, Montenegro

OBJECTIVES
Although appropriate prescribing could improve patient outcomes and cut healthcare expenses, there is a gap between evidence-based recommendations and its implementation in practice. The aim of our study was to evaluate impact of locally adjusted therapeutic guidelines on prescribing practice as well as on clinical and humanistic outcomes in hospital patients with severe mental illnesses.

METHODS
This prospective, before and after, healthcare system interventional study was conducted at specialized psychiatric hospital Dobrota in Kotor, Montenegro. The study was conducted in two phases separated by implementation of the local guidelines: the first, six-months phase, when baseline prescribing practice in the hospital was monitored, and the second six-months phase, after the guidelines were implemented, when effects of the guidelines to prescribing practice were observed.

RESULTS
A total of 111 patients participated in the study. The guidelines did not influence prescribing practice positively concerning antipsychotic polypharmacy, and median daily dose of antipsychotics increased in the second study phase. There were significant improvements in cognition (as rated by Mini-Mental State Examination) and social functioning and environmental aspects of quality of life (as rated by WHOQOL BREF). No significant changes were recorded in clinical outcomes (as rated by 18-item Brief Psychiatric Rating Scale and Clinical Global Impressions scale), while contradictory results were obtained with adverse reactions (Assessing involuntary movements scale and laboratory findings showed worsening, while adverse effects domain of the Clinical Global Impressions scale showed improvement).

CONCLUSION
Writing and adopting the guidelines is not sufficient to change established prescribing practice, clinical and humanistic outcomes in developing countries with short-lived culture of evidence-based healthcare; much more has to be done on implementation of the guidelines, including research of effectiveness of various healthcare interventions.

Key Words: guidelines, schizophrenia, antipsychotic polypharmacy, inpatients, outcomes
LEVELS OF OLIGOELEMENTS IN CHILDREN DIAGNOSED WITH ADHD IN COMPARISON WITH HEALTHY CONTROL GROUPS

JA. Alda1, E. Ferreira1,2, M. Izquierdo2, E. Serrano1, O. Sans1, M. Mairena1

1. Hospital Sant Joan de Déu, Barcelona, Spain
2. Universidad de Barcelona, Barcelona, Spain

Introduction: the dysfunction in some areas of the brain are linked to mechanisms associated with attention, hyperactivity and impulsivity, therefore oligoelements such as iron, zinc, copper, selenium, and manganese can carry out an important role in the pathogenesis and thus in the treatment of this disorder.

Objective: Evaluate the relation between the alterations in ferritin, zinc, copper, selenium and manganese levels in children recently diagnosed with ADHD (naïve) in comparison with children with no ADHD.

Method: Transversal and descriptive study of a sample of 55 patients with naïve ADHD diagnosis who were admitted to the ADHD Unit and 55 healthy controls not diagnosed with ADHD; paired by age and gender. All participants were evaluated with the Schedule for Affective Disorder and Schizophrenia for School-Age Children (Kiddie-SADS) and a blood work analysis was administered. The differences of the mentioned oligoelements between ADHD patients and the control group were analyzed with Chi square tests.

Results: There were no significant differences between the ADHD patients and the control group in the ferritin levels (27.3% and 38.2% respectively; p=.223), zinc (0.0% and 1.9% respectively; p=.315), copper (0.0% and 1.8% respectively; p=.320) and manganese (18.8% and 34.0% respectively; p=.085). There are significant differences in the levels in selenium (p=.004), the 25.5% of the patients with ADHD present low levels of selenium (<67μmol) vs. the 5.6% of the control group.

Conclusions: Patients with ADHD present significantly low selenium levels in contrast to the healthy control group.
MENTAL DISTRESS IN CAREGIVERS OF CHILDREN DIAGNOSED WITH ADHD IN COMPARISON WITH HEALTHY CONTROL GROUP

JA. Alda1, E. Ferreira1,2, E. Serrano1, O. Sans1, M. Mairena1, M. Izquierdo2

1. Hospital Sant Joan de Déu, Barcelona, Spain
2. Universidad de Barcelona, Barcelona, Spain

Introduction: The mental distress and psychiatric symptoms in caregivers are associated with a higher presence of psychopathology in children.

Objective: Evaluate the mental distress in caregivers with naïve ADHD children in comparison with parents of healthy children with no ADHD.

Method: Transversal and descriptive study of a sample of 55 patients of ADHD naïve diagnosis who were admitted to the ADHD Unit and 55 healthy controls, not diagnosed with ADHD; paired by age and gender. All patients were evaluated with The Schedule for Affective Disorders and Schizophrenia for School-Age Children (Kiddie-SADS) and their caregivers were given the GHQ-28 to evaluate the existence of mental distress.

Results: 54% of caregivers with children diagnosed with ADHD present mental distress (GHQ≥6) displaying significant differences to caregivers with children without ADHD (27.3%; p=.005). Caregivers with children with ADHD present higher somatizations levels (72%; p=.042), with symptoms of anxiety (66%; p=.008), social dysfunction (60%; p=.005) and with symptoms of depression (58%; p=.016) to caregivers with children without ADHD.

Conclusion: Caregivers with naïve ADHD children present higher levels of mental distress (somatization, anxiety, depression and social dysfunction) than caregivers with children without ADHD.
SLEEP DISTURBANCES DETERMINED BY QUESTIONERS IN CHILDREN DIAGNOSED WITH ADHD IN COMPARISON WITH A HEALTHY CONTROL GROUP

JA. Alda1, E. Ferreira1,2, O. Sans1, E. Serrano1, E.Vargas-Clara3, M. Mairena1, M. Izquierdo2
1. Hospital Sant Joan de Déu, Barcelona, Spain
2. Universidad de Barcelona, Barcelona, Spain
3. Universidad Autónoma de Barcelona, Barcelona, Spain

Introduction: In clinical practice, there is a recurrence of the association between sleep alteration and the Attention Deficit Hyperactivity Disorder (ADHD).

Objective: Evaluate with questioners the sleeping habits and its alterations in children recently diagnosed with ADHD (naïve) in comparison to children without ADHD.

Methods: Transversal and descriptive study of a 55 naïve ADHD patients admitted to the ADHD unit and 55 healthy control participants; paired by age and gender. All participants were evaluated with The Schedule for Affective Disorders and Schizophrenia for School-Age Children (Kiddie-SADS) and to evaluate sleeping disturbances, the patients’ caregivers completed the Sleeping Disturbance Scale for Children by (Bruni, 1996). The comparison between sleeping habits and its alterations with ADHD patients and the control group were analyzed with Chi-squared tests.

Results: 61.8% of children with ADHD presents sleeping disturbances in contrast to the 3.7% of children not diagnosed with ADHD (p<.001). Children with ADHD present higher alterations in the acquisition and maintenance of sleep (p=.016), greater alterations with the cycles of sleep and wakefulness (p<.001), greater daytime sleepiness (p<.001) and more respiratory problems (p=.028).

Conclusion: Patients with ADHD naïve present significantly higher sleeping disturbances, evaluated with the mentioned questioners than the healthy control group. It is important to evaluate sleep in all the patients diagnosed with ADHD prior to starting any type of treatment.
THE DIAGNOSTIC AND TREATMENT INCIDENCE OF ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) IN KOREA USING NATIONAL HEALTH INSURANCE DATA 2007-2011

H. Minha1, B. Geon Ho2, L. Yeon Jung2, L. Sang Min3
1. Dankook University, Cheonan, Korea
2. Kyung Hee University, Seoul, Korea
3. Seoul Metropolitan Eunpyeong Hospital, Seoul, Korea

Objectives: To investigate the diagnostic and treatment incidence of ADHD.

Methods: This retrospective analysis assessed data from the Korean NHI claims database from January 1, 2007 to 31 December, 2011. The following two inclusion criteria were used for patient selection: (1) age between 6 and 18; (2) presence of an inpatient or outpatient medical claim containing a code for a diagnosis of ADHD (International Classification of Disease, Tenth Revision [ICD-10] codes F90.0) at any time from January 1, 2008, to 31 December, 2011, with no use in the prior 360 days.

Results: The diagnostic incidence of ADHD in Korea is 0.349% in 2008, 0.359% in 2009, 0.349% in 2010, and 0.370% in 2011, and the overall diagnostic incidence during 2008-2011 is 0.357%. The treatment incidence of ADHD in Korea is 0.205% in 2008, 0.266% in 2009, 0.249% in 2010, 0.272% in 2011, and the overall treatment incidence of ADHD during 2008-2011 is 0.248%.

Conclusions: The treatment and incidence of ADHD in Korea is still suboptimal. Thus, more work on detection and treatment of ADHD patients is needed.
PERFIL NEUROPSICOLOGICO DE UNA MUESTRA CLINICA ARGENTINA DE NINOS Y ADOLESCENTES CON SINDROME DE TOURETTE PURO Y COMORBIDO CON TDAH Y/O TOC

MBMoyano 1, Y.Soffita, MJ Moyano, A. Garcia Steinberg L.
1Centro Interdisciplinario de Tourette, TOC , TDAH y T Asociados, Bs As, Argentina
2. Universidad Favaloro , Buenos Aires, Argentina

Objetivos
Determinar el perfil cognitivo de niños y adolescentes con ST tanto en pacientes con ST puro como cuando existe comorbilidad con TDAH, TOC o ambos trastornos comórbidos.

Métodos
Se evaluó neuropsicologicamente a 73 niños y adolescentes con ST de entre 6 y 16 anos que consultaron en el CITA, comparándolos con una muestra control de 20 sujetos sin ST.
Se agrupo a la muestra total en subgrupos según presentaran o no comorbilidades con TDAH y/o TOC:
   a) sujetos con ST y ADHD ( n= 29) ,
   b) sujetos con ST asociado a TOC ( n=9);
   c) sujetos con ST asociado a TOC y TDAH (n= 19) y
   d) sujetos con ST puro ( n=16)
Se decidió administrar la siguiente bateria de tests: Escala de Inteligencia de Weschler (Wisc III o Wisc IV), Recuerdo Selectivo de Palabras de Tomal , Figura Compleja de Rey , Subtests de digitos inversos y de Numero Letra del WISC, Stroop Test -Test  D2  y Trail Making Test.

Resultados
Se detectaron en la muestra total déficits en el procesamiento y memoria visual , dificultades atencionales, fallas en funciones ejecutivas, déficits visoconstructivos y visoespaciales, dificultades en motricidad fina, control inhibitorio y cognición social con un patrón específico en cada subgrupo comorbido.
La mayoría presento una capacidad intelectual total promedio o superior ( 70 % de la muestra ) predominando una discrepancia verbal/ejecutiva a favor de la primera , una baja Velocidad de Procesamiento y deficits en juicio social.

Conclusiones
Las poblaciones clínicas con ST demuestran ser altamente comorbidas con TDAH y/o TOC , que condicionan el grado y perfil de déficits neuropsicológicos observables aun en ausencia de déficits intelectuales
La evaluación neuropsicológica demuestra ser un instrumento valioso para detectar el perfil de afectación cognitiva de cada paciente con ST, y diseñar un plan de orientación escolar y vocacional , y de rehabilitación precoz para reducir al mínimo posible su impacto académico y social.
MORPHOMETRIC BRAIN ABNORMALITIES AND THE CATEGORICAL VERSUS DIMENSIONAL RELATIONSHIP BETWEEN SCHIZOPHRENIA, SCHIZOAFFECTIVE DISORDER, AND PSYCHOTIC BIPOLAR DISORDER

N. Tandon 1,2, I. Mathew 1, P. Nanda 1,3, S. Eack 4, B. Clementz 5, G. Pearlson 6, J. Sweeney 7, C. Tamminga 7, M. Keshavan 1

1. Harvard Medical School, Boston, Massachusetts, USA
2. Baylor College of Medicine, Houston, Texas, USA
3. Columbia College of Physicians and Surgeons, New York, New York, USA
4. University of Pittsburgh, Pittsburgh, Pennsylvania, USA
5. University of Georgia, Athens, Georgia, USA
6. Yale University, New Haven, Connecticut, USA
7. UT Southwestern, Dallas, Texas, USA

Background: The relationship of schizoaffective disorder (SZA) to schizophrenia (SZ) and psychotic bipolar disorder (PBP) remains unclear; it has been called into question whether SZA is a distinct entity, or is instead a sampling/methodological artifact. Structural brain abnormalities are known biomarkers in all three conditions and comparing them across these patients might help to elucidate the nosological status of schizoaffective disorder. Towards this end, we applied the taxometric method to morphometric data in a large sample of 559 SZ, SZA, PBP probands.

Methods: Clinically stable probands with SZ (n=227), SZA (n=142), and PBP (n=190) participating in the BSNIP consortium received high-resolution T1-weighted scans, processed in FreeSurfer to obtain region of interest measures of subcortical volume and cortical thickness and surface area. These measures were submitted to three complementary taxometric methods: MAMBAC, L-Mode, and MAXEIG in all pair-wise subsets of proband sample (SZ vs BP, SZA vs BP, SZ vs SZA).

Results: For both the SZ vs BP and SZA vs BP subsets, the taxometric method returned a categorical result on all three tests (CCFI 0.89-0.97). For the SZ vs SZA subset, however, MAMBAC returned an ambiguous result of 0.591, whereas L-Mode and MAXEIG returned a clear dimensional result (0.286 and 0.376 respectively).

Conclusion: The findings of our study indicate that there is a categorical solution among the three disorders and do not support the idea of a schizo-bipolar dimension. Furthermore, our findings demonstrate that there is weak evidence for schizoaffective disorder as a distinct entity, but it appears rather to be a variant of schizophrenia.
ARE PEOPLE WITH MENTAL ILLNESS TO BLAME FOR MOST OF THE MASS SHOOTINGS IN AMERICA?

¹Chukwueke, P.N. ¹, ²Akerele, E. ¹,²
¹. Harlem Hospital Centre, New York / ² Columbia University Medical Centre, New York USA

Objective: With the recent mass shootings in America, the gun control discussions has been rekindled and new wave of finger pointing to people with mental illness. The purpose of this report is to use available data to explore the relationship between mental illness and gun violence in general and focusing on mass shootings compared to the general population.

Method: A review of the literature will be conducted by searching the databases Medline, CINAHL plus and PubMed for peer reviewed articles on mental illness and gun violence (homicides). The search will be narrowed to articles published from 2004 to 2014. Articles that does not include firearm homicides or mass shootings and ones without full texts available will be excluded.

Results: The data will be compared to see how many of the reported violence cases are attributed to mental illness.

Conclusion: The result of the study will be a good guide as to the direction of prevention for gun violence and government policies to that effect.
PREVALENCE OF ENEURESIS IN SCHOOL AGE CHILDREN IN
ZAHEDAN, IRAN , 2011-2012
Mahboubeh Firouzkouhi Moghaddam assistant professor, Simin Sadeghi bojd associat professor o, Ananaz Gaffari General practitioner, Amir hossein Heidari poor General practitioner
Zahedan University of Medical Science. Iran

Introduction: Enuresis is a common urologic problem in pediatric. Enuresis is a symptom with probable multiple etiology such organic developmental disorders or psychological problems. Primary enuresis is often associated with a family history of delays in gaining urine control at the night. The prevalence of enuresis in boys is double than girls, enuresis at age 5 are approximately 7% of boys and 3% of girls. This study aimed to determine the prevalence of enuresis was done in school children in Zahedan 91-1390 years.

Material & Methods: In this cross-sectional study among 7-12 years old children in the city of Zahedan was in 2011-2012. We have contact with their parents, were asked about their child's enuresis was based on the DSM-IV-TR criteria.

Results: 1133 school age children participated in this study that 566 of them (50%) were male. 64 children (5.6%) were diagnosed with enuresis. Prevalence of enuresis decreased with increasing age. Also prevalence of this disorder is higher in boys. Also significant statistically correlation between family histories of this disorder and prevalence of enuresis was seen.

Discussion: Prevalence of this disorder was lower than other studies, which it may be because ethnic and cultural differences among the communities. Given the high prevalence of this disorder, it is felt necessary to raise the awareness of parents.
THE EFFECTIVENESS OF COGNITIVE-BEHAVIOURAL PLAY THERAPY ON THE SYMPTOMS OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER IN CHILDREN AGED 7–9 YEARS
Ebrahim Abdollahian¹, Fateme Mohareri²
Mums Mashhad Khorasan Iran
MUMS Mashhad Iran

Attention-deficit/hyperactivity disorder (ADHD) is considered to be the most prevalent disorder of childhood and adolescence, and a variety of methods have been used in its diagnosis and treatment. This study was conducted to study the efficacy of play therapy on the symptoms of ADHD in children aged 7–9 years. Using a clinical trial design, we selected 30 study participants among individuals who had been referred to the Ebne-sina hospital, child and adolescent outpatient clinic, Mashhad, Iran, and who had been diagnosed with ADHD by psychiatrists. The 30 study participants were then divided into two groups, experimental and control, based on similar characteristics (Birth order, parents’ educational level, parents’ occupation and average of last year school marks). Pre-tests (the Rutter Parental Questionnaire and the Rutter Children Behaviour Questionnaire for teachers) were performed prior to play therapy, and all patients in both groups had been receiving medication. Following play therapy, post-tests were also conducted for both groups. Eight sessions of sham play therapy has been performed for case group. (Cognitive-behavioural play therapy has not been performed basically.) All results were evaluated using an independent t test and a comparative test. Play therapy appeared to significantly reduce the symptoms of ADHD.

The significant differences found between the experimental and control groups indicate that play therapy could be used as an effective treatment method for children with ADHD.
RELATION BETWEEN SUBSTANCE MISUSE AND AGGRESSIVE BEHAVIOUR IN SCHIZOPHRENIA

F. Vicente 1, S. Charro 1, C. Costa 1
1 Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal

Objective:
Available evidence suggests that patients with schizophrenia have a higher rate of aggressive behaviour when compared to general population. The co-occurrence of schizophrenia and substance misuse is frequent, influencing the prognosis of the first. The authors pretend to review the relation between schizophrenia and substance misuse, paying special attention to its contribution to aggressive behaviour in these population.

Methods:
The authors review reports and literature in the files of Pubmed, Medline and others. They also consult psychiatry textbooks.

Results:
Dual-diagnosis patients seem to have a poorer clinical outcome compared with others. Substance misuse has been shown to be a significant risk factor for violence and disturbed behaviour, once it amplifies the risk for violence in schizophrenic patients. There are several possible reasons for the higher rate of aggressive behaviour in this population. Psychoactive substances may worsen directly psychotic symptomatology, contributing to violence. By other way, this population have a poorer response to neuroleptics. Important potential confounding variables were identified: male gender, more severe psychopathology, early onset of psychosis, social class, employment status, poor insight and non-adherence to treatment.

Conclusion:
Identification of patients at risk for violent behaviour is essential to prevent aggressions. Substance misuse is one of the most important risk factors for violence, so it should be severely discouraged, adopting focused strategies.
WPA-0218 TRENDS IN PSYCHIATRIC EMERGENCY DEPARTMENT (ED) PRESENTATIONS IN A TERTIARY CARE CENTRE IN ONTARIO, CANADA OVER A 5-YEAR PERIOD

V. Parmar1, D. Groll1

1Psychiatry, Queen's University, Kingston, Canada

Purpose: 1. To examine the effects of environmental factors on patterns of ED usage (seasonal variation, lunar cycle).

2. To examine the patterns of psychiatric ED usage by repeat visitors ('frequent flyers').

3. To examine physicians' charting of abuse, dependence and withdrawal in a population of patients with comorbid schizophrenia and nicotine addiction.

Method: Four studies were conducted. All studies used data collected by a computerized database that records all emergency psychiatric visits to Kingston General Hospital and Hotel Dieu Hospital. The data obtained covered a period of 5 years and included the following information: time and date of visit, patient gender, age, and primary diagnosis.

Conclusion 1. Seasonal variations affect the pattern of ED usage in Kingston, such that younger patients with a diagnosis of 'substance abuse' are more likely to present in the fall. This likely represents the return of students to the several post-secondary institutions in Kingston. A different pattern of ED usage was found for each of the 3 lunar models. This suggests that the discrepancies in the findings of full moon studies may relate to the usage of different definitions.

2. Frequent flyers display a distinct clinical profile. These patients are more likely to have a diagnosis of 'substance use' or 'schizophrenia and psychotic disorders' and less likely to have a diagnosis of 'anxiety or mood disorders'. Frequent flyers were also more likely to present with more than one diagnosis.

3. Nicotine addiction and smoking history are not being adequately recognized in patients diagnosed with 'schizophrenia and other psychotic disorders'. Even if the nicotine use status was reported, it was only as part of the history and not in the diagnostic Axis 1.
ADHD AND CHILDHOOD EPILEPSY: CLINICAL STUDY AND PRACTICAL CONSIDERATIONS IN MINIA GOVERNATE, EGYPT

Maha Ali Hassan* and Nermin Ali Hamdy**
* Psychiatry department
**Neurology department, Minia University

Introduction: ADHD and epilepsy are both common childhood disorders and both can have significant negative consequences on a child's behavioral, learning, and social development.

Aim of the work: To estimate the prevalence of attention deficit hyperactivity disorder (ADHD) in children with epilepsy, prevalence of EEG abnormalities in ADHD children and to study the complex relation between ADHD and epilepsy.

Subjects and Methods: This study was a cross sectional study carried upon seventy one patients; 40 patients diagnosed clinically as ADHD according to DSM-IV and 31 patients with epilepsy during the period of 6 months from 1 Jan. 2013 to 30 June 2013. The age of both groups of patients ranged between 4-16 years old. All patients were subjected to detailed history taking, thorough general and neurological examination, EEG study and assessment of ADHD symptoms using Conners' Parent Rating Scales–Revised: Long (CPRS–R:L) children with apparent intellectual disabilities were excluded.

Results: Eighteen patients (58.1%) of the epilepsy group were diagnosed as having ADHD according to CPRS–R: L while EEG showed epileptiform changes in 13 patients (32.5%) of the ADHD group. There were highly significant difference between ADHD and Epilepsy group regarding (CPRS–R:L) subscales as inattention, impulsivity, hyperactivity cognitions and Emotional liability. However, There were no correlations between the age of patients in ADHD group and subscales of CPRS–R:L except in cognition and inattention subscales (p = 0.023 & 0.048 respectively). There were significant correlation between emotional-liability and inattention subscales of CPRS-R:L in ADHD group and gender of the patients. There were no significant difference in EEG changes or their laterality and degree of CPRS–R:L either total scores or its subscales for both groups.

Conclusions: There were ADHD in epileptic children and high prevalence of EEG changes in ADHD children, highly significant difference between ADHD and epilepsy group regarding (CPRS–R:L) subscales as inattention, impulsivity, hyperactivity, cognition and emotional liability.
Addiction
FREEDOM FROM ADDICTION AND DSM-5
C. Fabiani
Association of Puerto Ricans in March (APM), Philadelphia, USA

Liberation from addiction can be achieved eliminating stigma with scientific evidence regarding addiction being a brain medical disorder. DSM-5 with the title of: “Substance Related and Addiction Disorders” is the most up to date classification of “addiction” which is the proper term. Etymologically means “Enslavement”.

A simple way to make the diagnosis of addiction is the three C’s: Control loss of Compulsion the repeated use. Consequences the continued use of a substance despite negative biopsychosocial consequences. This is addiction par excellence.

As an example of individualized treatment and applying the biopsychosocial model; total abstinence plus cognitive behavior therapy and individualized pharmacotherapy (according comorbidity divided in five different groups) are recommended. This is the sine qua non of treatment. Which can be divided into primary, secondary and tertiary prevention.

Primary prevention is preemptive decreases the incidence (new cases) of addiction. It means education to health professionals that addiction is a chronic brain medical disorder. Also the use of vaccines.

Secondary prevention aimed to decrease the prevalence of addiction. It means early diagnosis and prevention through education of groups at high risk to develop addiction; such as family history of addiction. As well as positive genetic markers in addiction. The use of pharmacotherapy which replaces endogenous receptors neurochemical deficiency in opiate, nicotine and alcohol addiction are recommended.

Tertiary prevention to reduce the sequelae and complications of addiction. It means use of pharmacotherapy (according comorbidity divided in five different groups) combining medications used in addiction with mood stabilizers as well as antidepressants. Also conditioned cues and relapse prevention measures are indicated.

The legalization of marihuana in Portugal, Uruguay and the states of Colorado and Washington in the USA. May mean avant-garde initiatives. However the cannabinoid system needs further research to clarify its therapeutic implications.
SEXUAL RISK BEHAVIOR AMONG SUBSTANCE USERS AND ITS RELATION TO PERSONALITY PROFILE
O. Osama, M. Abdel-Wahab, M. Ezzat
Faculty of Medicine, Cairo University, Cairo, Egypt

Objectives: To study sexual behavior among substance users. To find an association between substance use and risky sexual behavior. To find an association between personality traits and risky sexual behavior among substance users.

Methods: 100 subjects classified into 2 groups: patient group and control group, patients are recruited from Kasralainy psychiatric inpatient ward. The Patients in Case group were subjected to: Full Psychiatric examination, Addiction Severity Index, Patients and Controls were subjected to the following: Sex Risk subscale of the Risk Assessment Battery (RAB), Eysenck’s Personality Questionnaire (EPQ), Also the Patient group will have the following investigation: Urine sampling using Drug Screening Strips as a Confirmatory test, Laboratory Test for HIV and HCV detection.

Results: Both groups showed nonsignificant differences in age, education, occupation, education and marital status. The most prevalent substance used was Tramadol (96%). Hepatitis C virus infection was detected in (16%) of the patients. There were statistically significant differences in extroversion and neuroticism between cases and controls. There was a statistically significant difference between cases and controls in terms of the sexual subscale of RAB. There was a significant correlation between psychoticism and criminality subscales in EPQ and the RAB in the cases group.

Conclusion: Patients with substance abuse have more sexual risk than normal controls. Sexual risk is not related to the severity of addiction, but to psychoticism and criminal behavior of personality.
PATTERNS OF SUBSTANCE USE INITIATION IN METHAMPHETAMINE USERS

P. Yimsaard¹, R. Kalayasiri²
¹. Police general hospital, Bangkok, Thailand
². Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

Objectives: Addiction/use of methamphetamine (MA), a central nervous system psychostimulant, is commonly co-occurred with addiction/use of alcohol, nicotine and/or other illegal substances. However, only few studies examined the sequence of use of the substance among MA users (C.F. Yen et al., 2005, M.L. Brecht et al., 2007). The objective of this study was to investigate substance initiation patterns of the MA users at a Thai substance treatment center.

Methods: Demographics, age of first use of MA, alcohol, nicotine, cannabis, and inhalants, and diagnostic data of 991 MA-users were obtained by the Semi-Structured Assessment for Drug Dependence and Alcoholism (SSADDA) as part of an on-going genetic study of MA. Ages of onset between substances were compared using Wilcoxon signed rank test. Demographics, MA use, and diagnostic variables of MA-users with other substance use later (n=358, 36%) VS prior to MA-onset (n=633, 64%) and those with early (15 years old or younger, n=295, 30%) VS late MA-onset (n=696, 70%) were compared using chi-square and subsequently logistic regression. Survival analysis was used to examine time from MA first use to MA dependence.

Results: The onset of MA was latest (mean=18.9 years) when compared with the onset of alcohol, nicotine, cannabis, and inhalants. According to logistic regression when other variables were controlled, family history of MA use (OR=3.01, p<0.001), conduct disorder (OR=1.74, p=0.001) and nicotine dependence (OR=1.4, p=0.024) predicted early MA onset. Male MA users were less likely to use MA as first drug (OR=0.543, p<0.001). Survival time from MA first use to MA dependence was longer in participants who use MA as first drug.

Conclusions: Onset of MA use is later than those of other substances, consistent with the gateway theory. The use of other substances prior to MA first use may increase person’s vulnerability to MA dependence.
THE DEVELOPMENT OF THE COUNSELLING FOR ALCOHOL PROBLEMS (CAP): A LAY COUNSELLOR DELIVERED TREATMENT FOR HARMFUL AND DRINKING IN PRIMARY CARE

A. Nadkarni1,2, R. Velleman1, H. Dabholkar3, S. Shinde2, B. Bhat2, J. McCambridge1, P. Murthy4, B. Weobong1,2, V. Benegal4, V. Patel1,2

1. London School of Hygiene & Tropical Medicine, UK
2. Sangath, Goa, India
3. Parivartan, Satara, India
4. NIMHANS, Bangalore, India

Objectives: To systematically develop Counselling for Alcohol Problems (CAP), an intervention for harmful drinking (HD) to be delivered by lay counsellors in routine primary care settings.

Methods: Psychosocial strategies which could be considered as potential components of CAP were mapped through a literature review of effective psychosocial treatments for alcohol use disorders (AUD). Contextually appropriate strategies were identified by exploring explanatory models of persons with AUD and their family caregivers through a systematic review and in depth interviews. A survey of mental health experts and lay counsellors was then conducted to select strategies which would be acceptable, feasible and safe for delivery by lay counsellors. A coherent theoretical framework was developed through a series of treatment development workshops using ranking, pile sorting and scheduling of the selected strategies. CAP was then further developed through a case series with mental health experts and lay counsellors. The final refinement of CAP was done through a pilot study in two phases; a treatment cohort and a mini RCT.

Results: The outcomes of the various stages led to the development of CAP a psychosocial treatment for HD delivered over three phases and a maximum of four sessions. CAP is built around a core scaffolding of motivational interviewing into which are inter-woven various other strategies which include assessment and personalised feedback, family engagement, drink refusal skills, handling drinking urges, problem solving skills and handling difficult emotions. CAP led to reduction in drinking and reduced the negative impact of HD.

Conclusions: CAP is a psychosocial intervention for HD based on global and contextually relevant evidence; with an emphasis on acceptability to patients and feasibility for delivery by lay counsellors in routine health care settings and consequently having the potential for being scaled up and reducing the treatment gap for HD in low resource settings.
RAPID DETOXIFICATION OF BENZODIAZEPINE OR Z-DRUGS DEPENDENCE USING ACETYLCOLINESTERASE INHIBITORS

SK. Lin
Department of Psychiatry, Taipei City Hospital and Psychiatric Center

**Objectives:** Dependence on benzodiazepines (BZDs) or Z-drugs (zolpidem, zopiclone and zaleplon) is a common clinical phenomenon. Traditional detoxification of BZDs dependence includes tapering used dose gradually and using equivalent doses of long-acting BZDs as substitutes. This kind of regimen tends to take a long time (up to 4 weeks) and may require hospitalization. Acetylcholinesterase inhibitors have been shown to reverse BZDs induced sedation.

**Methods:** We propose that oral form acetylcholinesterase inhibitors (donepezil, galantamine and rivastigmine) also posses the effect of inhibiting GABA receptors, and act as indirect antagonist, to be applied in the rapid detoxification treatment of BZDs and Z-drug dependence. Following is a case report.

**Results:** Mrs. A, a 48 y/o housewife, began to take SSRIs and hypnotics at the age of 36 under the diagnosis of major depression. Her mood remained stable under medication until she was 45 y/o, when she increased her intake of zolpidem gradually through doctor shopping, such that she was taking 200 to 400 mg a day in addition to antidepressants. To administer the rapid detoxification treatment, Mrs. A was prescribed two 16 mg prolonged-release galantamine capsules to be taken each day in the morning for three days. She was educated that some withdrawal syndrome might occur after galantamine. Other medications to be taken at bedtime include flurazepam 60mg, trazodone 100mg, and quetiapine 50mg. She experienced nausea, vomiting, and diarrhea in moderate severity after the first dose of galantamine. These withdrawal symptoms subsided gradually on the second and third day. She could sleep 6 to 8 hours since then under the prescribed medications. No other complication was noticed.

**Conclusions:** Further large-scale clinical trials are warranted to define a standardized regimen of dosage and duration for acetylcholinesterase inhibitors to be utilized in the rapid detoxification treatment of BZDs or Z-drugs dependence.
SOCIODEMOGRAPHIC PROFILE AND MANAGEMENT OF SUBSTANCE ABUSE DISORDERS IN EMERGENCY DEPARTMENT OF LEÓN
A. Serrano, R. Hidalgo, R. Soto
Complejo Asistencial Universitario de León

Introduction: Psychoactive drugs are a frequent source of demand for emergency psychiatric consultation. The purpose of this study is to review the current state of care in the ER of patients with Substance-Related Disorders, their associated conditions and compliance with the guidelines given.

Material and methods: A descriptive, observational study in which patients presenting in the emergency room and received a diagnosis of Substance-Related Disorders from July 1, 2012 to March 31, 2013 were included consecutively. Sociodemographic and clinical variables were collected and care continuity was monitored.

Results: We found a total of 1088 urgent psychiatric consultations which 141 received a diagnosis of Substance-Related Disorders. They corresponded to 109 unique patients. The 70.19% were male and 29.81% female. The most common age group was between 36 and 55 years for both sexes. The alcohol (40.96%) was the most common substance. 29.36% of the patients presented a dual disorder. 25% showed suicidal behavior. Hiperfrequentation was observed in 12.22% of patients. Only 22.89% request for a following consultation at the center of drug addiction and of these, 31.58% were male versus 4% women.

Conclusions: The predominant sex both Substance-Related Disorders and hiperfrequentation was male. Overusers ratio was significantly higher than the general population. No greater proportion of autolytic behavior was observed than in psychiatric patients attended for any other reason. Significant gender differences were observed respect to the care continuity.

References:
YOUTH SERVICES IN MENTAL HEALTH AND SUBSTANCE USE
Jasminka Vuckovic-Kosanovic
St John of God Health Care,
Melbourne, Victoria, Australia

Objectives:
Mental health and substance use disorders account for around 60% of the total disease burden among young people aged 12-25 in Australia (AIHW, 2007). SJG Outreach Services make a significant investment in the development of early intervention youth mental health projects in Victoria.

Methods:
A unique collaboration with the National Youth Mental Health Foundation National (headspace) has been successfully established focusing on early intervention with the population cohort aged 12-25 years at risk of developing disabling mental health and substance use disorders.

Also, a partnership with Barwon Youth Engagement Program (YEP) provides much needed community awareness and outreach for young people at risk of homelessness with multiple and complex needs, including dual diagnosis.

SJG Bloomsbury House delivers counselling to young people with emerging, potentially severe and complex mental health and substance use disorders.

Results:
- headspace partnerships 2011-2013: over 850 young people aged 12-25 years were assessed. 48% to 60% of those reported having the most common mood disorders and anxiety disorders. All young people received brief intervention.
- Barwon Youth 2009-2013: 420 young people were engaged; 280 of those received brief interventions, and 140 were provided with a longer term intervention. Drug prevention sessions were delivered to 700 secondary college students in the past 4 years.
- Bloomsbury 2011-2013: 190 young people with diagnosable mental health disorders received clinical counselling and long term case management.

Conclusions:
The most important outcome of SJG Youth Services is assisting young people in accessing timely assessment enabling early intervention for the more potentially serious emerging mental illnesses.

DO DRUG-INDUCED PSYCHOSIS IS MORE SCHIZOPHRENIA?

LA Núñez Domínguez¹, M García Nicolás², D Calvo Medel²
1 Centro Médico, Pamplona, Spain
2 Centro de Salud Mental de Tudela, Navarra, Spain

Objective: To assess the risk of conversion to a psychotic disorder in a group of patients primary diagnosed of Substance-induced psychosis.

Methods: Review of clinical data of a sample of patients diagnosed as substance-induced psychotic disorders as first diagnoses and follow-up until current moment. Due to the majority of patients are cannabis users, the results are related to this subgroup.

Results: 40 % of the sample develops a schizophrenic disorders, related only to the maintenance of drug use (not to presence of premorbid personality traits or antecents of psychosis in sibblings). 25 % had presented a new cannabis-induced psychosis.

Conclusions: Cannabis-induced psychosis could be a first step to schizophrenia if the subject maintain cannabis use and/or misuse
INFLUENCE OF DUAL DIAGNOSIS' COMORBIDITY IN HEALTH RELATED QUALITY OF LIFE
J.E. Marquez-Arrico1, S. López-Vera1, I. Benaiges, A. Adan1,2
1. Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Barcelona, Spain
2. Institute for Brain, Cognition and Behavior (IR3C), University of Barcelona, Barcelona, Spain

Introduction: Very few studies have assessed Health Related Quality of Life (HRQOL) in patients with Dual Diagnosis (DD). Data published up to now explain that these patients have worse HRQOL compared to patients with Substance Use Disorder and to healthy controls. The aim of this work is to explore HRQOL in DD patients and the possible differences between each other taking into account the type of comorbid mental disorder (CMD).

Methods: Sample was comprised by 84 male patients with a Substance Use Disorder, divided in 3 groups regarding the CMD: Schizophrenia (SZ) (N= 36), Bipolar Disorder (BD) (N=19) and Major Depressive Disorder (MDD) (N=29). Cross-sectional assessment was made through the Short Form 36-Item Health Survey (SF-36). Intergroup differences in HRQOL were examined by multivariate analysis of covariance.

Results: Analyses provided significant differences in three subscales: Physical Functioning (F=12.31; p<0.01; \(\eta^2=0.25\)), Vitality (F=5.06; p<0.05; \(\eta^2=0.20\)) and Physical Health Component Summary (F=4.23; p<0.05; \(\eta^2=0.10\)). The SZ group showed the lowest scores of Physical Functioning and Vitality compared to both BD and MDD. Regarding Physical Health Component Summary, SZ patients presented lower scores compared to BD while MDD patients did not differed from those with BD or SZ.

Conclusions: According to previous studies, DD patients obtained low scores in some HRQOL subscales. DD patients showed differences in two Physical Health domains according to the CMD. Thus, SZ patients show more difficulties in vigorous and physical activities as well as daily routine, and they were more frequently tired and exhausted compared to BD and MDD patients.

References:
TEMPERAMENT AND CHARACTER DIMENSIONS IN PATIENTS WITH DUAL DIAGNOSIS: DIFFERENCES REGARDING COMORBIDITY

J. E. Marquez-Arrico 1, G. Prat1, I. Benaiges 1, & A. Adan 1,2
1. Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Barcelona. Spain.
2. Institute for Brain, Cognition and Behavior (IR3C), University of Barcelona, Barcelona. Spain.

Introduction

Very little is known about personality characteristics in patients with Dual Diagnosis (DD) and their possible differential profile according to the type of comorbid mental disorder (CMD). Therefore, the aim of this work is to describe temperament and character dimensions in a group of DD patients elucidating the possible differences between each other.

Methods

85 male patients with Substance Use Disorder, were divided in 3 CMD groups: Schizophrenia (SZ) (N=38), Bipolar Disorder (BD) (N=22) and Major Depressive Disorder (MDD) (N=25). Cross-sectional assessment was made through the Temperament and Character Inventory-Revised (TCI-R). Multivariate analysis of covariance was performed to compare temperament and character dimensions between the groups.

Results

Regarding temperament dimensions, the highest scores of Novelty Seeking (F=9.53; p<0.01; \( \eta_p^2=0.21 \)) were obtained by the BD group followed by SZ and MDD, while Persistence (F=3.31; p<0.05; \( \eta_p^2=0.08 \)) showed lower scores in the SZ group compared to BD. Concerning character dimensions, the lowest scores of Self-Transcendence (F=4.32; p<0.05; \( \eta_p^2=0.11 \)) were in the MDD group compared to SZ and BD.

Conclusions

BD patients tend to seek for stimulant experiences more frequently and show higher levels of impulsivity compared to SZ and MDD. SZ patients experience lower frustration tolerance compared to BD, while MDD are the ones with less spiritual beliefs compared to SZ and BD. Thus, DD patients could show a distinct personality profile in terms of temperament and character dimensions depending on the CMD. These results should be taken into account to personalize treatments and improve outcomes.

References


VALIDATION OF A NEW GAMBLING QUESTIONNAIRE BASED ON DSM-IV-TR CRITERIA

M. Pascucci1, C. Villella1, C. De Waure2, E. Righino1, C. Ciciarelli1, M. Pettorriso1, A. Di Cesare1, S. Chiappini1, R. Testa1, G. Conte1

1. Institute of Psychiatry and Clinical Psychology, Catholic University of the Sacred Heart, Rome, Italy
2. Institute of Hygiene, Catholic University of the Sacred Heart, Rome, Italy

Objectives: the South Oaks Gambling Screen (SOGS) is a test used to measure the severity of Pathological Gambling (PG); despite having a high sensitivity, it has poor specificity. Our aim is to assess the validity of a test based on the DSM-IV-TR criteria for PG, trying to overcome the problem of false positives and overestimated severity.

Methods: 71 patients affected by PG, who accessed to our service, and 70 non-referred subjects underwent the following assessment tests:
- SOGS
- Test based on DSM-IV-TR criteria for PG
- Addiction Severity Index (ASI), to measure the severity of gambling and the socio-demographic variables.

Results: compared to SOGS, our questionnaire seems to be less sensitive but more specific. The new test has proved reliability, with a Cronbach’s Alpha of 0.922, indicating good internal consistency. One DSM criterion (number 8, which is positive only in 21% of gamblers) could be excluded, since its exclusion provides a slight increase in Cronbach's Alpha (0.926): in fact this criterion has been removed in the new DSM 5.

The discriminant validity of the test can be proved by the lack of correlation with: gender; marital status; educational level; occupation; and comorbidity with other mental disorders. The concurrent validity of the test is proved by the correlation with the interviewer addiction severity ratings of ASI.

Conclusions: the new test has proven to be an excellent alternative to SOGS, presenting a greater specificity and a good level of validity to measure the severity of PG.
CORRELATIONS BETWEEN PERSONALITY TRAITS AND PATHOLOGICAL GAMBLING’S CRITERIA

M. Pascucci1, C. Villella1, C. De Waure2, M. Pettorruso1, E. Righino1, S. Chiappini1, C. Ciciarelli1, A. Di Cesare1, R. Testa1, G. Conte1.

1. Institute of Psychiatry and Clinical Psychology, Catholic University of the Sacred Heart, Rome, Italy
2. Institute of Hygiene, Catholic University of the Sacred Heart, Rome, Italy

Objectives: considering the increasing diffusion of behavioral addictions and Pathological Gambling (PG) in particular, gambler’s personality has been long investigated recently. Our aim is to assess gambler’s temperament and character, according to their different positive diagnostic criteria for the disorder, assuming that certain personality traits may influence the severity of the disorder.

Methods: 71 patients affected by PG, who accessed to our clinic, were asked to fill the following questionnaires:
- Cloninger’s TCI-R
- DSM-IV-TR Criteria

Results: Univariate statistical analysis shows that the number of positive diagnostic criteria is positively correlated with the TCI-R subscales Novelty Seeking (NS) (coefficient 0.368, p<0.01) and Harm Avoidance (HA) (coefficient 0.362, p<0.01), whereas it is negatively correlated to Self-Directedness (SD) (coefficient -0.464, p<0.01) and Cooperativeness (coefficient -0.334, p<0.01).

It should be remembered that NS reflects a tendency to impulsivity, irritability, relational instability and boredom; HA reflects the fear of uncertainty, fatigue, passivity and pessimism; SD measures how an individual is trustworthy, responsible, well-resourced; Cooperativeness is an index of empathy and ability of feeling part of a community. Similar results in scientific literature have been found in alcoholism and further studies in the future could lead to new psychopathological hypotheses.

Conclusions: our data are in agreement with the hypothesis that impulsivity, unstable relationships, as well as the attitude of passivity can help to determine the severity of the pathology, while the attitude of self-determination, responsibility and cooperativeness may limit the symptoms of this disorder.
QUALITY OF LIFE IN DUAL PSYCHOTIC PATIENTS RECEIVING LONG-ACTING PALIPERIDONE PALMITATE: A ONE-YEAR FOLLOW-UP STUDY

J.M. Vázquez Vázquez 1, A. González-Rodríguez 2, P. Sanz Asín 1, L. Vicente Perellón 1, F.J. López García 1, C. Cruz Alonso 1, Oriolo, G 2, Ortega Pacheco 3

1 CAS Sants, Agencia de Salud Pública de Barcelona- ABD, Barcelona, Spain.
2 Psychiatry, Institute Clinic of Neurosciences Hospital Clinic of Barcelona. University of Barcelona, Barcelona, Spain.
3 Department of Psychiatry, Hospital Son Espases, Palma de Mallorca

Objectives: Our goal was to assess the effect of long-acting paliperidone palmitate (PPLAI) on psychopathology, readmission rates at inpatient units, and appointment rates at Emergency Services, consumption relapses and quality of life in dual psychotic patients.

Methods: We conducted a retrospective observational one-year follow-up study in 57 dual psychotic outpatients after switching antipsychotic treatment to PPLAI. Sociodemographic and clinical features were evaluated at baseline. We used the Brief Psychiatric Rating Scale (BPRS) to assess psychotic symptoms, and the Nottingham Health Profile (NPH) and the Short-Form-36 Health Survey (SF-36) to investigate quality of life. Forty-four dual psychotic patients completed the study.

Results: Seventy-nine per cent were men, 68% received economic benefits because of a multi-dependence pattern. 57% had Axis II comorbidity, and 61% showed organic diseases. At baseline, 60% of the sample received long-acting injectable antipsychotics, 40% oral antipsychotics and 47.4% antidepressants. Regarding psychopathology, after one-year, dual psychotic patients showed an improvement in positive, negative, affective and motor symptoms, and a statistically significant decrease in readmission rates and consumptions relapses. PPLAI was prescribed in monotherapy in 86% of the patients. Mean PPLAI dosage at baseline: 104.55 mg; mean PPLAI dosage at one-year: 134.09. After one-year, a statistically significant improvement was found in quality of life as measured by the NPH and SF-36.

Conclusions: Our study suggests that PPLAI would be useful in dual psychosis. We found a statistically significant reduction in psychopathological symptoms and a significant improvement in quality of life. Readmission rates and consumption relapses decreased after switching to PPLAI.
CIRCADIAN MELATONIN PROFILE IN OPIUM AND AMPHETAMINE DEPENDENT PATIENTS
H. Khazaie, H.R. Ahmadi, M.R. Ghadami
Sleep Disorders Research Center, Kermanshah University of Medical Sciences, Kermanshah, Iran

Objective: Although it seems that sleep problems in substance abuse patients may be caused by dysfunction of circadian rhythm, there is no study that examined the relationship between the serum melatonin levels and the presence of circadian rhythm sleep disorders (CRSD) in substance dependents. The aim of this study was to investigate the relationship between opium and amphetamine dependency with the serum melatonin levels in the presence of CRSD.

Methods: Forty four male amphetamine-dependent and opium-dependent patients with more than one year substance dependency enrolled in this study. The diagnoses of sleep disorders were established by a psychiatrist and were made on the basis of the criteria of ICSD-II using the patients’ sleep logs. Blood samples were drawn every 4 h through an intravenous catheter. Serum melatonin levels were assayed using an enzyme-linked immunosorbent assay (ELISA) kit. Repeated Measures Analysis of variance (ANOVA) was used to assess differences between the melatonin levels at six separate times.

Results: The serum melatonin level of the opium-dependent patients were significantly lower than the amphetamine-dependent patients at 24:00 (26.9±11.4 vs. 41±19.4, respectively; p= 0.006) and were significantly higher than the amphetamine-dependent patients at 16:00 (12.7±5.1 vs. 8.9±4.1, respectively; p= 0.011). There were no significant differences in the serum melatonin levels between the two groups at any other time measurement points.

Conclusion: This is an evidence of the effects of substance abuse on disruption in the circadian cycle of melatonin secretion in opium and amphetamine dependent patients.

Key words: Amphetamine, Opium, Melatonin
DRUG ADDICTION AND WOMEN - EXPERIENCE OF SPECIAL HOSPITAL FOR SUBSTANCE ABUSE IN BELGRADE
D. Raketic, M. Kovacevic
The Special Hospital for Addiction Diseases in Belgrade, R. Serbia.

There are an increasing number of studies dealing with the differences between men and women addicted to drugs. These differences have led to the introduction of treatment programs specifically tailored for women drug addicts.

In 2007, the Special Hospital for Addiction Diseases in Belgrade has opened new department for drug treatment of women addicted to drugs. In this paper shown are results of a study conducted on a sample of 70 women treated at this department.

Objectives:
The aim of this study was define socio-demographic, family and professional characteristics of treated female addicts, as well as the severity of their addiction.

Methods:
In this study a questionnaire for socio-demographic data and semi structured interview for the assessment Addiction Severity Index (ASI) were used.

Results:
Small percentage of the total number of patients are came to treatment because of the court sentence, while others come on the voluntarily base or because of family pressure. In this sample, the age structure ranges from 15 to 32 years, on average 22 years., exist a high unemployment rate and high percentage of substance abuse in the their family. Also the sexual and physical violence are often present in their life history.

Conclusion:
It is necessary to improve and increase availability to the gender specific treatment programs for female drug addicts, early detection of risk factors in the prevention of substance abuse, as well as cooperation with other segments of the community that contribute improving women's health.
CORRELATION STUDY BETWEEN NEGATIVE AFFECTIVITY AND WITHDRAWAL SYMPTOMS IN SMOKERS
S. Perillo, G. Bertoli, C. Berrocal, F. Cosci
1 University of Florence, Florence, Italy
2 University of Pisa, Pisa, Italy

Objectives: we investigated the possible correlation between depressive and anxious symptoms, measured via a scale assessing withdrawal symptoms (Smoker Complaint Scale - SCS) and depressive and anxious symptoms measured via scales commonly used in clinical populations (i.e., Montgomery Asberg Depression Scale - MADRS, Beck Depression Inventory - BDI, Profile of Mood State - POMS, Anxiety Status Inventory - ASI, Self-Rating Anxiety Scale - SAS) (here called clinical scales).

Methods: The SCS and the clinical scales were administered to a sample of subjects following a smoking cessation program. The assessment was run one week after the quit day. The exclusion criteria were: having an Axis I lifetime or current psychiatric disorder, being under psychotropic medication. Since a factorial analysis of the SCS does not exist, an exploratory Principal Component Analyses (PCA) of this scale was run to identify the SCS subscale for anxiety (SCS Anxiety) and the SCS subscale for depression (SCS Depression). Thereafter, the correlations between the SCS Anxiety and ASI, SAS, POMS – tension subscale as well as between the SCS Depression and MADRS, BDI, POMS-vigor, POMS-depression, POMS-confusion, and POMS-fatigue subscales were run.

Results: Thirty-eight smokers (29 males, 9 females), smoking a mean of 19.91 ± 7.64 cigarettes per day and aged 48.62 ± 12.10 years were enrolled. According to the PCA, the SCS Anxiety and the SCS Depression were identified and presented respectively 5 and 4 items. Statistically significant correlations between these subscales and the clinical scales were found.

Conclusions: The SCS and the clinical scales, which are commonly considered as measures of independent constructs, have highly correlated scores when used to assess anxious and depressive symptoms in quitting smokers. Thus, clinical scales should be applied to make a more detailed assessment once the presence of anxious/depressive symptoms has been shown by the SCS.
ADHD AND IMPULSIVITY IN METHADONE DEPENDANTS PATIENTS
D. Calvo Medel 1, S. Lou Mur 1, D. Perez Tausia 2, I. Alvarez Marrodán 3, R. Lopez Velasco 3 V. Torrente Mur 4
1 Centro de Salud Mental de Tudela (Navarra) Spain
2 Hospital de Día Irubide Pamplona (Navarra) Spain
3 Hospital psiquiatrico San Francisco Javier (Navarra) Spain
4 Centro de Salud Mental Milagrosa Pamplona (Navarra) Spain

Objectives
A descriptive study to identify and assess possible ADHD and impulsivity among users in a methadone maintenance program.

Methods
A total of 36 patients gave consent to be included in the study. The ASRS (World Health Organization Adult ADHD Self-Report Scale) was used to screen ADHD and abbreviated version of BIS-11 (Barrat Impulsivity Scale) was used to calculate impulsivity. All questionnaires were self-administered screening scales to facilitate collaboration. Non parametric analysis were conducted with SPSS 17.0.

Results
A total of 25% subjects were identified with ADHD (see table 1), with statistically significant differences between men and women. Differences were also found on measures of impulsivity according to Barrat scale in ADHD population (see table 2).

Table 1. Subjects identified as positive or negative for ADHD

<table>
<thead>
<tr>
<th>TDHA</th>
<th>Men N (%)</th>
<th>Women N (%)</th>
<th>Total N (%)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>17 (47,2%)</td>
<td>10 (27,8%)</td>
<td>27 (75%)</td>
<td>0,03*</td>
</tr>
<tr>
<td>Positive</td>
<td>8 (22,2%)</td>
<td>1 (2,8%)</td>
<td>9 (25%)</td>
<td></td>
</tr>
</tbody>
</table>

*Chi square non parametric α=0,1

Table 2. BIS-11 in ADHD positive and negative patients

<table>
<thead>
<tr>
<th>Barrat</th>
<th>ADHD Negative Mean (SD)</th>
<th>ADHD Positive Mean (SD)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attentional</td>
<td>65,07 (15,64)</td>
<td>78,00 (11,86)</td>
<td>0,010*</td>
</tr>
<tr>
<td>Motor</td>
<td>23,67 (5,77)</td>
<td>27,89 (4,37)</td>
<td>0,311</td>
</tr>
<tr>
<td>Nonplanning</td>
<td>23,93 (6,65)</td>
<td>31,00 (5,07)</td>
<td>0,003*</td>
</tr>
</tbody>
</table>

*U de Mann-Whitney α=0,1.

Conclusions
There is high comorbidity of ADHD and impulsivity in methadone users.
LEPTIN AND GHRELIN LEVELS IN ALCOHOL DEPENDENT PATIENTS AND THEIR RELATIONSHIP WITH WITHDRAWAL AND CRAVING
S. Mehta¹, A. Baruah², S. Garg¹, S. Khatri¹
¹ SGRRIM & HS, Dehradun, Uttarakhand, India
² LGBRIMH, Tezpur, Assam, India

Objectives: Association between leptin and ghrelin plasma levels and alcohol craving have been found in few studies. Aim of this study is to further research this correlation in a different population while comparing levels of these hormones with healthy individuals and also to study this correlation with respect to hyper-excitable state of alcohol withdrawal.

Methods: 25 indoor patients fulfilling the alcohol dependence criteria were assessed for withdrawal symptoms and craving for alcohol. Leptin and ghrelin levels were measured on 1st day, @ the end of 1st week, @ the end of 3rd week of stopping alcohol. Withdrawal was assessed using CIWA-A at day 1 and day 7, craving was assessed using PENN’s scale of craving at the end of week 1 and week 3. Control group consisted of 15 first degree relatives not taking alcohol.

Results: It was found that leptin [t (38) = 2.95, p = 0.005] and ghrelin[t (38) = 2.56, p = 0.015] were significantly higher in alcohol dependent patients. Levels of hormones had no significant correlation with alcohol withdrawal scores but had positive correlation with craving scores after abstinence.

Conclusions: This study shows that leptin and ghrelin, known for balancing the energy homeostasis of body, also seem to play a role in pathways of drug dependence and craving. This relation is independent of stress hormone axis as leptin and ghrelin levels are not correlated with withdrawal scores, which is an indicator of stress hormone axis activation during alcohol withdrawal.
CHEMICAL DEPENDENCY AND PERSONALITY DISORDERS: INITIAL RESULTS FROM A COMORBIDITY INPATIENTS STUDY
Fagundes R¹, Krieger DM¹, Reppold CT², Fialho PO², Sperotto IA², Pires GB², Galeli PR², Grassi HB², Terra MB²
¹. Centro de Estudos José de Barros Falcão (CEJBF), Porto Alegre Brazil
². Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSPA), Porto Alegre, Brazil

OBJECTIVES
To verify the frequency of comorbidities of personality disorders (PD) and substance use disorders (SUD) in an inpatients setting. Secondary objectives include assessing the relationship of this comorbidity with social and demographic variables, type and pattern of drug use.

METHODS
In an inpatient unit for treatment of SUD patients was applied the Structured Clinical Interview for DSM-IV (SCID-I) to confirm the diagnosis of SUD and SCID II to examine the occurrence of PD. A questionnaire was also applied to assess the pattern of drug use, social and demographic variables, besides some questions of the Addiction Severity Index to quantify the severity of the SUD.

RESULTS
Of the 68 patients who participated, 52.9% were diagnosed with PD. The most frequently PD were avoidant (16.4%), borderline (13.4%) and dependent (7.5%). No significant differences were found between groups (with and without PD) regarding social and demographic characteristics or the pattern of substance use. However, the PD group had a greater number of previous treatment (p=0.02) and a tendency to have longest continuous psychotherapy before admission (p=0.06).

CONCLUSIONS
A high frequency of PD was found among patients hospitalized in a unit for treatment of SUD, showing the relevance of their identification to optimize management.

REFERENCES
URBAN-RURAL CHARACTERISTICS AND DIFFERENCES IN patients with DUAL DISORDER PATHOLOGY IN FIRST ADMISSION FROM COMMUNITY CARE AND GENERAL PRACTICE

A. Fernández Gálvez, S.L. Romero Guillena, C. García Roman, F.J. Fernández Osuna

1. U.G.C. Salud Mental, Área Hospitalaria Virgen Macarena, Seville, Spain

Objectives: The aim of our study was to evaluate in the Carmona and Macarena Norte Community Mental Health Unit, the prevalence, diagnosis and therapeutic attitudes in first admissions patients referred from the community care centers. The secondary objective was compare the sociodemographic and clinical characteristics of the patients in relation to their urban-rural hometown.

Methods: A prospective epidemiological study was conducted. Data from 379 patients (urban) and 379 patients (rural) were obtained and the collected data was as follows: demographic details, diagnosis of mental disorder (ICD-10 criteria), current substance consumption, Psychopharmacological and Psychotherapeutic treatments and patient attendance or not to the Addiction Treatment Center.

We analyzed patients with dual diagnosis, this term applied to patients with substance misuse (except those with tobacco consumption only) and co-existing problems of mental disorder.

Results: The sociodemographic and clinical characteristics of the patients were the following:

<table>
<thead>
<tr>
<th></th>
<th>Urban patients</th>
<th>Rural patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presented dual disorder</td>
<td>11.6%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Gender</td>
<td>76.1% male</td>
<td>86.4% male</td>
</tr>
<tr>
<td>Age (average)</td>
<td>43.03 years</td>
<td>41.82 years</td>
</tr>
<tr>
<td>Most common mental disorder diagnosis</td>
<td>50.0 % Depressive disorder 25.0% Personality disorder 13.6 % Anxiety disorder 6.8% Acute psychotic disorder</td>
<td>31.0 % Depressive disorder 36.6% Personality disorder 11.3 % Anxiety disorder 9.9% Acute psychotic disorder</td>
</tr>
<tr>
<td>current substance consumption</td>
<td>34.1% consumed 2 or more substances 70.4% Alcohol 38.6% Cocaine 34.2% Cannabis</td>
<td>43.7% consumed 2 or more substances 61.9% Alcohol 33.6% Cocaine 32.3% Cannabis</td>
</tr>
</tbody>
</table>

Conclusion
In terms of prevalence and sociodemographic characteristics, data observed were similar to several studies in our region, whereas data analyzed regarding diagnosis and substance consumption were different.

References:
PSICOPATHOLOGY AND DRUG ABUSE IN A METHADONE MAINTENANCE PROGRAM PATIENT SAMPLE
F. Calvo-García1-2, C. Giralt-Vázquez1, O. Turró-Garriga3, Laia Calvó-Perxas3.
1. CAS Teresa Ferrer, Institut d’Assistència Sanitària (IAS), Girona, Catalonia.
2. Centre d’Acolliment i Serveis Socials la Sopa, Girona, Catalonia.
3. Unitat de recerca, Institut d’Assistència Sanitària (IAS), Girona, Cataloina.

Introduction
Psychiatric comorbidity ranges between 44% and 93% in patients with a diagnosis of opioid dependence.

Objectives
To determine the prevalence of dual pathology in patients in a methadone maintenance program (MMP), to analyze diagnostic characteristics, and the type of associated consumption.

Methods
Cross-sectional observational study using participants in a MMP carried out at the Monitoring Centre for Drugs and Drug Addiction Teresa Ferrer in Girona (Catalonia). A structured interview was designed ad hoc, and administered to all the participants in the MMP during 2012. Sociodemographic information, characteristics of consumption and psychiatric history were collected. Cases with dual pathology were detected by using the database from the Xarxa de Salut Mental de Girona.

Results
Sample of 104 patients, with a mean age of 39.38 (SD=7.41) years, and 77.9% were men. The prevalence of dual pathology was 20.2% (n=21; 95%CI 13.5-29.0%). A psychotic disorder was found in 13.7% of the cases, 14.1% had an adaptive disorder, 18.4% an affective disorder, 18.9% a personality disorder, and the remaining 34.9% had other disorders. Most of the cases (81.0%) with dual pathology maintained patterns of consumption while in the MMP (70.5% cannabis, 47.1% heroin, 29.4% cocaine, 29.4% alcohol, and 64.7% polyconsumption) which were similar to those of the cases without a psychiatric diagnosis ($\chi^2=1.3; df=3; p=0.741$). Around 40.4% of the cases have been admitted in a Detoxification Unit, and 34.6% in a residential therapeutic community.

Conclusions
Results show that one out of five patients in the MMP had dual pathology, and also, one out of five cases had a personality disorder. Most of the patients consumed drugs, mainly cannabis, heroin, and cocaine.

References
PREVALENCE OF DRUG ABUSE, MULTIPLE DRUG USE, AND RELATION WITH SOCIODEMOGRAPHIC CHARACTERISTICS IN A METHADONE MAINTENANCE PROGRAM PATIENT SAMPLE

F. Calvo-García1-3, C. Giralt-Vázquez1, O. Turró-Garriga2, Laia Calvó-Perxas3.
1. CAS Teresa Ferrer, Institut d’Assistència Sanitària (IAS), Girona, Spain
2. Unitat de recerca, Institut d’Assistència Sanitària (IAS), Girona, Spain
3. Centre d’Acolliment i Serveis Socials la Sopa, Girona, Spain

Introduction
Methadone maintenance programs (MMP) have been seen to be effective both in treating abstinence, and in reducing damages associated with drug use in patients with opioid use disorder. Inclusion in a MMP does not require drug abstinence, although it is highly recommended2.

Objectives
To determine the prevalence of substance use disorder, and the associated characteristics in patients in a methadone maintenance program (MMP).

Methods
Cross-sectional observational study using participants in a MMP carried out at the Monitoring Centre for Drugs and Drug Addiction Teresa Ferrer in Girona (Catalonia). A structured interview was designed ad hoc, and administered to all the participants in the MMP during 2012. Sociodemographic and information, characteristics of consumption were collected. A lineal regression model was adjusted to determine the characteristics associated with the time spent in the MMP.

Results
Sample of 104 patients, with a mean age of 39,38 (SD=7,41) years. Of them, 77,9% were men. Prevalence of substance use disorder was 81,8% (30,8% heroin, 42,3% alcohol, 30,8% cocaine, 53,8% cannabis, 12,5% benzodiazepines), and multiple drug-addiction (two or more substances) was detected in 48,5% of the cases. The mean time of the patients in the MMP was of 9,9 years (SD=6,5; Rank=1-25), and the variables associated to a greater time in the program were alcohol consumption ($\beta=0,183$; $p=0,044$) and a national origin ($\beta=-0,450$; $p<0,001$).

Conclusions
The patients in a MMP show a high prevalence of drug use. Persistence in the consumption, especially in the case of alcohol, extends the time spent in treatment, which may favour chronicity.

References
CAFFEINATED ENERGY DRINK AND COFFEE USE PREDICTS SUBSTANCE USE AND PSYCHIATRIC SYMPTOMS IN COLLEGE STUDENTS

D. Svikis, P. Dillon, L. Thacker, J. Hettema, S. Kornstein, D. Dick, K. Kendler
Virginia Commonwealth University, Richmond, Virginia, United States

Objectives: The popularity of caffeine-containing energy drinks (ED) has grown exponentially; especially in teens and young adults. In particular, caffeine use in combination with alcohol has prompted cause for concern. The present study compared mental health symptoms and other substance use in 3 student groups: those consuming coffee + EDs (Co+ED); those consuming coffee but no EDs (Co) and those consuming neither substance (NoCoED).

Methods: Subjects were N=1,953 college freshmen at an urban university who completed a 30-min on-line survey. Survey items included: demographics, coffee and ED use, mental health (depression and anxiety) symptoms, and alcohol /other drug use (Spit for Science project*). The sample was 39% male and 52% Caucasian. The 3 caffeine groups were: Co+ED (N=144); Co (N=883) and NoCoED (N=926). Chi-square analyses compared mental health and substance use symptom endorsement rates across the 3 caffeine use groups.

Results: The 3 caffeine groups differed on 9 of 24 mental health symptoms including: nervousness; faint/dizziness; low energy/slowed down; feeling blue; worry too much about things; trouble falling asleep; feeling tense/keyed up; restless/cannot sit still and feeling worthless (all p<.05). In each case, Co and Co+ED groups were more likely to endorse the symptom than the NoCoED group. The Co and Co+ED groups were also more likely to endorse 8 of 9 alcohol use disorder symptoms (all p<.05), with Co+ED group endorsing 6 of 8 alcohol symptoms at higher rates than Co group (all p<.05). Similar patterns were observed for cigarette smoking (p<.001) and other drug use (cannabis, sedatives, stimulants, cocaine and opioids) (all p<.002).

Conclusions: These associations suggest coffee/ED use may be an indicator of mental health symptoms (depression and anxiety) as well as other drug use and alcohol problems. More research is needed to better understand implications of study findings for psychiatric practice.
SLEEP ELECTROENCEPHALOGRAPHIC SPECTRAL POWER IN ALCOHOL-DEPENDENT PATIENTS
Lokesh Kumar Singh1, S Haque Nizamie2
1All India Institute of Medical Sciences, Raipur, Chhattisgarh, India
2Central Institute of Psychiatry, Ranchi, Jharkhand, India

Objectives: Sleep problems, which can have significant clinical consequences, are more common among alcohol dependent patients than among normal healthy subjects. The gold standard for objectively measuring sleep is polysomnography. In the present study, we used spectral power analysis of the sleep electroencephalographic (EEG) to quantify brain activity during sleep in patients as well as in control subjects.

Methods: 20 patients with alcohol dependence syndrome diagnosed as per ICD-10 (DCR), who have completed three weeks of detoxification in hospital, and meeting the exclusion-inclusion criteria were initially enrolled for the study. Patients were rated on HDRS, HAM-A, ASI, GAF, Sidedness Bias Schedule and SDQ at the time of enrollment. 20 normal healthy controls matched in terms of age and sex fulfilling inclusion-exclusion criteria were rated on Sidedness Bias Schedule, SDQ and GHQ-12. Throughout the night 40 channels polysomnographic recording was done for each of the patient and normal control for a single night using the Sandman Elite 7.2.1 software. Scoring for sleep stages and other events was done using Rechtshaffen and Kales criteria. Both computers assisted and manual scoring was done. 60 seconds epoch from each of the stages (NREM Stage 2, 3 and 4 and REM) of each subject were taken for computing power spectrum using the software Matlab 6.5.

Results: Patients had increased power in beta and gamma 1 bands in all regions during REM sleep as compared to controls. Controls showed increased power in delta band in the left temporal and right parietal, temporal, occipital and central region as compare to patient group during stage 2 and stage 3 sleeps.

Conclusion: Patients had increased power in beta and gamma 1 bands in all regions during REM sleep which could be interpreted as a sign of dysfunctional arousal during REM sleep.
USE OF PALIPERIDONE PALMITATE IN DUAL PATHOLOGY

Núñez Domínguez, LA 1; García Nicolás, M 2; Calvo Medel, D 2; Arbeo Ruiz, O 3
1 Centro Médico, Pamplona, Navarra, Spain
2 Centro de Salud Mental de Tudela, Navarra, Spain
3 Hospital de Día de Drosegpendencias Zuría, Pamplona, Navarra, Spain

Objectives: The main purposes of this research is to evaluate the efficacy and utility of Paliparidone Palmitate in Dual Pathology.

Methods: We carried out a follow-up of a group of patients diagnosed as Psychotic disorder with comorbid drug use and treated with Paliperidone Palmitate. We collected some data about drug use before and after the introduction of Paliperidone Palmitate as psychopharmacological treatment.

Results: We found no statistical differences in some variables into the groups of patients with and without abstinence after treatment, although drug users are older, with later beginning of drug use and more years of drug use. We found a relationship between type of drug (cocaine) and current drug use and doses of paliperidone palmitate and current drug use (the higher the doses, the lesser the level of drug use).

Conclusions: Paliperidone may be useful in the treatment of subjects with a psychotic disorder and comorbid drug use. The use of cocaine may be a major challenge in this kind of patients, considering the employment of higher doses.
AMNESIC DISORDERS INDUCED BY ALCOHOL: KORSAKOFF PSYCHOSIS

O. Fuertes Puchades 1, A. Peña 1, A. Muñoz Selva,1 S. Mayero Mariscal de Gante1, F. Molina Lopez1, C. Garay Bravo 1

1. Hospital General Universitario of Valencia, Spain.

Objectives: Alcohol abuse, causes impairment in memory, learning, executive and visual functions. Our aim is, to show out by a case report, the effects of alcohol misuse, and the importance of a good diagnosis from the beginning.

Methods: The present case is a 52 years old male, without psychiatric history, presented to the emergency department by relatives for behavioural changes at home characterized by irritability, disorganized and delusional behaviours of prejudice. They only talked about a history of alcohol abuse. After giving the appropriate treatment, the patient was presented several times by his family, to the emergency department, without an appropriate diagnosis.

Results: The main outstanding symptoms were disorientation in time and space, cognitive symptoms including slower thinking, difficulty concentrating and organising and important memory loss in asking about past events: retrograde amnesia.

As we interview the family, they outstand the evidence at home of amnesic-confabulatory symptoms “he talks about his mother, who died years ago, as if he lived with her” or even “he calls himself in another name”.

The first time this patient was brought up to the emergency service, the history of alcohol misuse and his disorientation in time and space was not well considered at first so the diagnosis was missed.

As the patient was explored, and his background history was collected, it was clarify that the amnesic and psychotic symptoms were related to this alcohol history abuse. An exhaustive study was needed since the beginning.

Conclusions: Beside forgetting, memory is also prone to distortions, errors and illusions. Confabulation is one type of memory distortion that may occur in cases of brain damage, such as Korsakoff Syndrome (KS).

Korsakoff syndrome causes problems learning new information, inability to remember recent events and long-term memory gaps. Memory problems may be strikingly severe while other thinking and social skills are relatively unaffected. Sometimes the symptoms may lead to under-diagnose, an exhaustive anamnesis is needed.

References
2. Comparisons between forms of amnesia: Some deficits are unique to Korsakoff's syndrome. Squire, Larry R. Journal of Experimental Psychology: Learning, Memory, and Cognition, Vol 8(6), Nov 1982, 560-571. doi:
EFECTIVIDAD DE UN PROGRAMA PARA LA PREVENCIÓN DEL INICIO DEL CONSUMO DE CIGARRILLO EN ADOLESCENTES DE SECUNDARIA DE COLEGIOS OFICIALES DE CARTAGENA, COLOMBIA

Z. Cogollo, E.M. Gomez-Bustamante
University of Cartagena, Cartagena, Colombia

Objectives: To implement and evaluate the effectiveness of the Building Health Program for preventing the onset of cigarette smoking among adolescents in public schools in Cartagena, Colombia.

Methods: A randomized and controlled trial was carried out which involving students between 10 and 15 years-old, students of sixth and seventh grade in State schools in Cartagena, Colombia. The intervention group (IG) was formed by 498 students, with mean age of 12.3 years (SD=1.1) and; control group (CG), 453 students with mean age of 12.2 years (SD=1.1). The GI attended to nine educational sessions of the program. The GC did not participate in any intervention. The effect of the program was estimated to five months.

Results: A total of 901 students who completed the follow-up, 50 students (5.3%) were lost, however, they were considered smokers in the analysis. A group of 49 students (9.8%) in IG experimented with cigarettes, compared with 44 students (9.7%) in CG. The difference was not statistically significant (1.01, 95%CI 0.66 to 1.56, p=0.948).

Conclusions: Building Health Program lacks of positive impact for preventing the onset of cigarette smoking. It is need to test the effectiveness of other preventive programs for preventing starting cigarette smoking among adolescent students in Cartagena, Colombia.

References:
THE NON-MEDICAL USE OF PRESCRIPTION DRUGS
M.P. Ordovás González, E. Rodríguez Jiménez, G.M. Chauca Chauca
1Hospital Universitario Reina Sofía, Córdoba.
2UGC Salud Mental Hospital Infanta Margarita, Cabra, Córdoba.

Objectives: Prescription drugs such as opioid analgesics, sedatives, anxiolytics and stimulants are essential pharmacological agents in psychiatric disorders. These pharmacy medicines are considered relatively safe but their abuse and addiction potential is increasingly recognised. The objective of this work is to describe the extent of non-medical use of prescription drugs and trends in prescription drug abuse and dependence.

Methods: A thematic literature review approach was adopted and a clinical case is exposed.

Results: 45 year-old female patient who is admitted for prescription drug detoxification. Her consumption per day consisted on 450 mg of tramadol, 30 mg of dipotassium clorazepate, 20 mg of diazepam, 3 mg of clonazepam, an ibuprofen tablet/8h and a diclofenac tablet/8h. She started a pain treatment after a car accident. She had never had before any contact with mental health. She increased gradually the consumption so far that she had to buy these prescription drugs illegally.

Conclusions: Investigation of factors that can predict vulnerability to addiction (social, genetic and developmental factors, and/or comorbidity with mental illnesses), strategies to help identify the early signs of addiction, and the best clinical practices for use of these agents will help minimize the likelihood of addiction. To reinforce the importance of continued national monitoring based on the increases in prescription drug abuse and dependence, high co-occurrence with other substance use disorders, and underutilization of substance abuse treatment services.

References:
MEDICAMENTAL AND PSYCHOTHERAPEUTIC CORRECTION FOR PATIENTS WITH AGGRESSIVE BEHAVIORS IN ALCOHOLICS
Ashurov Z.Sh., Tashkent Medical Academy, Uzbekistan

Over the past years the problem of the relations of various forms of unsocial behavior of alcoholic patients with clinical manifestations, as well as personal characteristics of patients did not pay any attention (T.B Dmitrieva, A.JL Igonin, 2006). Research objective: to develop treatment and rehabilitation programs for chronic alcoholic patients with deviant behavior. There was taken 60 patients to observe. All examined patients were divided into 3 groups - 2 main, depending on the availability of personality disorders. excitable (22 people) and inhibited types (18 people) and the control group (conditional were staid in premorbid period- 20 people). Pharmacological and psychotherapeutic correction of aggressive behavior suppose a combination of psychopharmacotherapy with psychotherapeutic effects in all stages of treatment. The study showed that the inclusion of personal features in the treatment of patients with chronic alcoholism with aggressive behavior was most relevant in the formation of unstable and becoming remission stages. Prolonged and intensive psychopharmacotherapy with neuroleptic drugs are the best suited for the patients with personality disorder excitable type. Of psychotherapeutic techniques for this group of patients was the most suitable individual rational and cognitive- behavioral psychotherapy.
Patients with personality disorder inhibited type was most justified the use of atypical antipsychotics in low dosages in case of reduce their ability to aggression, but it must save the social and labor adaptation of patients. For correction of affective disorders with antidepressants are used mainly balanced or activating action in medium therapeutic dosages. Individually Heschltal therapy showed the best results from psychotherapeutic methods. Premorbid conditionally staid patients need less psychopharmacological load: for correcting these violations required the appointment of short traditional courses "small" doses of neuroleptics of medium therapeutic dosages. Most actual for this group of patients was group psychotherapy in combination with family therapy.
EFFICACY OF MEMANTINE IN ALCOHOL WITHDRAWAL SYNDROME

Lokesh Kumar Singh1, Manish Kumar2, CRJ Khess3, Samir Kumar Praharaj4
1All India Institute of Medical Sciences, Raipur, Chhattisgarh, India
2Paras HMRI Hospital, Patna, Bihar, India
3Central Institute of Psychiatry, Ranchi, Jharkhand, India
4Kasturba Medical College, Manipal, Karnataka, India

Objective: The neurophysiological and pathological effects of ethanol are known to be mediated through glutamatergic system. Acute effects of ethanol disrupt glutamatergic neurotransmission by inhibiting the response of the N-methyl-D-aspartate (NMDA) receptor and prolonged inhibition of the NMDA receptor results in development of supersensitivity. Acute removal of ethanol causes marked augmentation of activity of postsynaptic neurons leading to glutamate-induced excitotoxicity. Therefore, drugs modulating NMDA receptor action has been hypothesized to be effective in different domains of alcohol use disorder. The present study was undertaken to examine the effectiveness of Memantine either alone or in combination with Diazepam in alleviating alcohol withdrawal syndrome.

Method: Total of 75 adult inpatients diagnosed as alcohol dependence syndrome fulfilling inclusion/exclusion criteria were recruited consecutively. After obtaining informed consent, 25 patients each were assigned to one of the three fixed dose detoxification regimen i.e. tab Diazepam 10 mg TID, tab Memantine 10 mg BID or combination of tab Diazepam 10 mg TID and tab Memantine 10 mg BID for initial 8 days, the rater being blind to the regimen assigned. Alcohol withdrawal signs and symptoms were recorded with the help of Clinical Institute Withdrawal Assessment of Alcohol (CIWA-AR) for eight days. Any adverse drug side effect was assessed on a self designed side effect checklist.

Result: Memantine was found to be equally efficacious in alleviating symptoms of alcohol withdrawal syndrome in comparison to Diazepam and combination of Diazepam & Memantine both. In particular alcohol withdrawal tremors were significantly better controlled with Diazepam and Memantine combination group as compared with Memantine alone, whereas the frequency of insomnia was found to be relatively higher in patients treated with Memantine alone.

Conclusion: Memantine was found to be efficacious, safe and well tolerated in patients with alcohol dependence syndrome during acute withdrawal.
CANNABIS ABUSE AND NEUROPSYCHOLOGICAL DEFICITS IN SCHIZOPHRENIA PATIENTS

K. Krysta, I. Krupka-Matusczyk

Medical University of Silesia, Katowice, Poland

Objective: The aim of the study is an assessment of cognitive functioning in abstinent schizophrenia patients with various previous pattern of psychoactive substance abuse.

Methods: The study was performed on a group of 80 schizophrenia patients (74 male, 6 female), aged 18-40 (mean 25) years, of whom in 40, a co-morbid psychoactive substance abuse was diagnosed. The latter group was subdivided, based on their predominant type of substance (opioid, amphetamine, or cannabis). All patients were examined during clinical improvement, and patients with comorbid substance abuse, after a six-week period of detoxification in a therapeutic community. A battery of neuropsychiatric tests was used, which included subtests of Trail Making Test, Stroop test and Verbal Fluency Test.

Results: Statistically significant effect for the Stroop RCNb test was found when comparing three group with ANOVA (p<0.05) as well as in individual comparisons between cannabis and opiates group (p=0.03) and between cannabis and stimulants group (p<0.05). Statistically significant effect for the Stroop NCWd test was obtained in the comparison of three group with ANOVA (p=0.018) and in individual comparisons between cannabis and opiates group (p=0.009) and between cannabis and stimulants group (p=0.02). Statistically significant effect for the Phonological fluency test was obtained in the comparison of three group with ANOVA (p<0.05) and in individual comparison between cannabis and amphetamine group (p=0.013). Finally, significant individual difference in the Categorical fluency test was obtained between cannabis and opiates group (p<0.05).

Conclusions: Abstinent schizophrenic patients who previously abused cannabis have worse cognitive functioning compared to other schizophrenic patients with comorbid substance abuse. A possible role of previous cannabis use or cannabis withdrawal in this phenomenon is discussed.
SOCIAL NETWORK INFLUENCE ON SUBSTANCE USE AMONG ADOLESCENTS IN LAGOS, NIGERIA
O. Famuyiwa¹, Y. Oshodi¹, S. Saleh²
¹ College of Medicine, University of Lagos, Nigeria
² Amino Kano University Teaching Hospital, Kano, Nigeria

Objectives: To ascertain the use of addictive substances within three key networks: Relatives, Parents and Close friends as reported by urban Nigerian adolescent users and to incorporate relevant findings in advocacy for preventive stratagems. Secondly, to make comparisons with data from the Western countries.

Methods: A validated Questionnaire anonymously enquired as to the use of addictive substances by a stratified sample of Nigerian adolescents domiciled in Lagos. The universe was very large (N= 4300). Missing data and non-response rates were very few: 2.1 and 1.4 respectively.

Results: A significant proportion of cigarette smokers (42.2%) and alcohol drinkers (42.2%) reported that at least one member of their Relatives network had taken these substances. These figures are high compared with the corresponding figures for cannabis (4.3%), Heroin (3.1%), Cocaine (3.7%), LSD (3.6%), Psychostimulants (4.9%) and glue (6.6%).

The corresponding figures for Close Relatives network were: cigarette (18.8%), alcohol (21.5%), and on average (1.6%) for cannabis, heroin, cocaine, LSD, psychostimulants and glue. The figures for the Parents network were insignificantly different from the figures for Close friends network.

For all networks combined, smokers of cigarettes and alcohol drinkers outnumbered the users of all the other addictive substances i.e illicit drugs. (N=6 & 18, t=4.451, p=0.007)

Conclusions: Among Nigerian urban adolescents, use of substances by members of their three key networks seemed to be an instigant to the use of the licit substances (cigarettes and alcohol) but very much less so for the illicit substances by these adolescents. These findings are at variance with those for the Western world where adolescent users reported considerable use of substances in most if not all their social networks.

In our opinion, advocacy for substance use prevention should stress the 'contagiousness' of addictive substance use in the adolescents' social environment.

We admit that it was uncertain whether use of substances in the networks antedated the first use of substances by our adolescent subjects.
SOCIODEMOGRAPHIC AND CLINICAL ASSOCIATIONS BETWEEN NICOTINE DEPENDENCE AND MENTAL ILLNESS
R.M.Oliveira¹, A.C.SiqueiraJr², J.L.F.Santos¹, A.R.F.Furegato¹
¹ University of São Paulo, Ribeirão Preto SP, Brazil
² Marília Faculty of Medicine, Marilia SP, Brazil

People with mental disorders tend to smoke more heavily and have greater difficulty in quitting the habit when compared to other groups of the population. Thus, the objective of this study is to compare sociodemographic and clinical variables of patients hospitalized in a psychiatric unit of a general hospital according to their nicotine dependence.

Method: Exploratory study, undertaken in Brazil between August 2010 and February 2012, with 96 smokers, all of them hospitalized carriers of mental disorders. The sociodemographic and clinical data were obtained using a questionnaire, devised by the researchers for the study. The degree of nicotine dependence was assessed by the “Fagerström Test for Nicotine Dependence”. The data was subjected to descriptive and bivariate analysis.

Results: The majority of people with mental disorders (53.2%) had a high (29.2%) or very high (24%) degree of nicotine dependence. Higher degrees of dependence are associated with the schizophrenic, mood and personality disorders (p=.01), greater age (p=.006) and somatic comorbidities (p=.048). Moreover, there is a higher frequency of the very high degree of dependence among chronic patients and those with higher frequency of hospitalizations. These results are in line with the current measures for restriction of smoking in the health services and with the valuing of psycho-social rehabilitation through the reinsertion of people with mental disorders into the community.

Conclusion: Severity of nicotine dependence differs between patients with severe mental disorders (schizophrenia, mood and personality disorders) and other psychiatric patients.
PREVALENCE OF DUAL DIAGNOSIS-PSYCHIATRIC DISORDERS AND PSYCHOACTIVE SUBSTANCE ABUSE IN HOSPITALIZED PATIENTS DURING ONE YEAR PERIOD
Dzevad Begić, Srebrenka Bise, Omer Ćemalović, Biljana Kurtović
Psychiatric Hospital Sarajevo. Bosnia and Herzegovina

Objective: Substance abuse and dependence often exist with other psychiatric conditions (up to 70%) and can complicate treatment and prognosis. It is therefore important to recognize both conditions and to treat them simultaneously.

Aim: to study the prevalence of dual diagnosis among psychiatric patients and to describe the profile of patients with dual diagnosis.

Method: Our research included all hospitalized patients during a year, numbering 601, among whom 88 were addicts, and 68 (10%) had dual diagnoses (ICD-10 diagnostic criteria).

Results: Among patients with dual diagnoses, 44 (65%) patients were with alcohol dependence, 4 (6%) with opiate addiction, 2 (3%) with cannabis abuse, 4 (6%) with benzodiazepines addiction and 14 (20%) patients were polysubstance users.

Comorbidity was registered in 68 patients. The psychiatric diagnosis included 35 (52%) personality disorders, 17 (25%) posttraumatic stress disorders, 8 (12%) cases of psychosis and 7 (11%) mood disorders.

The sample included 63 men and 5 women. The mean age was 41.5 years. 33 patients were married and 35 were single. Only 7 patients were employed, 47 were unemployed and 14 patients were retired.

Conclusion: according to our data, addiction as a dual diagnosis appears in 11% hospitalized patients. They are most often unemployed middle-age men. The most common form of addiction is alcoholism, followed by mental illnesses caused by the abuse of several psychoactive substances. The most prevalent comorbidity is personality disorder, followed by posttraumatic stress disorders.


EFFECTS OF MODULATION OF PREFRONTAL CORTEX BY TRANSCRANIAL DIRECT CURRENT STIMULATION IN SMOKERS

M. C. V. S. Brangioni¹, J. P. Brasil-Neto¹, F. Fregni², L. G. B. Telles¹, L. A .S. Silva¹,
D.A. Pereira³, R. Boechat-Barros¹
¹University of Brasília, Brasília, Distrito Federal, Brazil.
²Harvard Medical School, Boston, Massachusetts, USA.
³IBNeuro-Brazilian Institute of Neuropsychology and Cognitive Sciences, Brasília, Distrito Federal, Brazil.

Objectives: Modulation using electrical transcranial direct current stimulation (tDCS) in the left dorsolateral prefrontal cortex may play an important role in the fight against smoking.

Methods: Third-one smokers were randomized, 19 received the active tDCS (anode on the left DLPFC and cathode on the right supra-orbital region), and 17 received false stimulation (placebo). Patients received 20 minutes session in five consecutive days of a constant current of 1mA. Structured Clinical Interview for DSM Disorders (SCID), Smoking History Questionnaire, Motivation (mVAS) and Craving (cVAS) Visual Analog Scale, and Cigarettes Card Self-Monitoring (CCSM) were used for evaluations. Patients were evaluated immediately before the first session, and later after 5th, 7th, and 30th day.

Results: Friedman’s pairs post-hoc analysis showed that the group receiving stimulation obtained significant differences (1.96, p=0.001) between Time 1 (pre-treatment), and Time 2 (after 5 sessions) in the cVAS. This difference was not observed (.83, p=0.683) in the placebo. Similar results were found in the average of cigarettes consumption (1.82, p=.001 to real stimulation, and 1.23, p=.155 to placebo). Regarding the motivation to quit smoking (mVAS), no statistical difference was found. The improvement obtained with real stimulation was maintained at 7 and 30 days (2.15, p=.99), as the number of cigarettes and craving (1.82, p=.99). There were no reports of collateral effects with tDCS.

Conclusions: We observed that tDCS is a safe technique, easy to use and can increase the chances of smokers to abstain.
PREVALENCE OF COMORBID DEPRESSIVE SYMPTOMS IN ALCOHOL DEPENDENT PATIENTS CONSIDERING LESCH SUBTYPES
A. Celofiga, S. Sinko, B. Kremzar Jovanovic
Department for psychiatry, University Clinical Center, Maribor, Slovenia, Europe

Objectives: Prevalence of comorbid depression and alcohol dependence differs substantially when applied to specific Lesch typology subtypes. Type III patients show pre-alcoholic mood changes and common primary depression, which requires specific treatment. Depression in type II is usually secondary.

Methods: In our study, we evaluated the prevalence of comorbid depressive symptoms among different Lesch subtypes of alcohol dependence and determined whether there is a difference in the prevalence of depressive symptoms immediately upon admission and after 10 days and 4 weeks. We included patients aged 18-60 y.o. with ICD-10 diagnosis F10.2, admitted to alcohol dependence treatment at Department of Psychiatry, University Clinical Center Maribor. We differentiated patients to Lesch subtypes and compared two subgroups: subgroup A (depressive symptoms assessed at admission); subgroup B (after ten days and four weeks). Beck depression questionnaire (BDI-II) and clinical assessment were used.

Results: Our sample is 100 patients. The study is still in progress. Preliminary results show, that 40%-50% of Lesch subtype III patients had moderate/severe depression. In subgroup A 40% of patients reached BDI-II criteria for moderate depression, 10% for severe depression. In subgroup B 20% of patients reached BDI-II criteria for moderate depression, 20 % for severe depression. In Lesch type II, 20% of subgroup A patients reached BDI-II criteria for moderate depression, none for severe depression. 9% of subgroup B patients reached BDI-II criteria for mild depression, none for moderate or severe depression.

Conclusions: Prevalence of comorbid depressive symptoms is higher in Lesch type II and III patients. Subtype III shows a relatively stable depressive symptoms. Lesch typology could be useful to differentiate depressed alcoholic patients, who might need treatment for depression.
STUDY OF DUAL PATHOLOGY PREVALENCE IN PARTIAL HOSPITALIZATION
M. Guitart Colomer, C. Mangot Sala, R. Barniol Pretel, V. Rodrigo Martinez, M. Puigpiquer Divins, M.A. Foz Baeta.
Hospital de Dia d’adults del Berguedà, Germanes Hospitalàries, Martorell (Barcelona)

Introduction
Coexistence of one or more mental disorders in individuals who also satisfy diagnostic criteria for a substance use disorder is frequent. Mental and substance use disorders share some underlying causes, including genetic vulnerabilities and early exposure to stress.

Objectives
The aim of this study was to identify all the patients with comorbid mental health and substance misuse problems who have been in partial hospitalization among 2013. Moreover, the study wants to examine which mental disorder is more frequently associated with substance use disorder.

Methods
This is a retrospective, descriptive study of patients admitted in partial hospitalization during 2013 (N=46). The characteristics of patients with both disorders were studied and compared. We analyzed which type of substance was taken and the mental disorder co-occurred in every patient.

Results
Comorbidity of mental and substance use disorders was present in 16 patients (5 female and 11 male) which means the 37% of all the group. Focused in substance misuse, 9 patients took alcohol, 2 cannabis, 2 cocaine, 1 sedatives, and two patients took more than one substance. Affective disorders were the most frequent mental diagnoses in axis I (9 patients with Major Depressive Disorder and 2 patients with Bipolar Disorder). About the other patients, 3 of them had psychotic disorders and the last 2 had a personality disorder.

Conclusions
A lot of patients have comorbid mental health and substance misuse problems. More than one in three patients who needed partial hospitalization had also a substance use disorder. Affective disorders are more associated to dual pathology in our sample than psychotic or behavioral disorders.
THE ASSESSMENT OF OCULAR MOVEMENTS DEPENDING ON DAILY DOSE OF METHADONE IN PATIENTS ADDICTED TO OPIOIDS

J. Feit1,2, P. Walecki4, W. Lasoń4, M. Kune5, E. Nowińska2, E.J. Gorzelańczyk1,2,3

1 Non-public Health Care Center Sue Ryder Home in Bydgoszcz, Poland
2 Department of Theoretical Basis of Bio-Medical Sciences and Medical Informatics, CM UMK, Bydgoszcz, Poland
3 Institute of Philosophy, Kazimierz Wielki University, Bydgoszcz, Poland
4 Jagiellonian University, Medical College, Faculty of Medicine, Krakow, Poland
5 University of Leeds, Leeds, UK

Objectives

This study aims to assess the impact of a dose of methadone on ocular movements (saccades) in opioid addicted subjects. The study of eye movements control can be used to understand brain functioning and abnormalities of ocular motility, are frequently the clue to localize disease process. The neural structures that control saccades comprise nearly every level of the brain. Thus neurological and physiological disorders have a variety of effects on the saccadic parameters.

Methods

126 patients from the substitution program were examined. The study included 66 subjects with the daily dose of methadone between: 20-75 ml (I study group) and 60 subjects 80-130 ml (II study group). The examination was conducted twice: before and about 1.5 hours after the administration of a therapeutic dose of methadone. Performed Latency Test (LT) with Saccadometr diagnostic system.

Results

The statistical analysis shows that the mean peak velocity in the first study group after the administration of methadone was statistically significantly decreased (p=0.03) but in the second study group was no statistically significant difference. It was observed that the mean amplitude after the administration of methadone increased statistically significantly in second study group (p=0.01) in opposition to the ones from first study group where there was no statistically significant difference.

Conclusion

These results suggest that methadone impaired the saccadic refixation parameters values in second study group as compared to the first study group. The observed changes in values for eye movements may be due to the inhibitory effect of methadone on CNS.
METHYLENETETRAHYDROFOLATE REDUCTASE C677T GENE POLYMORPHISM IN HEROIN DEPENDENCE: A CASE CONTROL STUDY

1 Faculty of Medicine, Mansoura University, Mansoura, Egypt.

Objectives, Methylenetetrahydrofolate Reductase (MTHFR) gene polymorphism is associated with depression, schizophrenia, bipolar disorder and some of substance dependence, but little is known about its role in Heroin use. We aimed to examine the association between the MTHFR C677T polymorphism and homocysteine level with Heroin dependence and its severity.

Methods, 178 cases and 192 controls were interviewed by mini international neuropsychiatric interview and Severity of Dependence Scale (SDS) questionnaire. Genotyping of the C677T and homocysteine level was done.

Results, The genotypes CT and TT are 3.7 and 13.9 times more likely to be drug dependent than genotype CC; respectively. Also the presence of allele T is associated with increased likelihood of dependence compared to allele C. Also, the CT and TT genotypes have a significantly longer duration of dependence, higher severity score, more relapse, larger dose of daily Heroin intake and higher percent of positive family history compared to genotype CC. The same pattern was observed in allele T compared to allele C. Homocysteine level is significantly higher in cases than control. Among control homocysteine level does no significant variation according to genotype and allele type. On the other hand, in cases the homocysteine level is significantly higher in genotype CT and TT compared to CC and with allele type T compared to C.

Conclusions, MTHFR C677T gene polymorphism and homocysteine level are linked to Heroin dependency occurrence and severity.
COMPARISON OF THE SACCADIC REFIXATION PARAMETERS IN PATIENTS TREATED WITH METHADONE AND INDIVIDUALS FROM THE CONTROL GROUP

J. Fei1,2, P. Walecki4, W. Lason4, M. Kunc5, E. Nowińska2, E.J. Gorzelańczyk1,2,3

1 Non-public Health Care Center Sue Ryder Home in Bydgoszcz, Poland
2 Department of Theoretical Basis of Bio-Medical Sciences and Medical Informatics, CM UMK, Bydgoszcz, Poland
3 Institute of Philosophy, Kazimierz Wielki University, Bydgoszcz, Poland
4 Jagiellonian University, Medical College, Faculty of Medicine, Krakow, Poland
5 University of Leeds, Leeds, UK

Objectives

This study aims to assess the saccadic refixation parameters in opioid addicted subjects treated with methadone compared to control group. Administration of psychoactive drugs increases dopaminergic receptor stimulation, improves mood and stimulates motor activity. Structural and functional changes can be observed in particular structures of the central nervous system (CNS).

Methods

Eighty-six patients from the substitution program were examined. The study included 36 subject of the control group. The trial was conducted twice: before and about 1.5 hours after the administration of therapeutic dose of methadone. Performed Latency Test (LT) with Saccadometr diagnostic system.

Results

The statistical analysis showed that the mean duration before and after the administration of methadone was a statistically significant increases (p=0,0001) in the subjects from substitution program compared of the control group but after administration of methadone the value greatly increased in experimental group (before 52 ms, after 56 ms). It was observed that the mean amplitude after the administration of methadone increased statistically significantly in experimental group compared of the control group (p=0,02). Mean peak velocity of latency after the administration of a therapeutic dose of methadone was statistically significant decreased in experimental group compared of the control group (p=0,0004).

Conclusion

The results indicate a change in the dynamics of saccade after methadone administration. The observed changes in values for eye movements may be due to the inhibitory effect of methadone on CNS.
PSYCHOSOCIAL PREDICTORS OF SUBSTANCE USE AMONG ADOLESCENTS IN SOWETO, SOUTH AFRICA

J.F. Magidson 1, J.J. Dietrich 2, K. Otwombe 2, K. Sikkema 3, I.T. Katz 1,4, G. Gray 2
1 Massachusetts General Hospital/Harvard Medical School, Boston, Massachusetts, USA
2 Perinatal HIV Research Unit, University of the Witwatersrand, Chris Hani Baragwanath Hospital, Johannesburg, South Africa
3 Duke University, Durham, North Carolina, USA
4 Brigham and Women’s Hospital/Harvard Medical School, Boston, Massachusetts, USA

Objectives: Substance use is prevalent and increasing among adolescents in South Africa, particularly in low-income areas. This is a significant public health concern given associations of substance abuse with greater likelihood of HIV acquisition and transmission. We aimed to identify demographic and psychosocial correlates of alcohol and other substance use among adolescents living in South Africa.

Methods: This was a cross-sectional study of 16-18 year olds living in Soweto, South Africa. The survey was interviewer administered and assessed demographics, sexual activity, and other psychosocial factors relevant to substance use (depressive symptoms, exposure to violence, self-esteem, and parent adolescent communication). Adjusted multivariate logistic regressions were used to examine correlates of lifetime drug use and alcohol use in the past six months.

Results: Of the 822 (57% female) enrolled participants, 20% had ever used drugs. Marijuana was the most commonly reported substance (18% of the sample reported marijuana use in the past 6 months). 53% of the sample had used alcohol in the past 6 months. In multivariate analyses, drug use was associated with being male (OR=3.40, p<.0001), older (i.e., 18 years old vs. 16; OR=1.10, p<.05), sexually active (OR=2.10, p<.001), and having greater depressive symptoms (OR=1.04, p<.05). Normal levels of self-esteem (compared to low self-esteem) were associated with lower likelihood of drug use (OR=.32, p<.01). Alcohol use in the past six months was associated with being male (OR=1.92, p<.0001), being sexually active (OR=3.10, p<.0001), and previous exposure to violence (OR=2.91, p<.0001).

Conclusions: Interventions that address mental health issues (i.e., depression and exposure to violence), may be important targets for reducing drug use and alcohol use in this population. Given higher levels of sexual activity among individuals using alcohol and other substances, tailored intervention efforts may be warranted to reduce substance use and promote sexual health in this population, particularly among males.
PSYCHOPATHOLOGICAL POSITION OF HEROIN ADDICTS WITH VARYING DEGREES OF MOTIVATION TO TREATMENT

Sultanov Sh.
Department of Psychiatry and Addiction Tashkent Medical Academy
Uzbekistan. Tashkent

Despite the many works not all aspects of clinic patients with heroin addiction, with varying degrees of motivation to treatment given the necessary attention. The main objective of our study was to determine the differences between the characteristics of patients with high and low degree of motivation to treatment and rehabilitation of passage. We examined 54 patients aged 17 to 42 years, suffering from heroin addiction. Group 1 consisted of 30 patients - people with weak intention treatment, avoidance of treatment and rehabilitation. The second group - 24 cases, was formed from patients who have announced their intention to be treated, the prescribing physician performed, followed by treatment regimens. Analyzing the features of formation and dynamics of the main symptoms and syndromes of heroin addiction, the nature and severity of health and social consequences, stated there are some differences among patients with the same disease stage. These differences concerned the terms of formation, and the severity of psychopathological symptoms clearance. As evidenced by the results of clinical and statistical analysis, they were due to different levels of motivation for treatment. Low motivation formed in patients with the most unfavorable combination of predisposing factors: the presence of premorbid personality deviations, neurological anomalies and adverse social environment. All the symptoms and syndromes of disease are formed in a short time and lead to serious health and social consequences.

High level of motivation to treatment formed in stenik, motivated individuals with good physical health without neurological disorders, prosperous environment microsocial stored intra-family relationships, high level of intelligence. Medical and social consequences that occur are less pronounced than in the presence of low levels of motivation to treatment. In the treatment and rehabilitation of heroin addicts need to consider the level of motivation: if patients with low levels of motivation can be shown as longer and repeated courses of inpatient treatment followed by long-term rehabilitation centers, patients with low levels of motivation in need of treatment of residual lesions of the central nervous system, and patients with a high level of motivation with stored relations within, need long-term outpatient drug treatment control.
ANTIOXIDANT SYSTEM AT EXPERIMENTAL MODEL OF DRUG INTOXICATION

V. Abdullaeva
Tashkent pediatric medical institute, Tashkent, Uzbekistan

Objectives was studying of a condition of antioxidant system of blood at experimental model of drug intoxication.

Methods. Material for studying were rats. Biochemical researches - allocation mitochondrial (Mch) and mikrosomal (Ms) fractions of hepatocytes with determination of intensity of generation oxygen active forms, definition of formation of middlemolecular peptides (MP) were conducted.

Results. The general protein is decreased in Mch and Ms fractions of hepatocytes at chronic intoxication. Generation of oxygen active forms in fraction Ms of hepatocytes increased in early terms after chronic drug intoxication by 6,36 times concerning control. Accumulation of MP increased by 4,76 times. In the subsequent terms on 7 and the 14th days after the last drug intoxication accumulation of MP decreased in relative to initial level in 1,19 and 1,42 times respectively. High maintenance of MP will be reflected in formation of products of disintegration of macromolecules of the proteinaceous and lipidic nature. The maintenance of splinters of macromolecules in Mch and Ms fractions was increased in 1,4 and 2,5 times respectively concerning control.

Conclusions. At chronic drug intoxication in Mch and Ms fractions of hepatocytes unidirectional changes are found. Its connected with decrease the general protein in these subcellular fractions, strengthening of formation oxygen active forms shown in accumulation of MP, that testifies to strengthening of generation of high-reactionary forms of oxygen and anti-radical protection of blood in damage of visceral organs. It is inclusion justification as corrective therapy the membranotrop preparations.
THE AUDIT-C AS MARKER OF ALCOHOL/SUBSTANCE-USE DISORDERS IN PSYCHIATRIC INPATIENTS

T. Lineberry¹, M.J. Hitschfeld¹, B. Palmer¹, K. Miller¹, C. Bryan²
¹. Mayo Clinic, Rochester, Minnesota, USA
². University of Utah, Salt Lake City, Utah, USA

Objectives: The Alcohol Use Disorders Identification Test – Consumption (AUDIT-C) is a three-item survey derived from the 10-item AUDIT. Recent research found a positive AUDIT-C screen by routine screening was associated with higher likelihood of not only alcohol use disorder (AUD) but another substance use disorder (SUD).

Methods: This IRB approved retrospective review study utilized electronic medical record data. A positive AUDIT-C from admission screening with an AUD/SUD as either primary or secondary diagnosis by age group and gender was defined along with Receiver Operating Characteristic (ROC) curves for AUDIT-C scores for an associated AUD/SUD.

Results: The study included 7,698 subjects; 3,295 (43%) were males, 6,658 (87%) were Caucasian, and mean age was 38.9 ± 18.0 yrs. A total of 5,758 (75%) of admissions had AUDIT-C data available; 1,438 (25%) had a positive AUDIT-C; 3,236 (42%) patients had an AUD/SUD diagnosis. Approximately 50% of patients under age 45 in both genders screened positive on AUDIT-C if they had an AUD/SUD – this proportion dropped to 30-40% in older patients. An AUDIT-C score ≥ 5 for women and ≥ 6 for men correctly predicted an AUD/SUD diagnosis over 90% of the time.

Conclusions: Our inpatient population, both women and men, with a positive AUDIT-C on routine admission screening were very likely to have an AUD or other SUD. A positive AUDIT-C routine screening should prompt not only more comprehensive assessment of AUDs, but also SUDs.

QUANTITATIVE EEG AND RESTING FUNCTIONAL CONNECTIVITY ABNORMALITIES IN ALCOHOL DEPENDENCE.

R. Mendoza¹, A. Herrera¹, Y. Romero¹, A. Caballero², M. Carballosa², I. Salazar²
¹ Cuban Neuroscience Center
² Psychiatry Unit “Gali García”, National Hospital “Enrique Cabrera”

Objectives
The methods of functional connectivity (FC) can discriminate between alcoholic patients and healthy subjects. Particularly, the Synchronization Likelihood (SL) is a measure of FC is growing interest in the last years. However, most studies have been restricted mainly to males. The purpose of this work was to examine electroencephalographic features associated with alcohol dependence in female patients, by using qEEG and SL as a measure of functional connectivity in an effort to add more evidence towards addressing the relationship between the FC and the severity of impulsiveness rated by the Barratt impulsiveness Scale (BIS).

Methods
Resting state-qEEG absolute powers of the four classic bands and the SL values were obtained from fifteen alcoholic patients and fifteen age- and gender-matched controls, and correlation analyses determined whether functional brain abnormalities was related to higher levels of trait impulsivity.

Results
In terms of resting qEEG, the group of patients had greater beta power together with lower spatial-synchronization in alpha/beta activity, and greater spatial-synchronization in gamma activity compared to the controls. In addition, EEG-Synchronization Likelihood values were correlated with the severity of impulsiveness rated by the BIS scale.

Conclusions
The findings of the present work suggest that functional brain abnormalities are still present in rehabilitated alcoholic patients, which may contribute to relapse or dysfunctional social rehabilitation.
DO PTSD AND DEPRESSION SYMPTOMS REFLECT A GENERAL POST-TRAUMATIC STRESS RESPONSE? IDENTIFYING PROFILES VIA LATENT PROFILE ANALYSIS.

C. Armour1, A. Contractor2, J. D. Elhai2, M. Stringer3, G. Lyle3, D. Forbes4, J. D. Richardson5,6

1 University of Ulster at Coleraine Campus, Coleraine, Northern Ireland, UK
2 University of Toledo, Toledo, Ohio, USA
3 Northern Ireland Prison Service, HMP Magilligan, Limavady, Northern Ireland, UK
4 University of Melbourne, Victoria, Australia
5 University of Western Ontario, London, Ontario, Canada
6 McMaster University, Hamilton, Ontario, Canada

Objectives: 1. To identify latent profiles from participants responses to posttraumatic stress disorder (PTSD) and depression (MDD) indicators 2. To determine associations between profiles and severity of health related functional impairment (HRF).

Methods: We used archival data from 283 previously war-zone deployed Canadian veterans. Latent profile analysis (LPA) was used to uncover patterns of PTSD and MDD comorbidity as measured via the PTSD Checklist-Military version (PCL-M) and the Patient Health Questionnaire-9 (PHQ-9). Individual membership of latent classes was used in a series of one-way ANOVAs to ascertain group differences related to HRF as measured via the Short-Form-36 Health Survey (SF-36).

Results: LPA resulted in three discrete patterns of PTSD and MDD comorbidity which varied quantitatively, supporting the idea that PTSD and MDD represent a general traumatic stress response. All ANOVAs comparing class membership on the SF-36 subscales were statistically significant.

Conclusions: In accounting for PTSD and MDD’s high comorbidity the current study suggests both are part of a general traumatic response. Overall there seems to be a consistent pattern of better functioning on several domains of health and well-being with decreasing MDD and PTSD symptomatology. These findings are clinically relevant as they demonstrate the need for continual assessment and targeted treatment of co-occurring PTSD and MDD.
A MODEL OF INTERNET ADDICTION BY ANALOGY WITH PATHOLOGICAL GAMBLING
V. K. Y. Chan, R. S. P. Chong, J. K. K. Si, A. S. I. Cheong
Macao Polytechnic Institute, Macao, Macao Special Administrative Region, China

Objectives: This study investigates the relationships between an individual’s degree of Internet addiction and his/her psychological traits of escape and excess as well as the attitude toward behaviour. Escape and excess were inspired by an analogy with previous studies of pathological gambling, which have been shown in the literature to share “a common psychopathological dimension” with Internet addiction.

Methods: This study operationalizes Internet addiction, escape, excess and the attitude toward behaviour using proven test items. Data was collected through 562 questionnaire copies in Macao, China. Structural equation modelling was adopted so as to derive a parsimonious, quantitative model relating Internet addiction with its key determining factor(s), which may include all or a subset of escape, excess and the attitude toward behaviour.

Results: This study revealed that excess, together with the attitude toward behaviour, exerted the main effects on Internet addiction whereas the effect of escape might only be channelled predominantly through excess and the attitude toward behaviour. Also, the unstandardized factor loading of Internet addiction on excess is 21.46 ($p < 0.001$) whereas the unstandardized factor loading of Internet addiction on the attitude toward behaviour is -3.68 ($p = 0.006$).

Conclusions: The said “common psychopathological dimension[s]” should be excess. This cross-disciplinary study integrates Internet addiction and pathological gambling and identifies their “common psychopathological dimension[s]”.

Individuals’ high ratings of the trait of excess are associated with their high propensities for Internet addiction and vice versa after controlling for the attitude toward behaviour. Individuals’ high ratings of the trait of the attitude toward behaviour are associated with their low propensities for Internet addiction and vice versa after controlling for excess.
EXECUTIVE FUNCTIONING, SUICIDE ATTEMPTS AND SUBSTANCE RELAPSES IN PATIENTS WITH DUAL DIAGNOSIS: A FOLLOW UP STUDY

I. Benaiges1; G. Prat1; J. E. Marquez-Arrico1; S. López-Vera1 & A. Adan1,2

1. Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Barcelona, Spain.
2. Institut for Brain, Cognition and Behavior (IR3C), Barcelona, Spain.

Objectives: The aim of this work is to explore the relation between executive functioning, number of suicide attempts and substance relapses in a sample of patients with Dual Diagnosis (DD) and Substance Use Dependence alone (SUD) through a follow up study with data recordings at 3, 6 and 12 months.

Method: A sample of 70 male patients was divided into one group with DD (n=35) and another group with SUD alone (n=35). The WCST was used as a measure of executive functioning and number of suicide attempts and relapses were recorded at baseline as well as at 3, 6 and 12 months. MANOVA’s repeated measures and correlation analyses were conducted.

Results: DD group showed more suicide attempts at baseline compared to SUD (F=4.819; p=0.03) without differences at follow up. DD group also showed higher substance relapses than SUD group at 3 and 6 months follow up (F≥4.82; p≤0.03). Executive functioning showed significant negative correlations with suicide attempts and substance relapses at baseline, especially in the DD group (r≥-0.39; p≤0.05). However, no significant correlations appeared at follow up periods.

Conclusions: DD patients showed more suicide attempts at baseline without differences to SUD at the follow up periods. DD patients showed more substance relapses at 3 and 6 months. Deficits in executive functioning were related to suicide attempts and substance relapses at baseline, especially in the DD group. However, such deficits seem not to be related with short nor long-term measures.
EXECUTIVE FUNCTIONING AS A BIOMARKER OF SCHIZOPHRENIA IN INDIVIDUALS WITH AND WITHOUT COCAINE DEPENDENCE

I. Benaiges 1, J.M. Serra-Grabulosa1,2, G. Prat 1, A. Adan1,3
1. Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Barcelona, Spain.
2. August Pi i Sunyer Biomedical Research Institute (IDIBAPS), Barcelona, Spain.
3. Institut for Brain, Cognition and Behavior (IR3C), Barcelona, Spain.

Objectives: We aim to assess the executive functioning linked to both dorsolateral and orbitofrontal cortex in patients with Schizophrenia and cocaine dependence (SZ+, n=30), and compare them with a group with Schizophrenia without comorbid SUD (SZ-, n=30) and to another group with cocaine dependence without any psychiatric comorbidity (COC, n= 35) through an extensive neuropsychological assessment battery. A better executive functioning in the SZ+ group than in the SZ- group, being very similar to the COC group, may represent a coherent picture of a less biological vulnerability in the SZ+ compared to SZ-.

Method: the total sample was comprised by 95 male patients (37.24 ± 7.62 years) divided into three groups enrolled in a cross-sectional design. Multivariate analyses of covariance (MANCOVA) were performed.

Results: The SZ+ y COC groups showed a better executive functioning linked to dorsolateral prefrontal cortex than the SZ- group, especially in planning abilities and abstract reasoning (F ≥ 3.75; p ≤0.05; η²p ≥ 0.08). Groups neither differed in making decision as a measure of orbitofrontal cortex, nor in cognitive set-shifting and verbal premorbid intelligence quotient.

Conclusions: Our results show a very similar pattern of executive functioning in the SZ+ and COC groups, displayed by a better performance in the neuropsychological tasks compared to the SZ- group. This result is in the line with the hypothesis of a less biological vulnerability to psychosis in the SZ+ individuals, showing higher executive abilities to achieve illegal substance in tough social scenes. Thus, the SZ+ individuals may develop psychosis due to disruptions in the dopaminergic systems caused by substance use, while the SZ- individuals may present more vulnerability to psychosis, like subtle brain alterations underlying a worse cognitive functioning, and they could develop psychosis without any additional trigger.
COMBINED USE OF VARENICLINE AND COGNITIVE BEHAVIORAL TREATMENT FOR NICOTINE DEPENDENCE IN PATIENTS ADMITTED TO A PSYCHIATRIC CLINIC IN RIO DE JANEIRO – BRAZIL - - IMPROVED TECHNIQUE.

Jaber, J; Elias, R; Teixeira, A; Veríssimo Jr,J; Tomé, A.
Clinica Jorge Jaber

Objective : Nicotine dependence is a worldwide health problem , and the second cause of death worldwide . This article aims to present the improvement in the technique used by us (1,2,3). The results of the implementation of the treatment program with the use of varenicline as a specific medicine for nicotine dependence during admission to a clinic for chemical dependency treatment . We also demonstrate that this treatment is possible and safe for patients with comorbid psychiatric disorders (anxiety, depression, personality disorders, bipolar disorder and schizophrenia) and drug use disorders (alcohol, marijuana, cocaine, crack, methamphetamine benzodiazepines).

Methods : Between August 2012 and August 2013, 98 patients were evaluated in a clinic for psychiatric and drug use treatment in Rio de Janeiro, Brazil. The treatment consisted of a smoking cessation therapy concurrently with the psychiatric treatment. These patients had used pharmacological therapy associated with intensive cognitive behavioral therapy, occupational therapy and moderate physical activity. In addition to the associated therapy, smoking was limited to three cigarettes daily beginning the first day of hospitalization. The medicine used for the treatment of smoking was varenicline as recommended by the manufacturing laboratory . The drug use disorders and psychiatric illnesses were treated as usual.

Results: Despite the sudden and drastic reduction to three cigarettes daily, the patients adhered to the treatment. 100% of the treatment group were discharged from the clinic such as tobacco abstainers. The percentage of abstinence in patients after discharge according to previous assessments (2008-2009) with follow-up of 18 months was 51%. Results of the current study are still under evaluation.

Conclusions : A high number of patients accepted the treatment, as well as patients abstinent after discharge. Behavioral group therapy and physical activities can be important allies for varenicline. It is important to remember that the high cost of this medicine continues to be a deterrent to extend its use to more people. Behavioral changes also exert great influence in the maintenance of abstinence.

References:


2) Use of medications and treatment program for nicotine dependence - EPA (European Psychiatric Association - Munich - 2010)

BIPOLAR DISORDER IN IDIOPATHIC DYSTONIA: CASE STUDY
A. Belkhiria1, I. Benromdhane1, S. Hechmi1, T.H. Sadki1, R. Labene1
1 Psy “C”, Razi Hospital, LaManouba, Tunisia

OBJECTIVES: Dystonia is a heterogeneous group of movement disorders whose pathophysiology is currently poorly understood. Prior studies suggest comorbidity between dystonia and affective disorder. We report the current state of knowledge on this comorbidity.

METHODS: We report a case illustrating the association between the two diseases. A literature review was conducted through searches of PubMed and Medline.

RESULTS: Miss L, 33 years old, developed in 2008, dystonia of the trunk with progressive worsening. Primary idiopathic dystonia was diagnosed. The patient was treated by Levodopa. In 2009, she presented a first manic episode probably induced by Levodopa. Manic relapse occurred again in 2011 leading to the diagnosis of bipolar I disorder.

Discussion: The first cases of bipolar disorder associated with idiopathic dystonia have been reported by Lauterbach et al. in 1992. The same researchers found a higher prevalence of bipolar disorder in patients with primary dystonia compared to controls. Several Pathophysiological theories can be advanced. Indeed, a number of studies demonstrated a common genetic link between mood disorders and certain forms of dystonia. Other authors advance neurobiological hypotheses involving the pallido-thalamo-cortical pathway. Finally, dysregulation of the dopaminergic system could be at the origin of this comorbidity.

CONCLUSION: The association between bipolar disorder and dystonia requires further research, in order to better understand the pathophysiology of both disorders and for an improved approach to the patients.

REFERENCES
THE EFFECT OF A SIX-WEEK ACUPRESSURE PROGRAM ON HARMFUL ALCOHOL USE AMONG ABORIGINAL PEOPLE IN SOUTHERN TAIWAN

M. H. Wang¹, M. S. Yang²

¹ Meiho University, Pingtung, Taiwan
² Kaohsiung Medical University, Kaohsiung, Taiwan

Objectives
Excessive alcohol use is a worldwide public health concern. There are a number of harmful risks associated with it, including alcohol dependence, alcohol related illnesses and accidents. The purpose of this quasi-experimental pretest-and-posttest study was to examine the efficacy and feasibility of auricular acupressure for harmful alcohol use.

Methods
A convenience sample of 88 aboriginal harmful drinkers from a township in southern Taiwan was divided into an acupressure and control group based on residence location. A total of 78 participants completed the study. The auricular acupressure intervention was implemented in acupressure group (n = 35) five days a week for six weeks. The control group (n = 43) received no intervention. The main outcome measure of alcohol use (the Chinese version of Alcohol Use Disorders Identification Test, AUDIT) was examined at baseline and at two weeks and three months after the completion of the intervention. Descriptive and inferential statistics were applied to analyze the data.

Results
There was a reduction in the total AUDIT score and in the level of risk related to alcohol in both groups, with significant differences in outcome between groups at two weeks after the completion of the intervention. At the same time, the drinking frequency of users in the auricular acupressure intervention group was significantly reduced compared to that of users in the control group.

Conclusions
A six-week auricular acupressure intervention had a positive effect for harmful drinkers.

Key words: auricular acupressure, harmful alcohol use, aboriginal people.
DISULFIRAM: AN OLD THERAPY FOR COCAINE DEPENDENCE?
O. Campos 1, S. Gomes 1, M. L. Peixoto 1, J. Pinheiro 1
1. Hospital de Magalhães Lemos, Porto, Portugal

Objectives: Cocaine dependence is a public health problem worldwide. Cocaine produces its effects by promoting a rapid accumulation of catecholamines and serotonin in the brain and it is the accumulation of dopamine which is responsible for feelings of euphoria and well being. Currently there are no approved pharmacological treatments for this disease, however disulfiram, by inhibiting dopamine β-hydroxylase, thereby increasing dopamine levels in the brain appears to be a potential therapy. The objective of this work is to review the existing literature on the use of disulfiram in the treatment of cocaine dependence.

Methods: For this work, a search of Medline® for articles written in Portuguese, English and French was performed using the keywords disulfiram and cocaine dependence; Mesh terms were also reviewed.

Results: 63 articles of which 33 were excluded (29 after careful analysis of the abstract and 4 due to language criteria) were identified. Thus, 30 articles were initially selected. From the references of these articles, additional articles included in this review were taken.

Conclusions: Despite years of research, no pharmacological treatment with consistent results is yet available for the treatment of cocaine dependence. However, recent advances in the neurobiology of additions highlight disulfiram as a promising candidate.
IMPACT OF A CROSS-TRAINING PROGRAM FOR THE INTEGRATION OF SERVICES IN CONCURRENT MENTAL HEALTH AND SUBSTANCE USE DISORDERS

M. Perreault 1,2, N. Perreault ³, D. Milton 1, M. Sam-Tion 1, J-M. Ménard 4, J. Gagné 5, L. Archambault 1, N. L’Esperance 4 El-Hadj Touré 1

1. Douglas Mental Health University Institute, Montreal, Quebec, Canada
2. McGill University, Montreal, Quebec, Canada
3. Montreal Public Health Directorate, Montreal, Quebec, Canada
4. Centre de réadaptation en dépendance Domrémy Mauricie - Centre-du-Québec, Trois-Rivières, Quebec, Canada
5. Centre de santé et de services sociaux de Gatineau, Gatineau, Quebec, Canada

Objectives: To improve service integration for persons with co-occurring disorders, a cross-training program in concurrent mental health and substance use disorders was initiated in 2002 in Montreal (Canada). The program is composed of: 1) exchange sessions (one-day sessions including conferences, case discussions and panels involving personnel from mental health, addiction, public security, schools, youth services, public health and prevention), and 2) short, day-long personnel exchanges among partner organizations. The program aims to support service continuity through networking activities. Due to popular demand, the program has been implemented in two other Quebec regions: Mauricie and Outaouais. The study aims to evaluate the impact of the program regarding the integration of services offered for dual diagnosis clients.

Methods: Evaluation questionnaires were distributed to all participants from both cross-training program activities. Questionnaires contained information on whether participants had met their objectives for the activity, their opinion on the program content, and the organizational impacts on their work practice. Focus groups were conducted to gather additional information on the impact of the program.

Results: From 2010-2013, 1728 participants took part in an exchange session, and 1013 responded to the evaluation questionnaire. The majority reported contacting new resources as a result of the activity for their work either once (34.7%) or multiple times (48.1%). Similarly, respondents were able to refer their clients to other resources either once (31.5%) or several times (47.7%). In 2013, 29 personnel exchanges took place, and 17 participants responded to the evaluation questionnaire. All respondents agreed or completely agreed that they had learned valuable information about their host organization to help orient clients.

Conclusion: The cross-training program appears to help participants better understand how different organizations handle clients for prevention and treatment goals. It addresses the challenge of optimizing the use of available services for problems faced by dual diagnosis clients.
Objectives: The locked-in syndrome (LIS) is a neurological condition characterized by severe tetraparesia and anarthria with preserved consciousness classically occurring after a lesion of the ventral region of the pons. The consequences of LIS are both physical and psychological. LIS patients must cope with a drastic and definitive change in their life. In this study we assess the presence of psychiatric symptoms in these patients.

Methods. Subjects: 32 chronic LIS patients (11 males, mean age 48 ± 11 years, mean time in LIS 11 ± 7 years) were assessed for the presence of depression, anxiety and psychotic symptoms during the acute phase of their state (i.e., immediately after recovering from coma – i.e., acute phase) and during the four previous weeks (i.e., chronic phase). Questions were based on the diagnostic criteria for depressive episode, generalized anxiety disorder and psychotic episode according to DSM-IV-tr. Statistical Analysis: McNemar's test was used for comparison of nominal data; Mann-Whitney U-test and Wilcoxon test for quantitative data.

Results. In the acute phase, 58% patients showed psychotic symptoms, mainly delusions (42% in the acute phase versus 5% in the chronic phase of their illness, p=0.04). There was no significant difference between acute and chronic phases in the frequency of depressive (42% versus 32%, p= 0.54) or anxiety (27% versus 13%, p= 0.44) symptoms.

Conclusions. Psychotic symptoms were self-reported in a high percentage of patients with LIS during the acute phase. The loss of mobility and the difficulty to communicate could be related to this phenomenon, as described in the acute phase of other motors paralysis. Also, vertebrobasilar territory ischemia (particularly with left occipital afectionation) can cause hallucinatory phenomena or misperceptions. This study highlights the importance to actively search for, and appropriately treat, psychotic signs in acute LIS.
ASSOCIATIONS BETWEEN SMARTPHONE ADDICTION PRONENESS AND PSYCHOPATHOLOGY

Ki-Hwan Yook¹, Sung-Jae Lee¹, Borah Kim¹, Tai-Kiu Choi¹, Sang-Hyuk Lee¹

¹. Department of Psychiatry, Bundang CHA Medical Center, School of Medicine, CHA University, Seongnam, Republic of Korea

Objectives: The Korea national information society agency found that 7.9% of 20- to 49-year-olds may be addicted to the smartphone. This study aims to address possible associations between smartphone addiction proneness and certain psychological variables to evaluate the psychological meaning of smartphone addiction.

Methods: 755 adults (mean age; 24.80±5.40 years) participated in this study. Females were 71.5%. The Korean smartphone addiction proneness Scale (SAPS), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Obsessive-Compulsive Inventory-Revised (OCI-R), and Barratt Impulsivity Scale-11 (BIS-11) were administered to them. Subjects were classified into two groups according to the SAPS score; the addiction proneness group and the normal-user group.

Results: The addiction proneness group had significantly higher scores than the normal-user group in the BDI, BAI, OCI-R, and BIS-11. The SAPS scores were positively correlated with the scores of the BDI, BIA, OCI-R, and BIS-11. Using logistic regression analysis, BIS-11 showed significant association with smartphone addiction proneness.

Conclusions: This study results suggest that smartphone addiction proneness might be associated with depression, anxiety, obsessive-compulsive symptoms, and impulsivity. Furthermore, impulsivity could be a vulnerability marker for smartphone addiction proneness.
DYSEXECUTIVE ALTERATIONS AND ADDICTIVE PARAMETRES CONCERNING NEW TECHNOLOGIES IN ADOLESCENTS
C. Valiente-Barroso 1,2, J. Alvarado-Izquierdo 2, E. García García 2,
1. International University of La Rioja, Logroño, Spain
2. Complutense University of Madrid, Madrid, Spain

Objective. Finding out the possible relationship between abnormal use of new technologies in adolescents (Internet and mobile telephony), and cognitive-executive functioning, which presents implications for maladaptive and/or addictive behaviour.

Methods. Eighty 14-year-old adolescents were assessed (44 males and 36 females), who belonged to the same educational centre. The following tests were used: Dysexecutive Questionnaire (DEX -Sp), Internet-related experience Questionnaires and Mobile phone-related experience Questionnaires. The assessment was conducted in the classroom, with the consent of the school management team, and after meeting the due ethical requirements.

Results. A significant correlation was found (r = p < .01) between the two specific tests assessing the experience with Internet and mobile phones, as well as between specific subscales, that is, intra and interpersonal conflicts (CERI), and conflicts related to mobile-phone addiction as well as issues due to emotional and communication use (CER). Besides, all these parameters showed a direct relationship with the overall DEX-Sp score (r = p < .01).

Conclusions. Abnormal and unadaptative behaviors associated with the use of new technologies, concerning the adolescent population, would be associated with abnormal executive functioning. This finding may be relevant in order to understand addictive adolescent behaviour.

A STUDY OF INTERCONSULTATIONS REQUESTED TO MENTAL HEALTH DEPARTMENT FROM IN-HOSPITAL IMPRISON AREA

MS. Herrera 1, R Torrecilla 2, AM. Alvarez 3, M Robles 4

1. Andalusian Health Service, Jerez de la Frontera, Spain
2. Andalusian Health Service, Puerto Real, Spain
3. Andalusian Health Service, Algeciras, Spain
4. Andalusian Health Service, Cádiz, Spain

Spain has the highest rate of prisoners in Europe. Mental illness in prison is increasing in recent years and 50% of prisoners with mental disorders are addicted to illegal drugs. There are in-hospital imprison areas for those prisoners who need admission for special treatments. These areas imply an important workload for mental health, which differs from the usual setting for the particular context. This first order health problem is a challenge for its high prevalence and medical and regimental consequences.

OBJETIVES: Analyse prevalence of mental disorders in psychiatric interconsultations requested during 5 years from the in-hospital imprison area of University Hospital of Puerto Real

METHODS: Psychiatric interconsultations requested from 2008 to 2012 from the in-hospital imprison area were included. Petitioner department, reason for the interconsultation, diagnosis after interconsultation, comorbidity with addictions and sex distribution were evaluated.

RESULTS: 30 medical interconsultation were requested, 30% were women. Internal Medicine requested 57%. The reason was agitation in 40% and anxiety in 13%. 50% of diagnosis after consultation is personality disorder. 50% had toxic addition comorbidity.97% used psychotropic dugs before admission.

CONCLUSIONS: Most of psychiatric interconsultations come from the internal medicine area. The workload due to psychiatric interconsultation is lower than expected, but increasingly every year. The formation in the treatment of agitation is low in the hospital. There is a high prevalence of personality disorder and addictions among prisoners.
THE DYNAMICS OF PERSONALITY CHANGES IN ALCOHOL-DEPENDENT PEOPLE IN THE CONTEXT OF ONE-YEAR ABSTINENCE

B.Bętkowska-Korpała, A.Pastuszak, J.Ryniak, A.Starowicz-Filip, J.K.Gierowski
Jagiellonian University Medical College, Cracow, Poland

Objectives
The aim of the study was to analyze the dynamics of personality change connected with initiating therapy by alcohol addicts and to compare the changes in patients who persevere in abstinence with those who resumed drinking.

Method
We conducted longitudinal studies. The first assessment was carried out on a group of 977 individuals (24% F; 76% M; mean age: 42). Personality traits were measured using the NEO PI-R inventory at the initial stage of the treatment. During the second stage (after a year) the participants were tested again with the NEO-PI-R inventory. Complete data was obtained for 189 patients (26% F and 74% M; mean age: 43). Abstinence was assessed based on interview and we selected two subgroup: the ABS of patients succeeding in abstaining for a year (n=116) and the nABS subgroup of non-abstainers (n=73). In order to evaluate the dynamics of personality change, the Two-Factor Analysis of Variance (ANOVA) was used; the analysis involved one factor of the repeated assessment and one inter-group factor.

Results
Only those results were described that pointed to significant effects of change ($\eta^2_p > .06$). Unlike in the nABS group, high variability was noticed for Neuroticism (N: $p<.001$; $\eta^2_p = .18$) and Conscientiousness (C: $p<.001$; $\eta^2_p = .11$) in the ABS group. Furthermore, in the ABS group – in contrast to the nABS group – there was a great decrease in component levels: N3 – Depression ($p<.001$; $\eta^2_p = .13$), N6 - Vulnerability ($p<.001$; $\eta^2_p = .13$), N1 - Anxiety ($p<.001$; $\eta^2_p = .11$), N4 - Self-consciousness ($p<.001$; $\eta^2_p = .10$), while there was an increase in the levels of C1 - Competence ($p<.001$; $\eta^2_p = .13$), C5 -Self-discipline ($p<.001$; $\eta^2_p = .12$).

Conclusions
Following one-year abstinence there was a significant increase in the ability to adapt, manifested by less frequent experiences of negative emotional states of fear, depression and anger, as well as more effective coping with stress, and greater perseverance.
Introducción
En los últimos años se han visto incrementadas de forma exponencial las consultas de atención al drogodependiente en los Centros de Salud Mental, causadas por aumento del consumo de diferentes sustancias tóxicas. El consumo de diferentes sustancias se presenta en un gran porcentaje de casos, asociado a trastornos mentales y del comportamiento, que atañen tanto al eje I como al eje II. Esta asociación o comorbilidad se ha venido a denominar con el término de patología dual.

Objetivos
Analizar el consumo de sustancias y el diagnóstico psiquiátrico más frecuente en una muestra de pacientes con patología dual

Método
Se han reclutado 52 pacientes que realizaban seguimiento en el Centro de Salud Mental por presentar consumo de sustancias asociado a patología dual. En el estudio se analizó los tipos de sustancias consumidas con más frecuencia así como los diagnósticos comórbidos y su prevalencia en esta población de pacientes

Resultados
Podemos contabilizar que de nuestros 52 pacientes, 44 (49%) consumían cocaína, 21 (23%) consumían alcohol y 25 pacientes (28%) consumían cannabis. Además encontramos que 18 pacientes consumen alcohol y cocaína, 18 consumen cocaína y a la vez cannabis y 11 pacientes consumen cannabis y alcohol. En cuanto a diagnósticos el más frecuente es el de Trastorno de la Personalidad con 22 pacientes (42%) y en segundo lugar el trastorno Esquizofrénico con 12 pacientes (23%).

Conclusiones
• La patología psiquiátrica más frecuentemente asociada con el consumo de sustancias, son los Trastornos de Personalidad, seguido del Trastorno Esquizofrénico.
• Entre las sustancias consumidas en pacientes con patología dual, sobresale el consumo de cocaína, seguido de cannabis y alcohol.

Referencias
COMORBIDITY BETWEEN AUTISM SPECTRUM DISORDERS AND SUBSTANCE USE DISORDERS.
1 Area of Research, Department of Medical Psychology, Faculty of Medical Sciences, National University Asuncion, Paraguay.
2 Hospital de Clínicas, Faculty of Medical Sciences, National University of Asuncion, Paraguay.
3 Department of Psychiatry, Faculty of Medical Sciences, National University of Asuncion, Paraguay.
4 Outpatient Drug Clinic Vall d’Hebron, Department of Psychiatry, University Hospital Vall d’Hebron, Public Health Agency of Barcelona (ASPB), CIBERSAM. Barcelona, Spain.
5 Department of Psychiatry and Legal Medicine, Autonomous University of Barcelona, Spain.

The comorbidity between autism spectrum disorders (ASD) and substance use disorder (SUD) has been little studied.

Objectives: The objectives of this study are to review current knowledge of the association of ASD with SUD and the development of addiction.

Methods: A systematic search in PubMed database was performed until August 2013. The keywords used were, "Autism" and "Substance Abuse", "Autism" and "Dependence" and "Autism" and “Addiction” written in English or Spanish. Eighteen papers were selected and a study about ASD and SUD, which was repeatedly detected in the bibliography, was also included.

Results: The comorbidity prevalence is highly variable (0.7%-42.9%), which may be due to the heterogeneity of the populations studied.

Conclusions: Scientific interest in this topic is very recent and there are few papers. The data presented should be considered to be preliminary, as the studies found need to be replicated in homogeneous populations, with systematic data collection to determine which clinical findings are significant. The risk factors for SUD in ASD are similar to those found for other Mental Disorders. Drug use, both during pregnancy and in the following evolutionary phases, have a negative impact on the development of patients diagnosed with ASD, especially regarding temperament and functionality. Studies of ASD and SUD comorbidity should be conducted in addiction treatment units, as information from such centres on this type of patient is not currently available.
PERFIL SOCIODEMOGRÁFICO MÁS PREVALENTE EN PATOLOGÍA DUAL

V. Ivanov Batolsky¹, MR. Raposo Hernández¹, JB. Murcia Liarte¹.

¹. Área de Salud Mental de Cartagena. Hospital Santa María del Rosell. Cartagena. Murcia.

Introducción
Desde el punto de vista epidemiológico, encontramos la creciente frecuencia de patología psiquiátrica producida por drogas que demanda cada vez más atención de las consultas de centros de salud mental, existiendo un consumo creciente de sustancias conocidas como drogas ilegales (cannabis, opiáceos, anfetaminas) y aún más creciente, en el consumo de alcohol que aunque siendo una sustancia legal, consumida de forma prolongada y a dosis altas puede precipitar el desarrollo de patología psiquiátrica importante.

Objetivos
Estudiar el perfil sociodemográfico más frecuente en una muestra de pacientes en seguimiento en CSM con Patología Dual.

Material y Método
Se elaboró un protocolo de recogida de datos que incluyen edad, sexo, estado civil, nivel educativo, convivencia y situación laboral.

Resultados
En cuanto al sexo, en nuestra muestra solo 2 mujeres frente a 50 varones. Lo que indica un mayor porcentaje de estos, en el consumo de sustancias. Referente al estado civil, el mayor porcentaje se refiere a los solteros (53,8%), seguido de los casados (36,5%). En lo que concierne al estado de convivencia prevalece en un 48% de los casos, la convivencia con los padres. Respecto a la situación laboral se encuentra mayores frecuencias de consumo entre los parados con un porcentaje del 60% En cuanto al nivel educativo observamos que el mayor porcentaje corresponde a pacientes sin estudios (42,2%) y estudios primarios (38,5%).

Conclusión
El Perfil sociodemográfico más frecuente en nuestra muestra de pacientes con patología dual, resulta ser un varón de 35 años de edad media, soltero, sin estudios, en situación laboral de paro y que mayoritariamente vive con sus padres.

Referencias
INTRODUCTION
One hypothesis for the pathogenesis of schizophrenia is the abnormal early development of the tissues of the CNS. An important aspect for patients starting with psychosis is functionality in daily life. It has been suggested that neurotrophins may be markers of the disease, but it is unknown whether cannabis use affect or not over the protective role of these substances.

OBJECTIVE
To determine the usefulness of BDNF and NGF as prognostic markers of functionality in patients with first psychotic episode (FEP) with and without cannabis use.

METHODS
We included 35 FEP patients no cannabis users, 31 FEP patients cannabis users and 68 healthy controls and were followed up 1 year. Using a linear regression model we evaluated the influence of peripheral levels of NGF and BDNF in the functionality (Strauss-Carpenter Scale) of these patients along the follow-up.

RESULTS
Basal NGF levels were significantly related to the annual score on the Strauss scale (p = 0.010) in the FEP patients cannabis consumers, not the case in non users. A higher level of basal NGF, higher scores on the scale functionality 1 year after the first episode of psychosis.

In the other hand, baseline level of BDNF gave a statistically significant result and also directly related to the functionality 1 year after the debut of the disease (p = 0.044) in the non cannabis users patients with FEP.

CONCLUSIONS
The baseline level of NGF could serve as a prognostic marker of long-term functionality for FEP patients with cannabis use while the baseline level of BDNF would be useful as a prognostic marker of functionality in FEP patients without cannabis consumption.

REFERENCES
"MANDATORY OUTPATIENT TREATMENT PROGRAM FOR DRUG ADDICTS IN SPECIAL HOSPITAL FOR ADDICTIONS IN BELGRADE, SERBIA"
M. Kovačević 1, D. Raketić 1
1 Special Hospital for Addictions, Belgrade, Serbia

Introduction:
Since August 2007 Special Hospital for Addictions in Belgrade, Serbia has a defined and structured treatment program for drug addicts who are sentenced by court to a compulsory treatment in outpatient setting. Compulsory treatment lasts up to three years maximum, as it is defined by the Serbian laws and that is the duration of this program.

Objectives:
Analysis of the mandatory drug treatment program effectiveness in Special Hospital for Addictions

Methods:
Program effectiveness evaluation is done twice in a year (every six month).
The parameters for the evaluation are:
a) regular attendance of a patient and his associates in the treatment in all program activities,
b) abstinence from psychoactive substances,
c) the absence of new crimes during the program duration.

Results:
• A substantial quantity of patients in program are convicted for possession of marijuana which they used less than 10 times in their lives.
• Drug problem severity is in a direct correlation with their treatment program compliance and attendance.
• Frequent consumption of heroin or other substances (alcohol, cannabis, amphetamines) was observed in a small percentage of patients in the program.
• During the program one third of patients abuse other substances such as beer, marijuana or sedatives while abstaining from first substance of abuse which are commonly opiates.

Conclusions:
For many drug addicts court ruling for mandatory outpatient drug treatment is an important contributing factor for drug treatment retention and compliance, an achievement and maintenance of abstinence and positive lifestyle changes.
SLEEP DISORDER IN OPIATE ADDICTS
Stojana Raičević Čelebić¹, Olivera Sbutega¹, Aleksandar Vujošević¹
¹.Special hospital for substance abuse, Belgrade, Serbia

Objectives Substance abuse is a major public health problem with high morbidity and mortality. Treatment-seeking opioid dependent individuals frequently report sleep-related problems. The aim of this study was to evaluate the quality of sleep using the Pittsburgh Sleep Quality Index (PSQI). The HRQoL was measured using Medical Outcome Survey Short Form 36 (SF-36).

Methods We evaluated quality of sleep and health-related quality of life (HRQoL) among patients with diagnosed opiate dependence who entered detoxification program and compared with the results of 26 healthy controls consisted of secondary medical staff. A cross-sectional study involved 26 consecutive patients with verified disease referred to the Special hospital for addiction in Belgrade and 26 controls working in Special hospital for addiction and Special hospital for Rehabilitation, Belgrade, matched by age and sex. Statistical analysis was performed using SPSS 15.

Results Almost all of the patients had a total PSQI score of 6 or higher, suggestive of poor quality of sleep, compared with the control group (PSQI <5). Patients had problems in falling asleep, taking medicine often to fall asleep and problem to keep up enough enthusiasm to get things done (P<0.05). compared with the control group. Patients with disease had significantly lower mean SF-36 scores for physical functioning, role-physical, bodily pain, social functioning, role-emotional, and mental health in comparison with the general population. Patients with disease had a reduced HRQoL compared with the control group.

Conclusions This study found that the majority of heroin-dependent patients reported poor sleep quality. This study has significant limitations, subjective data collected via questionnaires, including a small number of subjects, so these conclusions are limited. In the future we will include more patients.

References:
ADAPTATION AND VALIDATION OF THE PAS-ADD CHECKLIST (EARLY DIAGNOSIS OF MENTAL ILLNESS IN PEOPLE WITH INTELLECTUAL DISABILITY) IN SPANISH POPULATION

A. Martorell 1, P. Gutiérrez-Recacha 1, A. Álvarez-Monteserín 1
1. Fundación Carmen Pardo-Valcarce, Madrid, Spain

Objectives: People with intellectual disability (ID) are particularly vulnerable to the onset of mental illness, showing higher prevalence rates than general population. In addition, ID may overshadow mental illness: mental symptoms are frequently considered less significant simply because they are presented besides an already existing disability. Necessity of diagnosis instruments specifically intended for population with ID is clear. The PAS-ADD Checklist is a screening instrument designed for mental health assessment of people with ID. However, there is no valid version of the instrument for Spanish population. Our objective is validating the Spanish version of the PAS-ADD Checklist and spreading its use with the aim of improving mental health assessment in Spanish population with ID.

Methods: A team of professionals with accredited experience in ID and mental health revised the original PAS-ADD Checklist items to adapt them to the Spanish version. Two hundred adults with intellectual disability clients of the Carmen Pardo-Valcarce Foundation in Madrid (Spain) were assessed by their supervisors with this preliminary version of the Spanish version. At the same time, to verify the concurrent validity of the instrument, a clinical psychiatrist with long experience in ID interviewed the same participants and obtained a mental health diagnosis for each one.

Results: High estimations of reliability and validity were found. Factorial analysis found moderate correlation between symptoms, showing functional equivalency of symptoms in ID.

Conclusions: The Spanish version of the PAS-ADD Checklist is a valid and reliable screening instrument for people with ID.
SUBSTANCE USE DISORDER: IMPACT IN CLINICAL PRESENTATION IN PATIENTS WITH SCHIZOPHRENIA

D. Rentero1, N. Mesa Rodas1, L. Hernández Arroyo1, S. Puerta Rodríguez1, M. Nieves Carnicer1.
1 Hospital Universitario 12 de Octubre, Madrid, Spain.

Introduction
Patients with schizophrenia have four times more risk of suffering from a Substance Use Disorder than the general population. Substance abuse in these patients has a significant impact in clinical presentation with relevant implications for treatment.

Objectives
The aim was to assess the differences in clinical presentation between two groups of patients with schizophrenia, one of them with comorbid Substance Use Disorder except tobacco abuse.

Methods
Cross-sectional assessment of differences in socio-demographic variables, including number of visits to the Emergency department and hospitalizations during an observation period of five years, and evaluation of symptoms severity through the PANSS scale and CGI were carried out in the two groups. The sample consisted of a group with Dual Diagnosis (DD; N=69) and another one with Schizophrenia diagnosis alone (SA; N=161).

Results
A higher prevalence of males and singles was found in the DD group. Age at first hospitalization was significantly lower in the DD group. Hospitalizations and visits to the Emergency department were similar between the two samples. Differences between the two groups in PANSS scores and CGI scale were not significant. Nevertheless, heteroagresive behaviour and hallucinatory items scores were significantly higher in the comorbid group.

Conclusions
The DD group showed an earlier age at first hospitalization and significantly higher scores in the heteroagresive and hallucinatory items. Substance Use Disorder must be addressed properly in schizophrenia as it can greatly influence clinical presentation with negative repercussions for adherence and quality of life.

Bibliography
INTERIM BUPRENORPHINE TREATMENT IN HEROIN ADDICTION – AN EFFECTIVENESS STUDY
C. Gedeon¹, C. Widinghoff¹, T. Abrahamsson¹, A. Lilliebladh¹, A. Hakansson¹
¹. Lund University, Sweden

Objectives: Interim methadone treatment has been documented in US trials, aiming to stabilize patients with heroin addiction and facilitate initiation of full-scale substitution treatment (Schwartz et al., 2009). However, this rarely has been tested with buprenorphine (Krook et al., 2002), which may theoretically improve safety during interim treatment. This study aimed to assess feasibility of interim buprenorphine treatment and predictors of successful treatment entry.

Methods: Consecutive heroin-addicted patients on a waiting list for substitution treatment in Lund, Sweden, were offered to enter interim treatment. Patients were included if eligible for treatment (unless they were pregnant, mentally unstable, or where methadone treatment was considered absolutely required). Patients received a medication-only treatment with supervised dosing of buprenorphine-naloxone (maximum 24 mg daily) and tripled dosing on Fridays. Transfer to full-scale substitution treatment (including psychosocial interventions and flexible choice of medication) was carried out as treatment slots became available and if patients provided drug-free urines.

Results: Among 44 patients (39 males) entering interim treatment, 25 (57%) were successfully transferred to full-scale treatment after an average of 44 days. Reason for drop-out was typically failure to become drug-free. Successful transfer was predicted by lower baseline alcohol consumption (AUDIT score 4.4 vs 12.6, p<0.001) and tended to be associated with lower cannabis use (p<0.06) and lower heroin use (p=0.09) prior to baseline. In logistic regression, lower AUDIT alone predicted treatment entry. Currently, treatment retention in the following substitution treatment is being evaluated and will be presented at the meeting.

Conclusions: Interim buprenorphine can be used in order to facilitate treatment entry in opiate-addicted patients, and merits further study in controlled designs. However, interim buprenorphine treatment alone may be insufficient in patients with high levels of non-opiate substance abuse.

BUPRENORPHINE TAPERING WITH AND WITHOUT LONG ACTING ANTAGONISTS
JG Singh, D Kaur
Amrit Drug Deaddiction and Research Foundation, Amritsar, Punjab, India

Drug addiction is a chronic relapsing disorder and substitution therapy with buprenorphine once started is generally recommended for indefinite period of time with stable patients since different studies report high relapse rate after stoppage of buprenorphine. However some stable patients want to stop the therapy for various reasons.

We report a series of 34 patients who were stopped buprenorphine and after that either only comfort medicines were given or patients were given two long acting preparation of antagonist Naltrexone implants. All these patients were psychosocially stable at least for 6 months before stopping buprenorphine. In all these patients a seven day detoxification from the buprenorphine was done. In all these patients weekly telephonic calls were made and urine was tested for Opioid either on clinic visit or by significant others at home for six months.

In first group of 16 patients only comfort medicines were given after seven days. After three months eight patients tested negative for urine Opioid, two patients went out of country permanently, one patient was untraceable and five had relapsed back to Opioid use. After six months 4 patients tested negative to urine Opioids (25%), 3 were untraceable and seven had relapsed back to Opioid use.

In second (Naltrexone implant) group of 18 patients first implant was done after seven day of detox and second implant was put after 12 weeks of first implant. After 3 months 13 patients tested negative for Opioid and were re-implanted, 2 were untraceable and 3 had relapsed. After 6 months 11 implanted patients tested negative for Opioid (61%), 2 were untraceable and 5 had relapsed.

Conclusion: We find implant therapy as safe and effective method to reduce relapse to Opioids.
Anabolic androgenic steroid (AAS) dependence is probably the only major form of world-wide substance dependence that remains unexplored and poorly understood. Today, most AAS users are not competitive athletes, but recreational users, who want to enhance their physical appearance.

AAS use has increased in prevalence over the last decades and can lead to well known medical and psychiatric complications.

Objectives:
With an improved understanding of AAS dependence, psychiatrists should be able to identify more clearly the patients at risk.

Methods:
We reviewed the literature on anabolic androgenic steroid dependence.

Results:
Reports of physical dependence on AAS first appeared in the 1980’s, usually in young male weightlifters. Over the last years, a growing literature has confirmed the development of a full dependence syndrome in 30% of illicit AAS users. Typically, individuals begin AAS use in blocks of time, called “cycles”. Others regimes as stacking and pyramiding are also practised. Some users progress to a pattern of nearly unbroken use. Several studies have noted that dependent users consumed significantly higher maximum doses than non-dependent users.

Furthermore, patients with AAS dependence appear to show a pattern of comorbid psychopathology, an association with conduct disorder and other forms of substance abuse, especially opioid dependence.

Conclusions:
AAS dependence is a valid diagnostic entity and psychiatrists should be aware of the possibility of steroid use, particular in young men. It remains unclear why some AAS users progress to a pattern of dependence.
SUBSTANCE USE IN PATHOLOGICAL GAMBLING: EFFECT OF AGE AND PERSONALITY


1. University Hospital of Bellvitge-IDIBELL, Barcelona, Spain.
2. Ciber Fisiopatología Obesidad y Nutrición (CIBERobn), Instituto Salud Carlos III, Barcelona, Spain
3. University of Barcelona, Barcelona, Spain
4. Universitat Autònoma de Barcelona, Barcelona, Spain
5. Escola Universitària d’Infermeria, Universitat de Barcelona, Barcelona, Spain
6. University of Catania, Catania, Italy

Objectives: To compare substance use, gambling behavior and personality traits between two groups of pathological gamblers (young and adult pathological gambling patients). To explore the contribution of sex, age and personality traits on substance use and to evaluate the predictive capacity of age and personality traits on substance use.

Methods: Participants were 428 pathological gambling patients, divided into two age groups [55 young (< 25 years) and 373 middle-old age participants (> 25 years)]. All participants were consecutively admitted to a Psychiatry Department and diagnosed via the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. The South Oaks Gambling Screen and Temperamental and Character Inventory-Revised were used to measure gambling behavior and personality, respectively.

Results: Upon comparing the two age groups, statistically significant differences were observed in various sociodemographic variables. The younger pathological gambling patients presented higher rates of drug use (p=.010). Regarding personality traits, differences were only found in the Novelty Seeking scale, whereby the younger patients had elevated scores (p=.006). Higher scores in Novelty Seeking (p=.022) and low in Self-Trascendence (p=.028) were the factors significantly associated with tobacco consumption (p=.003). However, only age was associated with the use of other substances (p=.003).

Conclusions: Pathological gambling often presents itself comorbid with substance use. The association between pathological gambling and tobacco consumption, alcohol and other drugs, has multiple clinical and personality implications, particularly in the young population. Since studies demonstrate that the rates of pathological gambling are elevated among younger individuals, an early disorder onset is often associated with greater severity and persistence of the gambling problems. In addition, the presence of a dual diagnosis could complicate the response to treatment. It is therefore essential to continue studying the young populations to design and apply treatment programs addressing all problems of the clinical profiles in this age range.
A NATURALISTIC LONGITUDINAL STUDY ON COGNITIVE FUNCTIONING IN ALCOHOLIC PATIENTS: CORRELATION WITH PSYCHOPATHOLOGY

G. Fertonani Affini¹, L. Giustina¹, A. Affaticati¹, E. Savi¹, S. Zaltieri¹, R. Guglielmo², M. Quatrale², L. Ioime²,³, E. Meloni²,³, ML. Carenti², L. Janiri²

¹Dipartimento Assistenziale Integrato Salute Mentale e Dipendenze Patologiche, Ser.T. - Funzione di Alcologia - Az.USL di Parma.
²Istituto di Psichiatria e Psicologia Clinica – Università Cattolica del Sacro Cuore – Roma.
³Dipartimento di Scienze Umane – Università Lumsa – Roma.

Objectives: the aim of our study was to evaluate the presence and the course of cognitive impairment in alcoholics patients during usual pharmacological treatments aimed to abstention.

Methods: we are performing a 1 year naturalistic longitudinal study. Until now we enrolled 22 alcoholics subjects according to the criteria of DSM-IV-TR (M=18; F=4) mean age (43,71 ± 8,48), mean education (10,62 ± 2,97 years). The subjects followed these treatments: acamprosate (11), naltrexone (3), disulfiram (3), sodium oxybate (5). Subjects were assessed using a neuropsychological battery that assessed the following cognitive domains: working memory and long-term memory (verbal and visuospatial) and executive functions. Moreover the subjects were rated for severity of alcohol dependence (ADS) and craving for alcohol (OCDS).

Results: at baseline we have not found deficits in verbal memory but at the assessment of the third month of abstention we found a significant worsening (p<0,05) of short and long term verbal memory (Rey Auditory Verbal Learning¹). At baseline we report a significant impairment of the long-term visuospatial memory assessed by the Rey-Osterrieth Complex Figure² (ROCF), while we found a nearly significant improvement at the third month (p=0,05). A positive correlation (r=+0.88) was found between OCDS obsessive thoughts and stroop interference test, and SF-36 general health (GH) and subtest B of the Trail Making Test³ (r=+0.83). Finally, we found a significant association (p<0.05) between the severity of alcohol dependence and perseverative errors at the Modified Card Sorting Test⁴ (MCST).

Conclusions: alcoholics patients show a long-term visuospatial memory deficits that significantly improve after 3 months of abstention. The severity of alcohol dependence correlates with inability of executive functions in particular cognitive flexibility and poor learning from experience. The increase of the obsessive thoughts increase the attentional bias. Particular attention will be given in the future to verbal memory deficits.

References


DETECTION AND STUDY OF EATING BEHAVIOR DISORDERS IN AN ALCOHOLISM UNIT.
MJ. Muñoz Algar¹, P. Bernal García¹, F. Poyo Calvo¹, C. Salanova Otero¹.
¹Hospital Dr. Rodríguez Lafora, Madrid (Spain)

OBJECTIVES: Detect the presence of eating behavior disorder (EBD) in a sample of alcoholic patients admitted. Analyze the chronological relationship between the two disorders and the characteristics of patients with this comorbidity.

METHODS: Prospective study of patients admitted in our Alcohol Dishabitation Unit, during a period of 18 months. During this time, 120 women and 220 men were admitted. Assessment interview was applied and screening test (Body Shape Questionnaire) to the entire the sample. In cases who were diagnosed by an EBD, various psychometric tests were applied: Beck’s depression Inventory (BDI), Trait Anxiety Inventory (STAI-R), Barrat Impulsiveness Scale (BIS-11), Sensation Seeking Scale (SSS) and Eating Disorder Inventory (EDI-2).

RESULTS: We didn’t found any EBD between 220 men. In case of 120 women, we detected 28 who meet criteria of EBD (23,3%): 11Bulimia Nervosa, 15 Anorexia Nervosa (7 restrictive and 8 purgative), 2 eating disorder not otherwise specified. The EBD is prior of the development of alcohol dependence in 89,28%, and 20 of 28 cases used the alcohol for their “anorectic” effect.

The patients with this comorbidity presented common symptoms as desinhibition (factor of SSS X= 3 ±1,9) and depressive symptoms (60%). They exhibit marked impulsivity (percentile 70,17), and elevated drive for thinness (DT) (percentile 52) when we contrast with a pure EBD sample.

CONCLUSIONS: We found more frequently than expected an eating behavior disorder in alcohol-dependent women, more frecuently Anorexia Nervosa (both subtypes). Generally, the EBD precedes the alcohol dependence. The alcohol is used like an anorectic substance. We found common symptoms as desinhibition and depressive symptoms. This patients exhibit high impulsivity.
WERNICKE-KORSAKOFF SYNDROME: A CASE REPORT

Introduction: Wernicke-Korsakoff (WKS) syndrome is the best known neurologic complication of thiamine deficiency (B1). While most often associated with chronic alcoholism, WKS occurs also in other disorders. The prevalence of WKS is about 12%. It is higher among people with alcohol-related deaths (29-59%).

Objectives and Methods: We looked through Medline for articles published after 1991 regarding Wernicke-Korsakoff syndrome. Furthermore, we will present one case of a patient who developed Wernicke-Korsakoff syndrome.

Results: Thiamine is a cofactor for several key enzymes (such us: transketolase, alpha-ketoglutarate dehydrogenase and pyruvate dehydrogenase). B1 requirements depend on metabolic rate, with the greatest need during periods of high metabolic demand and high glucose intake. The B1 deficiency in alcohol abusers results from a combination of inadequate dietary intake, reduced gastrointestinal absorption, decreased hepatic storage, impaired utilization and genetic predisposition.

The lesion of WKS can (which are characterized by vascular congestion, microglial proliferation, petechial hemorrhages) and chronic (which are characterized by demyelination, gliosis, loss of neuropil with relative preservation of neurons, more neuronal loss in medial thalamus and mammillary bodies, surrounding the third and fourth ventricle, locus ceruleus, ocular motor nuclei, vestibular nuclei and loss of Purkinje cells).

The WKS classic triad is encephalopathy, culomotor dysfunction and gait ataxia. This triad was recognized in only one-third of patients.

The WKS diagnosis is primarily a clinical diagnosis. Laboratory studies and neuroimaging studies can be helpful.

We should be considered in the differential diagnosis of all patients presenting with acute delirium or acute ataxia.

The WS treatment is a regimen of 500mg of B1 intravenously three times a day for two consecutive days and 500mg intravenously or intramuscularly once a day for an additional five days in combinations with other B vitamins.

References:
- McIntosh C, Chick J. Alcohol and the nervous system. J Neurol Neurosurg Psychiatry 2004 (3); 75-82
PREDICTORS OF NONFATAL OVERDOSE AMONG RURAL APPALACHIAN PRESCRIPTION DRUG USERS
JR. Havens, AM. Young
University of Kentucky, Lexington, Kentucky, USA

Objectives: To determine the predictors of nonfatal overdose among a cohort of rural prescription drug users.

Methods: 503 rural Appalachian drug users were followed in six-month intervals between 2008 and 2013. Interviewer-administered questionnaires were utilized to collect data on demographics, drug use (including prevalent and incident overdose) and mental health indicators. Death certificates confirmed fatal overdoses. Generalized estimating equations (GEE) were used to model risk factors for nonfatal overdose over time through the 24-month interview.

Results: A total of five fatal and 37 nonfatal overdoses were observed in the follow-up period. In unadjusted analyses, the risk for overdose was greater for males (odds ratio [OR]: 1.03, 95% Confidence Interval [CI]: 1.00, 1.03) and those meeting DSM-IV criteria for major depressive disorder (OR: 1.02, 95% CI: 1.00, 1.04); however, these variables did not retain significance in the multivariate GEE model. Significant predictors of nonfatal overdose included previous overdose (adjustedOR: 1.03, 95% CI: 1.02, 1.05), nonmedical use of benzodiazepines (aOR: 1.02, 95% CI: 1.00, 1.04), DSM-IV antisocial personality disorder (aOR: 1.02, 95% CI: 1.00, 1.03), and identifying as bisexual (aOR: 1.04, 95% CI: 1.01, 1.08). The final model was also adjusted for age, race and gender. Apart from benzodiazepine use, none of the other prescription and illicit drugs, nor injection drug use, were predictive of nonfatal overdose.

Conclusions: The strongest predictor of incident nonfatal overdose was a history of overdose prior to study participation. Pervasive use of benzodiazepines and other prescription opioids, however, is what differentiates this population from other drug-using cohorts. Consistent with the decedent literature, illicit benzodiazepine use was a predictor of nonfatal overdose; and among the five fatal overdoses where toxicology data were available on the death certificate, three indicated the presence of benzodiazepines. Interventions aimed at prevention and appropriate response to overdose is warranted in this population.
PSYCHIATRIC COMORBIDITY AMONG IN-PATIENTS WITH ALCOHOL USE DISORDERS
S. Joowong
Suansaranrom Psychiatric Hospital, Suratthani, THAILAND.

Objectives: To examine psychiatric comorbidity in alcohol use disorder in-patients at psychiatric hospitals.

Methods: Alcohol use disorders in-patients were admitted in 4 psychiatric hospitals from 1st November 2011 to 31th January 2012. The Mini International Neuropsychiatric Interview: M.I.N.I – Thai version 5.0.0 was used for psychiatric diagnosis by trained interviewers. Data analysis used descriptive statistics, percentage and chi-square.

Results: Alcohol use disorders in-patients 410 persons who mostly aged 31-40 years old. Every interval age had related to psychiatric comorbidity. There were psychiatric comorbidities about 68.8%, which the first 5 ranked were lifetime psychotic disorders, current suicide, current substance use disorders, current major depressive episode and lifetime manic episode at 50.0, 31.2, 18.3, 9.3 and 7.1%. There were consisted of alcohol dependence 85.1% and alcohol abuse 14.9% and high level of suicidal behaviors more related with alcohol dependence than alcohol abuse.

Conclusions: Psychiatric comorbidities were common among alcohol use disorder patients who seeking in-patient treatments in psychiatric hospital. Suicidality was often found in female in-patients. So, clinicians should recognize these psychiatric comorbidities and develop clinical guideline and rehabilitation program.
A CASE OF PATHOLOGICAL GAMBLING
S. Freitas 1, S. Queirós 1
1. Centro Hospitalar do Tâmega e Sousa, Amarante, Portugal

Pathological gambling is defined as the chronic and progressive failure to resist the impulse to gamble, turning into maladaptive behavior that damages professional, familiar and vocational goals (American Psychiatry Association, 2000). It is included in the chapter of “substance-related and addictive disorders”, in DSM-V (in DSM-IV-TR it was classified as an impulse control disorder). The estimated prevalence of pathological gamblers is 1-2% in the general population, growing in value, due in large part to the easier access to the game (including Internet access).

Objectives: In this case report, the authors propose to conduct a literature review on the topic, based on a clinical case.

Methods: It is presented a patient, who was diagnosed with pathological gambling and on whom was instituted treatment with topiramate, cognitive-behavioral therapy and group therapy.

Results/ Conclusions: The prognosis of pathological gambling is unfavorable, even if the most recommended therapeutic measures are instituted. It is imperative to increase research in this area, which is cause of personal, family and social suffering.
ASSOCIATIONS BETWEEN SMOKING, ALCOHOL CRAVING, AND HIGH-RISK SITUATIONS TO RELAPSE IN TREATMENT-SEEKING ALCOHOLICS

T. Schneekloth1, M. Hitschfeld2,3, J. Ebert1, D. Hall-Flavin1, V. Karpyak1, J. Geske1, M. Frye1
1Mayo Clinic, Rochester, Minnesota, U.S.A.
2Sotero del Río Hospital, Santiago, Chile
3P. Universidad Católica de Chile, Santiago, Chile

Objectives: Our previous work has shown that higher alcohol craving during residential alcoholism treatment is associated with relapse after discharge. Despite the high prevalence of nicotine dependence (ND) among alcoholics, smoking status as a risk factor for alcohol craving is poorly understood. This study aims to evaluate both alcohol craving and high-risk situations to relapse among smoking and non-smoking alcoholics during residential treatment and at 12-month follow-up. Our hypothesis was that smoking alcoholics will have higher craving scores associated with relapse to drinking.

Methods: All research-consenting alcoholics admitted to a one-month residential program between 11/10/2005 and 07/18/2013 were included in this retrospective study. Clinical diagnoses were made by addiction psychiatrists utilizing DSM-IV criteria. Alcohol craving and high-risk situations to relapse were measured by Penn Alcohol Craving Scale (PACS) and Inventory of Drug Taking Situation (IDTS) respectively. Statistical methodologies included Chi-square, ANOVA, Kaplan-Meier plots and Cox proportional hazards models.

Results: The study included 812 alcohol dependent subjects; 518 (64%) were males and mean age was 46.3 ± 13.6 years; 381 (47%) and 182 (22%) had current and former ND respectively. Current (p=0.03), but not former ND, was associated with a higher PACS score. Both current and former ND were associated with younger age (p=0.0001, p<0.001), and higher positive- (p=0.0039, p<0.0001), negative- (p=0.0001, p=0.0001), and temptation-IDTS scores (p=0.0064, p<0.0001). Current and former ND status was not associated with alcohol relapse at 12-month follow-up. There were no sex differences between smoking status and alcohol relapse.

Conclusions: In this large single-site clinical sample, alcoholic treatment-seeking patients who smoke report higher alcohol craving and increased risk for relapse in positive-, negative- and temptation-related drug taking situations. However, nicotine status upon completion of one-month residential treatment was not associated with alcohol relapse at 12-month follow-up. These findings support further research into these complex interactions.
DEPRESSIVE CO-MORBID CONDITIONS AMONG PATIENTS ON METHADONE TREATMENT
Kirkova N., Popovska-Subotin O.
JZU Psychiatric Hospital Skopje- Skopje

Daily Hospital for prevention and treatment of drug addicts Clinical Center

Depressive co-morbid conditions are frequent among patients on methadone treatment. In our study we identified the presence of depression in patients treated with optimal individual daily methadone doses.

Material and methods: We used data from the patient’s charts and Zung self-rating depression scale, on total of 80 patients, 72 male and 8 female.

Results: We identified minimal to mild depression in 19 patients, moderate to significant depression in 10 patients and severe depression in 9 patients.

Conclusion: Comorbid depressive conditions are frequent among patients on methadone treatment and their timely identification and diagnostics plays a significant role in the treatment outcome.
OLANZAPINE FOR THE TREATMENT OF CANNABINOID HYPEREMESIS SYNDROME

S. Ramos 1, M. Llobet 2, D. Córcoles 1, J. León 1, I. Ruiz 1
1Institut de Neuropsiquiatria i Adiccions (INAD), Hospital del Mar, Barcelona, Spain.
2IMIM (Institut Hospital del Mar d’Investigacions Mèdiques), Barcelona, Spain

Objectives. Cannabinoid hyperemesis syndrome (CHS), first described by Allenin in 2004 (1), is characterized by recurrent episodes of severe nausea, intractable vomiting, and abdominal pain preceded by chronic use of cannabis. A pathognomonic characteristic is compulsive bathing in hot water which the patients learns to associate with alleviation of discomfort(2)(3). CHS diagnosis has been reported to be delayed up to 9 years in one serie cases. Current treatment involves supportive therapy with fluid resuscitation and anti-emetic medications. However, the available antiemetic drugs seem to be ineffective. The resolution of the problem occurs when cannabis use is stopped(2). Failure to recognize the syndrome leads to misdiagnoses and may lead to extensive, expensive and unproductive investigations. (2)(4)(5)
The objective of this communication is to increase awareness of CHS among medical professionals and to present successful treatment of CHS in two emergency department patients resistant to conventional anti-emetics

Methods. A total of 2 case reports conducted in the emergency department on patients with recurrent vomiting who were diagnosed with CHS and treated with olanzapine.

Results. Both patients show satisfactory response to olanzapine, leading to discontinuation of emetic episodes and enabling their discharge.

Conclusions. An early identification of patients with CHS would lead to a reduction in morbidity and costs, especially if it was possible to have an anti-emetic response until sustained abstinence is achieved.(4)(5) Olanzapine should be considered as a treatment due to its suitable receptorial profile acting on the different emetic pathways (D2, 5-HT3, M, H1).(6)(7) and its availability in different routes of administration. However replication in a larger sample with a major follow-up would be desirable with regard to the generalizability of the results.

References
CASE REPORT: DISULFIRAM AND PERIPHERAL NEUROPATHY IN DEPENDENT OF CRACK

Silva, C. H. P. 1; Brangioni, M. C. V. S. 2; Boechat-Barros, R. 2

1Hospital das Forças Armadas, Brasília, Distrito Federal, Brazil
2University of Brasília, Brasília, Distrito Federal, Brazil

Objectives: To report a case of severe crack addiction treated with disulfiram with success. To describe the rare occurrence of a fully reversible peripheral sensorimotor neuropathy secondary to disulfiram.

Methods: Review of medical charts and literature review. A 20 year-old female patient, user of psychoactive substances since the age of twelve, was in use of crack since eighteen. When treatment began she lived as a homeless, engaging in thefts to acquire the drug. Disulfiram was started at 500mg/day for six months, with a significant reduction in craving, achieving abstinence from crack. After two months of treatment she started suffering from paresthesias. This was followed by slowly progressive muscular weakness, gait impairment, and inability to walk. Neurological evaluation revealed muscular strength grade zero to dorsal and plantar flexion and decreased superficial and deep sensation in the lower limbs. Disulfiram was stopped after six months of treatment and the patient was treated with oral thiamine 600mg/day plus physical therapy.

Results: After discontinuation of disulfiram, the patient started to improve up to complete recovery from the neurogenic deficits after six months. So far she remains abstinent from crack and any other psychoactive drug.

Conclusions: We reported a case of crack addiction which was successfully treated with disulfiram, corroborating the evidence from the literature. However, our patient developed significant secondary peripheral nerve disorder, which was fully reversible. Although, peripheral neuropathy is a known side effect of disulfiram on alcoholic patients, to our knowledge it has not been described in crack users. Disulfiram may be an effective treatment for crack dependence and its benefits must be balanced against its potential to cause harm, including disabling polyneuropathy.
DOES CANNABIDIOL PROTECT AGAINST MANIA EPISODES?

OBJECTIVES
Drug induced psychosis is well known in scientific literature, clinical work and public understanding. Meanwhile we can find that there’s evidence suggesting that consuming Tetra-hydro-cannabinol may protect against some psychotic episodes. It’s been said that the Cannabidiol would be the responsible for this protective effect. From the study of three cases and a review of the existing literature, we analyze the evidence about this same molecule as a protective factor against manic episodes, considering also the possibility of arousing a mania episode from THC withdrawal.

METHODS
Studies were identified by searching through Pubmed using “mania”, “cannabis”, “cannabidiol”, “bipolar”, “protective factor”, “withdrawal” as key words. We report 3 cases of manic episodes with psychotic symptoms after THC withdrawal where hospital attention was required. We patronized a clinical course in these patients akin to this protective effect described in literature.

RESULTS
Cannabidiol, the second active ingredient of cannabis, has been said to present, among other properties, an antipsychotic/ansiolitic effect. It’d work as an anandamide recaptation inhibitor, main endogenous ligand of endocannabinoid system. In spite of the well known hallucinogenic and pro-psychosis effect of THC, it seems that in some patients the antipsychotic effect of cannabidiol would be stronger.

CONCLUSIONS
There’s scientific evidence of this opposite response to Cannabis, although we don’t know which kind of patients has each response. More studies are needed, having under consideration the ethical and legal limitations on this field. Nevertheless evidence on this area would reinforce those theories claiming drug abuse as a self-treatment strategy for major mental disorders.

REFERENCES

IN NO MAN'S LAND: ON PURPOSE OF THE THERAPEUTIC ITINERARY OF ONE CASE OF DUAL DISORDER.
C. Abad¹, A. Barrera¹, M.L. Bouzáñ², B. Marco¹, P. Latorre¹, C. Pérez¹, G. Pérez¹.
¹Hospital Clínico Universitario Lozano Blesa, Zaragoza, España.
²UNED, España.

Objetives
Dual patients are particularly severe patients from both clinical and social perspectives and constitute a therapeutic challenge not only their individual capacity but also for Spanish Health System that must deal with complex patients straddles two distinct care networks: the network of Attentional Substance Abuse and Mental Health Network. Through the presentation of a case of over twenty years of evolution we want to make tangible these difficulties.

Methods
We have performed a retrospective review of the medical history of the patient integrating the parallel histories of the many resources used.

Results
Our patient is a man of fifty-two years old who had his first contact with Mental Health Services at age 22 when he was admitted in hospital because of severe behavioral disorders. The discharge diagnosis was Simple Schizophrenia. Two years after this, he began the consumption of drugs developing addiction to heroin and cannabis. The simultaneity of these disorders has characterized his evolution presenting a difficult treatment adherence and very florid episodes of decompensation that have led many important legal issues. Nowadays, he remains stable using three different asistenciales networks.

Conclusions
The where and who are still unknowns to solve each new case of dual pathology that we face up. Thanks to the involvement and collaboration of professionals from various healthcare networks is possible to achieve a comprehensive care using resources that despite not being the ideal initially perform proper function.
EXPERT WITNESS POSTION ON TO THE PENALIZATION AND LEGALIZATION OF THC IN PUERTO RICO

C. Cabán1, Fumero2

1. Clínica Interdisciplinaria de Psiquiatría Avanzada, San Juan, Puerto Rico
2. Colegio de Neurosicofarmacología de Puerto Rico, San Juan, Puerto Rico

During the past years there’s a growing movement toward minimizing the impact of cannabis on the human beings. Medical evidence goes in opposite direction presenting data on the damage induced by cannabis especially in youth’s brain. We will share our position at the Congress of Puerto Rico against the possible legalization of cannabis. This presentation has been developed evidenced based. A review of the current medical literature was done prior to the presentation.

Objectives

To present an overview of current medical evidence on regard to cannabis
To promote physicians and mental health professionals to expressed themselves based on evidence
To share our position at the Puerto Rico Congress

Methodology

Oral presentation

Results

Create alertness on the importance to talk based on clinical evidenced.

Conclusions

We expect to serve as a model and a reference for other places were similar discussions will take place.
THE EFFECT OF ILLEGAL ACTS ON GAMBLING DISORDER
S. Jiménez-Murcia1,2, R. Granero2,4, F. Fernández-Aranda1,2,3, N. Aymami1, M. Gómez-Peña1, L. Moragas1, A. del Pino-Gutiérrez1, S. Sauchelli1, M.A. Islam1,2, J.M. Menchón1,3,5
1. University Hospital Of Bellvitge-IDIBELL, Barcelona, Spain
2. CIBER Fisiopatología Obesidad y Nutrición (CIBERObn), Instituto de Salud Carlos III, Barcelona, Spain
3. University of Barcelona, Barcelona, Spain
4. Universitat Autònoma de Barcelona, Barcelona, Spain
5. CIBER Salud Mental (CIBERSAM), Instituto de Salud Carlos III, Barcelona, Spain

Objectives: To examine the specific contribution of illegal acts to the diagnostic criteria of gambling disorder, to assess the possibility of differential item functioning across patients’ sex and age, to explore the existence of different clinical phenotypes based on the presence of illegal acts and to explore empirical clusters to describe the subgroups at a clinical level.

Methods: The sample consisted of 2,155 patients seeking treatment for pathological gambling at a psychiatric service.

Results: The illegal acts item did not show different item functioning and younger patients presented higher latent means than middle-aged and older patients, whereas no differences were found across sex. This item also showed the lowest discrimination coefficient, its exclusion would maintain satisfactory internal consistency for the remaining 9 symptoms and was poorly related to psychopathology and the severity of the gambling behavior. Finally, Two-Step Clustering Procedure revealed the existence of four empirical groups, which differed in both sociodemographic and clinical profiles.

Conclusions: The relevance of the illegal acts as a diagnostic criterion appears to be limited and its elimination from the DSM-5 seems justified. However, illegal acts have implications for both the clinical and legal domains, and contribute to increase the patients’ impairment.
SELF-MEDICATION BY METHYLPHENIDATE AMONG BRAZILIAN COLLEGE STUDENTS
N. M. Lacerda1
L.X. Senra2,3
1 Faculdade de Minas-Faminas, Muriaé, Brasil
2,3. Universidade Federal de Juiz de Fora-UFJF, Juiz de Fora, Brazil; Faculdade de Minas-Faminas, Muriaé, Brazil.

Methylphenidate is the psychostimulant that acts on the central nervous system, the increased concentration of dopamine. This medication is widely known by the trade name Ritalin and is very suitable and prescribed for the treatment of Attention Deficit Disorder and Hyperactivity Disorder and narcolepsy. However, some studies show that this drug has been consumed in the form of self medication for a large number of Brazilian university non-carriers of these diseases, based on a false belief, as the Health Psychology suggests, that can improve concentration and mental performance. This study aimed to estimate the prevalence of non-prescribed use of methylphenidate among college students in a college in a small town in Brazil. This is an observational cross-sectional nature of research and quantitative approach with a non-probability sample of college students from different courses at a college in a small town in Brazil (n=400). Data were collected through a self-report questionnaire adapted from Carneiro et al (2013), which has 35 questions that investigate the knowledge of the university on methylphenidate, the frequency of use and whether it is associated with another questionnaire substance. The results showed a higher prevalence of knowledge and non-prescribed use of methylphenidate among law students, especially among those who need to combine work and college course on the night shift.

Keywords: methylphenidate, Brazilian college student, self medication.
EFFICIENCY OF THE SSRIs IN THE TREATMENT OF ALCOHOL DEPENDENCE

A. Álvarez 1, J.J. Avila1, P. Vidal 1, A. López 1, A. Zambrana 1, R. Fernández 1
1. Unit of Alcoholism, Salamanca, Spain

The treatment of alcoholism, by serotonin specific reuptake inhibitor (SSRIs), in order to reduce the craving, has provided poor and contradictory results, according to different studies (1). The aim of the present study was to investigate if the SSRIs reduces the craving and its efficiency in the treatment of alcohol’s dependence.

Method
The sample of the present study is constituted by 86 patients (73 men and 13 women), of middle ages 44, 17 ± 9,29 years old. Patients were attended in the Unit of Alcoholism at Salamanca. The sample is divided in two groups: therapeutic group (33 subjects) who has just received a SSRIs. The other group call control group (53 people), have decided not to recive any kind of medication. All of them covered the questionnaire EIDA (Scale of Intensity of Dependence of the Alcohol) and the questionnaire Anton in order to evaluate the craving (OCDS). The diagnosis of the disorders by use of alcohol was realized following the criteria of DSM-IV-R (2).

Patients were evaluated on the first, third and sixth month. Abstinence or consumption, therapeutic fulfillment and craving were evaluated.

The statistical treatment was realized with the statistical program SSPS, version 15.0.

Results
The characteristics and the dependence of alcohol of in both groups were similar. In the group control, subjects with abuse of alcohol was significantly major that in therapeutic group (19 and 5 respectively; p < 0.3). Finally, the group control was showing less wish for this substance significantly(p <0.1). During the follow-up, the desire for alcohol descended in an important way in both groups.

Conclusions
The antidepressants SSRIs are effective in treatment of alcohol dependence and diminish the craving, constituting one more option in the treatment of this disease (3,4,5).

Bibliography
DIFERENCES IN DOSE OF ANTIPSYCHOTIC MEDICATION BETWEEN PSYCHOTIC PATIENTS WITH AND WITHOUT CANNABIS USE
A. Arnaiz 1, O. Olivas 1, I. Agulló 2, M. Zumárraga 1
1. Hospital Psiquiátrico de Zamudio, Vizcaya, Spain.
2. Hospital Universitario de La Ribera, Valencia, Spain.

Objectives: Based in clinical evidence, cannabis comorbid use in psychotic patients is associated with an increased risk of inpatient admission, poor remission rates and more severe psychotic and disorganized symptoms, and consequently the required dose of antipsychotic medication may be higher. In this communication we aim to assess if the medium dose of antipsychotic medication is different in patients with and without cannabis comorbid use.

Methods: We selected patients with psychotic disorder, admitted in 2012 and 2013 in our Clinical Rehabilitation Unit in Zamudio Psychiatry Hospital, who were receiving antipsychotic treatment. The data were obtained from the patients’ clinical records. We converted the all antipsychotic doses to chlorpromazine equivalents. We used the “Stata-graphics” program for the statistical analysis.

Results: A total sample of 61 patients was analyzed, with a mean age of 42 years (18% women and 82% men) Antipsychotic mean dose registered was 741’78 mg. There were a 59% of non-users of cannabis and 41% with sporadic or long-term cannabis abuse. Antipsychotic mean equivalent dose of chlorpromazine in cannabis non-users group was 858’23 mg and 578’76 mg in cannabis users group, being this difference statistically significant (p= 0’030).

Conclusions: In our sample, cannabis non-users required higher dose of antipsychotic treatment than cannabis users. A confusion factor could be that multiple substance abuse has not been analyzed separately. However several recent reports suggest that some cannabis metabolites (cannabidiol) could have antipsychotic effects acting over endocannabinoid system.

Bibliography:
DIFFERENCE IN DISRUPTIVE AND AGGRESSIVE BEHAVIOR AT ADMISSION BETWEEN PATIENTS WITH AND WITHOUT CANNABIS USE

I. Agullo¹, A. Arnaiz², O. Olivas², M. Zumárraga²

¹. Hospital Universitario de La Ribera, Valencia, Spain.
². Hospital Psiquiátrico de Zamudio, Vizcaya, Spain

Objectives: Based in clinical evidence, cannabis comorbid use in psychotic patients is associated to an increased risk of in-patient admission, poor remission rates and more severe psychotic and disorganized symptoms. In this communication we aim to assess if the medium dose of antipsychotic medication is different in patients with and without cannabis comorbid use.

Methods: We selected patients with psychotic disorder, admitted in 2012 and 2013 in our Clinical Rehabilitation Unit in Zamudio Psychiatry Hospital.

The data were obtained from the patients’s clinical records. The disruptive and aggressive behavior was evaluated at the time of admission using the item 1 of HoNOS Scale (Health of the Nation Outcome Scales) spanish version. This scale grades the observed behavior from 0 (No problem) to 4 (Severe or very severe problem). We used the “Stata-graphics” program for the statistical analysis.

Results: A total sample of 61 patients was analyzed, with a mean age of 42 years (18% women and 82% men). There were a 59% of non-users of cannabis and 41% with sporadic or long term cannabis abuse.

Item 1 in HoNOS Scale mean in the non-users group was 1´63 (DT 1´23) and in the users group was 2´00 (DT 1´44), without being this difference statistically significant (p=0´29).

Conclusions: In our sample, cannabis users have higher score in item 1 although is not statically significant, but it is similar to evidence about cannabis use and disruptive behavior. This result could be explained because of the small sample.

References:
BRAIN SURGERY AND AGONIST ORAL COCAINE: TWO THERAPEUTIC MODALITIES ORIGINATING AND APPLIED IN PERU FOR COCAINE ADDICTION.
Teobaldo Llosa
*Coca Medica. Lima. Peru*

Results of long term of psychosurgery in double addiction cocaine-nicotine smokers in Peru

Despite many attempts to find an effective treatment to control relapse in cocaine addicts, yet the FDA or any international organization no approved therapeutic regimen. Most diverse biological methods have not been successful to maintain long-term abstinence, although some methods have been statistically decreasing the frequency or the negative effects of its use. Coca Paste (CCP) is an industrial derivative of coca leaves that contains sulfuric acid plus many impurities that is smoked mixed with nicotine contains in regular tobacco cigarettes in South America, and development double addiction cocaine-nicotine. Psychosurgery is a biological method used for addicted to heroin, marijuana and alcohol since the 1940s and recently revived its use for the treatment of opiate addiction, especially in China. Under anterior bilateral cingulotomy mode was used in Peru by our team, between 1981 and 1983, in 33 coca paste addicts. Monitoring during 12 years some patients showed a ±50% sustained abstinence. Inquiries and interviews 30 years later with some patients in this group showed that maintained their abstinence and led a life within normal parameters. No deaths, neurological or mental sequel attributed to psychosurgery were reported. There never was a legal problem related to surgery. We suggested that psychosurgery can be an alternative for the treatment of cocaine (CCP) addicts when is smoked mixed with tobacco, because having demonstrated sustained effects without negative effects for years after application.
COMBINED ANTIPSYCHOTIC TREATMENT AND CANNABIS ABUSE IN PSYCHOTIC PATIENTS
O. Olivas 1, I. Agullo 2, A. Arnaiz 2, M. Zumárraga 2
1. Hospital Psiquiátrico de Zamudio, Vizcaya, Spain
2. Hospital Universitario de La Ribera, Valencia, Spain.

Objectives: Psychotic disorders and substance abuse have a high rate of comorbidity. Considering cannabis use, several factors can be involved like common dopaminergic pathways, self-medication hypothesis and other comorbid disorders. Combination of two or more antipsychotic drugs is sometimes necessary in severe cases. Our aim is to assess if cannabis users have more frequently two or more antipsychotic drugs prescribed.

Methods: We selected patients with psychotic disorder, admitted in 2012 and 2013 in our Clinical Rehabilitation Unit in Zamudio Psychiatry Hospital. The data were obtained from the patients’ clinical records. We used the “Stata-graphics” program for the statistical analysis.

Results: A total sample of 61 patients was analysed, with a mean age of 42 years (18% women and 82% men). There were a 59% of non-users of cannabis and 41% with sporadic or long term cannabis abuse.
Two or more antipsychotics were used in 48’3% (N=28) of patients, where the proportion of cannabis users was 13’8% (N=8) and cannabis non-users 34’5% (N=20), being this difference not statistically significant (p=0’96)

Conclusions: In our sample, contrary to expected results, cannabis users have less number of antipsychotic drugs than non-users. In further research, additional factors may be considered to explain these findings, like comorbidity of other substances abuse or refractory psychosis symptoms.

References:
¿CUÁNTOS CONTROLES DE TÓXICOS SE REALIZAN AL AÑO EN LA UNIDAD DE CONDUCTAS ADICTIVAS?

M. Palomo Monge1, D. Gimeno Montes1, K. Preckler Peña1, A. Duque Domínguez1, S. Sánchez de la Pisa2, J.M. Gallego Bellido1, R. Ochoa Blanco1, B. Lara de Lucas1, C. Moreno Rubio1, C. Camuñas de la Calle1.

1Unidad de Salud Mental, Hospital Nuestra Señora del Prado, Talavera de la Reina, España.
2Centro de Salud Lanzahita, Ávila.

OBJETIVOS:

Calcular el número controles de tóxicos realizados al año a pacientes dependientes de sustancias (opiáceos, cocaína, alcohol y otros y el número total) durante su seguimiento y tratamiento en la Unidad de Conductas Adictivas.

MÉTODOS:

Estudio descriptivo transversal retrospectivo.

Se recoge un registro de todos los pacientes en seguimiento y que realizan controles de tóxicos de manera habitual en la Unidad de Conductas Adictivas durante cada mes del año 2013 (número de controles realizados cada mes y tipo de control realizado: opiáceos, cocaína, alcohol y otros).

Tanto el control de opiáceos, cocaína y alcohol se realizan en orina. En el apartado otros se incluyen cannabis, benzodiacepinas y anfetaminas.

RESULTADOS:

Se realizan en total 32110 controles de los cuales 8306 son de opiáceos (representando el 25’9% del total), 7655 de cocaína (23’8% del total), 6176 de alcohol (19’2%) y 9973 de otros tóxicos (31’1%).

CONCLUSIÓN:

Concluimos que la mayor proporción de controles realizados (obviando el apartado otros en el que se incluyen cannabis, benzodiacepinas,…) es de opiáceos con un 25’9%. Esto ocurre por el elevado número de pacientes en seguimiento con metadona y desintoxicación de heroína que hay hoy en día. En segundo lugar se encuentran los controles para cocaína y por último los controles para consumo de alcohol.

BIBLIOGRAFÍA:

ABUSE IN ALCOHOL-DEPENDENCE WOMEN
C. Salanova Otero, MJ. Muñoz Algar, F. Poyo Calvo
Hospital Dr. Rodríguez Lafora, Madrid, Spain

OBJECTIVE: Evaluate the prevalence of abuse in a sample of alcohol-dependence women and analyze their characteristics.

METHODS: Cross-sectional study. The sample is composed by 60 alcohol-dependent women, admitted consecutively in an Alcohol Dishabitation Unit. We applied an clinical history report, that includes a search of history of physical, psychological and sexual abuse. Different psychometric tests were applied and the Millon Clinical Multiaxial Inventory (MCMI-II).

RESULTS: The 60% of women are divorced. Only 26.6% of the sample are working and the 65% are in situation of economic dependence.

76.9% of the sample presents history of psychiatric treatment for depressive and/or anxious disorders, and the 75% have family history of alcoholism. We found that 38 patients (63.3%) have history of abuse, and in the 68.8% of them, the perpetrator had been their partner. The prevalence of sexual abuse is 23.3%.

The MCMI-II highlights that 55 patients, of a total of 60, scores higher than 85 (base rate) at least in one dysfunctional personality trait. 41.8% of the sample presents dependence traits.

CONCLUSIONS: We found in our sample a high rate about history of psychiatric treatment for depressive and/or anxious disorders, and first-degree relatives with history of alcoholism. On the other hand, we confirm that more frequently alcohol-dependent women suffer abuse, more higher than proportion detected in general population.
¿CUÁNTA GENTE DEMANDA INFORMACIÓN EN LA UNIDAD DE CONDUCTAS ADICTIVAS?

M. Palomo Monge¹, D. Gimeno Montes¹, K. Preckler Peña¹, A. Duque Dominguez¹, S. Sánchez de la Pisa², B. Lara de Lucas¹, R. Ochoa Blanco¹, J.M. Gallego Bellido¹, C. Moreno Rubio¹, C. Camuñas de la Calle³.

¹Unidad de Salud Mental, Hospital Nuestra Señora del Prado, Talavera de la Reina, España.
²Centro de Salud Lanzahita, Ávila, España.

OBJETIVOS:

Calcular el número de personas que acuden a la Unidad de Conductas Adictivas durante todo el año 2013 para recibir información para un posible tratamiento y seguimiento en dicha unidad.

MÉTODOS:

Estudio descriptivo transversal retrospectivo.

Se recoge un registro de todos los pacientes que acuden a la Unidad de Conductas Adictivas únicamente para demandar información durante todos los meses del año 2013. También registra el tipo de dependencia que presentan: opiáceos, cocaína, alcohol y otras (donde se incluye cannabis, benzodiacepinas y éxtasis).

RESULTADOS:

Se registran en total 377 demandas de información en la Unidad de Conductas Adictivas de las cuales: 238 son por dependencia a alcohol, representado el 63.3% de todas las demandas; 68 son por otras (cannabis, benzodiacepinas y éxtasis), representando el 18%; 56 por cocaína, representando el 14.8% y 15 de las demandas por dependencia a opiáceos, 3.9% del total.

CONCLUSIONES:

El mayor número de demandas de información realizadas en la Unidad de Conductas Adictivas a lo largo del año 2013 son por dependencia a alcohol. En segundo lugar por dependencia a cocaína, y la dependencia por la que menos se demanda información es por opiáceos. Obviando en esta clasificación la categoría “otras” que representa un porcentaje elevado e incluye dependencia a cannabis, benzodiacepinas y éxtasis. Este estudio descriptivo podría ser la base para realizar otro nuevo estudio para calcular qué número de esos pacientes terminan recibiendo tratamiento y seguimiento en la Unidad.
¿QUIÉN DERIVA A LOS PACIENTES A LA UNIDAD DE CONDUCTAS ADICTIVAS?

M. Palomo Monge1, D. Gimeno Montes1, K. Preckler Peña1, A. Duque Dominguez1, S. Sánchez de la Pisa2, R. Ochoa Blanco1, B. Lara de Lucas1, J.M. Gallego Bellido1, C. Moreno Rubio1, C. Camuñas de la Calle1.

1Unidad de Salud Mental, Hospital Nuestra Señora del Prado, Talavera de la Reina, España.
2Centro de Salud Lanzahita, Ávila.

OBJETIVOS:

Calcular el número de pacientes derivados a la Unidad de Conductas Adictivas durante el año 2013 y desde que servicios han sido derivados a dicha unidad.

MÉTODOS:

Estudio descriptivo transversal retrospectivo.

Se recoge un registro de todos los pacientes derivados a la Unidad de Conductas Adictivas cada mes del año 2013. También se registra el sitio desde donde se ha realizado dicha derivación: Atención Primaria, Servicios Sociales, Atención especializada, juzgados, centros penitenciarios, instituciones policiales y decisión propia. Diferenciamos el tipo de dependencia por el que son derivados: opiáceos, alcohol, cocaína y otras (incluye cannabis, benzodiacepinas y éxtasis).

RESULTADOS:

En un total 388 derivaciones: 70 son de Atención Primaria (18% del total), 26 de Servicios sociales (6’7%), 120 de Atención especializada (30’9%), 3 de juzgados (0’8%), 2 de centros penitenciarios (0’5%), 4 de instituciones policiales (1%) y 163 por voluntad propia (42%). Tipo de dependencia: 14 pacientes derivados por dependencia a opiáceos (3’6%), 60 a cocaína (15’5%), 243 a alcohol (62’6%) y 71 a otras(18’3%).

CONCLUSIÓN:

El mayor número de derivaciones a la Unidad de Conductas Adictivas no se realiza desde ningún recurso asistencial, sino que son los propios pacientes los que acuden voluntariamente. En segundo lugar desde atención especializada, quedando en tercer lugar los pacientes derivados desde atención primaria. Desde servicios sociales, instituciones policiales, juzgados y centros penitenciarios es desde donde menos se deriva. El mayor número de pacientes derivados presentan dependencia a alcohol.
INTRODUCCIÓN
Se pretende en el presente trabajo, presentar una propuesta de programa grupal para pacientes ambulatorios con problemas de adicciones y control de los impulsos. Se describe a continuación el esquema del programa, enfoque, así como el perfil de participantes que han sido derivados.

MÉTODO Y MATERIALES
Propuesta: programa compuesto por una sesión de valoración individual de 45 minutos (exploración de la demanda y de principales dificultades actuales) e información del programa grupal (objetivos, contenidos, fechas y horarios) y siete sesiones grupales de 75 minutos y frecuencia semanal (evaluación post intervención a realizar en la última sesión). Las variables a evaluar y los instrumentos utilizados serían las siguientes impulsividad (escala de impulsividad de Barratt), motivación al cambio (pregunta de escala), intensidad del malestar y grado de interferencia de este en sus vidas (preguntas de escala), nivel de conciencia plena (MAAS).

Criterio de inclusión: pacientes dependientes de sustancias psicótropas con perfil de personalidad impulsiva.

Contenidos y enfoque de las sesiones: enfoque centrado en la regulación emocional (terapia dialéctico conductual de M. Lineham) y tolerancia al malestar (mindfulness y terapia ACT

Participantes: En el período de un mes han sido derivados trece pacientes, de los cuales tres no deseaban participar en un grupo, tres no tenían horarios compatibles y con otros tres no se pudo contactar. Tan sólo cinco de los pacientes derivados aceptaron participar en un grupo, alguno de ellos con dudas sobre la posibilidad de mantener la continuidad (por estar a la espera de admisión en programas de 24 horas o pendientes de desplazamientos por largo tiempo).

En cuanto a la demanda un 60% querían cesar los consumos, un 20% manifestaba interés por compartir la experiencia con otras personas, y un 20% quería ayuda para “quitar la compulsión”. En cuanto a los problemas actuales un 60% se manifestaba preocupado por problemas familiares derivados del consumo y al 40% restante les preocupaba el propio hecho del consumo.
CIRCADIAN RHYTHM OF PERIPHERAL TEMPERATURE IN INDIVIDUALS WITH SUBSTANCE USE DISORDER. INFLUENCE OF AGE OF CONSUMPTION ONSET

S. López-Vera 1, I. Benaiges 1, J.A. Madrid 2, A. Adan 1, 3

1. Department of Psychiatry and Clinical Psychobiology, University of Barcelona, Spain.
2. Chronobiology Laboratory, Department of Physiology, University of Murcia, Spain.
3. Institute for Brain, Cognition and Behavior (IR3C), Barcelona, Spain.

Objectives

Emerging studies show temporal unsynchronized effects of substance use on circadian rhythmicity1. The aim of this work is to explore peripheral temperature (PT) and differences depending on age of consumption onset in patients with substance use disorder (SUD).

Methods

We studied PT in 53 male (35.83 ± 7.76 years) with SUD (average of 8 months withdrawal time). Participants were assigned to two groups considering age of consumption onset: 16 years and younger (n=26) vs. 17 and older (n=27). The PT record was made by the iButton sensor placed on the wrist along 48h. Intergroup differences were examined by MANCOVA.

Results

We obtained significant differences in Amplitude (F=4.94; p=0.03; $\eta^2_p$=0.09), Interdaily Stability (F=4.33; p=0.04; $\eta^2_p$=0.08), Relative Amplitude (F=4.44; p=0.04; $\eta^2_p$=0.08), Power of harmonic 1 (F=4.79; p=0.03; $\eta^2_p$=0.08) and Accumulative Power of harmonic 12 (F=4.53; p=0.03; $\eta^2_p$=0.08). The 16 and younger group showed worse results in all cases.

Conclusions

An early age of consumption onset seems to have negative consequences on the expression on circadian rhythmicity probably due to neurodevelopment is still on maturation process2. However, further studies are needed to support these preliminary results.

References

STUDYING THE RELATIONSHIP OF PERSONAL CHARACTERISTICS WITH GENETIC FACTORS

S. Davidouski¹, A. Koputov²

¹. Mental Health Centre, Minsk, Belarus
². Belarusian state medical university, Minsk, Belarus

Objectives:
The study involved 499 male. The core group consisted of 245 subjects with alcohol addiction (the AA). The control group consisted of 122 people who do not have problems with alcohol. The comparison group included 132 male (after 30 years) suffering from AA.

Methods:
Clinical diagnosis of AA and abuse carried out in accordance with the diagnostic criteria of ICD-10 and Test for violations related to alcohol (test AUDIT) [6].
To study the individual personality characteristics of character used the "five-factor personality questionnaire» (5PFJ).
In carrying out the molecular genetic studies have used methods of PCR and RFLP analysis by standard procedures.

Results:
Studying the relationship of personal characteristics with genetic factors in patients of the main group conducted with the frequency distribution of genotypes and alleles of different polymorphic gene loci neurotransmitter pathways: dopamine receptor DRD2 (Tag IA), receptor type-2 γ-amino butyric acid (GABA) GABRA2A (rs 279 826), the serotonin transporter SLC6A4 (5-HTTLPR), the enzyme catechol-O-methyltransferase COMT (rs4680), the enzyme monoamine oxidase A MAOA (LPR), the dopamine transporter protein DAT1/SLC6A3 (VNTR) and cytochrome CYP2E1 (rs 4646903).
Conduction studies showed no association between gene polymorphisms odnonuklotidnyh included in the study with the personal characteristics of people with alcohol addiction.

Conclusions:
Adolescents and young men with alcohol addiction characterized by the following individual characteristics: emotions, practicality, reduced control.
The interconnectedness of all odnonuklotidnyh polymorphisms studied genes with the personal characteristics have been identified.
SLEEP DISORDERS DURING METHADONE MAINTENANCE: A CASE REPORT

S. Macedo¹, J. Lopes², J. Ramalheira²

¹. Hospital Tâmega e Sousa, Psychiatry Department, Amarante, Portugal
². Consultation Sleep/Sleep Laboratory, Neurophysiology Service, Hospital de Santo António, Porto, Portugal

Introduction: The use of opioids has increased, either by increasing its prescription or for its misuse. Opioids are normally used in various clinical situations, such as the treatment of acute pain and chronic pain, trauma, cancer treatment and methadone maintenance programs. Patients on methadone maintenance therapy for opioid dependence often have disturbed sleep. Complaints relating to sleep these patients have been described, and confirmed by polysomnographic studies (PSG) that demonstrate changes in either the architecture of sleep, or the existence of parasomnias and respiratory events during sleep.

Objectives: The aim is to draw attention to the need to know and diagnose early changes related to sleep in these patients, improving their quality of life.

Methods: Presentation of case report and literature review.

Results and conclusions: Is presented the case of a 37 year old patient with a history of consumption of heroin and cocaine inhaled, without a history of sleep disorders, currently under methadone, which has had episodes of sleepwalking, eating (and drinking) related sleep and hypersomnia. Examination of mental and neurological status, as well as brain MRI, were normal. Nocturnal PSG shows no paroxysmal epileptogenic activity or other relevant sleep disorders (mild OSAS only) and the Multiple Sleep Latency Test (MSLT) confirms the hypersomnia. With the reduction of the daily dose of methadone the episodes of sleep disturbance were significantly reduced. Diagnosis of Sleepwalking and "Sleep Related Eating Disorder" secondary to methadone was then performed.
TDAH Y TUS: DIFERENCIAS EN EL GRADO DE DEPENDENCIA Y RECAÍDAS EN UN CENTRO DE TRATAMIENTO DE ADICCIONES

C. Falconi-Valderrama¹, N. Olmo-Lopez¹, J. Garcia-Tellez¹, F. Flores-Ortiz¹
¹. UCG Campo de Gibraltar, Algeciras-Cadiz, España

Objetivos
El objetivo es el relacionar el grado de dependencia de consumo de sustancias y recaídas entre los pacientes con diagnóstico de Trastorno por Uso de Sustancias (TUS) que acuden a un Centro de Tratamiento de Adicciones (CTA) con síntomas de TDAH en la infancia.

Métodos
Se administra la entrevista semi-estructurada ASI (Addiction Severity Index) a una muestra de 151, para evaluar la severidad de la dependencia, así como la Wender-Utah Rating Scale (WURS) validada en población española adoptándose como criterio de inclusión obtener un punto de cohorte en la WURS de 37 que facilitase una especificidad 95%.

Resultados
Se observó una puntuación media mayor en la WURS en politoxicómanos, con una tendencia a mayores recaídas; no observamos una relación significativa entre síntomas de TDAH en la infancia y la severidad de la adicción (ASI).

Conclusiones
Se ha encontrado congruencia con las investigaciones existentes con respecto a asociación entre TUS y TDAH en la infancia, mayores puntuaciones en la WURS y más recaídas. Consideramos importante la detección y abordaje terapéutico temprano para disminuir el riesgo de trastornos adicionales asociados.

Referencias
Fischer M, Barkley RA, Smallish L, Young adult follow-up of hyperactive children: self reported psychiatric disorders, comorbidity, and the role of child-hood conduct problems and teen.
ESTUDIO RETROSPECTIVO DE COMORBILIDAD ENTRE TUS Y TRASTORNO POR DÉFICIT DE ATENCIÓN E HIPEACTIVIDAD

C. Falconi-Valderrama¹, N. Olmo-Lopez¹, F. Flores-Ortiz¹, J. Garcia-Tellez¹
¹. UCG Campo de Gibraltar, Algeciras-Cadiz, España

Objetivos
Determinar la presencia de síntomas de TDAH en la infancia en los pacientes con TUS que acuden a un Centro de Adicciones, y relacionarlo con la edad de inicio y tipo de sustancia.

Métodos
Se aplicó a 151 pacientes la Wender-Utah Rating Scale (WURS) validada en población española (punto de cohorte de 37 para una especificidad 95%) y el cuestionario de cribado ASRS. Se analiza la distribución porcentual y recoge información socio-demográfica de interés.

Resultados
La prevalencia de síntomas asociados al TDAH y TUS fue de 35,1% (53 de 151 pacientes), frente al 64,9% (98 de 151 pacientes). Se observó una correlación negativa entre edad de inicio de consumo y los síntomas asociados al TDAH. No se observó una predilección por sustancias de abuso, siendo más frecuentes el alcohol y cannabis.

Conclusiones
Los datos del estudio son congruentes con las investigaciones actuales, quedando en evidencia la vulnerabilidad al desarrollo de adicciones entre los niños con síntomas asociados a TDAH. Existe la conveniencia de avanzar en el desarrollo de más herramientas diagnósticas y adecuada difusión, para una detección y tratamiento tempranos.

Referencias
Quintero F.J., Correas Lauffer J., Quintero Lumbreras F.J. Trastorno por déficit de atención e hiperactividad a lo largo de la vida. 2ª Edición. 2006 Jul. 267-78.
SEXAM QUESTIONNAIRE (SEXUALITY AND MENTAL HEALTH) AND ALCOHOLISM

Hospital Clínico Universitario de Salamanca - Spain

OBJECTIVE: To show the preliminary results obtained with the use of the SEXAM questionnaire in patients with alcohol use disorder. The purpose is to assess the role of sexuality and emotions in relation to the patient’s life. This questionnaire is being used and studied presently in psychotic patients, but no results on alcoholic patients were available so far.

METHOD: Observational study, transverse. Sample: 40 patients with alcohol use disorder. The questionnaire is structured, self-filled, with 16 question blocks that involve 53 variables. Content: information, opinion and assessment on the sexual behaviour within a broad social context. It consists of 3 dichotomic questions, 2 open questions, 2 mixed questions and 9 with answers rated from 1 to 10. Statistical assessment is made of answers to equal questions referred to different vital periods (with or without sexual activity).

RESULTS: Results provide information on habits, interests, medical assessment and data that confirm the significance of the measurements, as well as its usefulness. (Table 1)

CONCLUSIONS: The SEXAM questionnaire is therefore a useful tool for assessment. It provides information on multiple aspects regarding the sexual environment of patients with alcohol use disorder. We consider relevant the comparison of the results available with a control group (presently under study), as well as its applicability to patients with different mental disorder. (Table 2)

REFERENCES:
ALCOHOL USE DISORDERS AND SEXUALITY
Hospital Clínico Universitario de Salamanca - Spain

OBJECTIVE: To evaluate sexual aspects in patients with alcohol use disorders compared to healthy volunteers.

METHODS: Case-control study. Adult outpatients admitted in the Alcohol Treatment Center of Salamanca (Spain) for des-habituation treatment were included. Severe medical or psychiatric comorbidity, concomitant treatment with any drug interfering sexuality and sick couple were exclusion criteria. Healthy volunteers with similar demographics were also selected for comparison. Sexual function was assessed with PRSexDQ-SALSEX, IIEF-5 and Modified Kinsey questionnaires.

RESULTS: 40 patients and 20 healthy controls were assessed. No significant differences were found in demographic variables between patients and controls. Mean alcohol consume in patients: 16.3 UBE/D. Sexual dysfunction measured with mean PRSexDQ-SALSEX score was more severe in patients with alcohol misuse vs. healthy controls (4.47 vs. 2.36, p<0.001). The frequency of sexual dysfunction was also higher assessed with IIEF-5 (57.9% in patients vs. 22.7% in controls, p=0.008). No significant differences were found in sexual habits following Modified Kinsey items (table 1, table 2).

CONCLUSIONS: Our study results show the negative consequences of alcohol misuse in sexual life, as previously reported in scientific literature. Variables related to sexual habits were similar between alcohol users and controls.

REFERENCES:
KEEP IN MIND CANNABINOID HYPEREMESIS SYNDROME

C. Contreras 1, H. Pelaez 2, M. Mola 1, C. Becerra 1, J. Bigas 2, M. Serra 1, P. Vinuesa 1, J. Cañete 1
1. Mental Health and Addiction Service
2. Emergency Department

Introduction
Vomiting is a frequent cause of consultation at the emergency department (ED). Cannabinoid hyperemesis syndrome (CHS) described by Allen (2004), affects chronic cannabis users. It is characterized by cyclical hyperemesis, abdominal pain and polydipsia. These symptoms can be relieved with compulsive hot baths. Clinical recovery is obtained with abstinence.

Objectives
Improve knowledge and detection of CHS.

Methods
After diagnosis of the first case, data were obtained from patients with cannabis use linked to Addictions Unit (AU) in the last 3 years, attended at emergency department for vomiting and abdominal pain.

Results
We present five cases diagnosed with CHS. All them with unknown etiology emetic syndrome (completed digestive study). Four men (80%), young adults (average 28 years). 100% had cyclical hyperemesis, abdominal pain and polydipsia. Four of them (80%) used hot baths frequently to improve their symptoms. One patient required hospitalization. The evolution time was between 1 and 9 years (mean 4.6). The number of consultation at ED due to vomiting was between 1 to 10 times per year. After diagnosis, three patients were engaged in treatment at UD. Two had objectified improvement with abstinence from cannabis and one refused to stop consumption.

Conclusions
- We can easily suspect the diagnosis of this pathology with those symptoms in patients who chronically use cannabis.
- Early diagnosis would allow us to reduce healthcare costs, additional tests and admission to hospital.
- If we suspect CHS we should advise patients to quit cannabis use and refer to UD for detoxification treatment.

Bibliographical References
SUBJECTIVE EFFECT OF INTRAVENOUS BUPRENORPHINE IN OPIOID DEPENDENT PATIENTS USING ORAL DEXTROPROPXYPHENE: A RANDOMIZED, DOUBLE- BLIND, CROSS-OVER STUDY
S Goyal, A Ambekar, R Jain, M Mehta, AK Mishra
Department of Psychiatry and National Drug Dependence Treatment centre, All India Institute of Medical Sciences, Ansari Nagar, New Delhi, India

Objectives: Buprenorphine has known abuse and dependence potential and it is commonly used by injecting drug users in India. Some opioid dependent injecting buprenorphine users can continue to inject buprenorphine even while using oral dextropropoxyphene as a treatment or as a drug of abuse. There is inadequate knowledge base about effects of injection Buprenorphine in opioid dependent patients who are using oral dextropropoxyphene. With this rationale, this study was aimed to assess the effect of injection buprenorphine on subjective experiences in opioid dependent patient receiving oral dextropropoxyphene.

Methods: This was a randomized, placebo-controlled, double-blind, cross-over study, carried out in the inpatient unit of tertiary level de-addiction facility. Twenty opioid dependent male, current injecting drug users (IDUs) were given a single dose of injection of buprenorphine (1.2 mg) or placebo, in a cross-over design, two hours after the routine morning dose of oral dextropropoxyphene at day 4 and day 6 of admission. Subjective effects were assessed with the help of standard tools (Morphine Benzedrine Group (MBG) scale, Pentobarbital Chlorpromazine Alcohol Group (PCAG) scale, Modified single Dose Opioid Questionnaire (SDQ) and Visual Analogue Scale (VAS)) at baseline and after 10 minutes, 3 hours and 6 hours of injection buprenorphine / placebo.

Results: The mean age of the subjects and years of formal education was 28.7±5.7 (range of 20-35) and 8.6±2.9, respectively. Subjects liked the effects of Buprenorphine significantly more on VAS and differentiated it from placebo on SDQ at 3 hour and 6 hours (p< 0.05). Subjects were able to feel significantly more euphoria on MBG at 3 hours when injection Buprenorphine was administrated compared to placebo (p< 0.001).

Conclusions: Injection Buprenorphine produced significantly more Opioid-like subjective effects as compared to placebo, in patients receiving oral dextropropoxyphene.
ALCOHOL USE DISORDERS: AN INVISIBLE ILLNESS IN A GENERAL HOSPITAL
P.G. Serrano-Pérez, J. Nogueiras, O.V. González-Aduna, E. Ezquiaga-Terrazas
Hospital Universitario de la Princesa, Madrid, Spain

In epidemiologic studies, around 17% of hospitalized patients in a general hospital suffer from an alcohol use disorder (AUD). Alcohol use is one of the strongest risk factors for many medical conditions. Nevertheless, AUD might be underdiagnosed in medical settings, or even if diagnosed, patients are rarely referred to specialized psychiatric facilities.

Objectives: to know if clinicians diagnose AUD and if they consider it as a treatable entity. The post-hospitalization use of General Hospital healthcare resources was also studied for AUD diagnosed patients.

Methods: all patients hospitalized between 2011 and 2013 in the Gastroenterology department of a Public Health System general hospital and identified with an AUD code by non-sanitary hospital coders were included in the study. Coders consider the whole text of the discharge report for coding. The authors checked these discharge reports in order to register the presence of an AUD diagnosis in the report diagnosis section, as well as any reference to AUD treatment in the report treatment section.

Results: of a total of 166 patients, an AUD diagnosis appeared in 19 (11.4%) reports, and a reference to some treatment in 40 (24.1%) cases. Only 9 (5.4%) cases were referred to a psychiatric setting, and 63 (38%) patients continued frequent medical or chirurgical visits after hospitalization. The cases who received an AUD diagnosis or in which an AUD treatment was considered were significantly less likely to attend medical, surgical or emergency visits.

Conclusions: in most cases, alcohol use disorders are not considered as a clinical entity that needs to be diagnosed and treated. These data also suggest that lack of diagnosis and treatment of AUD are associated with a significantly higher use of healthcare hospital resources.
PSYCHOACTIVE SUBSTANCE USE IN ADOLESCENTS ATTENDING MENTAL HEALTH SERVICES

A. Prata1, N. Urbano 1, F. Pedro 1, A. Moscoso 1, C. Milheiro 1, P. Vilariça 1, C. Silva 1, A. Matos 1
1. Hospital Dona Estefânia - Centro Hospitalar Lisboa Central, Lisboa, Portugal

Objectives
The comorbility between addictive and psychiatric disorder is known as dual pathology and is one of the most prevalent mental disorders in the world. The addictive disorders begin in adolescence or young adulthood and affects 10-30% of adults in the USA. Some studies suggest that if a substance use has not began before the age of 21, it is not likely to ever begin.
Since there are few prevalence studies of dual disorders and substance use in adolescents, our goal was to characterise the psychoactive substance use habits of adolescents attending our mental health unit and compare with general population.

Methods
Literature review. Variables selection. Development of a self-completion questionnaire concerning substance use, based on the questionnaire used for the National Survey in Schools(INME). Adolescents attending our unit then filled it. The data was statistically processed(SPSS®), with descriptive analysis of the data and variable correlation.

Results
The sample included 108 adolescents (47% female), with a mean age of 15.4. The most prevalent psychiatric diagnoses were behaviour(25%), mood(24%) and anxiety disorders(10%). A significant percentage had already used tobacco(49.1%), alcohol(64.8%) and cannabis(21.3%). Around 14% consumed tobacco daily and 14.8% have regular cannabis use. The mean for female adolescents first drunkenness(13.8 years) was one year earlier than for male adolescents. There was a correlation between behaviour disorder and the attempt to cut down cannabis use.

Conclusions
Adolescents attending our mental health services have substance use rates and patterns similar to the general population. However, the influence of these consumptions in psychiatric disorders justifies the active search from the mental health professionals of these habits.
EJE I EN PACIENTES HOSPITALIZADOS EN UN SERVICIO DE MEDICINA INTERNA (MI) DE UN HOSPITAL GENERAL DE MÉXICO
Adelina Alcorta
Hospital Universitario, San Pedro García, Mexico

Objetivo: Determinar la prevalencia de Eje I (DSM IV-TR) en pacientes de la sala de Medicina Interna (MI) y su asociación a comorbilidades, días de estancia y la coincidencia de solicitudes de consulta al psiquiatra de enlace (PE).

Métodos. Sujetos hospitalizados en 2 meses, entrevistados por la MINI (Neuropsychiatric Interview) y expedientes para registro de Dx médico, días de estancia y solicitud o no de consulta.

Resultados: De 236 pacientes, 129 (54.7 %) hombres y 107 (45.3%) mujeres, 48.33 ± 2.39 años de edad, 183 pacientes (77.54%) sufría un padecimiento crónico y 53 uno agudo. De los crónicos, 103 (43.64 %) masculinos y 80 (56.36 %) femenino, 67 pacientes tenían comorbilidad, 25 padecía una única enfermedad crónica (37.3%), 20 sufrían 2 (29.9%) y 22 tenían 3 o más (32.8%). Psicopatología se documentó en 89 pacientes (60%) con trastornos afectivos; 26% abuso de sustancias, 7% Trastornos de Ansiedad (TAG). Los días de estancia intrahospitalaria para ambos sexos fueron 7.9 promedio (DS= 0.9), sin correlación con la morbilidad psiquiátrica (coeficiente de -.096). La solicitud de interconsulta se encontró en 33 pacientes de la población total en estudio, es decir, el 14%. De éstos, 12 femeninas y 21 masculinos, con los diagnósticos de abuso de sustancias (47.6%) como motivo de la interconsulta en los hombres y los trastornos afectivos en las mujeres con 66.6%. Por edad hay una correlación estadísticamente significativa (Z=-4.070) evidenciando una discriminación por edad para la solicitud de interconsulta, favoreciendo a los pacientes más jóvenes. Un 63% de pacientes no fueron detectados ni diagnosticados por MI. Esta proporción resulta estadísticamente significativa obteniendo una $\chi^2$=p ≤ 0.001 (z=63.366).

Conclusiones: En atención integral de los casos con trastornos médicos y comorbilidad psiquiátrica predomina patología dual en hombres y trastornos afectivos en mujeres. A mas edad mayor negación de la necesidad de atención.
Behavioral disorders due to use of alcohol as psychoactive substance, and pathology gambling leads into family dysfunction by maintaining a secondary gain, as the intrapsychic process of each member of the family system. Secondary gain enters into interpersonal process, along with latent and overt forms of secondary gain of the other members of the system, causing a homeostatic tendency. Identifying patient with alcohol problems causes dysfunction within the family system that is analyzed through the structure of power, differentiation of self, form of communication, relationships, sense of reality, and the ability to change. As a result of alcoholism there is a strong pathological homeostasis, where each member of the family (nuclear and extended), achieves secondary gain encouraging alcoholism/gambling and making harder the process of treatment. It is necessary that the whole family recognize, gets an insight into the existence of secondary gain and becomes ready to change the same, since the change of secondary gain is one of the main conditions that allows development of the family system and restores the balance in the changed conditions.

This scientific work discusses the impact of the therapeutic process - intensive phases of the systematic family therapy of alcoholism and gambling based on the maintenance of secondary gain in the family therapy. Intensive phase for a period of 6-8 weeks process, particular therapeutic tasks, enables the family to gain insight into the resistance and the secondary benefits that the family system maintained in pathological homeostasis. The reduction of resistance, secondary gain awareness through an intensive phase of the therapeutic process, creates basis for changing the former method of family functioning and the change reduces the recidivism possibility. According to the results of ESTA therapeutic evaluation questionnaire, therapeutic tasks during the intensive phase a large percentage of the work and allow the recognition of the release of secondary gain.

**Key words** secondary gain, systemic family alcoholism therapy, gambling, therapeutic interventions
WHEN ALCOHOL HIDES A SECRET - THE PSYCHOTHERAPEUTIC INTERVENTION IN THE SEXUAL ABUSER OF MINORS

S. Queirós¹, S. Freitas¹
¹ Centro Hospitalar do Tâmega e Sousa, Amarante, Portugal

Researchers have studied the harmful use of alcohol, either as a cause or as a consequence of child sexual abuse, with concordance about the role that this substance plays, as a risk factor for the occurrence of such situations.

Unlike commonly reported, especially in the media, it is estimated that only, between 2 to 10% of individuals, who practice this type of aggression, are pedophiles. The others are classified as opportunistic or situational abusers, where the alcohol abuse/dependence may have a potentiating and perpetuating effect.

From the clinical case of a 52 year old man, referred to the Alcohology Consultation “under suspended sentence, with obligation to undergo treatment/medical advice for the internalization of the value of sexual self-determination”, the authors reflect on the need to respond, appropriately and effectively, in specialized consultations on the addictive behaviours area, to patients convicted for sexual assault of minors.
A SELF-REPORTED SURVEY ON SLEEP PROBLEMS IN CHINESE ILLICIT DRUG ABUSERS: COMPARISON WITH NON-DRUG-USING CONTROLS

Yanhui Liao1, Qijian Deng1, Guanbai Zhang1,2, Chang Qi1, Hangtao Cui1,3, Bin Jiao1, Xiaogang Chen1, Wei Hao1, Tieqiao Liu1, Jinsong Tang1
1. Mental Health Institute, the Second Xiangya Hospital of Central South University, Changsha, China
2. Yunnan Institute for Drug Abuse, Kunming, China
3. Hunan Brain Hospital, Changsha, China
4. Xiangya Hospital, Central South University, Changsha, China

Objectives
Illicit drug abuse and drug addiction have been recognized as major problems. Clinical studies suggest that poor sleep quality predict increased drug use and relapse to substance abuse. However, few studies addressed the issue of sleep quality among illicit drug abusers. Thus, this cross-sectional study explored sleep quality in illicit drug abuse subjects in China.

Methods
1537 illicit drug abuse subjects from drug rehabilitation centres (Hunan Province, Changsha City, China) and 1444 non-drug-using subjects completed the self-report Pittsburgh Sleep Quality Index (PSQI).

Results
We found that the prevalence of sleep disturbance was much higher in drug users (67.5%, PSQI >5) than nondrug users (25.6%, PSQI >5), and that these drug abusers used longer drugs and had poor sleep quality. Drug users had approximate twice sleep latency than nondrug users (38.6 minutes VS 18.4 minutes). Although drug users and nondrug users had similar sleep latency (about 7.5 hours), drug users showed more daytime dysfunction and poorer subjective sleep quality compared with nondrug users.

Conclusions
This study exemplifies that future research aimed at quantifying the benefits of treatment interventions should not neglect the influence of sleep problems. Gaining more insight into the impact of sleep quality on the addiction treatment could also help to target future intervention measures more effectively.
Objective: Few studies in Nigeria have compared pattern of substance use among medical and non-medical students. Fewer still have specifically examined relationship between psychological distress and substance use among these students. Yet, evidence worldwide suggests that substance use among undergraduates might be on the rise and may be related to the level of stress amongst them.

Aim: This study compared pattern of psychoactive substance use and psychological distress among medical and non-medical students in a Nigerian University.

Method: The WHO Student Drug Use Questionnaire was used to evaluate for substance use among 246 clinical medical students and 264 non-medical students, psychological distress was assessed with the General Health Questionnaire (GHQ-12).

Results: Lifetime prevalence of any drug use was significantly higher among the non-medical students compared with the medical students (78% VS 65%). The lifetime ($\chi^2=7.59$ $p=0.006$), previous year ($\chi^2=9.70$ $p=0.002$) and current use ($\chi^2=11.80$ $p=0.019$) prevalence of alcohol were significantly higher among the non-medical students. The lifetime prevalence rate of tobacco, heroin and other opiates was significantly higher among the non-medical students ($p=0.047$). The prevalence rates for mild stimulants across all time period were significantly higher among the medical students. Prevalence of psychological distress (GHQ $\geq 3$) was significantly higher among the medical students ($p < 0.0001$). Among the medical students psychological distress was associated with lifetime use of alcohol and mild stimulants. Gender, frequency of participation in religious activities and GHQ score were the most important predictors of substance use in both groups.

Conclusion: Psychoactive substance use is a major problem among students in higher institutions. Psychological well-being may play a significant role in substance use among medical and non-medical students. There is need for adequate screening, assessment and provision of treatment for substance use disorders among these students and incorporating stress management strategies in their curriculum.
PSYCHOACTIVE SUBSTANCE USE AMONG PEOPLE LIVING WITH EPILEPSY IN SOUTH WESTERN NIGERIA
E. Babalola1, A. Akinhanmi1, O. Oluwaranti1, O. Onigbinde1

Objective: About 50 million people worldwide suffer from epilepsy and 80% of them live in the developing countries of the world. Patients with epilepsy have increased prevalence of psychiatric co-morbidities such as substance abuse, psychoses, anxiety, depression, as well as increased mortality rate. This study aimed at determining the prevalence and pattern of psychoactive substance use among people living with epilepsy, and evaluates socio-demographic and clinical variables associated with substance use.

Method: A descriptive cross-sectional study was conducted between June and December 2013 among 210 people living with epilepsy attending the outpatient clinic of the Neuropsychiatric Hospital Aro, Abeokuta in South Western Nigeria. The MINI-Plus questionnaire was used to evaluate for substance use among respondents.

Results: One hundred and thirty-six people living with epilepsy participated in the study. Seventy-six (56%) were males. Thirty (22%) had used psychoactive substances in their lifetime. Alcohol was the commonest psychoactive substance used, with 20 (14.7%) currently abusing alcohol and 6 (4.4%) dependent on it. Twelve (8.8%) patients are currently abusing tobacco with 4 (2.9%) dependent on it. Six (4.4%) were currently abusing cannabis, with 2 (1.4%) currently dependent on it. Psychoactive substance use was significantly associated with younger age and unemployment.

Conclusion: Psychoactive substance use is a major problem among people living with epilepsy. Determining the magnitude of this problem will help develop appropriate strategies for intervention. It is of utmost importance to identify need for substance abuse treatment among people living with epilepsy and provide appropriate interventions.
PROBLEMATIC USE OF SUBSTANCES BY PATIENTS IN BELGIAN GENERAL PRACTICE

N. Boffin 1, J. Antoine 1, V. Van Casteren 1
1. Scientific Institute of Public Health, Brussels, Belgium

Objectives
To describe characteristics of general practice patients with problematic use of substances, the treatment they receive and treatment outcome after 5 months.

Methods
During 5 months between May and October 2013, the Belgian network of Sentinel General Practices (SGP) reported data of all their patients of labor-force age (18 to 64 years), treated for problematic use of substances. The 5 months follow-up data collection is ongoing.

Results
65% of 460 reported patients were men and the median age was 45 years (IQR 36-54). Alcohol was used in a problematic way by 69% of all patients and 45% of patients were only using alcohol. In the last 4 weeks, half of the population had not been using any substances. Most patients (56%) had problems with substances since ≥10 years and 77% of the patients had been treated before. Currently 39% of the patients were at work. Substance use was associated with problems of mental health (79%), social functioning (74%), physical health (48%) and 52% of the patients at work had work-related problems. Half of the population received only treatment from their GP. Mono-substance use, a sub-median number of substance-related problems and the absence of work-related problems are positively associated with receiving GP treatment only.

Conclusions
This study yields substantial information regarding patients with problems of substances use and their management by Belgian general practitioners.
EL CONSUMO DE DROGAS DE ABUSO NO ES UN ACTO PRIVADO.
AFECTA LA COGNICION SOCIAL.
Dr Ricardo Heffel (Medico Psiquiatra); Lic Cesar Bourdieu (Neuropsicologo Gay); Lic Leonardo Cecotti (Lic en Psicologia).

Introducción.
El consumo de Drogas Ilegales se puede considerar un Acto Privado en Tanto puede realizarse en Forma Intima en un Lugar determinado, pero el Impacto de las Drogas tanto inmediatamente (Intoxicación) como a mediano y largo plazo (Afectación de Áreas Cerebrales donde residen las Bases de la Cognición Social) van mas allá de la Privacidad y la Vida y Conducta Propias, afectando al Resto de la Población.

Objetivo.
Evaluarc diversos componentes neuropsicológicos de la cognición social y su relación con el consumo de sustancias de abuso.

Sujetos y métodos.
Participaron 30 pacientes policonsumidores de sustancias y 30 controles sanos de 25 a 45 años con mas de 3 años de consumo.
. Se aplicó a cada sujeto un perfil neurocognitivo que incluyo……..

Resultados. La tasa de respuestas utilitaristas en los dilemas morales impersonales era significativamente más alta en el grupo de pacientes policonsumidores que en el grupo no consumidor. En la inteligencia emocional-social general y factorial, el grupo de dependientes presentaba puntuaciones significativamente más bajas que el grupo control.
Conclusiones. Los pacientes policonsumidores de sustancias muestran un déficit generalizado de la cognición social.


CONCLUSIONES
Las conclusiones señalan la importancia de reconocer las bases biológicas de los procesos de cognición social y el efecto de las drogas de abuso en el cerebro.
Una vez más, el estudio de los procesos cognoscitivos confirma que el cerebro es la base biológica de la conducta (Lawson, Baron-Cohen & Wheelwright, 2004), la cual se estructura a partir de la interacción de éste con el mundo material y el mundo social, estos son generadores de información tan diversa, que se requieren diferentes circuitos neurales para comprenderla, procesarla y responder ante ella. Las dicotomías constantes entre lo social y lo material, lo consciente y lo inconsciente, lo automático y lo controlado, se entretejen para dar cuenta de la complejidad de la conducta, la cognición y la emoción humana. Si antes se pensaba que la emoción era automática y básica, mientras que los pensamientos eran lentos y conscientes, hoy se sabe que ambos tienen componentes voluntarios e involuntarios y que su producción está también determinada por el ambiente. La cognición social es un área fascinante en la cual todos estos procesos, elementos, redes e interacciones, se mezclan para permitir a los humanos, como individuos y como especie, relacionarse, crecer y adelantarse a las consecuencias de sus actos.
Las drogas de abuso afectan estas áreas en detrimento de la evolución de la especie, trayendo caos y desorden para el natural desarrollo de una sociedad mejor.
IMPORTANT FACTORS IN THE ALCOHOL CONSUMPTION OF COLLEGE STUDENTS

Y. C. Santana¹,² B. Cabrejas¹ A. Llorca-Diez¹ G. Bueno¹ A. Diez¹ and G. Llorca¹,²
¹. University of Salamanca, Salamanca, Spain
². University Hospital, Salamanca, Spain

Objective:
To check if the beginning age and gender are variables that influence in the college alcohol drinking.

Material and method:
- Semistructured interview
- Self-administered questionnaire
- Alcohol Use Disorders Identification Test (AUDIT) (Saunders et al, 1993)

A total of 849 college students participated; between 17 and 30 years old (X=20.58 years; St=2.06), 67% women.

Results:
Following the AUDIT criteria; 59.5% of the students have a normal drinking pattern, however there is a 37.8% and a 0.6% who show a harmful drinking and dependence, respectively. We made an ANOVA with two factors (gender x beginning age) and we introduced like dependent variable the AUDIT scores. The results are significant for gender ($F_{gender(1,812)}=20.091; p_a=.0001$) and for age of first alcohol drinking ($F_{age(1,812)}= 62.353; p_a =.0001$), but not for the interaction of both factors ($F_{gender \times age(1,812)}=1.088; p_a =.297$).

Conclusions:
Nearly 40% of the students have a unhealthy alcohol consumption. Male college show a higher drinking pattern. The younger of alcohol beginning age is, the higher is alcohol consumption in adult life.

References

THE EFFECT OF SUBSTITUTION METHADONE TREATMENT IN THE REDUCTION OF ALCOHOL ABUSE AMONG OPIOID ADDICTS
Olivera Subotin-Popovska; Nadica Kirkova; Pavlina Vaskova; Marina Vladimirova; Iskra Trencevska-Ivanovska; Daniela Tasevska
Psychiatric Hospital Skopje-Skopje

The alcohol abuse among patients addicted to opioids is associated with a more complex clinical picture and poorer treatment outcome. The purpose of this study is to determine the influence of the substitution therapy on the reduction of alcohol abuse by opioid addicts undergoing methadone treatment.

Materials and methods: In the study we used the Alcohol Use Disorders Identification Test (a non-standardized questionnaire) and toxicological urine analysis. In the study we included 47 subjects’ members of MMT, between the ages of 25 to 46, 41 of them were male and 6 were female.

Results: Before undergoing methadone treatment the subjects were tested on the AUDIT and 9 males (19.1%) and 2 females (4.25%) received scores between 8-15 and 8-13 respectively, which indicated harmful alcohol use. One male subject (2.12%) had a score of 19, which indicated advanced alcohol addiction. After one year methadone treatment, in 4 male subjects (36.3%) that were classified in the "harmful use of alcohol" category the AUDIT scores dropped under 8, which indicates reduction in alcohol consumption. However, in the subject who had an original score of 20 there was no significant change in the level of alcohol consumption, thus, there was no change in the AUDIT score.

Conclusion: Continued alcohol abuse among individuals undergoing methadone treatment is associated with low daily dose of methadone (average dose of 45mg) and occasional relapses with heroin compared to the group of patients whose AUDIT score fell below 8 after a yearlong methadone treatment. The average methadone daily dose of the subjects who’s AUDIT score was significantly reduced after one year of treatment was 85mg sol.
COCAIN USE AND URBAN VIOLENCE IN BRAZIL: DATA FROM A NATIONALLY REPRESENTATIVE SURVEY

Clarice Sandi Madruga¹, Renata Rigacci¹, Carolina Gaya¹, Ilana Pinsky¹, Raul Caetano², Ronaldo Laranjeira¹

¹ Federal University of Sao Paulo – Brazil
² University of Texas- USA

Clarice S Madruga, Carolina Menezes Gaya, Renata Rigacci, Ronaldo Laranjeira.

Background: Crack cocaine is cheap and readily available in Brazil. Although the population is aware of this important public health problem, consumption prevalence rates and its association with urban violence and alcohol use were still undetermined. The awareness of consumption rates of illegal drugs should provide the necessary foundation for the debate thus allowing evidence-based decisions.

Methods: The Second Brazilian National Alcohol and Drugs Survey developed by the National Institute of Policies on Alcohol and Drugs (INPAD) and the Federal University of Sao Paulo, investigated the consumption of all psychotropic drugs and its associations. The survey used probability multistage cluster sample design to select 4607 participants aged 14 and older from 149 municipalities across the country, achieving a total response rate of 77%.

Findings: Cocaine experimentation was reported by over 4% of the adult population, whilst 2% used it in the last year. Intra-nasal cocaine rates were 4% lifetime use and 2% last year use among adults, smoked cocaine (crack/merla/oxi) was tried by 1.4% of the adult population, 1% informed having used it in the last year (1.5% and 0.5% in SP). Urban violence (involvement in non-domestic fights with physical aggression) was reported by 2.6% of the population, this prevalence is doubled in the São Paulo State area (4.1%). There was significant association between last year cocaine use and urban violence (OR:8.3, CI95%:4.9-13.9) and this association remained significant when adjusted by sociodemographic characteristics. Binge drinking mediates 11% of this association.

Interpretation: It is known that Brazil is one of the most violent countries in the world, as well as one of the nations with the highest rates of cocaine derivatives consumption. The association between the two is not a surprise. However, knowledge of population-based studies must guide necessary changes in the health and legal systems and underlie policy makers’ decisions.
A SMOKING CESSATION PILOT PROGRAM IN UNIVERSITY STUDENTS
I.A. Martín-Antoniano, C. González-Martin, L.F. Alguacil
Universidad CEU San Pablo, Boadilla, Madrid, Spain

Recent epidemiological studies have shown that a high number of smokers begin to use tobacco before 18 years of age in Spain, and consolidate their smoking habit when they are 19-24 years old. The latter life period coincides with graduate studies for many: accordingly, any therapeutic intervention specifically focused on smoking cessation at the university could be highly effective to reduce the high impact of this habit later in the adulthood. We present here the results of such a kind of intervention on university students who were treated with nicotine patches and simultaneously received a close psychological support for three months. The pilot study was conducted on 29 subjects of both sexes that were consuming an average of 16 cigarettes per day at the onset of the treatment. Most of them (72%) had tried to stop smoking previously but failed. The application of standard questionnaires revealed that 24% of the individuals exhibited a high degree of physical dependence, 55% psychological dependence and 48% social dependence. The treatment was successfully completed by 83% of the subjects who remained abstinent by the third month; this number decreased to 64% at six months and 43% after one year of follow-up. Lack of relapse to tobacco use during treatment was a statistically significant predictor of success after one year (p < 0.05). Other factors that appeared to be potentially useful to predict failures but did not reach statistical significance were high tobacco consumption on weekends, low sport practice, high psychosocial dependence, smoking after meals and presence of drink habits. The outcome of this pilot study can be considered highly positive when compared to similar procedures found in the literature, and suggests that this particular intervention could be very effective to impair the consolidation of smoking habits in critical populations.
DELI R IUM T R EMENS AT THE ACUTE WARD OF PSYCHIATRIC CLINIC IN OLOMOUC, CZECH REPUBLIC

B. Mainerova 1,2, J. Prasko 1,2, J. Smoldasova 1,2, R. Horacek 1

1. University Hospital Olomouc, Olomouc, Czech Republic
2. Palacky University Olomouc, Olomouc, Czech Republic

Objectives Delirium tremens represents the most severe complication of alcohol withdrawal syndrome and, in its complications, significantly increases the morbidity and mortality of patients. Alcohol withdrawal delirium is characterized by features of alcohol withdrawal itself (tremor, sweating, hypertension, tachycardia etc.) together with general delirious symptoms such as clouded consciousness, disorientation, disturbed circadian rhythms, thought process and sensory disturbances, all of them fluctuating in time. The treatment combines a supportive and symptomatic approach. Benzodiazepines in supramaximal doses are usually used as drugs of choice but in some countries such as the Czech Republic or Germany, clomethiazole is frequently used as well. About 20 patients diagnosed as alcohol withdrawal delirium (F10.4 in ICD-10) are admitted at the acute ward of the Psychiatric clinic of University Hospital in Olomouc every year. The majority of mal, average age 49 years. In the treatment we prefer monotherapy - higher doses of clomethiazole or diazepam, together with supportive therapy such as electrolyte imbalance, hypovitaminosis or infection.

Methods: Over the last two years we were prospectively monitoring 38 delirious patients focusing on identification of potential risk factors (biometric, laboratory, somatic comorbidity) affecting the duration of the delirium, hospitalization prolongation or development of physical complication.

Results: The duration of the delirium positively correlated with maximal dose of haloperidol, which has always been used as an adjunct therapy. The length of the delirium treated by clomethiazole, diazepam or combination of haloperidol with diazepam did not differ in ANOVA analysis, but in the post hoc analysis, comparing always two groups together, clomethiazole showed significant shortening.

Conclusions: Our first results prioritize the clomethiazole monotherapy in delirium tremens treatment. Haloperidol as the adjunct drug to the benzodiazepines may prolong the duration of the delirium. The research in this field is still ongoing at our acute ward.
TOBACCO, ALCOHOL AND SUBSTANCE USE AMONG UNIVERSITY STUDENTS IN TUNISIA

J. Sehli1, S. Bouhlel1, J. Nakhli1, B. Hosni1, C. Zedini1, B. Ben Hadj Ali1
1 Faculty of Medicine of Sousse, Tunisia

Objectives: This survey aims to assess the prevalence of tobacco smoking, alcohol drinking and illicit drugs use among students at the University of Sousse and to evaluate epidemiological aspects and the impact of such substances use.

Methods: We conducted a cross-sectional study carried on Tunisian students in the universities of Sousse region. A representative sample of 556 students was randomly selected from five universities. Data were collected using an 84-items questionnaire exploring socio-demographic features, tobacco, alcohol and drugs consumption characteristics. Nicotine dependence was measured with Fagerstrom Test. Alcohol drinking was appreciated by the FACE score. The CAST Test was used to assess Cannabis smoking.

Results: Tobacco consumption concerned 22.1% of the students of our sample. They started to smoke cigarettes at the age of 17.2 ± 3 years. Concerning alcoholic drinks, 15.1% of the students consumed theses drinks at least one in life and 8% were actual consumers with a high risk of dependence in 91% of cases. Alcohol initiation began at the age of 18 ±2.8 years with a clear predominance in men comparing to women (28.4% vs 2.8%). Bear was the most used type of alcohol (73.2%) followed by Vodka (43.9%) and Whisky (28%). The overall life time and current prevalence of illicit substances use were respectively 5.6% and 1.4%. The most used substances were cannabis (4.7%), psychotropics (2%) and hallucinogenics (1.2%). Illicit substance consumption was associated with tobacco and alcohol use in respectively 87.1% and 90.5% of cases. Overall the substances users, the third became regular consumers. Male sex was related to tobacco, alcohol and drug consumption whereas low academic results were related to alcohol and cannabis consumption.

Conclusions: A plan fighting tobacco and drug addiction is essential, mainly in its preventive shutter, so as to limit this phenomenon and to minimize its repercussions on students.
ARE TUNISIAN STUDENTS CYBER-ADDICTED?
J. Sehli1, S. Bouhlil1, J. Nakhli1, B. Hosni1, C. Zedini1, B. Ben Hadj Ali1
1 Faculty of Medicine of Sousse, Tunisia

Objectives: This study seeks to evaluate the internet use patterns and to precise the prevalence of internet addiction among university students in Tunisia.

Methods: Data were collected from a sample of 556 students selected randomly from five universities in the region of Sousse. Socio-demographic characteristics were evaluated with an auto-questionnaire. Internet use pattern was assessed with the Internet Addiction Test (IAT) a 20-items questionnaire which measures mild, moderate, and severe levels of internet addiction.

Results: According to the IAT, 45.9% of students were medium internet users, 50.6% were experiencing occasional or frequent problems because of the Internet use and 3.1% were cyber-addicted with significant problems. This addiction was not related neither to socio-demographic or academic factors nor substances addictions.

Conclusions: Findings of this study suggest that cyber-addiction is an emergent phenomena in Tunisian students. Further studies are needed to explore better this field.
Crack addiction has become a severe health problem in Brazil. Data from the second Brazilian national epidemiologic survey points that 0.7% (over 1 million) of all Brazilians have at least once smoked crack in the last year and that over 0.2% (about 300 thousand) are currently crack abusers. This makes Brazil the biggest market in the world for crack use. Although literature shows robust evidence that Contingence Management (CM) is today the most effective outpatient psychosocial treatment for stimulant addictions, this type of treatment has never been applied in Brazilian population.

**Objective:** The objective of this study is to evaluate if CM plus Standard Treatment (ST) can be effective in augmenting treatment adherence and promotion of abstinence when compared to ST alone for crack dependent individuals searching for outpatient treatment.

**Methods:** 44 current crack dependence individuals (confirmed by DSM-IV) were randomized in 2 groups for 12 weeks of treatment. 23 participants were allocated to CM+ST group and 21 participants to ST alone group. Both groups were encouraged to leave urine samples 3 times per week. Only CM+ST participants could earn prizes for being abstinent. Adherence was measured by accessing the time between first and last treatment attendance. Period of abstinence was measured by number of consecutive negative urine samples.

**Results:** For what regards treatment attendance 13 CM+ST participants (56.5%) completed 12 weeks of treatment compared to 0 of the ST alone participants (O.R. 55.285; p. = 0.007). When considering promotion of continued abstinence 7 CM+ST participants (30.4%) achieved 12 weeks of continued abstinence compared to 0 of the ST alone participants (O.R. 19.545; p. = 0.0470).

**Conclusions:** The results achieved in this study supports that adding Contingence Management to standard outpatient treatment can increase significantly the effectiveness of treatment adherence and the promotion of continued abstinence among crack dependent individuals.
A DOUBLE BLIND PLACEBO CONTROLLED RANDOMIZED TRIAL OF PREGABALIN FOR ALCOHOL DEPENDENCE: INTERIM ANALYSIS

E.M. Krupitsky, K.V. Rybakova, E. Skurat, A. Kiselev
Bekhterev Research Psychoneurological Institute, St.-Petersburg, Russia

Objectives: To study the efficacy of pregabalin for relapse prevention in patients with alcohol dependence.

Methods: 53 detoxified patients with alcohol dependence were randomly assigned to one of two treatment groups. Patients of the first group (28 subjects) received pregabalin (150mg/day at night time) for 3 months while patients of the second group (25 subjects) received identically looking placebo. All patients received weekly counseling sessions (medical management). Drinking was measured with Time Line Follow Back technique and GGT enzyme activity, craving for alcohol – with Obsessive-Compulsive Drinking Scale (OCDS). Compliance with the study medication was controlled by riboflavin in urine. The study design was double blind and randomized.

Results: Kaplan-Meier survival analysis demonstrated a tendency close to statistical significance for pregabalin group to have better retention in treatment, longer time to relapse to heavy drinking, and longer time to lapse (any drinking) compared to placebo group. Also, at weeks three and four patients of pregabalin group had lower numbers of drinking days and heavy drinking days, and a lower craving for alcohol measured with OCDS. Compliance with the study medication and GGT level was similar in both groups throughout the study.

Conclusion: Preliminary results of this pilot study provide some evidence that pregabalin might be effective medication for relapse prevention in patients with alcohol dependence.
ALCOHOL USE AMONG IMMIGRANTS IN ONTARIO, CANADA

Authors: B. Agic1, R.E. Mann1, A. Tuck1, A. Ialomiteanu1, S. Bondy2, L. Simich3

1 Centre for Addiction and Mental Health (CAMH), Toronto, ON Canada
2 University of Toronto, Toronto, ON Canada
3 Vera Institute of Justice, New York City, Washington DC, United States

Objectives
Immigrants represent over 20% of Canada's population, the highest proportion among the G8 countries. This study explored the prevalence of alcohol use and risk drinking among immigrants and the Canadian born populations of Ontario by ethnic origin, and the association between ethnicity, length of residence, age at arrival and drinking measures.

Methods
Data were derived from the Centre for Addiction and Mental Health (CAMH) Monitor, a cross-sectional survey of Ontario adults, and collected between January 2005 and December 2010 (N=13,557). The CAMH Monitor sample is representative for Ontarians aged 18 and older. The major outcomes of interest were drinking status, risk drinking and quantity/volume of alcohol consumed.

Results
The prevalence of alcohol consumption and risk drinking was generally lower among foreign-born than Canadian-born respondents, but significant variations across ethnic groups were found. The prevalence of drinking and risk use varied by ethnicity and length of residence in Canada. In general, foreign born respondents from the European groups reported higher rates of alcohol use and risk drinking than foreign born respondents from other ethnic groups. For immigrants from all ethnic groups, arriving in Canada under the age of 19 was associated with higher odds of risk drinking. While previous studies generally found an increase in alcohol consumption with years in Canada, our data suggest that longer duration of residence may have either positive or negative effects on immigrants' alcohol use, depending on their country of origin or traditional drinking pattern.

Conclusion
This study advances prior research by providing new insights into the dynamics of alcohol use in diverse groups of immigrants to Canada. Future research is needed to investigate factors that influence alcohol use by immigrants from particular ethnic groups and to examine intra-group variability and identify subgroups at increased risk of problem drinking.
BRIGHTON’S “G” MEN – A PROFILE OF GAMMA-BUTYROLACTONE / GAMMA-HYDROXYBUTYRIC ACID USERS IN AN AREA OF HIGH DRUG MORTALITY

S. Durgahee1, G. Allen1, H. Williams1,2
1. Sussex Partnership NHS Foundation Trust, Brighton, East Sussex, UK
2. Brighton and Sussex Medical School, University of Sussex, Brighton, East Sussex, UK

Objectives: Gamma-butyrolactone (GBL) / Gamma-hydroxybutyric acid (GHB) and related analogues are increasingly misused. The study reports on patient characteristics, nature and pattern of use, complications and comorbidity for a cohort of patients presenting to a large Substance Misuse Service.

Methods: A retrospective case-note review of routinely collected clinical data on patients with primary GBL/GHB misuse. For individuals with more than one presentation, only the initial index episode was included in data analysis.

Results: Twenty-seven individual patient presentations occurred between 2008 and 2013. Two-thirds (18, 66%) presented between January 2012 and June 2013, representing a rate of one per month. Twenty-four individuals were male, three female, with a mean age of 34 years. Twenty-one males identified themselves as “Gay” and one female as “Bisexual”. Just over half (15, 56%) respectively were living in secure accommodation and were in employment or third-level education. Twenty-two (81%) met criteria for physical dependence and two thirds (18, 67%) had experienced overdose. The group was using large amounts of GBL/GHB (mean 53ml / day) with a significant number (25, 93%) using “around the clock” (every 1-3 hours). Twenty-three patients reported concurrent substance use including mephedrone (13, 48%), ketamine (10, 37%), alcohol (9, 33%), benzodiazepines (5, 19%), cocaine (4, 15%), MDMA (3, 11%), NRG (2, 7%), or ‘other substance’ (metamphetamine/over the counter codeine/stimulants; 3, 11%). One third (9, 33%) had a diagnosis of HIV and twenty-four (89%) a presumptive diagnosis of anxiety disorder.

Conclusions: A profile of gay men with stable lifestyles, but nevertheless with a high rate of complication of GBL use and significant comorbidity (HIV and psychological problems) was identified. The need for integrated specialist services and the importance of liaison with Accident & Emergency and HIV services is highlighted.
CORRELATES OF CAFFEINATED ENERGY DRINK USE IN RUSSIAN COLLEGE STUDENTS

M. Rusakova¹, D. Svikis², V. Odinokova¹, P. Dillon²
¹. Stellit, St. Petersburg, Russia
². Virginia Commonwealth University, Richmond, VA, USA

Objectives. In Russia, consumption of caffeinated energy drinks (ED) and availability of pre-mixed alcoholic energy drinks (AEDs) have generated cause for concern; particularly in college students. The present study determined prevalence of ED and AED use and how such use correlates with tobacco, alcohol and other drug use in a sample of college students.

Methods. College students in St. Petersburg (N=401) were enrolled via cluster sampling. They completed structured surveys focused on such domains as demographics, recent ED, AED and other caffeine use, and measures of tobacco, alcohol, and other drug (illicit and by prescription) use. The survey included the Fagerstrom Test for Nicotine Dependence (FTND) and the 4-item CAGE for alcohol problems. Regression analyses were used to examine relationships between ED and other substance use and problems.

Results. The sample was approximately half male (50.4%) with ages ranging from 17 years (32.9%) to 18 (44.9%) to 19+ (22.2%). Nearly one-fifth (18.4%) reported recent (past month) ED use and 8.9% reported recent (past month) premixed AED use. ED and AED use were both associated with nicotine dependence (Fagerstrom scale) and Alcohol Problems (CAGE scores). In addition, ED use was significantly associated with past year use of MDMA (ecstasy).

Conclusions. ED users were more likely than non-ED users to report alcohol and other drug use and both alcohol and nicotine problems. More research is needed to better understand the relationships between ED/AED use and other addictive disorders as well as other risk behaviors.
THE ROLE OF EMOTIONAL DIMENSIONS OF PERSONALITY AND DEMOGRAPHIC CHARACTERISTIC IN THE PREDICTION OF DOMESTIC VIOLENCE AMONG PATIENTS IN METHADONE MAINTENANCE TREATMENT PROGRAMS AND NORMAL INDIVIDUALS

S. Pournaghash Tehrani1, S. alijani 1
1 University of Tehran, Tehran, Islamic republic of Iran

Objectives: The purpose of the present study was to compare the role of emotional aspect of personality and demographic characteristics in predicting domestic violence in addicts in methadone-maintenance treatment (MMT) and non addicts.

Methods: Two hundred and ten individuals (105 patients under MMT, 105 normal individuals) participated in this study all of whom were asked to complete the Domestic Violence Questionnaire and Temperament and Character Inventory (TCI-56).

Results: Results showed that emotional aspects of personality and demographic factors do not predict domestic violence in non-addict sample and patients in MMT programs. Comparing emotional aspects of personality between individuals with experience of domestic violence and without it didn’t show any significant differences between the two groups. Also, no significant differences between non-addict and patients in MMT programs, in emotional dimensions of personality, were observed.

Conclusions: Findings are discussed in the context of domestic violence and aspects of personality literature.

Keywords: emotional aspects of personality, domestic violence, addiction
SELF-HELP GROUPS AS A MODALITY OF TREATMENT IN ALCOHOL DEPENDENCE IN BRAZIL

H.P. Lima 1, V.A.B. Braga 1, A.G.M. Costa 1,2, P.N.C. Pinheiro 1

1. Federal University of Ceará, Fortaleza, Brazil
2. Federal University of Sergipe, Aracaju, Brazil

Objective: this research aimed to learn, from the experience of handling with alcoholics, how the self-help group Alcoholics Anonymous (AA) develops itself as a social support network.

Methods: descriptive study developed at AA in the city of Fortaleza, Brazil, with 20 participants aged over 18 years-old, who wished to take part and were affiliated and regularly attending the group meetings for at least one year, and also were in physical and emotional conditions to properly respond the questionnaire. Data were collected through individual interviews, using a semi-structured road map and grouped in four main categories that emerged from the interviewed testimonies. The analysis process was based on the precepts of Bardin’s Content Analysis.

Results: There was a diversity of characteristics about social, demographic and historical aspects related to the use of drugs, with a history of heavy use of alcohol and its adverse consequences to the health of the participants, including all sorts of negative interference in all aspects of their lives: personal, family, social and economic.

Conclusions: the self-help group proved to be an efficient support environment to the participants, permeated by the offer of a program with attainable goals, by working as a space where the participant has a voice, and by its intersectorial ability of articulation within support network groups. Based on the perceived reality, comes the perception about the need of more health professionals engaged in the fight against the use of psychoactive drugs, taking a more decisive role in the construction of policies and practices that meet this condition and provide solutions for it in Brazil.
**BEHAVIORAL ADDICTIONS: GAMBLING CAN BE A “DRUG”**

Margarida Duarte¹, Joana Teixeira², Joana Melim¹, Ana Rosário Fonseca¹, Hermano Tavares³

¹Centro Hospitalar de Leiria, Leiria, Portugal
²Centro Hospitalar e Psiquiátrico de Lisboa, Lisboa, Portugal
³Instituto de Psiquiatria do Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, Brasil

**Introduction:** Behavioral addictions have a diverse clinical presentation (gambling, food, sex, shopping, internet, video games, work, love), being accepted nowadays that these behaviors share characteristics with substance addiction. Pathological gambling (PG) is an increasingly recognized behavioral addiction and target of scientific interest.

**Objectives and methods:** Through literature review, it was sought to understand aspects that may be related to the common characteristics between PG and other addictions, such as the case of substances.

**Results:** More and more researchers have been advocating that the brain mechanism associated to all forms of addiction (substance or behavioral) is the same, involving similar brain responses and modifying the neuroplasticity in the same regions. Regarding PG it is known that common neurotransmitters (dopamine and serotonin) are involved either in the game, either in the substance induced disorders, acting in the same reward circuits. According to the evidence, PG and chemical addictions also share other similarities: clinical (tolerance and abstinence phenomena, and neuropsychological results), results in neuroimaging studies, psychiatric comorbidities (mood disorders, anxiety and other dependencies), unhealthy life style, and also therapeutic similarities (good response to opioid antagonists). Both usually present a progressive evolution and poor prognosis with multiple relapses and poor adherence. In this sense, in the latest version of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, the PG was included in the "substance-related and addictive disorders" chapter.

**Conclusions:** Same as chemical addictions, PG leads to negative repercussions at personal, family and professional levels, sharing both neurobiological and psychological characteristics, being recently grouped in the same category. It is necessary that the society in general, families and physicians be alert to this diagnosis, which has become increasingly common, and abandon the classical thought of addiction as being only associated to substances.
CANNABIS DEPENDENCE WITH AND WITHOUT COMORBID ANTSOCIAL PERSONALITY DISORDER

A. Dervaux1,2, M.O. Krebs1,2,3, M.C. Bourdel1,2, X. Laqueille1,3

1 Centre Hospitalier Sainte-Anne, Paris, France.
2 INSERM, Centre Psychiatrie et Neurosciences, U894, Paris, France.
3 Université Paris Descartes, Paris, France.

Objective: to address comorbid antisocial personality disorder (ASPD) in patients with cannabis dependence.

Methods: In a group of outpatients seeking treatment for cannabis dependence (DSM-IV criteria) in a substance abuse department, patients with ASPD (n=45) were compared to patients without ASPD (n=102). Patients with psychotic disorders, bipolar 1 disorder, current opioid or cocaine dependence were excluded of the study. The patients were assessed using the Diagnostic Interview for Genetic Studies (DIGS 3.0/DSM-IV diagnoses) and the Global Assessment of Functioning (GAF) scale. Withdrawal symptoms and subjective effects to cannabis were collected using a specific 26-item questionnaire.

Results: There were higher rates of alcohol use disorders in the group of patients with ASPD (37.8% vs 20.6% respectively, khi²= 4.53, p=0.03), higher rates of legal problems (70.5% vs 52.0% respectively, khi²= 4.81, p=0.04), lesser rates of history of depressive disorders (16.2% vs 35.1%, respectively, khi²= 4.53, p=0.03). In the ASPD group, there were lower mean level of education (years, mean± SD: 11.3±2.5 vs 13.3±3.0, ANOVA, F = 14.4, p=0.0001), mean age of onset of cannabis use (years, mean± SD: 14.3±2.5 vs 15.9±2.4, ANOVA, F = 12.54, p=0.001), and GAF scores (61.5±11.5 vs 67.8±9.3, ANOVA, F = 11.96, p=0.001). There was no difference between the two groups regarding marital status, rates of history of anxiety disorders, rates of suicide attempts, rates of familial histories of substance abuse/depression/suicidal attempts, rates of previous anxiolytic or antidepressant treatments, average number of cannabis joints per day, subjective effects while intoxicated, and withdrawal symptoms, except for subjective effect of sensation of slowed time which was found less frequent in the in the ASPD group (37.8% vs 55.9%, respectively, khi²= 4.09, p=0.04).

Conclusions: Patients with cannabis dependence and ASPD presented more alcohol use disorders comorbidities, and more severe global functioning, compared to patients without ASPD.
Objective To determine the prevalence of psychiatric comorbidity, the co-occurrence of two or more psychiatric diagnoses, in Thai people.

Methods Target population of the 2008 National Mental Health Survey was civilian non-institutionalized people aged between 15 and 59 years residing in households. Stratified three-stage random sampling was applied. A random sample of 17,140 Thai people was interviewed by using the Mini International Neuropsychiatric Interview (M.I.N.I.) version 5.0. To be a nationally representative data, design, gender and response weights were applied.

Results The prevalence of psychiatric comorbidity was 1.4 %. Of these, 0.3 % was homotypic comorbidity (all psychiatric diagnoses being in the same category), and 1.1% was heterotypic comorbidity (the psychiatric diagnoses being in two or more categories). For the homotypic comorbidity, mixed bipolar disorder was found in 34.7 % of the respondents with bipolar disorder. Compared with men, the heterotypic comorbidity was more common in women. While the most common disorders in women were the comorbidity of affective and anxiety disorders (14.7 %), those in men were the comorbidity of alcohol use disorders and affective disorders (3.4 %). Individuals with psychiatric comorbidity, especially women, had an increased risk of suicide. Two-thirds of the respondents with comorbid affective and anxiety disorder and almost a half of those with comorbid alcohol use and affective disorders were at risk for suicide.

Conclusions Although the psychiatric comorbidity is uncommon. The individuals with psychiatric disorder increased risk of comorbidity especially in women. The heterotypic comorbidity was marked increased in suicidal risk. The mental health service system should consider the special services for psychiatric comorbidity.
COGNITIVE REHABILITATION IN PATIENTS SUFFERING FROM SCHIZOPHRENIA WITH A COMORBID ADDICTION TO PSYCHOACTIVE SUBSTANCES

K. Krysta, E. Pilarska, I. Krupka-Matusczyk
Department of Psychiatry and Psychotherapy, Medical University of Silesia, Katowice, Poland

Objective: The problem of dual diagnosis affects almost 50% patients suffering from schizophrenia. Moreover, the use of psychoactive substances can affect cognitive functioning already deteriorated by the schizophrenic process. One of the ways to improve cognitive performance in this group of patients may be cognitive rehabilitation. The aim was to assess the effect of rehabilitation of cognitive functioning in schizophrenic patients with comorbid addiction to psychoactive substances.

Methods: The study was conducted on a group of 26 patients with schizophrenia and addiction to psychoactive substances. All recruited patients were tested in the initial period of treatment and after 4 - 7 weeks of hospitalization. The study included a short interview and the assessment of cognitive function using neuropsychological methods (TMT Test, Stroop Test, Verbal Fluency Test).

Results: The greatest statistically significant improvement in patients addicted to stimulants was observed in the results of TMT B (14 sec.). And the lowest improvement in Stroop NCWd test (6 seconds). Also in verbal fluency test, this group of patients received a statistically significant better results. In patients addicted to cannabis, a statistically significant improvement was observed in TMT A - 10 seconds, and TMT B - 12 seconds, as well as in Categorical Fluency Test. Changes in the results of Stroop RCNb and Stroop NCWd were not statistically significant.

Conclusions: Rehabilitation exerts a positive effect on cognitive functioning in schizophrenic patients with concomitant addiction to psychoactive substances.
BIPOLAR DISORDER AND CANNABIS USE : DEMOGRAPHIC DIFFERENCES
F.J. Zamora Rodríguez 1, J.M. Zoido Ramos2, C. Benítez Vega 1, M.I. Teva García 3
1. University Hospital Infanta Cristina, Badajoz, Spain
2. Extremadura Center of Addictions (CEDEX), Badajoz, Spain
3. Mental Health Team of Don Benito, Badajoz, Spain

Objectives: To analyze the sociodemographic characteristics of a sample of patients with bipolar disorder and cannabis use.

Methods: The medical records of all patients admitted to an acute unit during the period 1988 to 2009 with the diagnosis of TB and other related disorders, collecting sociodemographic data and toxic consumption.

Results: We found 394 patients with one of the diagnostic referrals. Of these, 13.1% used cannabis.
By sex, we found 24% of consumers men and 6.3 % of women (p = 0.000).
By age group , 53.3 % of those under age 25 used cannabis , 11.1% of the group of 26 to 64 and 0% of those over 65 years (p = 0.000).
Cannabis users had a mean age at last admission of 31.34 years and 48,89 for non-users (p = 0.000). The age of onset of the disease was also earlier (22.40 years vs. 27.35 years, p=0.012).
For diagnoses found 15.1% of TB type I consumers, 3.1% of TB type II and 30.8% of T schizoaffective bipolar type (p=0.007).
About the predominant polarity, notes that those with manic predominant polarity consumed 18.7% by only 1.4 % with predominant depressive polarity (p = 0.001).
Within the consumer population of any toxic ,25.8 % consume cannabis , those who consume snuff, 20.4 %, alcohol 32.2 %, cocaine 64.0 %, of 28.6% heroin, synthetic drugs of 88.9% and 20.0% other toxic .

Conclusions:
1 - Patients with TB and cannabis were more often men , younger than 25 years with predominantly manic polarity
2 - The use of other substances favors cannabis

References:
DIFFERENCES IN TREATMENT RECEIVED IN A SAMPLE OF PATIENTS WITH BIPOLAR DISORDER WITH AND WITHOUT USE OF CANNABIS

F.J. Zamora Rodríguez 1, G. Espárrago-Llorca2, M.R. Sánchez-Waisen Hernández3, C. Benítez Vega 1, F. J. Vaz Leal4
1. Hospital Universitario Infanta Cristina, Badajoz, Spain
2. Equipo de Salud Mental de Ciudad Jardín, Badajoz, Spain
3. Complejo Hospitalario Torrecárdenas, Almería, Spain
4. Facultad de Medicina - Equipo de Salud Mental del Complejo Hospitalario Universitario, Badajoz, Spain

Objectives: To analyze the treatment received at discharge from a sample of patients with bipolar disorder cannabis and compared with nonusers.

Methods: The medical records of all patients admitted in acute unit during the period 1988 to 2009 with the diagnosis of TB and other related disorders were analyzed, collecting demographic data, background consumption of toxic and last treatment administered at discharge.

Results: We found 394 patients with one of the diagnostic referrals. Of these, 13.1% used cannabis.
Regarding the treatment received at discharge, primarily on mood stabilizers, cannabis user received more of them at discharge (1.2 vs. 1.01, \( p = 0.091 \)) and with higher doses of the majority.
Stresses that patient consumers, 100% received antipsychotics at discharge, and non-users, 88.1% (\( p = 0.020 \)) and with higher doses.
Of cannabis smokers, only 2.4% received antidepressants, 22.2% for nonsmokers (\( p = 0.003 \)).
As for the benzodiazepines, the received consumer 36.6%, while the non-user this rose to 64.4% (\( p = 0.001 \)).
No consumer of cannabis received hypnotics to high, 7.8% of nonusers (\( p = 0.064 \)).
Regarding adherence, 24.4% of patients with poor adherence are consumers, only 3.8% of patients with good adherence (\( p = 0.000 \)).

Conclusions:
1 - Patients with TB and cannabis were greater number of mood stabilizers and antipsychotics, and less than antidepressants, benzodiazepines and hypnotics that patients with TB without cannabis use.
2 - Patients with TB and use of cannabis had a worse adherence than bipolar nonusers.

References:
EFFECTIVENESS OF PALIPERIDONE E. R. IN COCAINE ABUSE DISORDER
Maria J Martínez, Guadalupe Jerí, Ismael Jiménez, Javier Álvarez, Ángeles Carrillo, M. Paz Sicilia, Alicia Jaén, Pablo Botías, Isabel Ibernón, Miriam Fueyo
1 Hospital Universitario Virgen de la Arrixaca, Murcia, Spain
2 Doctorando Universidad de Murcia, Murcia, Spain

Objectives
This study is aimed to demonstrate the effectiveness and tolerability profile of paliperidone ER in the treatment of Mental and Behaviour Disorder due to cocaine abuse.

Methods
We conducted a 4 months, observational and descriptive study, to evaluate 30 patients treated with 3 mg/day of paliperidone ER. The following data were assessed: ICG, cocaine consumption along the 4 months, BMI and haematological and biochemical samples.

Results
Sample Characteristics: Gender: 21 males and 9 females, age between 17 and 35.

Evolution:
- 100% of patients completed the study. 3 of them discontinued treatment (1 for sedation and 2 for erectile dysfunction).

-16 of them showed a decrease in cocaine consumption, 9 patients remained abstinent, and 5 did not vary the intensity or frequency of consumption.

- Improvement in ICG score in 25 patients. 20 patients were based on a score of 4 and the rest got a score of 5 at baseline. At the end of the study 23 patients had a score of 3, 4 obtained a score of 2 and 3 patients scored 4 points.

- Craving improved in the second visit in 23 of patients, with a mean decrease in the Weiss scale of 18 points.

- We found no significant changes in BMI, although the results were not analyzed statistically.

- It was not reported any case of hyperglycemia, hypercholesterolemia, hyperprolactinemia or transaminases increase.

Conclusions
Paliperidone ER was an important and interesting therapeutic option for the treatment of Mental and Behavioural Disorder due to cocaine consumption, with a marked reduction in the cocaine consumption and a good adherence to the treatment, with a low adverse events rate.
DUAL OR SUBSTANCE INDUCED DISORDER? A SYSTEMATIC LITERATURE REVIEW IN PSYCHOSIS

J. Ferreira 1, M.J. Martins2, Paula Castilho2, M.J. Santos3
1. Hospital Beatriz Ângelo, Lisboa, Portugal
2. University of Coimbra, Coimbra, Portugal

Objectives: To critically analyse research on the substance induced psychosis (SIPD) versus primary psychosis with co-morbid substance use distinction.

Methods: Leading electronic databases (such as MEDLINE, PubMed) were searched for the years 2004 through 2014 (the last 10 years), using combinations of the following key search terms: substance-induced psychosis; drug-induced psychosis; psychosis; schizophrenia; substance abuse; substance dependence; primary psychotic disorder; dual disorder; co-occurring disorder; substance-related psychosis. Theoretical papers concerning the research question that were published in English, Spanish or Portuguese were analysed. Research studies that presented data on populations diagnosed with either primary psychosis with co-morbid substance use or substance induced psychosis were also used whenever relevant.

Results: The research question is analysed in terms of premorbid functioning, family mental illness, clinical presentation, neuroscientific data, clinical and psychosocial outcomes. Papers on both perspectives on the subject were found. Main results are presented and the authors discuss several clinical implications of these findings, namely in terms of early diagnosis and diagnosis change at follow-up.

Conclusions: There are also controversial perspectives on the SIPD versus dual disorder distinction. Further studies are needed so that more specific assessments can guide more accurate diagnoses at first treatment.
DIFFERENCES IN THE PERSONAL HISTORY OF SOMATIC AND TESTING IN A SAMPLE OF PATIENTS WITH BIPOLAR DISORDER WITH AND WITHOUT USE OF CANNABIS

F.J. Zamora Rodríguez 1, A. Leal Micharet 1, M.R. Sánchez-Waisen Hernández 2, C. Benítez Vega1, J.A. Guisado Macías 1

1. Hospital Universitario Infanta Cristina, Badajoz (Badajoz)
2. Complejo Hospitalario Torrecárdenas, Almería

Objectives: To analyze the differences in somatic personal history and laboratory tests altered of a sample of patients with bipolar disorder and cannabis use.

Methods: The medical records of all patients admitted in acute unit during the period 1988 to 2009 with the diagnosis of TB and other related disorders were analyzed, collecting demographic data, background consumption of toxic, associated somatic background and altered additional tests.

Results: We found 394 patients with one of the diagnostic referrals. Of these, 13.1% used cannabis. On the presence of somatic personal history, the consumers had 62.5%, for 80.3% of nonusers (p = 0.011). No consumer of cannabis had diabetes for 13.6% of nonusers (p = 0.013). Only 2.5% of consumers had dyslipidemia, 14.4% for nonusers (p = 0.036). No consumer had endocrine diseases for 10.6% of non-users (p = 0.031). Nonusers also had more liver disease (2.5 % vs. 11.7 %, p = 0.076) and gynecological (2.5 % vs. 14%, p = 0.040). However, consumers had more urological diseases (15 % vs 2.3%, P = 0.000) and skin (15 % vs. 5.3%, p = 0.021). Cannabis users had fewer multiple somatic diseases than non-users (15 % vs. 37.1 %, p = 0.006) and less altered laboratory tests (53.7 % vs. 72.1 %, p = 0.017). For example just presented alterations in analytical 46.3 %, by 66.8% of nonusers (p = 0.011), elevated glucose 2.4% 16.2% (p = 0.019). However had more prolactin elevation than nonusers (4.9 % vs. 1.1%, p = 0.078).

Conclusions:
1 - Patients with TB and use of cannabis had fewer somatic diseases associated and less multiple somatic pathologies.
2- Patients with TB and cannabis were less altered laboratory tests.

References:
CONSUMPTION OF TOXIC SUBSTANCES AND PERSONALITY TRAITS IN PSYCHIATRIC OUTPATIENTS

MC. García Mahía 1, B Ferreiro Fernández 1, M. Vidal Millares 2
1. University Hospital A Coruña, Spain
2. University Hospital Santiago de Compostela, Spain.

Objectives
1. To study the substances of abuse used by psychiatric outpatients.
2. To study the demographic variables in consumer and non-consumer patients.
3. To analyze the personality traits in consumer and non-consumer patients.

Methods
The study included 256 patients of a psychiatric outpatient clinic and diagnosed by CIE-10 criteria. Patients were admitted to treatment between January and December 2013. Personality profile was assessed using SCID-II. Data on drug abuse were obtained from self-reports, toxic study in urinary samples and clinical records.

Results
The most frequent consumed substances, excluding cigarettes, were in descending order: alcohol, cannabis and cocaine. A lower percentage consumed amphetamines, and hallucinogens.
Alcohol is the most common substance of abuse, being consumed by 42% of the sample, followed by cannabis (16.3%).
Alcohol is consumed more frequently in mean ages of the life (30-50 years), contrary cannabinoids are consumed more often at younger ages (16-30 years). The most frequent personality traits were obsessive (32%) followed by limit and avoidant.
Related to age intervals, patients in the 15-34 years range, presented histrionic personality trait, selfdestructive and antisocial traits.
The personality traits that show statistically significant differences between consumers and non-consumers are in descendent order of frequency antisocial, narcissist, passive-aggressive and schizoid.

Conclusions
The prevalence of consumption of toxic substances and pathological personality traits is high in patients with anxiety or depressive disorders.
It is important to achieve a screening of substance consumption disorders and personality traits in psychiatric patients due to high prevalence and clinical implications, because the coexistence of both conditions complicate the management of such patients and usually is associated with poor adherence to treatment and worsening symptoms.
The presents findings confirm the clinical impression that there has been an increase in drug abuse among mental patients, similar to that found in society at large.
ATTENTIONAL BIAS FOR ALCOHOL IN COCAINE-DEPENDENT PATIENTS

P. Puras 1, S. Segui 2, G. Rubio 3
1. Department of Psychiatry, Hospital Universitario Rey Juan Carlos, Móstoles, Madrid, Spain
2. Department of Psychiatry, Hospital Universitario de Getafe, Getafe, Madrid, Spain
3. Department of Psychiatry, Hospital Universitario Doce de Octubre, Complutense University, Madrid, Spain

Attentional bias is the predisposition of our attention to capture and process certain types of information before others. In addictions it refers to the observation that substance-related cues tend to capture the attention of substance users. 90% of cocaine users consume alcohol, to enhance or regulate the effect of the drug and its adverse effects. Use of both substances produces a compound pharmacologically active. We measured the attentional bias using a dot probe task in a group of cocaine-dependent patients (n=33, 4F/29M, ) for alcohol stimuli. The first test was performed during the first week of admittance and a second control in the 4th-5th week of hospitalization. They were assessed for use of cocaine, alcohol or/and other substances, as well as for other psychiatric conditions. After one month of intensive treatment and hospitalization there were no significant differences in their response times to alcohol stimuli compared to neutral stimuli in the dot probe task. Our results suggest the existence of crossed attentional bias between substances and reflect the fact that after some weeks of complete drug abstinence attentional bias tends to remain stable with its influence on craving and relapse risk.
THE ROLE OF BRAIN INJURY IN PTSD WITH PSEUDOSEIZURES: A CASE STUDY
S. Margaryan
Armenian Medical Institute, Yerevan, Armenia

Objectives: The differential diagnosis of true epileptic versus psychogenic fits is difficult. The research to date suggests a) PTSD is important in the development of pseudoseizures; b) brain injury increases the risk of PTSD. Very few data is available about the interrelations of brain injury, PTSD and pseudoseizures.

Method: Single case study.

Results: Patient S., 41 years old. There was no relevant medical history. At age 28, he saw the death of his wife and son under the ruins of earthquake. He was reserved, but then became rather quiet, and he was married after 4 months. At age 31, he joined volunteer soldiers, was affected by severe psychogenic factors during the war. At age 34 he was wounded associated with serious brain contusion. After the return he developed PTSD, had a strong guilt for the loss of friend, “saw clearly his face”. He became explosive, at the height of headache he became aggressive, once he struck heavily his daughter. He had amnesia what had happened. The GP referred him to the Center of Epileptology, where didn't revealed epilepsy, and diagnosed PTSD. During the inpatient treatment he became quiet, but continued to have periodically seizures on the height of headaches, lasting 3-10minutes and ending with amnesia and expressed fatigue. He did well only after the antidepressive treatment.

Conclusions: PTSD and pseudoseizures not developed after severe personal misfortune without brain injury, but developed after war distresses and brain contusion. Traumatic brain injury + traumatic stress = pseudoepilepsy? Clearly, this issue warrants prospective longitudinal studies.
SPEECH UNDERSTANDING IN ALCOHOL ADDICTS
Edward J. Gorzelanieczyk 1,2,3 Piotr Walecki 4 Marek Kunc 4 Andrzej Wicher 5 Aleksander Sęk 6
1 Nicolaus Copernicus University, Medical College, Bydgoszcz, Poland
2 Non-Public Health Care Center Sue Ryder Home, Bydgoszcz, Poland
3 Provincial Hospital for Neurotic and Mentally Ill, Swiecie, Poland
4 Faculty of Medicine, Jagiellonian University Medical College, Krakow, Poland
5 University of Leeds, Leeds, West Yorkshire, England, UK
6 Department of Psycho- and Room Acoustics, Adam Mickiewicz University, Poznan, Poland

Objectives
The aim of research is to assess a speech perception in alcohol addicts and healthy ones.

Methods
Participants
48 alcohol addicts (min. 22, max. 66 years) were examined. Patients admitted hearing impaired were excluded.

Assessment
The Polish Sentence Test (PTZ) for speech intelligibility measurements was used. The test consists of the presentation of 26 sentences, which were disrupted by the babble-noise. The test determines the intensity of speech, for which – if it is presented in the noise – observed in 50% of correct answers. This parameter is called the Threshold Reception Speech (SRT). The study was conducted in a soundproof booth. The Psychoacoustics and Speech Workstations by Tucker Davis Technologies was used.

Results
In the speech understanding test were found significant difference of average SRT between alcohol addict and healthy ones. The better understanding of speech was found in healthy individuals. In a study conducted in the final phase of detoxification treatment, it was found that the level of speech understanding in addicts was improved (statistically significant).

Conclusion
It was found that alcohol dependence is associated with worse perception of speech.
PREVALENCE OF ALCOHOLISM IN A PSYCHIATRIC POPULATION OF 150 PATIENTS
Authors: A. Ben Amor, S. Edhif, N. Lakhal
Military Hospital, Tunis, Tunisia

Objectives:
Alcohol is one of the most complex social endemics and morbid consequences are serious. The prevalence of alcoholism and its morbid consequences are increasing and constitute public health problems. This addictive behavior is more common in patients who suffer from mental disorders. The purpose of this study was to determine the prevalence of alcoholism in a psychiatric population to prevent the serious consequences of this comorbidity.

Methods:
Our study was a cross-sectional epidemiological survey of descriptive type involving 150 patients followed in the outpatient psychiatry. Data collection was done using a pre-established questionnaire.

Results:
The prevalence of alcoholism in our sample was 42.7% (n = 64). The average age of the alcoholic psychiatric population is young (30 to 39 years) with a male predominance (87.5%), 76.6% of patients began alcohol consumption before diagnosis of psychiatric disorder. The prevalence of alcoholism was 64.3% in personality disorders, 50% in somatoform disorders, 47.2% for anxiety disorders, 36.1% in mood disorders and 35% in psychotic disorders. The highest prevalence in each disorder was as follows: 100% for antisocial personality, 66.7% of bipolar disorder type I (mood disorders), 66% for chronic posttraumatic stress, 60 % for schizoaffective disorder, and 52% for conversion disorder.

Conclusion:
Comorbidity psychiatric illness and alcoholism is very common and often under detected. An early detection is mandatory in order to prevent the adverse effects of alcohol, which worsens the evolution of the mental disease.
THE QUALITY OF MEDICAL CARE IN PSYCHIATRIC ALCOHOLICS PATIENTS

Authors: A. Ben Amor; H.Snen; S.Edhif; N.Lakhal
Military Hospital, Tunis, Tunisia

Objectives:
Psychiatric patients are much known for their poor adherence and irregular monitoring. Many studies have shown that poor management is exaggerated if there is comorbidity with alcoholism. The aim of this study is to determine the prevalence of therapeutic observance and regularity of care health in psychiatric population who had comorbidity with alcohol.

Methods:
Our study was a cross-sectional epidemiological survey of descriptive type involving 150 patients followed in the outpatient psychiatry. Data collection was done using a pre-established questionnaire with sociodemographic characteristics, clinical and therapeutic.

Results:
The prevalence of alcoholism in our sample was 42.7% (n = 64). The average age of the alcoholic psychiatric population is young (30 to 39 years) with a male predominance (87.5%), 76.6% of patients began alcohol consumption before diagnosis of psychiatric disorder. Only 19% (n = 12) alcoholic patients were well observing their treatment while the majority (42%) had an average adherence. 75% of patients had an irregular clinical and biological monitoring. 54% of patients had an effect side and 80% was extra pyramidal syndrome.

Conclusion:
This association between alcoholism and psychiatric illness had a negative impact on the management of the disease and increases the burden of disease for both the patient and the physician. Routine screening at the first consultation or during subsequent consultations would be essential to establish an adapted support to both problems and ensure a better prognosis for the patient.
DUAL PATHOLOGY APPROACH IN MENTAL HEALTH CLINIC
MC. García Mahía ¹, N. Gonzalez Valerio ¹, M. Vidal Millares¹,²
¹. University Hospital A Coruña, Spain
². University Hospital Santiago de Compostela, Spain.

Objectives
The purpose of this study is to evaluate the prevalence and dual patient profile seen in an outpatient mental health clinic.

Methods
A descriptive, retrospective study of the patients admitted or readmitted to treatment in mental health unit during a period of one year (from January to December 2013) and diagnosed of any psychiatric disorder based on DSM-IV/TR criteria. Patients with abuse or dependence of alcohol, tobacco and other toxic substances and any other diagnose in axis I or II were analyzed. The sample was composed of 470 patients Data were obtained from clinical records of patients.

Results
The sample was composed of 62% men and 38% women with mean age 31,2 (SD: 10.2).
On axis I, anxiety and depressive disorders were the most prevalent. On axis II, the most frequent personality disorders were those classified on cluster A and C.
Obsessive-Compulsive Disorder was the most frequent followed by limit disorders. Antisocial personality disorder was not diagnosed in this sample cluster A and C, while cluster B predominates in the area of addiction units.
Those subjects with dual pathology showed worse prognosis, bigger withdrawal of treatment, more frequency of infectious diseases, and more assistance in emergency settings that patients without dual pathology.

Conclusions
The characteristics of the profile suggest a high biopsychosocial deterioration, compared to dual patients, requiring more individualized and flexible treatment plans, requiring greater attention by the therapeutic team.
To offer quality care to these patients, we conceptualize as a tributary patient of diagnosis and complex therapeutic process, avoiding individualized approaches each of the pathologies separately.
DIFFERENCES IN PEAK VELOCITY OF EYEBALL MOVEMENTS IN ALCOHOL-DEPENDENT PATIENTS

Piotr Walecki², Marek Kunc¹, Julia Feit³,⁴, Wojciech Lason², Marcin Ziółkowski³, Edward J. Gorzelańczyk³,⁴
¹ University of Leeds, Leeds, West Yorkshire, England, UK
² Faculty of Medicine, Jagiellonian University Medical College, Krakow, Poland
³ Nicolaus Copernicus University, Medical College, Bydgoszcz, Poland
⁴ Non-Public Health Care Center Sue Ryder Home, Bydgoszcz, Poland

Objectives
The goal of this study is to assess the differences in peak velocity of eyeball movements between alcohol-dependent and healthy controls.

Methods
Participants
99 alcohol addicts and 38 healthy controls were examined. Individuals admitted oculomotor impaired were excluded.

Assessment
In this study we made use of the Saccadometer Advanced (Advanced Clinical Instrumentation, Cambridge, UK). The eye movement measurement is automated and synchronised with stimuli presentation. The user’s task is reduced to checking the correctness of the sensor placement and giving instructions. The calibration of the eye movement relies on the fixed angular separation between targets and the vestibulo-ocular reflex cancellation response which ensures that the head movements does not influence target position in relation to the eyes. The study analyzed peak velocity of eyeball movements in 10deg amplitude and standard deviation of peak velocity.

Results
Alcohol-dependent individuals have higher mean of peak velocity of eyeball movements (440,82±86,33deg/s) compared to healthy controls (411,39±86,33deg/s).
It was observed greater asymmetry of peak velocity between right-side and left-side saccades. Alcohol-dependent individuals have more higher right-side trials mean of peak velocity (462,73±118,54deg/s) compared to healthy controls (414,68±73,79deg/s) and higher left-side trials mean of peak velocity (418,82±79,83deg/s) compared to healthy controls (405,13±49,50deg/s).

Conclusion
It was found that alcohol dependence is associated with differences and asymmetry of peak velocity of eyeball movements.
CLOZAPINE AND CIGARETTE SMOKING: EFFECTS ON PHARMACOKINETICS

I. Torio, D. Rentero, L. Hernández, R. Ashbaugh, J. De la Oliva, N. Mesa, F. Arias

1Department of Psychiatry, Instituto de Investigación Hospital 12 de Octubre (i+12), Madrid, Spain

Objectives
The second generation antipsychotic clozapine undergoes extensive hepatic metabolism, being CYP1A2 the main enzyme involved. Clozapine has a narrow therapeutic range, and its plasma levels vary greatly due to very different factors like the plasma clozapine:norclozapine ratio (indicating clozapine metabolic capacity), smoking, age, sex, or body weight. In smokers, the aromatic hydrocarbons of the smoke are thought to induce CYP1A2, producing therefore decreased clozapine levels and decreased efficacy.

The aim of this study was to compare clozapine dose and serum drug determinations (clozapine and norclozapine levels, clozapine:norclozapine ratio) of smoking patients with those of non-smoking patients, in a sample of individuals with psychotic disorders.

Methods
A descriptive cross-sectional study was conducted in a sample of 24 patients with psychotic disorders who were receiving clozapine maintenance treatment (70.9% male). 58.3% of the patients were active smokers.

Results
Mean values for smokers vs. nonsmokers were as follows: clozapine dose 400 mg/day (SD 128.6) vs. 375 mg/day (SD 118.4), clozapine levels 277.6 µg/L (SD 170.5) vs. 404.9 µg/L (SD 200.6), norclozapine levels 158.7 µg/L (SD 81.7) vs. 188.4 µg/L (SD 112.3), and clozapine/norclozapine ratio 1.7 (SD 0.7) vs. 2.5 (SD 1.0).

Conclusions
There is an interaction between clozapine and cigarette smoking due to the induction of the CYP1A2 liver enzyme. Close monitoring of clozapine levels and consideration of dose adjustment is warranted when a patient starts or quits smoking in order to prevent serious complications such as convulsions.

References
IF IT’S LEGAL, IT AIN’T BAD!
L. Machado, R. Teixeira
Child and Adolescent Psychiatry and Mental Health Department, São Francisco Xavier Hospital, Lisbon, Portugal.

The authors pretend to discuss the use of legal highs, particularly the mephedrone, among the adolescents.

In Portugal, a report was made among university students about the use of new substances, which preceded the institution of the prohibition law about their commercialization. This report showed that 18.6% of students surveyed had used legal drugs in the last 12 months, and 53% admitted to having acquired in smartshops.

European reports showed that mephedrone use is higher among young men, between 15 and 24 years, on urban areas and consumption occurring mostly in bars and nightclubs.

Several reports of fatal cases associated with consumption of mephedrone were found on the literature, giving concern to the fact that teenagers are the largest group of consumers of these new drugs.

We present 4 cases of mephedrone consumption in adolescents followed by us in consultation, which sustain the trends found in literature. They are all boys with 16-17 years, having in common the prior consumption of cannabinoids and belong to medium-high socio-economic level.

Although mephedrone is one of the most studied of the new drugs, the literature is still scarce in the pediatric age and its potentially lethal effects are worrisome. Despite of the effort several European countries have made with the creation of laws against the distribution of these drugs, its effect whether this phenomenon was contained in time is still to understand.
BIPOLAR DISORDER AND ADDICTIVE BEHAVIOR
Razi hospital, Manouba, Tunisia.

Objectives:
We focus in this work to different causal links between bipolar disorder and addictive behavior and to the different clinical aspects of this comorbidity through what has been reported in the literature.

Methodology:
Review of the literature through the basics of Medline. The keywords used were "bipolar disorder" addictive behavior "

Results:
Several studies have shown that in certain predisposed patients addiction was a trigger of bipolar disorder, while in other patients the addiction would have been a symptom of bipolar disorder. In this second category, studies have shown that some patients taking drugs to strengthen and perpetuate the symptoms of their mood episode while others took aim at self-medication substances.

Conclusions:
Addiction is a factor influencing the onset, evolution and long-term prognosis of the bipolar disorder. The comorbidity between bipolar disorder and addiction should lead to propose a specialized management acting on both factors.
INTERVENCIÓN EN UN CASO DE ADICCIÓN A LA COCAÍNA
MEDIANTE TERAPIA DIALÉCTICO CONDUCTUAL DE
LINEHAN EN CLÍNICA PRIVADA

Introducción/Objetivos:
La cocaína es la droga estimulante más consumida en Europa. A pesar de que en los últimos años se ha producido una estabilización del consumo, países como España siguen estando a la cabeza en número de personas que consumen esta sustancia (EMCDDA, 2013). Los tratamientos para la cocainomanía se basan principalmente en modelos de intervención en alcohol (Hunt, et al., 1973) mediante intervenciones conductuales (Higgins, et al., 1991; Secades-Villa, et al. 2011). En cambio, estos pacientes presentan características especiales como la comorbilidad con trastornos de personalidad (en especial TPlímite) (López et al., 2007), haciéndose necesaria la adecuación de los tratamientos de adicciones a una intervención en la desregulación emocional y la baja tolerancia a la frustración. La Terapia Dialéctica Conductual (TDC) de Linehan (1993) ofrece estructura y flexibilidad para tratar la cocainomanía, centrándose en aspectos fundamentales del mantenimiento de la adicción (desregulación emocional y una baja tolerancia a la frustración), junto a la potenciación de los principios de la dialéctica facilitando la adherencia. El objetivo del estudio es evaluar la potencia de la aplicación de la TDC a la intervención en un paciente con adicción a la cocaína (29 años).

Método:
El tratamiento consistió en la intervención a nivel grupal e individual, durante un año. Para evaluar resultados se utilizaron pruebas como SCL-90, el MCMII-III, BDI-II, control semanal de orina, entre otras.

Resultados:
Se evidencia una reducción en los indicadores de malestar clínico junto a una abstinencia total del consumo de cocaína. Además se presenta una mejora en diferentes indicadores para la abstinencia.

Conclusiones:
Se muestra como la intervención TDC es eficaz para la abstinencia de la cocaína. El trabajo de aspectos como la desregulación emocional y la tolerancia a la frustración unido a factores vitales hacen que se elimine el consumo a la cocaína.

Referencias:
ASSOCIATION ANALYSIS OF **BRAP** POLYMORPHISMS ON THE RISK OF ALCOHOL DEPENDENCE AND ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

Jee Wook Kim 1, Byung Lae Park 2, Boung Chul Lee 3, Hyun Sub Cheong 2, Lyoung Hyo Kim 2, Jee On Kim 2, Cheong Hoon Seo 3, Tae-Cheon Kang 4, Hyoung Doo Shin 2,5, Ihn-Geun Choi 6

1 Hallym University Dongtan Sacred Heart Hospital, Hwaseong, Gyeonggi Province, Republic of Korea; 2 SNP Genetics, Inc., Seoul, Republic of Korea; 3 Hallym University Hangang Sacred Heart Hospital, Seoul, Republic of Korea; 4 Institute of Epilepsy Research, College of Medicine, Hallym University, Chuncheon, Republic of Korea; 5 Sogang University, Seoul, Republic of Korea; 6 Hallym University Kangnam Sacred Heart Hospital, Seoul, Republic of Korea

**Objectives:** Alcohol dependence (AD) is a common disorder with both environmental and genetic factors. Previous studies have shown that the genomic region from chromosome 4q22-q32 is closely associated with AD. To identify new candidate genes, the present study used GWAS and replication studies in a Korean cohort with AD.

**Methods:** We conducted a follow-up replication study of association between BRAP polymorphism and AD with 459 alcoholics and 455 normal controls, all of Korean descent. To rank the AD of the subjects, Alcohol Use disorders Identification Test (AUDIT) was utilized. Using the TaqMan assay, 5 SNPs of BRAP, 53 SNPs of PRMT8 and 39 SNP of TRANS18 were genotyped.

**Results:** In the case-control analysis, BRAP rs3782886 showed the most significant association with the risk of AD ($p = 1.29 \times 10^{-16}$, OR = 0.19) among these 97 SNPs. Further association analysis in normal controls showed that BRAP rs3782886 was strongly associated with overall AUDIT score ($p = 1.40 \times 10^{-24}$, $p_{corr} = 6.30 \times 10^{-24}$ in co-dominant model) and sub-categorical AUDIT scores [alcohol consumption ($p = 6.46 \times 10^{-32}$, $p_{corr} = 2.91 \times 10^{-31}$ in co-dominant model), AD ($p = 2.59 \times 10^{-7}$, $p_{corr} = 1.17 \times 10^{-6}$ in co-dominant model), and alcohol related harm ($p = 3.88 \times 10^{-10}$, $p_{corr} = 1.75 \times 10^{-9}$ in co-dominant model)]. Both SNPs of PRMT8 and TRANS18 which were associated with AD showed negative results were not replicated from the follow-up study. Furthermore, SNPs of PRMT8 and TRANS18 were not associated with overall and sub-categorical AUDIT scores.

**Conclusions:** We found BRAP rs3782886 to be significantly associated with alcohol consumption in normal controls.

**Keywords:** Alcohol dependence; genome-wide association study; single nucleotide polymorphism; BRAP
DEADLIEST MENTAL ILLNESS – RESPONSIBILITY OF PSYCHIATRISTS AND MENTAL HEALTH SERVICES

E.K. Rodrigo
The Canberra Hospital Australia

Worldwide the W.H.O estimates that it kills around six million people every year, around 11,000 dies every day. In the 20th century it killed 100 million and in the 21st century it is estimated to kill one billion people. About 30% of patients with mental illness are estimated to have this co-morbid condition and around 60-70% of inpatients in an acute care psychiatric units reportedly have this co-morbidity. Psychiatrists seldom diagnosis this condition and even more rarely offer treatment.

In the past century while no other substance use tobacco was permitted in inpatient psychiatric units it was part of the mental health unit culture. Cigarettes were even offered as a reward in token economy programs. It was not uncommon for mental health staff to smoke together with patients. While most hospitals site enforced smoke free policies mental health units were granted exemptions.

However more recently mental health unit have started to implement smoke free policies. Despite the associated morbidity and mortality treatment is rarely offered by health services. In western European world the treatment is out sourced to nongovernmental organizations. Health services both state and private offer in and outpatient services to alcohol and other substance use related disorders there are few dedicated tobacco cessation services despite the availability of cost effective and efficacious psychological and pharmacological interventions. However more recently such services are beginning to emerge. The availability of nicotine replacement agents and two nicotine craving reduction medications has improved the abstinent rates.

Psychiatrists and other mental health clinicians need to develop their knowledge and skills to treat patients with nicotine dependence and must endeavour to make it a part of their routine practice.
NOVEL PSYCHOACTIVE SUBSTANCES: CHARACTERIZATION OF USE IN A PORTUGUESE SAMPLE

C. Tavares 1, M. Araújo 1, C. Ana 1, H. Carqueja 2, S. Joana 1, J. Guerra 1, L. Confraria 1
1. Centro Hospitalar do Porto, Porto, Portugal
2. Instituto da Drogaria e da Toxicodependência, Porto, Portugal

Objectives: The purposes of this study are to estimate the prevalence and characterize patterns of use of Novel Psychoactive Substances in a Portuguese sample composed by two sub-samples of two “at risk” sub-populations for the consumption of NPS: adolescents/young adults (15-24 years old) and user of illicit drugs.

Methods: The authors have designed an anonymous questionnaire which was distributed to a randomly selected sample of adolescents attending Child and Adolescent Psychiatry consultations in Centro Hospitalar do Porto aged from 15 to 18 years old, and to a randomly selected sample of users of the Centro de Respostas Integradas (center for treating addictive disorders) aged from 18 to 35 years old.

Results: results are pendent and yet to be established as the data collection process is still occurring.

Conclusions: Although the authors predict low prevalence levels, these may be underestimated due to the methodological limitations of the study. Further studies are necessary to understand the trends in drug usage, and to evaluate its health consequences.
THE INFLUENCE OF A118G SINGLE NUCLEOTIDE POLYMORPHISM OF HUMAN MU OPIOID RECEPTOR GENE AND THE MDR1 IN EGYPTIAN PATIENTS WITH TRAMADOL INDUCED SEIZURE

D. Enaba¹, N. Shalaby¹, H. El-Baz¹, A. Zahra², N. Kishk¹, H. Moselhy³

¹. Cairo University, Cairo Egypt
². Zagazeg University, Cairo, Egypt
³. Al Ain, Abu Dhabi United Arab Emirates

Objective: Although seizures have been reported with tramadol use, the exact mechanism is not yet confirmed. An individual genetic susceptibility may have a role in developing seizures. The purpose of this study was to investigate the frequency of mutant allele of the OPRM A 118G and MDR1 C3435T in tramadol users with seizures.

Methods: After investigators obtained informed consent and when other causes of seizures were excluded, Egyptian tramadol users, with and without seizures were assessed clinically, radiologically and by electroencephalogram. Their blood samples were genotyped for the μ opioid receptor gene (OPRM) and the multidrug resistant (MDR1) genes.

Results: Thirty seven subjects had seizures. A history of head trauma and more opioid use were reported by the group with seizures. Family history of epilepsy was present in 2 subjects with seizures. There was no significant difference between the 2 groups regarding the frequency of occurrence of the SNP A118G of the mu opioid receptor gene or the SNP C3435T of the MDR1 gene.

Conclusions: This study could not illustrate a potential genetic background, in the studied point mutations, that could explain the development of tramadol induced seizures.
IMPACT OF DEPRESSION ON PATHOLOGICAL INTERNET USE AMONG INTERN DOCTORS OF CAIRO UNIVERSITY HOSPITAL (KASR AL-AINY)

M. Mobasher¹, A. Fouad¹, D. Enaba², K. Shawky¹, H. Moselhy²

¹. Cairo University, Cairo Egypt
². Al Ain, Abu Dhabi United Arab Emirates

Objective: The growth of the Internet has impacted almost every facet of life in the world. In most cases, utilization of the Internet has improved people's lives. However, in some cases excessive use of the Internet has been linked to significant impairment in critical areas of functioning. Aim of the work: to determine the prevalence of pathological use of the internet and verify if there is a relation between this problem and the depressive disorders among Intern doctors working in Cairo University hospital.

Methods: Three hundreds of Cairo University hospitals Intern Doctor were included. The internet addiction test (IAT) was used to measure pathological intent use. Present State Examination-10 (PSE-10) was used for screening of depressive symptoms and Beck depression inventory (BDI-II) to determine the severity of depression. The Internet Application Checklist was used to determine internet usage of the subjects.

Results: More than half of the sample (54.0%) was pathological internet users. Only 12.3% was moderate/severe pathological internet users. Severe forms of pathological internet use were more prevalent in males than females. Pathological internet users were more associated with depressive symptoms and depressive disorders than non pathological internet users.

Conclusion: There were significant positive correlations among Internet addiction, depressive symptoms, and depressive disorders in fresh graduate Cairo University Intern doctors. As there is a potential harmful behaviors among new graduate doctors, health professionals need to be aware of measures and procedures for the assessment of Internet addiction and depression.
HIGHER FREQUENCY OF C3435T OF THE ABCB1 GENE IN PATIENTS WITH TRAMADOL DEPENDENCY DISORDER MAY PREDICT A PROTECTIVE ROLE

D. ENABA1, H. EL-BAZ1, H. MOSELHY3
1. Cairo University, Cairo Egypt
2. Al Ain, Abu Dhabi United Arab Emirates

Background: Polymorphic variation at the ABCB1 gene has been shown to affect Pharmacodynamic and kinetics of various drugs, also, the μ-opioid receptor locus in mouse has been proven to affect morphine preference. Aim of the work: This study aims at finding Frequency of Occurrence of Single Nucleotide Polymorphism in Position A118G OPRM1 (rs1799971) gene and C.3435C>T ABCB1 (rs1045642) gene in tramadol users in comparison to normal controls.

Method: This is a cross sectional case-control outpatient study. The study sample consisted of 127 subjects (74 tramadol dependents and 50 healthy controls) All patients fulfilled the Diagnostic and Statistical Manual IV Criteria for substance dependence (on tramadol), Addiction severity Index (ASI) was performed to all subjects, and the 50 healthy subjects confirmed as non-users were included as controls. Genotyping of the OPRM1 Gene C.118A>G SNP and ABCB1 gene C.3435C>T SNP was performed by PCR followed by restriction fragment length polymorphism identification.

Results: A significant association was found between ABCB1 gene T allele at the polymorphic site 3435 and tramadol dependence, while no significant association was observed to C.118A>G OPRM1 gene, ASI was found non-relevant to either genetic polymorphisms.

Conclusion: In summary the results of the present study revealed a significant association between ABCB1 gene T allele at the polymorphic 3435 and tramadol dependence disorder. Further study by enrolling more patients could help to evaluate the possible role of polymorphisms of ABCB
INFECTIOUS COMORBIDITY AS A MARKER OF PSYCHIATRIC SEVERITY IN PATIENTS WITH DUAL DIAGNOSIS. A PRELIMINARY STUDY
H. Dolengevich-Segal1, MF. Rabito-Alcón1, J. Gómez-Arnau1, J. Correas-Lauffer1
Department of psychiatry.
1 Hospital Universitario del Henares, Madrid (Spain).

Background:
HCV infection is highly prevalent in patients with severe mental illness. In addition, the risk of suffering from this disease increases exponentially when drug abuse is also present. We intend to describe the co-morbidity of infectious pathology (HIV, HBV, HCV) in a sample of patients with dual diagnosis, as previous reports suggest that these diseases might be more frequent in the most severe patients.

Methods:
Descriptive statistics of 72 patients (50 men and 22 women) were analyzed. We detached two groups depending on whether the number of psychiatric admissions was higher than one during the period between May 2008 and October 2013. Thus, the number of psychiatric admissions was considered an indicator of severity.

Results:
Patients admitted twice or more abused a greater number of illicit substances (mean 2.5). The most prevalent drugs were alcohol, cocaine and cannabis. Besides, the group with larger number of hospital admissions had more infectious pathology, noting the high prevalence of HCV (50%), followed by HIV (26.9%) and HBV (11.5%), versus 21.7%, 19.6% and 4.3%, respectively, in the group which had up to one hospitalization. In both groups, personality disorder was the most common diagnosis, followed by psychotic disorder.

Conclusions:
In accordance with previous studies, we found in our sample that HCV and poly-drug abuse were present in the more severe dual patients. We believe these findings could be helpful, as the presence of infectious pathology in dual patients could be used as a prognosis factor. In future studies, increasing our sample size and controlling confusion factors might lead to stronger conclusions in that direction.
DIMENSIONAL AND CATEGORICAL PHENOTYPES OF OPIOID USE DISORDER CRITERIA AMONG FREQUENT NONMEDICAL PRESCRIPTION OPIOID USERS
S.S. Martins1, J.M. Castaldelli-Maia2, K.M. Keyes1, M. Cerdá,1 D. Pilowsky1, L.H. Andrade2.
1. Columbia University, New York, NY, USA.
2. University of São Paulo, São Paulo, Brazil.

Objectives: Nonmedical use of prescription opioids (NMUPO) is a growing concern worldwide. We used pooled data of 2011-2012 US National Survey on Drug Use and Health to examine reliability and phenotypic variability in the diagnosis of Opioid Use Disorder (OUD) secondary to non-medical use of prescription opioids (NMUPO) in a nationally-representative sample of frequent (120 days or more) past-year NMUPO users.

Methods: Through exploratory factor analysis (EFA) and latent class analysis (LCA), we evaluated DSM-5 OUD criteria.

Results: Results indicated OUD criteria among frequent past-year NMUPO users were unidimensional, and a three-class model was the overall best fitting solution for characterizing individuals in phenotypes along this unidimensional continuum. These classes were: a “non-symptomatic class” (41.9%), an intermediate class with high probability of endorsing Tolerance/Time Spent criteria called “tolerance-time spent class” (33.4%), and a “high-moderate symptomatic class” (24.6%). The "non-symptomatic class" included those with probability close to zero for all OUD criteria. The "tolerance-time spent class" included individuals with low probabilities (< 30%) of meeting all diagnostic criteria, with the exception of high probabilities of the Tolerance and Time Spent criteria (nearly 90%). Individuals in the “high-moderate symptomatic class” had high (> 70%) or moderate (> 40%) probabilities of endorsement all the DSM-5 criteria. Those in the “high symptomatic” and “tolerance/time spent” classes were significantly more likely to be NH White (vs. NH Blacks, Hispanics and Others), widow/separated/divorced (compared to never married) and to be young adults (18-25 years) as compared to those in the non-symptomatic class. Only 10% (“tolerance/time spent” class) and 40% (“high symptomatic”) of those in the symptomatic classes sought treatment. Tobacco/alcohol dependence, and depression were common in the symptomatic classes.

Conclusions: Socio-demographic correlates, high comorbidity with other substance dependence, depression, and the low treatment-seeking among the symptomatic classes are important information for practitioners.
INTRA-ETHNIC DIFFERENCES ON THE INCIDENCE AND RISK OF RISKY DRINKING AMONG HISPANIC GROUPS IN THE UNITED STATES

C.F. Ríos-Bedoya¹
¹ Michigan State University, East Lansing, Michigan, USA

Objectives: The objective of this study is to provide, for the first time, incidence estimates as well as relative risk estimates for risky drinking among Hispanic subgroups in the United States (US).

Methods: Data come from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) wave 1 and wave 2. A total of 2,293 Hispanics at risk for risky drinking during wave 2 were identified at wave 1 of the NESARC. Estimates for risky drinking were obtained for Mexican-Americans, Cuban-Americans, Puerto Ricans, and Other—the largest Hispanics groups in the US). Risky drinking was defined for men as drinking, on average, more than 14 drinks per week or 5 or more drinks in a single day at least once in the last year. For women, drinking more than 7 standard drinks per week, on average, or having 4 or more drinks in a single day at least once in the past year. Weighted incidence estimates as well as weighted unadjusted and adjusted relative risk (RR) estimates, with robust standard errors, for risky drinking were calculated.

Results: Incidence for risky drinking for Mexican-Americans, Cuban-Americans, Puerto Ricans, and Other were 43.1%, 20.6%, 41.3%, and 31.5%, respectively. After adjusting for sex, alcohol age of onset, educational level, and nativity (US born or not) RR estimates were; Mexican-Americans: 1.7 (1.3, 2.2; p < 0.001); Cuban-Americans: 0.8 (0.5, 1.4; p = 0.412), Puerto Ricans: 1.6 (1.0, 2.4; p = 0.049), and Other: 1.3 (0.9, 2.1; p = 0.182).

Conclusions: These findings provide evidence to discontinue the usual practice of grouping Hispanic as a single group when examining risky drinking. Areas with high concentrations of Mexican-Americans and Puerto Ricans should increase their prevention and intervention efforts. Clinically, physicians should realize that addressing risky drinking must be a priority when treating Mexican-Americans and Puerto Ricans.
THE MULTIDIMENSIONALITY OF IMPULSIVITY IN DEPRESSION ON CONTEXT OF ALCOHOLISM

N. Almeida

1. Centro Hospitalar do Alto Ave, Guimarães, Portugal

Objectives The construct of impulsivity, need to be attended in its dimensions, including cognitive and behavioral. Nosological entities of affective disorders associated with impulsivity, are classically manic. The author intends to explore the latest advances that reveal their predominance in depressive disorders in the population of patients with alcohol-related problems.

Methods To perform a non-systematic review, will be advanced by a relevant scientific research in Pubmed® platform with the terms "Impulsivity" "Depression" "Alcoholism" and “Alcohol”.

Results In thinking about patients with Major depression and impulsivity, may seem paradoxical, given the adynamia with social avoidance and isolation of these patients. However, it is recognized that in depressed patients, impulsiveness plays an essential role, particularly the cognitive dimension. And it is this dimension that may predict the severity of depression and influence the course of alcohol addiction.

Conclusions The construct of impulsivity is defined by the predisposition toward rapid, unplanned reactions to internal or external stimuli without regard to the negative consequence, and contributes importantly to externalizing psychiatric disorders, such as substance use disorders, as alcohol. Cognitive impulsivity (with attentional and non-planning components) in depressed patients predispose to alcohol dependence, with earlier onset and longer stroke. It is also a marker of risk of recurrence and increased morbidity that clinicians should look for in Major depression patients.
IMPORTANCE IN THE ASSESSMENT OF COMORBIDITIES IN ADDICTIONS. DEPENDENCIES BEHAVIOURAL - SUBSTANCE-, GAMBLING ADDICTION, SEX ADDICTION, OR RELATING TO LEGAL SUBSTANCES. APPROACH TO COMPREHENSIVE TREATMENT PROGRAMS

C. Bombín ¹, B. Bombín ²
¹. Centro Hospitalario Benito Menni. Valladolid, Spain
². Centro Específico para el Tratamiento y Rehabilitación de Adicciones Sociales. Valladolid, Spain

Objectives:
In routine clinical practice we face to the approach of psychopathological flare-ups that are expressed in a comorbid way, or dual, with origin, evolution or the result of a variety of addictive diseases, and beyond, if we value those non related with non-legal type substances, we found alcohol dependence, classified as a disorder of alcohol in DSM5, pathological gambling, shopping addiction, sex addiction, or use of new technologies addiction, classified as other-destructive disorders, of the impulse control and the specified behavior, such as specific nosologic entities, that we should know and address together, in the framework of comprehensive treatment, to be able to raise a treatment program, from the Unit of Medium Hospitalization - short, enabling its improvement, and representing the beginning of the rehabilitation, and the approach of different outpatient treatment programs for guarantee of continuity.

Methods:
Concerning the revision of several clinical cases, it is valued the chronopathobiographic evolution, and consecutive coexistence over time of different behavioural dependencies.

Results:
It can be noted the coexistence of dependence on alcohol and gambling, and the evolution in time as main addictive, of sex addiction. It is carried out a revision of figures of prevalence of disorder and dual pathology of various addictive disorders.

Conclusions:
The valuation of comorbidity can guide us to the exploration of common companion pathologies, in this after control for compulsive gambling, sex addiction - in these cases it guides us in the direction of the preventive means of action to the correct approach and treatment of rehabilitation profile, of the addictive behaviors.
IMPORTANCIA EN LA VALORACIÓN DE LA COMORBILIDAD EN LAS ADICIONES. DEPENDENCIAS CONDUCTUALES- SIN SUSTANCIA-, LUDOPATÍA, ADICCIÓN AL SEXO, O RELATIVAS A SUSTANCIAS LEGALES. ABORDAJE DE PROGRAMAS INTEGRALES DE TRATAMIENTO.

C. Bombín 1, B. Bombín 2

1. Centro Hospitalario Benito Menni. Valladolid, España
2. Centro Específico para el Tratamiento y Rehabilitación de Adicciones Sociales. Valladolid, España

Objetivos:
En la práctica clínica habitual hacemos frente, al abordaje de reagudizaciones psicopatológicas que se expresan de forma comórbida, o dual, con en el origen, evolución o consecuencia de una gran variedad de patologías adictivas, y más allá, si valoramos las no relacionadas con sustancias de tipo ilegal, encontramos la dependencia alcohólica, clasificada como trastorno por consumo de alcohol en DSM5, la ludopatía, la adicción a las compras, la adicción al sexo, o al uso de nuevas tecnologías, clasificadas como otros trastornos destructivos, del control de impulsos y de la conducta especificados, como entidades nosológicas específicas, que debemos conocer y abordar conjuntamente, en el marco del tratamiento integral, para poder plantear un programa de tratamiento, desde la Unidad de Hospitalización Media- breve, que permita su mejora, inicio de deshabitación y rehabilitación, y el planteamiento de distintos programas ambulatorios para garantía de continuidad.

Métodos:
A propósito de la revisión de varios casos clínicos, se valora la evolución cronopatobiográfica, y la coexistencia consecutiva a lo largo del tiempo de diversas dependencias comportamentales.

Resultados:
Se observa la coexistencia de dependencia del alcohol, y ludopatía, y la evolución en el tiempo como adictiva principal, de adicción al sexo. Se realiza en consecuencia una revisión de cifras propias de prevalencia de trastorno y patología dual, de los diversos trastornos adictivos.

Conclusiones:
La valoración de comorbilidad, nos puede orientar a la exploración de patologías habituales acompañantes, - en este tras control de la ludopatía, la adicción al sexo –en estos casos nos orienta en dirección de las medidas preventivas de actuación para el correcto abordaje, y tratamiento de perfil rehabilitador, de las conductas adictivas.
DESCRIPTIVE STUDY OF PATIENTS WITH SUBSTANCE DISORDERS AND BARIATRIC SURGERY
M. Lyng1, J. Libuy1, T. León1, M. Babul1
1 Pontificia Universidad Católica de Chile, Santiago, Chile

Bariatric surgery is an effective treatment for the management of severe obesity and the comorbidities associated with it, but it requires an important change in life style, changes that many patients are not prepared for. The correlation between bariatric surgery and addictions is an emergent topic given the high proportion of obese patients that undergo surgery and for the importance of alcohol consumption in actual society. Previous studies have shown a rise in alcohol related problems after bariatric surgery (28.4%) in comparison with consumption of alcohol before surgery (4.5%). The objective of our study is to evaluate in a descriptive way hospitalized patients under the care of an Addiction Unit that had have a bariatric surgery and to see which of them have change their substance consumption patterns, mostly alcohol.

Methods: A descriptive analysis was made of the evaluations of 71 patients, 6 of them have had a bariatric surgery. Also data about the type of surgery and medical and psychiatric comorbidities were analyzed.

Results: Of the 6 patients that underwent Bariatric surgery, 5 of them (83.3%) change their alcohol intake after surgery by increasing it. This was not associated with surgical technique or with previous history of alcohol problems.

Conclusions: According to our data, the correlation between the change in alcohol consumption patterns in obese patients and history of bariatric surgery is significant. At the moment more patients are being recruited and then will be able to make further and more consistent analysis.
COMORBIDITY BETWEEN ALCOHOL DEPENDENCE AND OTHER PSYCHIATRIC CONDITIONS IN CZECH ADULTS
L. Csémy
Prague Psychiatric Center, Prague, Czech Republic

Introduction
Per capita alcohol consumption in the Czech Republic is among the highest in the EU countries and alcohol-related problems cause serious health and social problems. General population studies may help to estimate prevalence of alcohol dependence in the population and co-occurring psychiatric conditions.

Objectives
The purpose of this study was to estimate prevalence of alcohol dependence in the general adult population of the Czech Republic and to analyze associations between alcohol dependence and other psychiatric conditions.

Methods
Face to face interviews were carried out with 3,244 Czech citizens of age 18 – 64. The M.I.N.I. has been used to estimate prevalence of alcohol dependence and other psychiatric conditions in respondents.

Results
In sum 4.6% (95% CI=4.0;5.1) of respondents fulfilled criteria for alcohol dependence. The prevalence in males was substantially higher than in females (7.7% vs 1.7%). Compared with general population respondents with alcohol dependence had higher rates of anxiety disorders (OR 4.6; 95% CI = 3.5;6.2), major depression (OR 5.0; 95% CI = 3.7;6.7), antisocial personality disorder (OR 4.6; 95% CI = 4.0;5.1), posttraumatic stress disorder (OR 11.4; 95% CI = 7.0;18.3) and substance dependence (OR 11.9; 95% CI = 7.8;18.2). Gender and level of education had impact on psychiatric comorbidity of alcohol dependence.

Conclusions
Results of the national survey suggest that large proportion of alcohol dependent persons suffer from other psychiatric condition. Treatment system should reflect specific treatment needs of patients with comorbid psychiatric disorder.
QUALITY OF LIFE AND USE OF COCAINE, CRACK AND MULTIPLE DRUGS

N. P. Jora1, S. C. Pillon1, J. B. C. Domingos1
1. Nursing School of Ribeirão Preto - University of São Paulo, Ribeirão Preto, São Paulo, Brazil

Objective: To evaluate the use of cocaine, crack cocaine and multiple drugs and biological, psychological, social and quality of life aspects of users.

Methods: This was a cross-sectional study with a quantitative approach, developed in CAPSad the interior of São Paulo - Brazil, through a clinical sample of 140 customers of the service, with 38.6% of crack users, 32.1% of multiple drugs and 29.3% cocaine. Instruments: sociodemographic information, Severity Alcohol Dependence Data (SADD), Severity Scale Drug Addiction (SDS), World Health Organization Quality of Life - BREF (WHOQOL-bref), and the Addiction Severity Index (ASI6).

Results: The sample was characterized predominantly by men, catholics, with low level of education and occupation in informal activities. Only age, race and marital status differed among the groups. However, only marital status influenced the perception of quality of life among the users. Severe levels of both alcohol dependence syndrome as drug were evident among the groups. Regarding the correlations between areas of ASI6 and WHOQOL-bref, these were negative, weak but significant in most of its areas, thus increasing the problems caused by alcohol consumption (ASI6), grow losses assessed by domains physical, psychological, social and environment (WHOQOL-bref). The same occurred with the psychiatric area (ASI6) in relation to physical and social domains (WHOQOL-bref). The medical and legal areas (ASI6) correlated with the physical and psychological domains (WHOQOL-bref). Finally, the social and family support area (ASI6) correlated negatively with the social and environmental domains (WHOQOL-bref).

Conclusions: The results indicate that the severity of problems related to substance use interferes with the perception of quality of life, this information can help to care for these members bring valuable contributions of biopsychosocial conditions and quality of life.
FACTORS ASSOCIATED WITH DEPENDENCE IN COCAINE AND CRACK USERS
S. C. Pillon¹, N. P. Jora¹, J. B. C. Domingos¹
¹. Nursing School of Ribeirão Preto - University of São Paulo, Ribeirão Preto, São Paulo, Brazil

Objective: To evaluate the use of cocaine and crack use and its possible relations with the biopsychosocial aspects.

Methods: This was a cross-sectional study with a quantitative approach. Held at the CAPSad inteiror of São Paulo-Brazil. The sample consisted of 95 users, 44.2 % cocaine users and 55.8 % crack users. Instruments: sociodemographic information, Severity Scale Drug Addiction (SDS), Cocaine Craving Questionnaire-Brief (CCQ- B), Severity Alcohol Dependence Data (SADD), Inventory of Consequences of Drinking (DrInC) and the Addiction Severity Index (ASI6).

Results: The sample consisted predominantly of men, single, white, with low level of education, catholic and informal jobs. There were no differences between cocaine users and crack smokers in relation to levels of severity of alcohol dependence and craving. Crack users had higher levels of severity of drug dependence, evaluated by SDS scale as the ASI6. Drug use and family and social support were the most affected areas. Correlations between scores in the areas of drug use, psychiatric, legal/justice, family/social support of ASI and SDS scores were low and statistically significant. There was a positive correlation between family (ASI6) area and the level of severity of the cleft (CCQ-B). The DrInC scale correlated only with the area of alcohol use (ASI6). Age correlated with the areas of drug use, legal/justice negatively, and positively with the medical field between the ASI6 also with DrInC and SADD scales. The consequences of drinking did not differ between two groups. There was a positive correlation between the total score of the ASI, the SDS and DrInC, but unlike the scores of total CCQ-B.

Conclusion: The relationship between the use of cocaine and crack and biopsychosocial aspects are complex and multidimensional. Thus, to evaluate the peculiarities related to the use helps identify important health and social factors may contribute, more appropriately care planning.
FREQUENCY OF NEUROLOGIC DISEASE AS A RESULT OF ALCOHOL DEPENDENCE SYNDROM WITH SEQUENCES ON MENTAL STATUS

N. Zivlak Radulovic¹, V. Banjac¹,
¹. Clinical Center Banjaluka, Clinic of psychiatry, Bosnia and Herzegovina

Objectives: It is a known fact that alcoholics disability occurs 10-20 years earlier compared to other disabled people, and neurological diseases play a major role in the onset of disability.

Methods: The descriptive epidemiological method is applied in this work.

Results: This retrospective analysis included 200 patients from September 2009 to September 2010 who were hospitalized at the Department of addictions at the Clinic of Psychiatry due to alcoholism. Of the total number of patients, 102 or 51.0% of them were diagnosed with the neurological disease. Polyneuropathies were the most present forms of neurological diseases at alcoholics, 56 respondents or 28.0%. As a frequent form of neurological diseases, epilepsy appeared at 25 patients or 12.5%. Research of connection between the presence of neurological damages, or diseases and occurrence of alcoholic psychosis as the disturbances on the mental status, showed a statistically significant correlation at the level of 0.05.

Conclusions: The presence of neurological damages leads to greater possibility of occurrence of alcoholic psychosis which was shown with this retrospective analysis. An additional factor that increases the degree of disability is occurrence of disturbances on the mental status.

Keywords: alcoholism, neurological diseases, alcoholic psychosis, disability
OBJECTIVE: Increases in alcohol use in young females over recent decades as shown by national survey data but have yet to be replicated using prospective data. We use a birth cohort study to compare alcohol use by young women born in Australia in 1981-83 at the age of 21 with that of their mothers at the same age.

METHODS: Data came from the Mater University Study of Pregnancy (MUSP), a prospective pre-birth cohort study recruiting all pregnant mothers attending a Brisbane hospital 1981-1983. Participants: The analyses were restricted to 1,053 mothers who were aged 18≤ 25 at the baseline measurement and their daughters who were between the same ages when assessed 21 years later. Exposure: Change in alcohol use over a generation of young women. Main outcome measure: Assessing the increase in the same prospective measures of four levels of alcohol use between mothers and daughters.

RESULTS: Using multinomial logistic regression for clustered data daughters were at greater odds of consuming high [OR = 5.68 (4.24, 7.57)] and moderate [OR = 2.81 (2.18, 3.63)] levels of alcohol than their mothers. Not having a dependent child roughly doubled the odds of all levels of drinking in both cohorts. Undertaking or completing tertiary education had no effect on consumption. There was an interaction between mother’s or daughter’s drinking and partner status: having a partner doubled the daughters’ odds of consuming high levels of alcohol while among mothers being single increased the odds of drinking at the highest level more than five times.

CONCLUSIONS AND RELEVANCE: Female alcohol use has dramatically increased over a generation, especially at higher levels of drinking.
Physician substance abuse is a significant societal problem that affects all aspects of medical care. Similar to general population, there is a 10-15% prevalence of physicians with substance abuse. Physicians today have strived hard to achieve excellence in training yet, surrounded by the pressures of higher standards of clinical competence. Factors in their personal lives may place them at risk to drug abuse and mental disorders. Even residents in training were reported to have a history of using substances. Physicians who abuse alcohol and drugs will do whatever they can to avoid detection. Denial on part of the abuser and hiding at great lengths is indicated to be the hallmark of substance abuse. It is said that peer monitoring and reporting is an ethical responsibility. However, many physicians do not report their colleagues. In addition to stigma, physician leaders and administrators are reported to have little training on handling situations in dealing with an impaired colleague. The Missouri State Medical Association, recognizing the need for assisting the impaired physicians, established the Missouri Physicians Health Program (MPHP) in 1985. The study was conducted from 1995-2002 at MPHP to help impaired physicians. The recovery rate of this study of 197 participants was 90%. The average number of referrals was 24 per year from 1995-2002. Physician impairment is a real and significant public health concern. It is clear that there are defined risk factors, including psychosocial history, family history and certain medical specialties are more likely to have substance use issues than others. As physicians, it is imperative for us to have a moral and professional obligation to preserve society’s trust by monitoring self and helping impaired colleagues. Society expects and deserves competent and safe health care providers. Competent care is expected from everyone as well as protection of patients.
GRAPHOMOTOR AND PSYCHOMOTOR SKILLS IN OPIOID-DEPENDED PATIENTS

Edward J. Gorzelańczyk1,2,3, Wojciech Lasoń4, Julia Feit1,2, Piotr Walecki4, Marek Kunc5, Marcin Ziółkowski1
1 Nicolaus Copernicus University, Medical College, Bydgoszcz, Poland
2 Non-Public Health Care Center Sue Ryder Home, Bydgoszcz, Poland
3 Institute of Philosophy, Kazimierz Wielki University, Bydgoszcz, Poland
4 Faculty of Medicine, Jagiellonian University Medical College, Krakow, Poland
5 University of Leeds, Leeds, West Yorkshire, England, UK

Objectives
The aim of the study is to assess graphomotor and psychomotor skills and eye-hand coordination in patients treated with substitution therapy in opiate addiction, both HIV(+) and HIV(-). The study compared the characteristics of the dominant limb tremor signal for two different types of tasks: drawing geometric figures and the own signature.

Methods
Participants
70 opioid-adicted patients were examined twice, immediately before and about 1.5h after oral administration of therapeutic dose of methadone. Among them 38 are HIV(+) and 32 are HIV(-).

Assessment
The original test implemented on tablet was used. Designed software allowed an analysis of the motion's parameters: force levels, the time of the task, speed and acceleration of the plot, the amplitude and frequency of hand tremors.

Results
The analysis of opioid-dependent patients shows reduction of the amplitude of tremors in the spectrum of variations in 13 of the 16 components after administration of single dose of methadone in the drawing task. In the signature task a significant reduction in the average amplitude of tremors for medium and higher spectral components (from the 4th up) and a reduction in the amplitude of tremors in the spectrum of instantaneous velocity for most precisely analyzed components were observed. Analysis of the spectra of tremors in the task of drawing figures indicate a slight deterioration in the stability of the execute motion (increase in amplitude for the lower component in the spectrum of tremors) in patients with HIV (-) and statistically significant improvement in the stability of motion in patients with HIV (+) (reduction of amplitude variations for all components, p <0.05).

Conclusion
A single dose of methadone in opioid-addicted individuals reduces dominant hand tremors and indicates improvement in graphomotor and psychomotor function.
PHARMACOLOGICAL MANAGEMENT OF ALCOHOL INPATIENT DETOXIFICATION

J. Teixeira¹, M. Duarte², R. Alves¹, T. Mota¹, J. Cabral Fernandes¹
¹ Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal
² Hospital de Leiria, Leiria, Portugal

Objectives: to present and discuss current evidence on the pharmacological management of alcohol inpatient detoxification.

Methods: review of major Psychiatric guidelines (NICE, APA, WFSBP) on the pharmacological management of inpatient detoxification for alcohol dependence.

Results: pharmacological treatments used for inpatient detoxification include mainly therapies for acute withdrawal symptoms (AWS) and those to prevent the development of Wernicke-Korsakoff syndrome. Benzodiazepines are the most commonly used drugs for AWS, and anticonvulsivants are also needed in patients with history of seizures unrelated to alcohol withdrawal. There is no strong evidence to support the use of antipsychotics in reducing AWS although they are sometimes used to reduce agitation. Repletion of fluids and vitamins, especially of B vitamins, is also recommended to prevent the development of Wernicke-Korsakoff syndrome.

Conclusions: Most major Psychiatric guidelines are consensual about the pharmacological management of alcohol inpatient detoxification: recommendation for repletion of fluids and vitamins, especially of B vitamins, and use of benzodiazepines. Sometimes other medications such as anticonvulsivants and antipsychotic agents are needed.

References:
VIOLENCE AND SUBSTANCE ABUSE AMONG WOMEN
K.Vaiphei 1, PS Chandra 2, D.Muralidhar 2
1. St.Johns Medical College & Hospital, Bengaluru, India
2. National Institute of Mental Health and Neuro Sciences, Bengaluru, India

Women are susceptible to violence in general. Research shows the occurrence of violence among substance users. This is an attempt to understand the occurrence and the link between violence and substance use. The sample consisted of 89 Women Injecting drug users, survey method was used. Both qualitative and quantitative methods were used in the study. Women IDU have reported significant violence- physically and sexually by the partners, Customers, Police personnel and the community. About 49% separated with their substance abusing spouse due to physical abuse. Half of them reported physical violence from colleagues/customers or Managers in their workplace and violence was seen to be the predictor of Suicidal behavior. Violence plays a significant role in the well being of Women IDUs in particular. The study highlighted the need for intervention among these vulnerable women.
Injecting drug use drives HIV epidemics in several regions of the world. The severity of HIV/AIDS pandemic linked to injecting drug use is one of the most worrying medical and social problems throughout the world. Manipur has one of the highest prevalence rates of HIV among the IDUs in the country (Sentinel Surveillance 2006). The geographical proximity of Manipur to Burma (Myanmar) and consequently the Golden Triangle drug trail has made it a major transit route for drug smuggling, with drugs easily available. The study aimed to understand the predictors for risky behavior. The sample consisted of 89 Women Injecting Drug users. HIV Risk Taking Behavior Scale –HRBS, (Darke et.al 1991), was used to assess the risk behavior—drugs and sexual risk behavior. Harassment and stigma in society and workplace is the predictor of High Risk Drugs Behavior. The predictors seen in the study for High risk sexual behavior were engaging in commercial sex work, those who find difficulty procuring daily dose of drugs, low support system, those who experienced stigma and discrimination, those who are living alone or in a rented house(away from family), accounts for about 54%, (R square value 0.534). The study highlights the risk factors and also highlighted the need to intervene (gender specific intervention).
WPA-0064  RESPONSE INHIBITION AND SUSTAIN ATTENTION IN HEAVY SMOKERS VERSUS NON-SMOKERS: A CROSS-SECTIONAL STUDY

P. Dannon¹, L. Dinur Klein¹, M. Kotler¹
¹Psychiatry, Tel-Aviv university, Tel-Aviv, Israel

Background: Repeated nicotine administration induces neuroadaptations associated with abnormal dopaminergic activity. These neuronal changes may contribute to impaired inhibitory control and attention deficit. Long term use of nicotine has been associated with poorer performance on a variety of neurocognitive tests. However, it remains unclear whether smokers perform worse than non-smokers on tests that involve attention and control of impulsivity. The present study examined response inhibition and sustained attention capacities in a large sample of smokers (N=114) and non-smokers (N=68).

Methods: Continuous Performance Test (CPT) and go/no-go computerized tasks were used as a measure of response-inhibition ability and sustain attention. Three-way repeated measures analysis of covariance was used with response time, variability of response time, number of commission errors (inappropriate responses to no-go stimuli) and number of omission errors (missed go stimuli) as dependent measures; Main effects were: group (smokers and controls), condition (CPT and go/no-go), and block (in each condition); Gender, education, and age were used as covariates.

Results and Conclusions: Smokers, as compared to the control group, made more errors of commission in the go/no-go task, reflecting impaired inhibition ability. However, we found no significant differences between the groups in our measure of sustained attention. Impaired response inhibition was found to co-occur with heavy smoking and therefore may be a potential target for the development of more effective cessation programs.
ADDICTIVE PERSONALITY

C. De Juan Diaz

management, de juan Psicoterapeutas, Guadalajara, Mexico

I have been successfully dealing with addictions for 28 years. When I heard about ÔAddictive PersonalityÔ as an approach that focuses on the illness’s origin as well as the symptom I realized the importance of considering both aspects.

Objectives:
· To describe the origin of the illness and the addictive cycle.
· To provide experience and practical tools to other mental health field professionals.

Methodology:
Our program is based on Nakken’s ÔAddictive PersonalityÔ theory where he discusses his successful approach and treatment techniques for addicts.

Since the addict lives in fluctuating emotional cycles he tries to control reality; by seeking support in a situation or in behavior he selects, And not through an adapting process or understanding of how to enable himself to search for support in sources of trust.

The potentially addictive behaviors are those that unite the perceptual alteration characteristics; intensity, rapidness and consistency are the answer.

Once the addictive understanding is concrete, and having gone through a personality restructuring, it is not unusual to find coexistence between addiction processes or substitution of these.

The addictive process is characterized by its capacity to separate the addict from others as he isolates. He’ll find an intimate-affective satisfaction in relation to his addiction, He isolates emotionally and psychologically from the world.

I’ve handled the addictive personality theory for many years with excellent results; the technique provides the needed structure and teaches addicts to understand their illness as they acquire practical behavioral control tools.

Key words: addictive personality, addiction, origin of illness, symptoms, treatment.
Background: Pathological gamblers (PG) and polysubstance users (PSU) perform differently on neurocognitive tests than healthy controls (HC). Both disorders are thought to be inhibitory disorders, and PGs share several clinic features with PSUs, particularly impulsivity. But the question remains of how specific the inhibitory deficit is in PGs and whether it distinguishes PGs from PSUs.

Methodology/Principal Findings: The aim of this study was to assess “waiting” and “stopping” efficiency – a major components of impulse control – using a modified Stop Signal Task in a population of male PGs (N=56), PSUs (N=58), and HCs (N=43). PSUs use a significantly less effective “wait-and-see” strategy compared to healthy controls and PGs. PSUs had a significantly higher number of false alarms and shorter waiting time than PGs in the Stop Signal Task.

Conclusions/Significance: Our study provides evidence for the role of a waiting strategy as a moderator that increases cognitive control. PSUs, cannot adapt their responses using compensatory “waiting” mechanism, while PGs can. The dynamic interaction between compensation strategies and inhibition deficits may be different the PG and PSU groups due to the consequences of taking chemical agents, which can promote the development of structural and chemical brain abnormalities. However, much more empirical and theoretical work needs to be carried out in order to understand the key neural basis of impulsivity among PGs and PSUs.
WPA-0067 HARMFUL EFFECTS OF SELLING OF SUBSTANCE ABUSE
Z. Hajiani
Private Wing 3, Aga Khan University Hospital, Karachi, Pakistan

Background and aim:
Since decades, societies all over the world have intentionally consumed substances, for relieving stress, as part of cultural and ceremonial practices, as fashion trends and at times for treating illnesses, which alter the mental capabilities of consumers. Such substances are known as psychoactive drugs. In most cases, the consequence is that people eventually become addicted to these substances. These psychoactive drugs create harmful effects on human life and their surroundings. However, not many researches have been conducted to identify the effects of selling substance abuse.

Method:
Therefore, systematic literature review during the period of 2008-2013 was conducted through CINAHL, Pub med health and Google search engines to identify the effects of selling psychoactive substances on people and nations.

Results:
The findings show that it harms the physical and psychological health of people and increases mortality rate. Due to the consumption of money and other savings in buying illicit drugs and a simultaneous decreased productivity at work tends to increase the financial crisis for families. Substance abuse proliferates the level of crime in the country and curse such as theft, robbery, accidents and murders become common.

Conclusion:
Therefore, strict laws should be introduced in the country to monitor the production and selling of cocoa and opium leaves that are used in preparation of psychoactive agents.
WPA-0103 THE CLASSIFICATIONS AND RECENT STUDIES ABOUT DRUGADICITION: ARREST THE NATURAL?
D. Mazzei Nogueira
Psychiatry, IAMSPE-HSPE, Sao Paulo, Brazil

Background and aims: based on epistemological proposition, the author asks if definition on current classification arrest the natural occurrence phenomena on substance abuse.

Methods: research on philosophical texts and results from recent research on substance abuse.

Results: we find on empirical research about this issue a lot of data and, in spite of the quality of researches, no one clear finding permits a single conclusion close to the definition of a biological marker of the substance abuse question.

Conclusions: this finding argues for more research on features among taxonomical definition and the clinical and natural expression of substance abuse as well as this realm is open to contribution of all fields present on psychiatric orientation.
WPA-0121 MULTIMORBIDITY IS THE MAJOR REASON FOR GENERAL HOSPITAL BASED MORTALITY IN ALCOHOLISM IN THE UNITED KINGDOM

D. Schoepf¹, H. Uppal², R. Potluri³, S. Chandran⁴, R. Heun⁵
¹Psychiatry, University Hospital of Bonn, Bonn, Germany
²Psychiatry of Learning Disabilities, Brooklands Hospital, Birmingham, United Kingdom
³University Aston, School of Medical Sciences, Aston, United Kingdom
⁴North Western Deanery, Acute Medicine, Deanery, United Kingdom
⁵Radbourne Unit Derby Hospital, Psychiatry, Derby, United Kingdom

OBJECTIVE Identifying the burden of physical comorbidity in patients with alcohol dependence (AD) and its relevance on general hospital based mortality in a 12-year follow-up in general hospital admissions.

METHODS Case-control record linkage study of 929,465 adults, including all 23,371 AD patients admitted for general hospital treatment during 1 January 2000 and 30 June 2012 in seven General Manchester Hospitals and in-hospital death registration data. In AD patients, all comorbidities with a prevalence ≥ 1% were compared with those of 233,710 age- and gender matched hospital controls. Risk factors of in-hospital death were identified using multivariate logistic regression analyses.

RESULTS Compared with controls, AD patients under age 60 had an excess multimorbidity, had a 2.5 higher mortality rate, and died 7.6 years prematurely in the hospitals. The highest comorbidities in AD patients included major depressive disorder, nicotine dependence, and alcoholic liver disease (ALD). Subsequently, thirty-one diseases were disproportionally increased. In contrast, cardiovascular diseases (CVDs) and risk factors of CVD were less prevalent in AD patients. In deceased AD patients ALD, chronic obstructive pulmonary disease, pneumonia, ischemic heart disease, epilepsy, atrial fibrillation, and heart failure were the most frequently recorded comorbidities, contributing in 33.7%, 14.1%, 13.3%, 9.8%, 9.2%, 7.3%, and 6.7% to mortality. Additional mortality risk factors included sixteen diseases. However, the impact of 12/23 comorbidities on mortality was higher in the comparator- than in the AD population.

CONCLUSIONS In one of the largest samples of AD patients in general hospitals, physical multimorbidity is associated with a worse outcome in AD patients compared to controls. The results suggest physical multimorbidity to be the major reason for general hospital based mortality in AD.
WPA-0125 RISK FACTORS FOR SUICIDAL BEHAVIOUR IN SUBSTANCE ABUSERS
A. Roy
Psychiatry, New Jersey VA Hospital, East Orange, USA

Background and Aims: To review risk factors for suicidal behaviour in substance abusers.

Methods: Suicidal behaviour is a multi-determined act. Risk factors for suicidal behaviour may be distal or proximal. The results of clinical studies examining both distal and proximal risk factors for suicidal behaviour in substance abusers will be reviewed. As genetic factors may account for up to 40% of the variance for suicidal behaviour recent studies examining genetic variants in relation to suicidal behaviour in substance abusers will also be reviewed.

Results: The clinical studies will show that there are both distal and proximal risk factors for suicidal behaviour in substance abusers. The genetic studies will show that gene-environment interaction between childhood trauma and variants of both the serotonin transporter gene and genes involved in hypothalamic-pituitary-adrenal (HPA) axis stress responses may also play a role in suicidal behaviour in substance abusers.

Conclusions: Suicidal behaviour in substance abusers is multi-determined involving both distal and proximal risk factors and their interaction with genetic factors.
WPA-0189 SEX DIFFERENCES IN METHAMPHETAMINE USE AND DEPENDENCE IN A THAI TREATMENT COHORT
T. Rungnirundorn1, R. Kalayasiri2
1Department of psychiatry, King Chulalongkorn Memorial Hospital, Bangkok, Thailand
2Department of psychiatry, Chulalongkorn University, Bangkok, Thailand

Background and Objectives: Males and females differ with respect to methamphetamine (MA) use, socio-demographics, co-morbidities (Zhang et al., 2013) and brain activity (Dluzen et al., 2008). The objective of this study was to investigate sex differences in the characteristics of methamphetamine use and dependence at a Thai substance treatment center.

Methods: Demographic, MA use, and diagnostic data of 782 MA users were obtained by using the Semi-Structured Assessment for Drug Dependence and Alcoholism. Male(n=413, 53%) and female(n=369, 47%) were compared by using chi-square test. Influencing factors on MA dependence and severity of MA dependence in female and male groups were analyzed by using logistic regression analysis.

Results: Females were more likely than males to become MA dependence (79% vs 60%, X2=33.7, p<0.001). Females used MA heavier (e.g., larger daily amount(X2=12.4, p<0.001), more frequent(X2=5.1, p=0.02)) and had higher number of MA use in lifetime(X2=24.1, p<0.001) than males while males had earlier onset of MA use(X2=27.8, p<0.001) and dependence(X2=11.6, p=0.001). With respect to logistic regression analysis, being female still influenced MA dependence and severity of MA dependence when other variables were controlled (OR=2.7, p<0.001 and OR=1.7, p=0.01, respectively). Risk factors for MA dependence and severity of MA dependence in both sexes were nicotine dependence and severity of MA use. Antisocial personality disorder predicted MA dependence (OR=3.7, p=0.002) and severity of MA dependence (OR=2.3, p=0.02) in male, while alcohol dependence predicted severity of MA dependence in female(OR=2.1, p=0.04).

Conclusions: Male and female were different in MA use and dependence, severity of MA dependence and factors influencing the traits.
WPA-0312 “HEROIN AS TREATMENT. SCIENCE, POWER AND META-DISCURSIVITY”
P. Massó
Antropología Filosofía y Trabajo Social, Universitat Rovira i Virgili, Tarragona, Spain

Background and aims: Since the 90s, the Evidence-Based Medicine (EBM) has played a dominant role in the production of medical knowledge about Heroin Maintenance Programs (HMP) targeted to methadone resistant drug users, as well as in the process of legitimation of this technology in a growing number of Western countries. I will present some of the results of my PhD, with the aim to propose a critique of the epistemology of drug biopolitics, discussing the production of scientific truth as a strategy of governmentality.

Methods: After an exhaustive bibliographic review, a discourse analysis of scientific publications on heroin prescription, from editorials to randomized clinical trials and Cochrane reviews, has carried out, focusing on the rationalities and ethics of the arguments addressed to problematizing a complex phenomenon as a public health issue in order to implement HMP.

Results: The analysis will reveal some of the aporias of the positivist paradigm, like the representations of drug users, the search for universality versus particularity, the reductionism and pharmacentrism of epidemiological research, and the liberalism underlying the New Public Health. Thus, cultural and social dimensions that shape the context of target population, as well as phenomenological and symbolic processes experienced by drug users in such interventions, remain beyond the framework of the EBM, despite all these aspects are key to understand the real “effectiveness” of HMP.

Conclusions: A research model from Anthropology is proposed to analyse the processes of performativity that arise from the encounters between patient's and expert's logics in these clinical settings.
WPA-0239 A LITERATURE REVIEW OF THE IMPACT OF MENTOR/MENTORING PROGRAM ON SUBSTANCE USE IN HIGH RISK YOUTH

N. Aliji¹, K. Alao¹
¹Psychiatry, SUNY upstate medical university, Syracuse, USA

Objectives: This study reviews the effects of mentoring on substance use in youth who come from disadvantaged backgrounds.

Methods: A literature search was performed using PubMed, PsychInfo and a google using key words that identified studies about the effects of mentoring on substance use in high risk youth. As a result, only four studies met the inclusion criteria. All substance use outcomes were measured by questionnaires.

Results: Three out of four studies indicated mentors had positively influenced high risk youth against substance use.

Conclusions: Overall, role models/mentoring program can increase attitudes against substance use in high risk youth.
Background and aims: Cannabis is a widely used drug, which effects on human health remain controversial. Recent studies have found correlations between cannabis use and brain structural changes that may be related to ageing processes. Eotaxin-1 is a chemokine described as a marker of ageing, which also appear to increase with cognitive deficits and neurogenesis. Here, we aimed at characterising the effect of cannabis in accelerating normal ageing processes, by studying eotaxin-1 plasma levels in people who currently use cannabis, have used cannabis in the past, or have never used cannabis.

Methods: A total of 87 healthy volunteers participated in the study. Participants completed the Cannabis Experience Questionnaire, the General Practice Physical Activity Questionnaire, the Sociodemographic, Morphometric, Alcohol and Tobacco Questionnaire, and provided a blood sample. Eotaxin-1 was assessed by ELISA. The three groups were compared using one-way ANOVA to assess levels of eotaxin-1, and non-paired Student t-tests to assess other factors effects.

Results: Current users of cannabis (n=18) had significantly higher eotaxin-1 plasma levels compared to past users of cannabis (n=33) and individuals who never used cannabis (n=36). The latter two groups had similar eotaxin-1 levels. Higher eotaxin-1 plasma levels were not attributed to gender, age, body mass index, physical activity or use of other legal/illegal drugs.

Conclusion: These results suggest that cannabis use increases eotaxin-1 plasma levels and could result in accelerated brain ageing. However, the effects appear to be reversible when cannabis use ceases. These findings have important implications for treatment and care of mental health disorders, such as schizophrenia.
WPA-0394 EFFECTIVENESS OF AN EMOTIONAL-INTERPERSONAL PSYCHOSOCIAL REHABILITATION GROUP IN ALCOHOLISM: A CONTROLLED TRIAL

R. De Filippis\(^1\), G. Martinotti\(^2\), G. Pozzi\(^3\), R. Guglielmo\(^3\), S. Zicari\(^4\), M. Vasale\(^3\), R. Franza\(^3\), L. Janiri\(^3\)

\(^1\)Geriatrics Neuroscience Orthopedic, Institute of Psychiatry - UCSC, Roma, Italy
\(^2\)Neuroscience and Imaging, University “G. D’Annunzio”, Chieti, Italy
\(^3\)Geriatrics Neuroscience Orthopedic, Institute of Psychiatry - UCSC, Rome, Italy
\(^4\)Economics and Social Analysis, University of Rome "Sapienza", Rome, Italy

Objective: this study verified the effectiveness of a structured emotional-interpersonal psychosocial rehabilitation group in maintaining abstinence and reducing craving and psychopathology compared to a standard individual management on alcoholics subjects remitted for ≥ 6 months (DSM-IV-TR)\(^1\).

Methods: we performed a 12 weeks controlled trial. Twenty-one subjects attended a 12 weeks emotional-interpersonal psychosocial treatment (active treatment), whereas 24 control subjects underwent a standard management. The psychosocial intervention involved the participation in 2 modules: emotional regulation and interpersonal effectiveness. Each of these modules consisted of 20 sessions lasting two hours, twice a week. The subjects attended this intervention were drug-free. Standard management provided clinical assessment and pharmacotherapy.

Results: at the end of the 12 weeks treatment the rate of subjects that maintained abstinence in active treatment group was significantly higher compared to control group (81% vs. 38%; \(p= 0.001\)). Reduction in OCDS\(^2\) scale of craving means in active treatment group was significantly higher (-3.4 vs -1.7; \(p=0.001\)). Active treated patients also reported a significantly reduction of general psychopathology as assessed by the global index of SCL-90-R (-0.18; \(p=0.023\)). In particular improvements were reported for somatization and hostility subscales of SCL-90-R\(^2\). Finally, the subjects in the active treatment group showed a significantly reduction of impulsivity (-6.6; \(p=0.001\)), and alexithymia (-2.2; \(p=0.001\)) as well as improvement of the coping skills (-0.7; \(p=0.044\)).

Conclusions: this preliminary study showed a general significant greater effectiveness, in prevention of relapse in alcohol consumption, reduction of craving and psychopathology, and improving coping skills for the structured emotional-interpersonal psychosocial group compared to medical management as usual.

References:
WPA-0444 TYPES OF SEVERE ALCOHOLISM IN MEN

L. Veretilo¹, A. Egorov², E. Krupitsky¹

¹Addictive disorders, V.M. Bekhterev Psychoneurological Research Institute, St-Petersburg, Russia
²Laboratory of Behavior Neurophysiology and Pathology, I.M. Sechenov Institute of Evolutionary Physiology and Biochemistry, St-Petersburg, Russia

Formation of alcohol dependence before the age of 30 years ('early-onset' up to C.R. Cloninger) is characterized by the rapid formation of the main clinical symptoms of alcoholism, as well as the early appearance and increase of cognitive decline, personality characteristic changes and social maladjustment. The goal of the study was the investigation of clinical and psychological aspects of severe alcoholism (SA).

88 male patients with a diagnosis aged 20-50 with alcohol dependence (F1.0 up to ICD-10) were divided into two groups: 48 patients (mean age 30.21±6.7) with SA and 40 patients (mean age 44.15±6.8) with moderately progressive alcohol dependence. Division criterion was 2 or less year period of dependence forming. Clinical analysis, which included a differentiated assessment of the alcoholism course and exogenous factors of brain lesions, EEG analysis and Cattell personality test were conducted.

Comparative analysis of patient characteristics has shown statistically significant differences in SA clinical phenomena and highlighted two different SA clinical types - explosive (ET) and asthenic (AT) types. Patients with ET were characterized by Cattell indicators E+, G-, H+, L+, Q3-, higher rates of mental disorders family history, alcohol consumption, traumatic brain leisure together with less fetal complications and better treatment outcomes compared to patients with AT, which characterized by Cattell indicators C-, E-, H-, L-, O+, Q2-.

Evaluation of explosive and asthenic types of SA can help to find different therapeutic approaches. Future researches are needed.
I will refer to dual patologies that indicate comorbility between a mental disorder and drug use.
I will focus in personality disorders as psychiatrics pathologies of a dual patient.
i will refer to self injurious and suicidal behaviors.
Why do adolescents commit suicide?
To what extents are drugs a significant factor in suicide?
I will exemplify with a clinical case.
WPA-0389 THE COURSE AND OUTCOME OF ALCOHOL USE DISORDERS (AUD)-A POPULATION BASED COHORT STUDY IN GOA, INDIA

A. Nadkarni1, A. Naik2, B. Bhat3, V. Patel4

1Department of Population Health, London School of Hygiene & Tropical Medicine, London, United Kingdom
2Sangath, Sangath, Goa, India
3Sangath, Sangath, Porvorim, India

Background & Aims

Longitudinal studies of Alcohol Use Disorders (AUD) in developed countries report high rates of persistence AUD and adverse outcomes. The objectives of this study were to describe the longitudinal evolution of drinking patterns and impact in men with AUD in India.

Methods

Historical cohort study. Bio-psycho-social outcomes were measured at six years follow up. Prevalence of persisting AUD and incidence of AUD was estimated. Odds ratios of various bio-psycho-social outcomes were compared between the exposure groups.

Results

7% of participants without AUD went on to develop AUD at follow up (FU). 51% of participants with AUD continued to have AUD at FU. 4% of abstainers and 16% of casual drinkers went on to develop AUD at FU. 18% of hazardous drinkers went on to harmful/dependent drinking at FU. 15% of harmful drinkers became dependent drinkers at FU. 31% of dependent drinkers continued to drink in a dependent manner at FU. The significant OR for various outcomes in those with AUD at baseline are as follows: Hypertension (2.05), serious head injury (2.18), diabetes (2.32), hospital admission in past 2 months (2.41), current tobacco use (2.5), common mental disorders (2.71), perpetration of physical abuse (3.63), and perpetration of sexual abuse (3.2). The mean MCV (98.43 vs 89.31) and GGT (73 vs 35.46) too were significantly higher in those with baseline AUD.

Conclusions

A large proportion of men with AUD continue to have persistent AUD over a long period of time and AUD leads to negative long term bio-psycho-social outcomes.
WPA-0401 WHAT IS POSITIVE WHEN URINE TOXICOLOGIES ARE NEGATIVE FOR SYNTHETIC CANNABINOIDS?
A. Bulbena-Cabre, N. Ramos Dunn, R. Gorman Swift
Psychiatry, Metropolitan Hospital Center, New York, USA

Background:
Synthetic Cannabinoids (SC) have gained popularity particularly among young substance abusers for their easy availability, low cost and non detection by routine drug screening. Literature review linked the used of SC to neuropsychiatric effects even with negative urine toxicologies or positive only for natural THC. Evidence suggests that activation of the CB1 receptor by SC may activate the Mesolimbic Reward System provoking the patient to relapse to cocaine and other substances. The aim of this report is to examine concomitant drug use and to describe the clinical features in SC intoxication.

Methods:
During the last year 75 patients who self reported using SC were evaluated in our Psychiatric Emergency room. Routine urine toxicologies were used to detect Barbiturates, Benzodiazepines, Cocaine, Opioids, Methadone, THC and PCP.

Results:
Overall, 15% of the 75 patients had negative urine toxicologies. 65% of the patients who self reported SC use had positive toxicologies for THC, and 72% for cocaine. Nearly all of the patients presented with severe agitation, disorganized thoughts, paranoid delusions, and assultive behavior.

Conclusions:
Patients presenting with the characteristic clinical features and positive toxicologies for cocaine and THC should be routinely asked about SC use. Since SC have full binding capacity to the CB1 receptor, they have higher and greater likelihood than natural marijuana to provoke relapse in cocaine seeking behavior. It is interesting to note that research studies have suggested CB1 receptors may be a useful target in the future development of medication to prevent relapse to substance abuse.
FREQUENCY AND FACTORS ASSOCIATED WITH OCCURRENCE OF SEIZURES IN PATIENTS WITH TRAMADOL ABUSE: AN UPPER EGYPTIAN EXPERIENCE

M.M. Michael\textsuperscript{1}, M. Abdelhameed Bakheet\textsuperscript{2}, A.M. Kamal\textsuperscript{1}, A.T. Khafagy\textsuperscript{1}
University of Minia, Minia City, Egypt

Objectives:
Tramadol is progressively becoming popular as a substance of abuse in Egypt and around the world, with a frequent clinical observation of occurrence of seizures in subjects abusing tramadol. This study aimed to investigate the frequency of seizures in tramadol abusers and the factors that might be implicated in their occurrence.

Methods:
A sample of 63 patients with pure tramadol abuse (tramadol was their only substance of abuse) was taken from the Hot Line attendees at Minia Psychiatry Hospital during a 6 months period. They were all screened for substances of abuse in urine and had an EEG after having their written consent. A full psychiatry sheet was taken with special modifications to search for relevant data, with a full mental state as well as neurological examination.

Results:
Mean age of the sample was 29.52 ± 7.79 years, with a mean daily dose of 1282.5 ± 945 mg of tramadol and a mean duration of intake of 39.19 ± 28.23 months. Seizures were reported by 33 patients (52.4 %), 93.9 % of those had generalized tonic-clonic fits & only 6.1 % had myoclonic seizures. Single seizure occurred in 12.1 %. Overdose was the precipitating factor in 78.8 % of the patients. Those with seizures tended to have longer duration of abuse, although the difference was not statistically significant. There were no subjects having past history of epilepsy.

Conclusion:
Seizures are common in patients abusing tramadol, usually recurrent in nature. The daily dose of tramadol is an important factor in their occurrence, while the duration of tramadol abuse is a less important one.
MEDICAL CO-MORBIDITY IN PSYCHIATRIC OUTPATIENTS: AN UPPER EGYPTIAN EXPERIENCE
Ahmed Mohammed Kamal, Mohamed Taha Siddik, Tarek Salem Abd El-Hameed and Abd El-Raouf Omar Abd El-Baky
Neurology and Psychiatry Department, Minia Faculty of Medicine

Background:
High incidence of medical comorbidity and increased rates of mortality among people with psychiatric disabilities can’t be ignored. The impact of medical comorbidity in psychiatric patients is significant because medical comorbidity affects quality of life and delivery of psychiatric and medical services. Medical comorbidity can either cause or exacerbate the psychiatric illness.

Objective:
To identify types of comorbid medical disorders and their prevalence among psychiatric outpatients.

Subjects and methods:
Eighty three patients were recruited from the psychiatric outpatient clinic in El-Minia university hospital during a period of three months. The sample included all outpatients with psychiatric disorders (diagnosed using a structured clinical interview based on ICD-10 diagnostic criteria). Age range was between 18 and 60 years.

Results:
The results of the research revealed that psychiatric outpatients of El-Minia university hospital had high rates of comorbid General Medical Conditions. The most prevalent were abdominal obesity, obesity, anemia, hypertension, hyperlipidemia, diabetes and epilepsy. A significant relationship was found between General Medical Conditions and educational level; 32.5% of patients were illiterate, of them 88.8% had at least one GMC.

Conclusions:
General Medical Conditions are prevalent among patients with psychiatric disorders treated at El-Minia university hospital outpatient psychiatric clinic. Obesity and hypertension are the most common comorbid General Medical Conditions.

Key words: psychiatric patients, comorbid, obesity, general medical condition.
TREATMENT BY METHADONE OF THE ADDICTIONS WITH OPIATES PRESCRIBED FOR NONCANCEROUS CHRONIC PAINS

Jean-Luc Senninger, Adèle Senninger
C.H.S., Sarreguimes, France.

The people become dependant with opiates, following a treatment for noncancerous chronic pains, are more and more frequent, because of better care of these chronic pains, neuropathic or not, specially in centers “antidouleurs” in France. Sometimes it is necessary, after other attempts, to resort to an opiates substitute treatment, pure agonist, namely methadone. The recourse to important dosages is then generally recommended, but other alternatives exist: fractionation of the amounts, combination with other molecules, etc. The authors evoke 24 personal cases and the risks of this kind of care. Paradoxically, in this study, very moderate dosages were sometimes sufficient. In addition, with a passing of several years, the future of these patients, after stop or not of methadone, is analyzed. The legal implications and the legal framework are specified, with the inevitable ambiguities induced at the same time by the observance of the laws and the necessary relief of the suffering of the patients. The authors conclude by recommendations of “common sense”.
Anxiety, Stress and Adjustment Disorders
Objective: Patients with panic disorder (PD) exhibit decreased heart rate variability (HRV), reduced vagal activity, and increased sympathetic tone at resting state. Threatening stimuli is one of the important panic evoking stimuli, but no studies conducted so far have investigated the effect of the threatening stimuli on the autonomic nervous system in patients with PD by using HRV. We aimed to compare autonomic response to threatening stimuli between patients with PD and healthy volunteers by using 5-minute recordings of HRV.

Methods: Twenty-seven patients with PD and twenty healthy controls were recruited. The first 5-minute measurement of HRV was conducted at resting state. HRV measure during threatening stimuli was conducted while participants were viewing 15 threatening pictures. Spectral analyses measures included high frequency (HF; 0.15-0.4 Hz) component, low frequency (LF; 0.04–0.15 Hz) component, and LF/HF ratio. Studies suggest HF, LF, and LF/HF ratio reflect parasympathetic activity, sympathetic activity, and sympathovagal balance toward sympathetic activity respectively.

Results: There was no significant HRV difference between the two groups at the resting state. During threatening stimuli, PD group had significantly higher LF power and LF/HF ratio and significantly lower HF power than healthy controls (for all, p<.01). A two-way ANOVA was employed to determine the effect of group (patient and control) and condition (threatening and resting) on all three HRV measures. The analysis showed a significant main effect of group (F=12.21; p<0.01), condition (F=14.21; p<0.001), and interaction effect between group and condition (F=4.83; p<0.05) on LF/HF ratio.

Conclusions: These findings suggest patients with PD exhibit a sympathetic predominance when faced with threatening stimuli compared with normal control subjects. Our findings could have more clinical implications since threatening stimuli are much more frequently encountered than the experimental panic-related stimuli such as isoproterenol and sodium lactate.
AFFECTATION OF AFFECTIVE DISORDER DUE TO PREGNANCY


1Torrecárdenas H, Almeria, Spain
2Comarcal H, Melilla Spain
3Santa María del Rosell Cartagena Murcia, Spain

Objectives: Increase knowledge about these diseases, improving diagnosis. Reduce the impact of possible psychological disorders in pregnant women with this disorder. Improve monitoring of pregnancy, encourage family involvement.

Methods: Literature review and research articles in the MEDLINE database, Cuiden, PubMed, Cochrane, SciELO, studies in recent years, last five years, data limits: human, women, Spanish and English Core clinical journals, Nursing journals, History of Medicine, Systematic Reviews, MEDLINE, PubMed Central, Adult: 19-44 years.

Results: Women who have a psychiatric diagnosis prior to pregnancy should be aware that medicines that are stable are banned, so they must assess the subject to this condition. There are certain organic illness that we must discard before a patient with psychiatric symptoms. The differential diagnosis is made with urgent blood tests, basic urine, electrocardiogram, electroencephalogram, neuroimaging, chest radiography and abdominal and lumbar puncture if necessary.

Conclusions: Generally, except for the anxiety, all psychiatric disorders are subsidiaries of Psychiatric referral required either urgent or ordinary character. Anxiety disorders, apprehension, muscle tension or symptoms of autonomic hyperarousal. Before establishing a treatment we exclude other causes of anxiety (toxic consumption). You need a mental examination to determine the presence of affective or psychotic symptoms that may suggest other psychiatric diagnosis. Affective disorders: Although pregnancy seems to protect women from mental disorders, depression occurs in the same proportion as among women not pregnant. Schizophrenia and manic-depressive psychosis often improve during pregnancy, reducing the number of outbreaks, although this does not always happen. However postpartum becomes a critical situation.
STIGMA OF INFERTILITY AND MENTAL HEALTH

1Hospital Torrecárdenas, Almería, España
2INGESA, Melilla, España
3Hospital Del Rosell, Cartagena (Murcia), España

Objectives: Evidence the psychological impact of fertility problems in both men and women.

Methods: Review of existing literature databases, Dialnet, Medline, Pubmed, Cochrane studies conducted over the past 10 years. The keywords used were infertility, psychopathology, anxiety, infertility, Psychopathology, Anxiety.

Results: The discovery of infertility is a psychological impact, which can be a major crisis in the lives of people. In recent years there has been increased interest in the study of the psychological impact of infertility diagnosis. When the individual knows the timing of a stressful phenomenon starts experiencing little stress, but subsequently failed attempts with it increase. And is that people who undergo assisted reproduction treatments have levels of stress, anxiety and higher depression, emotional balance is disturbed, and their quality of life decreases. A comparative study between fertile and infertile men saw that infertile men had low self-esteem, increased anxiety and somatic symptoms were more fertile men. Furthermore, because the distress infertility is a significant risk factor for decreasing sperm quality.

Conclusions:
There is substantial evidence on the psychological impact of infertility and treatments associated with it. That is why health professionals must take this into account when dealing with them.

References:
THE ANTIDEPRESSANT EFFECT OF FLUOXITINE AFTER FOOT-SHOCK STRESS IS MEDIATED BY OPIOID AND NMDA RECEPTOR BLOCKAGE IN MICE FORCED SWIMMING TEST

A.R. Dehpour1,2, A. Haj-Mirzaian1,2, S. Ostadhadi1,2, N. Kordjazy1,2, A. Haj-Mirzaian1,2
1Experimental Medicine Research Center, Tehran University of Medical Sciences, Tehran, Iran
2Department of Pharmacology, School of Medicine, Tehran University of Medical Sciences, Tehran, Iran

Fluoxetine, a selective serotonin reuptake inhibitor (SSRI), is the most extensively used antidepressant drug. Opioid and glutamatergic pathways have a key role in mediating fluoxetine effects, but their role in the antidepressant effects of fluoxetine in a model of depression remains unclear.

In this study, we evaluated the involvement of N-methyl D-aspartate receptors (NMDA) and opioid receptors in the antidepressant-like effects of fluoxetine in the mouse Forced Swimming Test (FST) after foot-shock stress.

Stress was induced by intermittent foot shock stimulation during 30 minutes and then the immobility time during the first 4 min was measured using FST. To determine the possible involvement of opioid/glutamatergic systems in mediating the antidepressant effect of fluoxetine after acute physical stress, non-selective agonists and antagonists of each system were used in the experiments.

Acute foot-shock stress significantly increased the immobility times in mice compared to non-stressed control group (P≤0. 01). Administration of naltrexone, a non-selective opioid receptors antagonist (1 and 2mg/kg, i.p.) and the selective non-competitive NMDA receptor antagonist, MK-801 (0.05 mg/kg, i.p.) and fluoxetine (5mg/kg) significantly decreased immobility time in stressed animals (P ≤ 0.01). Combined treatment of sub-effective doses of naltrexone (0.3 mg/kg) and MK-801 (0.01 mg/kg) significantly showed an antidepressant-like effect in stressed animals (P ≤ 0.001). Also, co-administration of naltrexone or MK-801 with the non-effective dose of fluoxetine (1mg/kg) enhanced the antidepressant effect of fluoxetine. Co-administering NMDA or morphine with the effective dose of fluoxetine resulted in a reduction of antidepressant effect of fluoxetine after foot-shock stress.

Taken together, these results reveal the possible involvement of opioid and glutamatergic systems and their interaction in the antidepressant-like effect of fluoxetine in foot-shock stress. Hence the suggestion of concurrent administration of opioid/NMDA receptor blockers and fluoxetine as an appropriate strategy for treatment of depression induced by physical stress.
PROMOTING REFLECTION SPACE TO ENHANCE MENTAL PATIENT’S POSITIVE MINDSET IN E201 CASTLE PEAK HOSPITAL, HONG KONG
Lai Sa Wong, Lilian Suen, Teresa Chung
Hospital Authority/ Castle Peak Hospital/General Adult Psychiatry. Hong Kong. China

Objectives: By applying mindfulness breathing can as a coping mechanism during psychotic feature is elicited. To be settle into the current experience in a relaxed, alert, open-hearted way. And to be present to the experience however distressing or upsetting it may be.

Methodology: We designed a positive mind education program for patient in acute admission ward. The program conducted in weekly sessions last 45 minutes. Patient will encourage identifying their strength through reflection of practicing mindfulness breathing. Patients were invited to join a Mindfulness Breathing session. A peaceful and descent setting was arranged. After the program, survey was given to the patients to gather feedback and evaluation the effectiveness of the program.

Results: Total 434 patients were participated in the program from January 2013 to December 2013. All of the participant satisficed the activity and most of them wanted to re-attend the activity. Up to 90% of participants thought that the exercise was useful. They enjoyed sharing their happiness marks and doing mindfulness breathing exercise. They claimed that the exercise was comfortable and relax. Feedback of patients was positive such as “很舒服，可以再久一點”; “學多一點這樣類似的放鬆,這個靜觀呼吸運動對我有很大的幫助”; “心靜”自然會開朗，心境平靜及舒展身心”。

Conclusion: The program is successfully provided a platform for patients to relax. It can be one's day-to-day life maintaining as much as possible a calm awareness of one's body, feelings and mind
SELF-EFFICACY AND DEPRESSION IN INCIDENT CASES OF RENAL FUNCTION SUBSTITUTIVE TREATMENT

A. Serrano, C. Cobelo, E. Astudillo
Complejo Asistencial Universitario de León

Introduction: The start of dialysis is a stressor that can have a negative impact on the emotional level, besides the inevitable choice between the different techniques may be influenced by the level of patient self-efficacy.

Objectives: Meet the impact, in terms of depression and anxiety, that the start of renal function substitutive treatment (RFST) has and also know the psychological factors that may condition the coping of this stressful situation according to the different type of RFST chose and the different way of starting (acute or chronic patient).

MATERIAL AND METHODS: Descriptive observational study of incident cases of RFST. Data from 43 incident dialysis patients were collected at the Hospital of León from February to November 2013, both acute patients (not followed by Nephrology) and chronic patients (had been seen at least 2 times by a nephrologist) who initiated peritoneal dialysis (PD) or hemodialysis (HD). All of them were requested to answer the HADS Scale for depression and anxiety and the self-efficacy scale EAEAE. The Charlson comorbidity index and sociodemographic data were also collected.

Results: Mean age was 65.5 years (±15.3) being 31 men (72%) and 12 women (28%). Could choose the type RFST 67% (N=29), 11 (25.6%), chronic patients chose peritoneal dialysis (PD), chronic hemodialysis (HD) was chosen by 26 (60%) and acute 6 (14.4%). Were not receiving psychotropic drugs 80% (N=33). Refused or were unable to complete the scales 11.6% (N=5). The mean of the Charlson Comorbidity Index was in chronic HD 6.3 (±1.7), in chronic DP 4.7 (±2.1) and in acute HD 7.3 (± 2.5). The mean HADS Scale was 14.77 ± 6.3 (6.12 ±3.82 depression subscale, anxiety subscale 8.74 ±3.65) and the mean score of EAEAE scale was 25.5 ±4.8 (EE subscale 15 32 ± 2.81, 10.39 ± 3.26 ER subscale). No correlation was observed between the Charlson index score and HADS scale (overall p= 0.103, p= 0.06 depression, anxiety p= 0.393). A significant negative correlation (p = 0.002) between the self-efficacy score and the HADS scale was observed (Pearson -0.557).

Conclusions: Starting RFST is a stressful circumstance presenting high anxiety scores. The anxiety and depression scores correlated inversely with scores of self-efficacy, not correlated with somatic severity.

References:
WHAT IS THE RELATIONSHIP OF PERSONALITY AND ANXIETY DISORDERS?
M. Latas, S. Milovanovic
Belgrade University School of Medicine and Clinic for Psychiatry, Clinical Center of Serbia, Belgrade, Serbia

Objective: To systematically review and present the recent studies and our findings which examined co-occurrence and relationships between anxiety disorders (ADs) and personality disorders (PDs).

Results: The prevalence rates of PDs in patients with ADs are high, with 35% in posttraumatic stress disorder, 47% in generalized anxiety disorder, 48% in social phobia, 52% in obsessive-compulsive disorder and 51% in our study of panic disorder with agoraphobia. There is a high rate (up to 39%) of the DSM cluster C PDs among individuals with various ADs and 36% in our sample of panic disorder with agoraphobia. Moreover, ADs are highly prevalent in samples of people with PDs, especially borderline PD (80%-84.8%). PDs co-occurring with ADs have a number of clinical implications, including an increased risk of suicide, greater severity of ADs and negative impact on treatment outcome of ADs. In our study, the comparisons of scores on scales and subscales of the self-report instruments indicated that patients with PD had more severe symptoms on most measures of psychopathology.

Conclusions: It is important for clinicians to look for possible PDs among patients with ADs, because treatment of ADs patients may become more complicated if they have an associated PD. Further studies need to ascertain how best to treat individuals suffering from both ADs and PDs and focus on the issue of causality when these conditions co-occur.
PSYCHIATRIC EXPERIENCES IN TREATING GENERALIZED ANXIETY DISORDER

M Latas 1, M. Cvjetković Bošnjak M 2, S Milovanovic 1
1. Belgrade University School of Medicine and Clinic for Psychiatry, Clinical Center of Serbia, Belgrade, Serbia
2. University of Novi Sad School of Medicine and Clinic for Psychiatry, Clinical Center of Vojvodina, Novi Sad, Serbia

Objective
The aim of this study and presentation is to investigate the understanding of psychopathology and treatment preferences for patients with generalized anxiety disorder (GAD) of psychiatrists in Serbia.

Methods
The sample consisted of 84 psychiatrists (representing about 10% 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 understanding of psychopathology of GAD and their therapy selection for patients with GAD.

Results
The majority of psychiatrists (62.2%) indicate symptoms of distress/tension and a slightly smaller number (36.6%) indicate symptoms of worry/anxiety as the key symptoms of GAD when diagnose it. The results indicate that almost all patients (96.5%) had been treated with benzodiazepines before coming to psychiatrists. Most psychiatrists preferred the use of SSRI/SNRI antidepressants (76.2%), usually in combination with benzodiazepines (71.4%) as first-line treatment. 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
Treatment practice for patients with GAD is mostly consistent with guidelines for treatment of GAD but there is still much room for improvement.
PREDICTORS OF OBSESSIVE COMPULSIVE SYMPTOMS IN COLLEGE STUDENTS
A.P. Amaral¹,², M. J. Soares², S. C. Bos², A. T. Pereira², M. Marques², J. Valente², N. Madeira²,³, C. Roque²,³, A. Macedo²,³
¹College of Health Technologies, Institute Polytechnic of Coimbra, Coimbra, Portugal
²Faculty of Medicine, University of Coimbra, Coimbra, Portugal
³University Hospital of Coimbra, Coimbra, Portugal

Objectives: To study the relationship between perfectionism, affect, stress vulnerability and obsessive compulsive symptoms, in a sample of college students.

Methods: The sample comprises 217 students (178 females) from two Portuguese universities. Instruments were: Maudsley Obsessional - Compulsive Inventory (MOCI), Composite Frost and Hewitt & Flett - Multidimensional Perfectionism Scale (F-H&F-MPS), Stress Vulnerability Scale (23QVS), Profile of Mood States (POMS). The current life stress was assessed with one item. Lower MOCI scores corresponded to higher levels of obsessive-compulsive symptoms.

Results: Hierarchical regression was performed. Negative Affect and/or current life stress were entered in the step 1 and the remaining predictors in the step 2. The global model explained 27.8% of the total variance of MOCI total; 36.1% of F1-MOCI, 11.4% of F2-MOCI and 10.2% of F3-MOCI. The Evaluative Concerns (perfectionism dimension) (β=-.216, p<.05) and current life stress (β=-.192, p<0.5) were significant predictors of MOCI total score. The predictors of Doubting-Conscientiousness (F1-MOCI) were Negative Affect (β=-.185, p<.05), Total QVS (β=-.194, p<.05) and Evaluative Concerns (β=-.246, p<.05). The predictor of Checking and Slowness (F2-MOCI) was Evaluative Concerns (β=-.248, p<.05). The predictor of Cleaning (F3-MOCI) was Positive Striving (perfectionism dimension) (β=-.229, p<.01).

Conclusions: Stress vulnerability, perfectionism, negative affect and current life stress were important predictors of obsessive compulsive symptoms. These results may have clinical implications and they highlight the importance of emerging health promotion strategies for the development of coping strategies/resilience to stress. Perfectionism should be considering in cognitive interventions of obsessive compulsive symptoms.

Key-words: obsessive-compulsive symptoms, perfectionism, affect, stress vulnerability, college students
Objectives and methods

We are presenting this clinical case with the aim of analysing in greater depth the relationship between benign intra-cerebral tumours and psychiatric pathology, by describing the complications associated with the differential diagnosis given the clinical psychological variation that these types of lesions present, as well as the problems that arise from taking a therapeutical approach.

This case concerns a 62-year old woman, who coincidentally has been discovered to have calcified meningioma in the left temporal lobe, who was being looked after by an anxiety and depression clinic during one month for evaluation purposes. Guidelines provided by psychopharmacological treatment were not effective and a worsening of symptoms was occurring in the patient, resulting in numerous admittances to the hospital's mental health unit for self-destructive and deliriant behaviour.

Results and conclusions.

The patient was progressing torpidly and demonstrating further signs of behavioural disorder that required a differential diagnosis with regards to cognitive deterioration. Given the absent response to psychopharmacological treatment, electroconvulsive therapy was implemented with alterations, which took into account the patient's intra-cerebral tumour. After a total of 9 sessions affective clinical remission occurred as did the emergence of signs of a progressive recuperation of the patient's previous level of functioning.
STRESS AMONGST MEDICAL STUDENTS: A CROSS-SECTIONAL STUDY
K. Garg$^1$, P. K. Dalal$^1$, M. Agarwal$^1$, P. K. Sinha$^1$
1. King George Medical University, Lucknow (U.P.), India

**Objectives**
There has been evidence that among various professionals, doctors are more prone to develop stress related disorders. In the same regard the present study aimed at identifying the relationship of different stressors among medical students to different levels of course and gender.

**Methods**
This was a single point, cross-sectional, non-invasive study on medical students in Lucknow. The students were divided on the basis of the semester of their course and gender. The self assessment tool Higher Education Stress Inventory (HESI) was applied. The HESI identifies 7 stress factors such as Worry about future endurance and capacity, Non-Supportive Climate, Faculty Shortcomings, Workload, Insufficient Feedback, Low Commitment and Financial Concerns.

**Results**
Worry about future endurance and capacity was found to be steadily increasing with year of curricula where it saw a very significant increase ($q=4.650$, $p=0.0008$) in the final year students. The factor of insufficient feedback was high at all stages of the education, being the highest with the 3rd year students ($q=6.645$, $p<0.001$). Faculty shortcomings were found to be very significantly higher in the 2nd year students ($q=5.602$, $p=0.0003$). Non-supportive climate was also rated highest by the 2nd year and lowest by the 3rd year students. However the difference was not found to be statistically significant ($p>0.5$). Workload was rated high among all the groups but significantly higher in the 1st year students. Our findings did not indicate any significant differences among the sexes except that Worry about future endurance and capacity was rated significantly higher in the males.

**Conclusion**
The reasons for stress vary amongst strata of students. Workload being perceived as the one mostly by 1st year students and worry about future increasing with the progression in course. Further work is needed in the direction for generalising to a larger population.
GENDER DIFFERENCES IN THE LONG-TERM ASSOCIATIONS BETWEEN POST-TRAUMATIC STRESS DISORDER AND DEPRESSION: FINDINGS FROM THE DETROIT NEIGHBORHOOD HEALTH STUDY

D. Horesh 1, S. Ryan Lowe 2, S. Galea 2, M. Uddin3, K. koenen2
1. Bar Ilan University, Ramat Gan, Israel
2. Columbia University, New York, United States
3. Wayne State University, Detroit, United States

Objective: Post-traumatic stress disorder (PTSD) and depression are known to be highly co-morbid. However, previous findings regarding the nature of this co-morbidity have been inconclusive. This study prospectively examined whether PTSD and depression are distinct constructs in an epidemiologic sample, as well as assessed the directionality of the PTSD-depression association across time.

Methods: 942 Detroit residents (males: n = 387; females: n = 555) were interviewed by phone at three time points, one year apart. At each time point, they were assessed for PTSD (using the PCL-C), depression (PHQ-9), trauma exposure, and stressful life events.

Results: First, a confirmatory factor analysis showed PTSD and depression to be two distinct factors at all 3 waves of assessments. Second, chi-square analysis detected significant differences between observed and expected rates of comorbidity at each time point, with significantly more no-disorder and comorbid cases, and significantly fewer PTSD only and depression only cases, than would be expected by chance alone. Finally, a cross-lagged analysis revealed a bidirectional association between PTSD and depression symptoms across time for the entire sample, as well as for women separately, wherein PTSD symptoms at an early wave predicted later depression symptoms, and vice versa. For men, however, only the paths from PTSD symptoms to subsequent depression symptoms were significant.

Conclusions: Across time, PTSD and depression are distinct, but correlated, constructs among a highly-exposed epidemiologic sample. Women and men differ in both the risk for these conditions, and the nature of the long-term associations between them.
CATASTROPHIC INTERPRETATION OF WITHDRAWAL SYMPTOMS IN SMOKERS
Aldi GA¹, Ferraro F¹, Giacomelli S¹, Bertoli G¹, Cosci F¹
¹Department of Health Sciences, University of Florence, Florence, Italy.

Objectives: we evaluated the effects of anxiety sensitivity and somatosensory amplification on a panic-like response to a biological challenge in smokers under nicotine abstinence and in smokers under nicotine replacement treatment conditions.

Methods: sixty smokers consuming at least 10 cigarettes per day and having 18-65 years of age were enrolled. A placebo-controlled, double-blind design was used. Smokers were asked to refrain from smoking for 12 hours before the challenge and wear a placebo or a nicotine patch. Thereafter, they underwent the 35% carbon dioxide (CO₂) challenge, that is a biological test inducing a panic-like response under controlled laboratory conditions. Nicotine withdrawal symptoms, anxiety sensitivity, and somatosensory amplification, as well as physiological (i.e., heart rate, blood pressure) and psychological (i.e., subjective and objective anxiety, fear, discomfort) variables were measured at baseline, immediately before and after the challenge.

Results: nicotine withdrawal symptoms (NWS) and anxiety sensitivity (AS) seems to moderate the fear response to the challenge (High NRW and High AS > low NWS and low AS, p= 0.02; High NRW and High AS > low NWS and high AS, p= 0.020; High NRW and High AS > high NWS and low AS, p= 0.014) while a moderation between nicotine withdrawal and somatosensory amplification was not verified.

Conclusions. high levels of anxiety sensitivity, together with intense withdrawal symptoms, can increase the risk of panic in abstinent smokers.
CASE REPORT: ‘MYSTERIOUS FINGER’ - OCD PRESENTING AS DISGUST SENSITIVITY
W.M.M.L. Chandradasa 1, B.J. Mendis1, R.M.L. Champika 1, K.D.K. Gunathilake 1
1. National Institute of Mental Health, Colombo, Sri Lanka

Objectives: Obsessive-Compulsive Disorder (OCD) is characterized by the presence of distressing, time consuming obsessions and compulsions. Disgust Propensity is an individual’s tendency to experience disgust, while Disgust Sensitivity is how negatively the individual appraises their experience. Evidence suggests a relationship between Disgust Sensitivity and Obsessive Compulsive symptoms. To describe a case of OCD presenting as disgust sensitivity

Case History: 52 year right handed male, Complained of fearfulness to open a bandage on his right middle finger for 2 years. Obtained a small abrasion on his finger and bandaged it using a cotton cloth. After few days he was concerned to open the bandage as he feared wound would have worsened and would be unbearable to look upon. He slowly trained himself to use the left hand. He prayed by repeating the same Buddhist stanza 21 times, tried to resist this unpleasurable act. 20 years back suffered from features of Post Traumatic Stress Disorder after he witnessed a bomb blast. Parents were over protective in childhood. He is easily disgusted by unappealing sights such as animal excreta and has fainted. Appeared anxious, distressed, euthymic; Obsessive ruminations and ideas present; No delusional beliefs such as hypochondriasis. Alert and oriented with intact attention, concentration & memory

Management: Differential Diagnosis: OCD/Persistent Delusional Disorder/Specific Injury Phobia/Hypochondriacal disorder/Organic Delusional Disorder. Organic lesion excluded with Neurological, Cognitive assessment and Neuroimaging. Assessed using ‘Disgust Propensity and Sensitivity Scale-Revised (DPSS-R)’, had higher values for disgust sensitivity and propensity. Patient was treated with Clomipramine with gradual dosage titration as for OCD. He showed marked improvement in one month shown by clinician administered Yale Brown Obsessive Compulsive scale.

Conclusions: OCD presents as disgust sensitivity in an atypical, uncommon manner. Shows the significance of being aware and alert of various presentations of this common disorder
ANXIETY AND POSTTRAUMATIC SYMPTOMS IN CHRONIC PTSD – RESEARCH ON STABILITY
K. Rutkowski¹, E. Dembińska¹, M. Mielimąka¹, J. Sobański¹, L. Muldner-Nieckowski¹, K. Cyranka¹, Bogna Smiatek-Mazgaj¹, K. Klasa²
¹ Dpt. of Psychotherapy, Jagiellonian University, Medical College, Kraków, Poland
² Dpt. Of Psychotherapy, University Hospital, Kraków, Poland

Objectives: Assessment of trait and state anxiety and posttraumatic symptoms severity in chronic PTSD and their stability over time

Methods: The study group included 164 people persecuted for political reasons in years 1939-1968 with diagnosis of chronic PTSD. None of the patients had received psychiatric treatment before initial evaluation (time 1). The Spilberger State-Trait Anxiety Inventory (STAI) and the civilian Mississippi PTSD Questionnaire were used to measure the levels of anxiety and posttraumatic symptoms at time 1 and after 2 years.

Results: There was a high level of posttraumatic symptoms and both symptoms of momentary anxiety (State scale) and anxiety as a constant personality characteristic (Trait scale) at time 1. No significant change was observed in the level of posttraumatic symptoms and symptoms of trait and state anxiety at follow-up.

Conclusions: Post-traumatic symptoms and both trait and state anxiety symptoms are stable over time in chronic PTSD, what makes them a challenge to psychotherapeutic interventions.
RANDOMIZED CONTROLLED TRIAL OF BREATHING FOCUSED YOGA FOR SOCIAL ANXIETY DISORDER: PRELIMINARY RESULTS

L. Ravindran1,2, N. Aleem1,2, T. L. da Silva1,2, M. McKay1, A. V. Ravindran1,2
1 University of Toronto, Toronto, Ontario, Canada
2 Centre for Addiction and Mental Health, Toronto, Ontario, Canada

Objectives: Social anxiety disorder (SAD) is a highly prevalent and debilitating psychiatric illness. Due to frequent patient non-compliance with medication, and the expense and inaccessibility of psychotherapy services, there is an urgent need for new and affordable treatment options that are attractive to patients. Yoga is a complementary medicine therapy that has gained in popularity among both healthy subjects and patients with mental illnesses, as a means to improve mental and physical health. Its benefits have been explored to some degree in anxiety disorders, but it has no published data in SAD. This aim of this ongoing pilot study is to evaluate the efficacy of manualized breathing focused yoga in adult outpatients with SAD.

Methods: Adult patients (18-65 years) diagnosed with primary SAD, and either medication-free or stabilized on medication, were randomly assigned to 8 weeks of bi-weekly breathing focused yoga or wait-list. The primary efficacy measure was the Leibowitz Social Anxiety Scale (LSAS). Secondary efficacy measures included the Clinical Global Impression of Severity (CGI-S), Hamilton Depression Rating Scale (HAM-D), Quick Inventory of Depressive Symptomatology (QIDS) and Quality of Life Satisfaction and Enjoyment Questionnaire (QLES-Q).

Results: To date, 38 patients (yoga=20; wait-list=18) have completed the study. Interim results indicate a significant reduction in symptoms in the breathing focused yoga group compared to the wait-list group, as shown by the LSAS (p=0.02), HAM-D (p=0.03), CGI-S (p<0.01), and QIDS (p=<0.01). There were no group difference on the QLESQ (p=0.16). Of note, despite the statistically significant results, the post-yoga LSAS scores still fell within the marked severity range, which affects their clinical relevance.

Conclusions: The preliminary results of this pilot study indicate that breathing focused yoga may be helpful in reducing SAD symptoms. However, this intervention may be best utilized as an add-on treatment.
DOCSAHEXAENOIC ACID FOR SELECTIVE PREVENTION OF POSTtraUMATIC STRESS DISORDER AMONG SEVERELY INJURED PATIENTS: A RANDOMIZED, PLACEBO-CONTROLLED TRIAL

Y. Matsuoka1,2, D. Nishi1,2, K. Hamazaki3, N. Yonemoto1, K. Matsumura4, H. Noguchi1, K. Hashimoto5, T. Hamazaki3
1 National Center of Neurology and Psychiatry, Tokyo, Japan
2 National Disaster Medical Center, Tokyo, Japan
3 University of Toyama, Toyama, Japan
4 Kanazawa University, Kanazawa, Japan
5 Chiba University Center for Forensic Mental Health, Chiba, Japan

Objectives: The aim of this study was to determine the efficacy and safety of docosahexaenoic acid (DHA) for preventing posttraumatic stress disorder (PTSD) after severe accidental injury [Matsuoka Y et al. BMC Psychiatry 2013, 13:8].

Methods: One-hundred ten accident-injured patients consecutively admitted to an intensive care unit received psycho-education and were randomly assigned to receive 1,470 mg/d of DHA plus 147 mg/d of eicosapentaenoic acid [EPA] (n = 53) or placebo (n = 57) for 12 weeks. Treatment started a mean (SD) 3.4 (2.1) days after the accidental injury. Primary outcome measure was total score on the Clinician-Administered PTSD Scale (CAPS) at 3 months follow-up. Secondary outcome measures were diagnosis of PTSD (full blown and partial PTSD) and major depressive disorder (MDD). An adherence of intervention was assessed by the erythrocyte fatty acid composition.

Results: At 3 months, there were no differences in the CAPS total score (p =0.572). We found that 11.1% of DHA group and 5.5% of placebo group developed PTSD, and 4.4% of DHA group and 7.3% of placebo group developed MDD. Erythrocyte level of DHA and EPA in DHA group was significantly elevated compared to placebo group (p < 0.01).

Conclusions: Treatment of patients with DHA did not result in superior PTSD symptom at 3 months after severely accidental injury compared with placebo. Whether a different ratio of DHA and EPA and higher doses of omega-3 fatty acids can work in secondary prevention of PTSD remains to be determined.
ETHNOGENETIC CHARACTERISTIC OF PATIENTS WITH NEUROTIC DISORDERS
N. Maruta, O. Kutikov, O. Semikina, G. Kalenska
“Institute of Neurology, Psychiatry and Narcology of the NAMS of Ukraine” SI, Kharkiv, Ukraine

Objectives: Investigations of the role of ethnogenetic characteristics are an important prerequisite to understand the pathogenesis of neurotic pathology.

Methods: It was performed anthropomorphological and ethnodemographic examination of 130 patients with diagnosis of neurotic disorder (including 65 persons with anxious disorders (F40.8, F41.1, F41.2 according to ICD-10), 31 persons with somatoform disorders (F45 according to ICD-10), and 34 persons with neurasthenia (F48.0 according to ICD-10)) and 130 persons without neurotic pathology as the control group.

Results: Anxious disorders predominated among patients of Dinaric (68.75%) and Paleo-European (64.29%) anthropological phenotypes; along with this fact, the part of these disorders for Alpine (29.36%) and Uralic (16.67%) phenotypic variants was significantly less in comparison with the mean value in the group at whole. Neurasthenia was associated predominantly with Alpine phenotypic variant (40.47%) and was not typical for Dinaric (18.75%) and especially Atlanto-Baltic (11.11%) and Armenoid (9.09%) variants. Somatoform disorders were mostly occurred in patients of Uralic (50.0%) phenotypic variant, were not typical for Dinaric (12.50%) one and were absent, in contrast with all other phenotypes, in Paleo-European phenotypic variant.

Conclusions: Thus it was detected an association of some forms of neurotic disorders with certain anthropological phenotypes.
THE BRIEF OBSESSIVE–COMPULSIVE SCALE (BOCS): A SELF-REPORT SCALE FOR OCD AND OBSESSIVE–COMPULSIVE RELATED DISORDERS IN ADULTS AND ADOLESCENTS

S. Bejerot 1, G. Edman 2, H. Anckarsäter 3, G. Berglund 4, C. Gillberg 3, B. Hofvander 5, M.B. Humble 6, E. Mörtberg 7, M. Råstam 5, O. Ståhlberg 3, L. Frisén 1

1Karolinska Institutet, Stockholm, Sweden
2TioHundra AB, Norrtälje, Sweden
3The Sahlgrenska Academy at the University of Gothenburg, Sweden
4Stockholm University, Stockholm, Sweden
5Lund University, Sweden
6Örebro University, Örebro, Sweden

Objectives The Brief Obsessive Compulsive Scale (BOCS), derived from the Yale–Brown Obsessive–Compulsive Scale (Y-BOCS) and the children's version (CY-BOCS), is a short self-report tool used to aid in the assessment of obsessive–compulsive symptoms and diagnosis of obsessive–compulsive disorder (OCD). It is widely used throughout child, adolescent and adult psychiatry settings in Sweden since more than a decade but has not been validated until now. The aim of the current study was to examine the psychometric properties of the BOCS amongst a psychiatric outpatient population.

Methods The BOCS consists of a 15-item Symptom Checklist including three items (hoarding, dysmorphophobia and self-harm) related to the DSM-5 category “Obsessive–compulsive related disorders”, accompanied by a single six-item Severity Scale for obsessions and compulsions combined. It encompasses the revisions made in the Y-BOCS-II severity scale by including obsessive–compulsive free intervals, extent of avoidance and excluding the resistance item. 402 adult psychiatric outpatients with OCD, attention-deficit/hyperactivity disorder, autism spectrum disorder and other psychiatric disorders completed the BOCS.

Results Principal component factor analysis produced five subscales titled “Symmetry”, “Forbidden thoughts”, “Contamination”, “Magical thoughts” and “Dysmorphic thoughts”. The OCD group scored higher than the other diagnostic groups in all subscales (P < 0.001). Sensitivities, specificities and internal consistency for both the Symptom Checklist and the Severity Scale emerged high (Symptom Checklist: sensitivity = 85%, specificities = 62–70% Cronbach's α = 0.81; Severity Scale: sensitivity = 72%, specificities = 75–84%, Cronbach's α = 0.94).

Conclusions The BOCS has the ability to discriminate OCD from other non-OCD related psychiatric disorders, including autism spectrum disorder. The current study provides strong support for the utility of the BOCS in the assessment of obsessive–compulsive symptoms in clinical psychiatry. BOCS is free to use and available in Swedish and English.
ANXIETY DISORDER COMORBIDITY IN MOOD DISORDER PATIENTS REFERRED TO A TERTIARY CARE PSYCHIATRIC FACILITY.

S. Paterniti1, J.-C. Bisserbe1
1. University of Ottawa, Royal Mental Health Centre, Mood Disorders Program, Ottawa, Ontario, Canada

**Objectives.** Objective of the study was to examine the prevalence of anxiety disorders in a large sample of tertiary care patients with Major Depressive Disorder (MDD) and Bipolar Disorder (BD).

**Methods.** Between December 2006 and December 2012, 426 individuals suffering from MDD and 247 subjects suffering from BD were referred to the ROMHC Mood Disorders Program by physicians in community, general practitioners for the most part. The Structured Clinical Interview for DSM-IV-TR was used to assess diagnosis. During the initial interview, information was gathered on the sociodemographic and clinical characteristics.

**Results.** Among bipolar disorder individuals, 71 were diagnosed with BD type I, 149 with BD type II and 27 with BD NOS. Depressive patients were slightly more aged than bipolar patients (mean age±SD=41.8±12.2 vs. 39.4±12.0, p=0.01); gender was equally distributed, with 67% of females in both groups. Anxiety disorders were more frequent among depressed than bipolar patients (52.1% vs 42.0%, p=0.01). The most frequent anxiety disorders were Generalized Anxiety Disorder (MDD: 19.0%; BD: 14.3%, NS) and Social Phobia (MDD: 19.5%; BD: 13.1%, p=0.03). Relatively high prevalences were found also for PTSD (MDD: 13.6%; BD: 11.0%, NS) and Panic Disorder (PD) (MDD: 14.1%; BD: 9.0%, p=0.05). Obsessive Compulsive Disorder was present in 3.8% of MDD and 4.9% of BD; Agoraphobia without PD was present in 0.9% of MDD and 0.8% of BD. Fewer than 2% of patients had Specific Phobia or Anxiety Disorder NOS.

**Conclusions.** We found slightly higher prevalence of anxiety disorders, particularly social phobia and panic disorder, in major depression, when compared with bipolar disorder. However, anxiety disorder comorbidity was frequent in both mood disorders.
PAROXYSMAL CONDITIONS IN NEUROTIC DISORDERS
N. Maruta, S. Kolyadko, T. Pan’ko, M. Denysenko
“Institute of Neurology, Psychiatry and Narcology of the NAMS of Ukraine” SI, Kharkiv, Ukraine

Objectives: Investigations of paroxysmal conditions (PCs) as a psychopathological phenomenon in the structure of neurotic disorders is actual and important as far as PCs influence on formation of prolonged and treatment-resistant clinical manifestations, worsen the prognosis and a social functioning.

Methods: It was performed a clinical-psychopathological examination of 275 patients with neurotic disorders including neurasthenia (F48.0 according to ICD-10), adjustment disorders (F43.2 according to ICD-10), agoraphobia (F40.8 according to ICD-10). The main group was consisted of 150 patients with PCs, and 125 patients without PCs were as the control group.

Results: The main PCs types and their level of manifestation in the structure of neurotic disorders were revealed. Depressive (48.0 %) and emotional (44.0 %) PCs types prevailed in neurasthenia; depressive (50.0 %) and anxious (33.33 %) PCs types prevailed in adjustment disorders; anxious-phobic (48.07 %) and anxious-senestopathic (32.69 %) PCs types prevailed in agoraphobia. It was shown that PCs had a polymorphic character and involved all the spheres of a person’s mental activity, influenced on adaptive abilities under stress conditions and caused a social dysadaptation.

Conclusions: The revealed clinical variants of paroxysmal conditions determine peculiarities of an individual psychotherapy and pharmacotherapy directed on improvement of patient’s adjustment abilities and on prevention of recurrence of the disease.
CLINICAL-PSYCHOPATHOLOGICAL PECULIARITIES OF DEPRESSIVE DISORDERS OF AN ENDOGENOUS GENESIS WITH SYMPTOMS OF ANXIETY

N. Maruta, T. Pan’ko, G. Kalenska, V. Fedchenko, O. Maruta
“Institute of Neurology, Psychiatry and Narcology of the NAMS of Ukraine” SI, Kharkiv, Ukraine

Objectives: A specific feature of endogenous depressive disorders is their combination with symptoms of anxiety. This resulted in a complication of the course of depressive disorder and its treatment resistance.

Methods: Clinical-psychopathological method with addition of the Symptom Checklist-90-Revised (SCL-90-R) as well as a complex of psychodiagnostic methods: the Integrative Anxiety Test, the Zung Anxiety Self-Rating Scale. The main group was consisted of 44 patients with depressive disorders and symptoms of anxiety (F33 and F32 according to ICD-10). The group of comparison was formed as 30 patients with the same disorders without symptoms of anxiety.

Results: It was found out that in 44 patients with endogenous depressions with anxious symptoms there were a combination of the anxious-depressive complex of symptoms with phobic (40.90%), hypochondriac (31.81%) or somatic-autonomic (27.27%) complexes of symptoms. Such a combination of symptoms resulted in a complex polymorphic clinical picture, a protracted course of the disease, and frequent recurrences. The clinical manifestations were supported by results of SCL-90-R which demonstrated a prevalence of symptoms of anxiety (1.67±0.83) and depressions (1.60±0.81), a high somatization (1.39±0.75), obsessive-compulsive symptoms (1.47±0.79), interpersonal sensitivity (1.38±0.77), and phobic component of anxiety (1.22±0.79).

Conclusions: The results obtained suggest a necessity of taking into account of peculiarities revealed for an early diagnosis and an adequate integrated therapy directed on a ceasing of not only anxious-depressive symptoms but also psychopathological complexes in their structure.
FACTORS AND CIRCUMSTANCES THAT CONTRIBUTE TO ADJUSTMENT DISORDER, REQUIRING ADMISSION TO HOSPITAL DURING 2 YEAR MANDATORY MILITARY SERVICE IN MALES AGED 18-24YRS OF AGE IN SINGAPORE
K.W Lim, Y.M Mok
Mood Disorder Unit, Institute of Mental Health, Singapore

OBJECTIVES
An adjustment disorder occurs when an individual is unable to adjust to or cope with a particular stressor. Unlike major depression, the disorder is caused by an outside stressor and generally resolves once the individual is able to adapt to the situation. It is seen in boys entering the army. They usually present themselves voluntarily or referred by army doctors.
In this audit, we shall review factors contributing towards adjustment disorder after enlistment.

METHODS:
100 records collected. Data includes; Race; time at which they start seeing changes in their mood, behavior, thoughts; presence of suicidal ideation; Family circumstances- single parent or 2 parent family; number of siblings; prior psychiatry history.

RESULTS:
Chinese boys ranked highest amongst all the other races, 76.9%, followed by Caucasian and Indians, 15.3% and 7.69% respectively.
Enlistment period highest in the first month at 38.4%, followed by 6 months at 23%, less than 2 weeks at 23% and 2 months at 15.3%
Thoughts of jumping in 61.5%, followed by cutting at 23% and overdosing at 15%
74% of them came from single parents families. 77% had more than one sibling and only 23% were an only child.
46.1% had previous prior psychiatry history.
Admission was seen mostly in the 2 day period at 69.2%

CONCLUSION:
Strong factors contributing to Adjustment disorder in military service includes coming from a Single parent Chinese family. Enlistment after one month was most commonly seen. Most common suicidal thoughts are of jumping. It is important to recognize risk factors and perhaps counseling or preparation sessions may benefit these individuals before enlistment.
PREGABALINE AS MONOTHERAPY IN GENERALIZED ANXIETY DISORDER WITH INSOMNIA
V. Janjic, B. Radmanovic, S. Djukic Dejanovic, D. Ravanic, D. Djokovic, D. Ignjatovic Ristic
Psychiatric Clinic, Clinical Center Kragujevac, Kragujevac, Serbia

Clinical practice suggests that sleep complaints are frequent among patients with generalized anxiety disorder (GAD). Problems are focused on difficulties to initiate sleep, difficulties to maintain sleep and waking up too early in the morning. The aim of this study was to compare two groups of patients with diagnosed GAD and Insomnia, using Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria. First group (n1=37) was treated with pregabaline, in dose of 150mg per day, but second group (n2=35) has been receiving pregabaline (150mg/d) and zolpidem, too, in dose of 10mg per day. All patients were assessed using Hamilton Anxiety Scale (HAM-A) and they also completed anxiety and insomnia inventories, including the Insomnia Severity Index (ISI). Results were evaluated on baseline visit, after two weeks, four and eight weeks of treatment. Among this sample after two weeks of treatment scores on HAM-A (U=134; p=0.033) and ISI (U=126.5; p=0.017) were statistically significant between two groups and scores were lower in group with adjuvant hypnotic therapy. After four weeks of treatment there were no significant difference in HAM-A (p=0.072) and ISI (p=0.083) scores between groups. Results were the same after eight weeks of treatment. Significant improvement of GAD symptoms and sleep complaints was observed comparing with baseline (Z=-3.924; p<0.001). Results indicate that pregabaline as monotherapy does have a significant impact on sleep quality in GAD with insomnia after four weeks and after eight weeks among this sample insomnia symptoms were in total regression. Adjuvant therapy with zolpidem is indicated only in first two weeks of treatment with pregabaline.
RELATIONSHIPS BETWEEN EMOTION REGULATION STRATEGIES AND DEPRESSIVE-ANXIETY SYMPTOMS. COMPARISON BETWEEN A CLINICAL AND NON-CLINICAL SAMPLE
A. Pastuszak 1, T. Beblo 2, M. Driessen 2, B. Bętkowska-Korpala 1, A. Starowicz-Filip 1, J.K. Gierowski 1
1. Jagiellonian University Medical College, Cracow, Poland
2. Clinic of Psychiatry and Psychotherapy Bethel, Bielefeld, Germany

Objectives: The present longitudinal study focuses on the association between emotion regulation (acceptance and suppression of negative (NE) and positive emotions (PE)) and depressive-anxiety symptoms. Research questions were: Is there any relationship between acceptance and suppression of NE and PE and depressive and/or anxiety symptoms? Do patients and healthy controls differ regarding this relationship?

Methods: 54 patients (major depression: n=40, anxiety patients: n=14, according to DSM-IV criteria) and 29 non-clinical adults were included. The Beck-Depression-Inventory (BDI) and the State-Trait-Anxiety-Inventory (STAI) were used to assess depressive-anxiety symptoms. Acceptance and suppression of NE and PE were assessed by means of the Emotion Acceptance Questionnaire. These questionnaires were administrated at the begin (T1) and at the end (T2) of inpatient treatment.

Results: All of the emotion regulation strategies and depressive-anxiety symptoms correlated significantly (p<.01). In the patient group higher manifestations of symptoms were mostly significantly related to less emotion acceptance and more suppression of PE. Stepwise regression analysis show that 22%-54% variance of depressive and anxiety symptoms were explained by the acceptance and suppression of PE in the clinical group (p<.001,T1,T2) while 22%-45% variance of symptoms were explained by the acceptance and suppression of NE in the control group (p<.001,T1,T2). By contrast, with respect to NE, only the association between trait-anxiety and emotion acceptance (p<.05,T2) was found in the clinical group. With respect to PE, only the association between state-anxiety and emotion suppression (p<.01,T2) was found in the control group.

Conclusions: Emotional valence is an important distinguishing factor between both samples. Acceptance and suppression of PE were more often reported by the patients, whereas acceptance and suppression of NE were more often reported by the non-clinical sample. The higher suppression and the lower acceptance of PE compared with NE in the clinical sample seems to be related to the psychopathology of patients.
THE RELATIONSHIP BETWEEN PERSONALITY AND EMOTION REGULATION STRATEGIES IN PATIENTS WITH PSYCHIATRIC DISORDERS. A LONGITUDINAL STUDY

A. Pastuszak 1, T. Beblo 2, M. Driessen 2, B. Bętkowska-Korpała 1, J.K. Gierowski 1
1. Jagiellonian University Medical College, Cracow, Poland
2. Clinic of Psychiatry and Psychotherapy Bethel, Bielefeld, Germany

Objectives: The purpose of the present study was to investigate the relationship between personality and emotion regulation strategies defined as acceptance and suppression of negative (NE) and positive emotions (PE). We expected a significant relationship between personality factors and emotion regulation strategies.

Methods: Subjects were 54 patients with psychiatric disorders (major depression: n=40, and anxiety disorders: n=14; DSM–IV criteria) and 29 healthy controls. The Beck-Depression-Inventory (BDI) and the State-Trait-Anxiety-Inventory (STAI) were used to assess depressive-anxiety symptoms. Acceptance and suppression of negative and positive emotions were assessed by means of the Emotion Acceptance Questionnaire (EMQ, translation of the German “Fragebogen zur Akzeptanz von Gefühlen [FrAGe]). Personality was investigated with the Temperament-Character-Inventory (TCI), which includes 4 temperament (harm avoidance (HA), novelty seeking (NS), reward dependence (RD), persistence (P)) and 3 character factors (self-directedness (SD), cooperativeness (C), self-transcendence (ST)). Level of symptoms and emotion regulation were measured at the begin (T1) and at the end (T2) of the inpatient treatment, personality was investigated only once (T2).

Results: Emotion regulation strategies of the clinical sample were related to both, temperament and character factors. Within the control group, only acceptance of positive emotions was positively related to character factors (SD and C). With respect to temperamental factors, no associations could be revealed. In the patient group, lower levels of emotional suppression and higher levels of acceptance correlated with higher C and SD. With respect to temperamental factors, higher manifestations of emotion acceptance of NE and PE were related to less HA, higher level of emotion suppression of NE and PE were related to more HA, and higher suppression of NE was related to less NS.

Conclusions: Emotion acceptance and emotion suppression are related to several personality factors. These associations appear to be more obvious in the patient group than in the healthy control group.
MINDFUL ACCEPTANCE TRAINING MAY AFFECT HEART RATE VARIABILITY IN PANIC DISORDER PATIENTS
CT. Lee, SP. Lee, SM. Wang, KU. Lee
Uijeongbu St. Mary’s Hospital, The Catholic University of Korea, Uijeongbu, Gyeonggi, Korea

Objectives: The purpose of the study is to investigate effect of emotion acceptance strategies training in panic disorder (PD) patients by measuring their heart rate variability (HRV) and subjective emotional responses.

Methods: Patients diagnosed with PD and healthy control group were included. Two groups were divided into two subgroups each: Those receiving mindful acceptance training (regulation subgroup) and those not (no-regulation subgroup). Clinical measures included STAI (state-trait anxiety inventory), BDI (Beck depression inventory), Cognitive Emotion Regulation Questionnaire (CERQ), and Panic Disorder Severity Scale (PDSS). In the experimental task, 15 disgusting pictures in increasing intensities were shown to subjects, and subjects are asked to rate their subjective emotions (1st run). After 5 minute of break, the process repeated with 15 different pictures (2nd run). HRV were measured 4 times: before 1st run, during the 1st run, during the 2nd run, and after completing the 2nd task.

Results: A total of 60 subjects were included. Panic group had significantly higher mean scores in rumination and catastrophization on CERQ compared with control. No significant difference was noted between regulation and no-regulation subgroups for both panic and control groups on STAI and BDI. In the experimental task, LF/HF (low frequency/high frequency) ratio of 2nd run was significantly higher in panic/no-regulation group compared with panic/regulation group. For control group, no statistically significant group differences were observed for all 4 LF/HF ratios between regulation and no regulation subgroups.

Conclusions: Despite the disturbances of emotion regulation, an acceptance strategies using brief emotion regulation training might be effective in improving autonomic function alterations in panic disorder patients.
EMOTIONAL INTELLIGENCE MODULATES CORTISOL AWAKENING RESPONSE AND SELF-REPORTED HEALTH IN CAREGIVERS OF PEOPLE WITH AUTISM SPECTRUM DISORDERS
N. Ruiz-Robledillo, L. Moya-Albiol
1. Faculty of Psychology. University of Valencia. Valencia (Spain)

Caring for an offspring with a diagnosis of autism spectrum disorders (ASDs) entails negative consequences for the health of caregivers. Higher somatic symptoms, worst perceived general health, poorer social functioning and altered immune and endocrine systems have been found in caregivers of people with ASDs. However, several positive variables have demonstrated a protective effect on caregivers’ health. Although emotional intelligence (EI) has demonstrated a protective effect of health affection in several populations, no studies have analyzed this effect in caregivers of people with ASDs. The present study aims to analyze the association between the components of EI (attention, clarity and repair) and self-reported health and biological markers of health (cortisol awakening response) (CAR). Attention was related to worst self-reported health. Clarity and Repair were related with better health and lower area under the curve respect to ground (AUCg). AUCg was a mediator in the association between clarity and repair and perceived general health. These results confirm that different factors of EI have different effects on health in caregivers of people with ASD. Interventions oriented to the improvement of health in this population should include EI as a target variable.
INFLUENCE OF ECONOMIC CRISIS IN ADJUSTMENT DISORDERS
B. Acevedo García¹ P. García Bolaños¹ N. Martínez Pedrosa¹ A. Regidor Bonafonte¹ M. Escribano Cortés¹
¹ Hospital Vinalopo, Elche, Alicante, Spain.

Psychosocial stressors, such as loss of socioeconomic status and/or employment, are associated with poorer self-assessments of health and high rates of psychiatric morbidity, resulting in increased demand of consultations in Mental Health from patients presenting anxiety-depression symptomatology, compatible with the diagnosis of Adjustment Disorder. This study aims to demonstrate that when an individual suffers from socio-economic stressors, it is likely that despite lacking any previous psychiatric history, symptoms such as restlessness, anxiety, irritability, hopelessness, sadness, helplessness, worthlessness, loss of appetite, negative feelings, among others may be experienced, that are subject to be controlled with psychopharmacological treatment and early psychotherapeutic intervention.

HYPOTHESIS:
The economic crisis is a determining factor in the occurrence of Adjustment Disorder.

OBJECTIVES:
1 – To demonstrate the influence of psychosocial stress in the incidence of Adjustment Disorder.
2 – To demonstrate the effectiveness of combined psychopharmacological and psychotherapeutic therapy in patients with no previous psychiatric history, diagnosed of Adjustment Disorder due to socio-economic factors.

MATERIAL AND METHOD
Sample: N = 30 subjects of both sexes aged 18 to 65 years.
Inclusion criteria:
1 - Patients diagnosed with Adjustment Disorder in Mental Health Unit of Toscar.
2 – Patients presenting in the last year at least one of the following psychosocial stressors, such as those resulting from job insecurity, layoffs, loss of socio-economic status, etc.
3 - Lack of psychiatric history
4 - Lack of endogeneity
5 – No substance abuse present
Exclusion criteria.
1 - Other psychiatric diagnoses.
2 - Have a psychiatric medical history.
3 - Adjustment Disorder for other reasons than those referred to the above stressors

METHOD:
• Structured Clinical Interview for DSM-V
• STAI (Anxiety Inventory: CD Spielberger, Lushene RE and RLGorsuch)
• Beck Depression Inventory
• Holmes and Rahe Scale of Stressful Life Events

CONCLUSIONS:
To be determined
Is Maternal Depression a Major Factor for Psychosocial Wellbeing among Preschoolers?

Sanober Nadeem, Ghazala Rafique, Yusra Sajid
Human Development Program, Aga Khan University

Background
Epidemiological research has revealed that mental health problems in children are common, persistent and hamper their home life and school performance. Few studies have examined the epidemiology of preschoolers’ psychosocial wellbeing especially in Pakistan. This study aims to determine the prevalence of emotional and/or behavioral problems among preschoolers and identifying their possible risk factors.

Method:
A cross-sectional study was carried out in three districts of Sindh Province. Mothers were interviewed by using a structured questionnaire during house to house survey. Total 1566 children were assessed on Strength and Difficulty Questionnaire (SDQ). Mother was inquired about her mental health by using Aga Khan Anxiety and depression Scale (AKUADS). Multinomial regression analysis was performed using SPSS v. 19.

Results:
About 23.3% children rated as abnormal and 23.5% as borderline by their parents. 21.5% mothers were found depressed on AKUADS. Maternal depression found highly significant association with childhood behavioral problems (OR for borderline behavioral problems=1.30, CI: 0.96-1.77; OR for abnormal behavior=2.04, CI: 1.53-2.71). The OR did not change significantly when adjusted for child’s gender or age or both. There was significant interaction between maternal depression and each of gender and age of child, in the effect on child behavior.

Conclusion:
Maternal depression found to be significant risk factor for childhood behavioral problems. There is a need to develop integrated culturally appropriate and evidence based maternal and child mental health counseling and parenting services.

Keywords:
Psychosocial wellbeing, Preschooler, Strength and Difficulty Questionnaire (SDQ), AKUADS, Pakistan
PERFECTIONISM, REPETITIVE NEGATIVE THOUGHT AND OBSESSIVE-COMPULSIVE SYMPTOMS

T. Ferreira1, A. Macedo 2, A. Pereira2, A. Pissarra3

1. University of Beira Interior, Covilhã, Portugal.
2. Psychological Medicine, Faculty of Medicine, University of Coimbra, Coimbra, Portugal.
3. Mental Health Department, Guarda, Portugal.

Objectives
To analyse the levels of perfectionistic cognitions, repetitive negative thought and obsessive-compulsive symptoms in a sample of college students from the University of Beira Interior, as well as to analyse the relationship between these variables and between them and the mood states.

Methods
Analytical cross-sectional study that integrates quantitative methodology. Data collection took place via online survey in the population of students at the University of Beira Interior (n=464, 338 females, mean age 22.5 ± 4.5 years). The questionnaire consisted of sociodemographic and mental health data and of the Portuguese validated versions of self-reported scales to measure mood states, levels of perfectionism, perfectionism domains, levels of repetitive negative thought and obsessive-compulsive symptoms. Data were analysed using nonparametric tests since the requirements of normality were not met.

Results
The levels of perfectionism were significantly higher in female students, especially in the domain of “Work and Studies”. There was a significant negative correlation between repetitive negative thought and obsessive-compulsive symptoms with age and with the mean course classification. There were significant positive correlations between the domains of perfectionism with levels of perfectionism, negative repetitive thought, symptoms of obsessive-compulsive spectrum and predominantly with positive affect. The total scores of perfectionistic cognitions, obsessive-compulsive symptomatology and repetitive negative thoughts showed a significant positive correlation with the levels of negative affect and also with each other, influencing themselves mutually.

Conclusions
The variables studied were significantly associated with negative affect. Perfectionism and repetitive negative thought constitute susceptible processes to influence the levels of psychiatric symptoms and should be targets for therapeutic intervention.
MODIFICATIONS OF HIGH FREQUENCY OSCILLATIONS (HFOS) IN PANIC DISEASE (PD) AND GENERALIZED ANXIETY DISORDER (GAD)

P. Grandinetti1, 2, R. Schipani1, G. Guerriero3, D.S. Hatzigiakoumis1, A. De Angelis1, M.L. Crosta1, L. Janiri1, G. Perna3, 4, 5, D. Restuccia1, G. Pozzi1

1 Faculty of Medicine and Surgery, Catholic University of the Sacred Heart, Rome, Italy.
2 Ludwig Maximilians University, Munich, Germany.
3 Villa San Benedetto Menni - Suore Ospedaliere, Albese con Cassano (Como), Italy.
4 Faculty of Health, Medicine and Life Sciences, University of Maastricht, Maastricht, Netherlands.
5 Leonard M. Miller School of Medicine, University of Miami, Florida, USA.

Anxiety disorders (AD) show increased production and perception of autonomic symptoms, even in relation to hyperesthesia and abnormal perceptive discrimination because of a sensorial gating reduction. Some gating EEG measures, mainly modulated by cholinergic system, are altered in PD. Electric stimulation of peripheral nerves evokes on primary somatosensory cortex a secondary High Frequency Oscillations train (HFOs). Sleep faces and arousal states modulate HFOs, which are not to habituation and increase in wideness for new and/or irregular stimuli. HFOs seem to reflect gating integrity, then, potentially, cholinergic pattern intensity.

Objects. To investigate if HFOs alterations exist in anxious patients vs. controls.

Methods. Patients with AD (including PD and GAD) were enrolled according to DSM-IV-TR (age 18-50). Somatosensory evoked potentials were measured by a five-channel-device with active electrodes placed on contralateral parietal area; the intensity of the stimulations has been set over motor threshold; series of 400 pulses on the median nerve were provided by regularly spaced stimuli (1 Hz). The traces were referred to a time-frequency analysis; digital filtration was made with band pass of 400-800 Hz specifying both start and end of burst according to idoneous convention (wideness of burst: area below rectified waves). Statistical analysis were made using Mann-Whitney test.

Results. Comparing 12 AD patients vs. 18 controls it has been noticed that the wideness of early burst of HFOs has increased a lot (p-value=0,030) in the harm of AD patients vs. control subjects. This effect is also prominent for the late burst (p-value=0,009).

Conclusions. If confirmed, these data are consistent with an alteration of sensory gating and an up-regulation of cholinergic receptors in AD subjects, possibly able to alterate early processing of sensorial information, independently from late cognitive processing.
PERSISTENT PERSONALITY CHANGE AFTER CATASROPHIC EXPERIENCE (F62, CIE-10)
Moral Zafra, E.; Sánchez López, M.J; Carles Dies L; Martinez Agudíez, N
Hospital General Universitario Reina Sofía. Murcia.

1. Objectives:
Our human nature, has been prepared to physically flee a situation considered dangerous. How our ancestors, the stress generated with a lion, allowed them to run and survive. But what we do today with a threatening situation?
We report a case of mobbing, which has led to the development of a persistent paranoid personality.

2. Methods:
39 years old male who developed a persistent personality change after catastrophic experience (F62, CIE-10) with schizoid, paranoid and dependent traits. Just as important paranoid experiences, which led to 3 psychiatric hospitalizations in the period of 1 year.

3. Results:
The patient, following the work situation that is experienced as catastrophic, maintains a stable paranoid traits and experiences. Additionally, if a marked worsening mood in recent months with Major Depressive Episode criteria (F32, CIE-10) is observed.

4. Conclusions:
Returning to the analogy of the lion, how we run today? How in the XXI century we assume the stress generated in our busy daily lives? It is necessary to reflect on the human mental vulnerability and ability to integrate conflict. We must be aware that not all individuals have the same strength to take such stress, leading to mental conditions such as we have described in our case.

5. References:
MENTAL HEALTH AND HEALTH RELATED QUALITY OF LIFE IN INDIVIDUALS THREE MONTHS POST STROKE.

D. Rivera 1, L. Olabarrieta 1, J. Calderón 2, H. Chacón 2, G. Vergara 2, JC. Arango-Lasprilla 1, 3
1. University of Deusto, Bilbao, Spain
2. Antonio Nariño University, Ibague, Colombia
3. IKERBASQUE, Basque Foundation for Science. Bilbao Spain

Objective: To determine the system of connections between mental health and health related quality of life (HRQoL) in individuals with stroke three months after injury from Ibague, Colombia.

Participants: Forty Colombian stroke patients (50% females) participated in this study. The mean age was 51.38 years ($SD = 13.24$), 72.5% had ischemic lesions, and 57.5% had lesions in the right hemisphere. All individuals completed the Patient Health Questionnaire-9 (depression; PHQ-9), State-Trait Anxiety Inventory (STAI), Perception Stress Scale (PSS), and the Short Form-36 (SF-36), a self-report health related quality of life measure composed of six components: physical health problems, pain, role limitations due to physical problems, social functioning, energy/fatigue, and general health.

Results: A canonical correlation analysis between mental health and health related quality life revealed that the two sets of constructs were significantly related, $r = .88$ (77.4% overlapping variance), $\lambda = .13$, $\chi^2(18) = 65.72, p < 0.001$. The standardized canonical coefficients for mental health variables showed that anxiety loaded most highly (-.604) following by depression (-.591). The coefficient for stress was below the conventional cutoff of .40. For quality of life variables, physical health loaded most highly (.423). This pattern of shared variance suggests that individuals with stroke who have high anxiety and depression tend to have higher physical health problems.

Conclusions: This study showed that anxiety and depression in individual with stroke from Latin America strongly associated with physical health problems.
THE TRAUMA OF LISTENING

M. Redondo Casasola¹; T. Morena Larios¹; L.C. Mella Domínguez²; F. Vargas Lozano²; M. Alonso Suárez³; M. León Velasco³; V. Muñoz Martínez²; D. Hernandez Martinez²; J.K. Van Gestel³.

¹ Residente Psicología Clínica
² Residente Psiquiatría
³ Psicólogo Clínico

Objectives
We have proposed ourselves to find out the Fatigue by Compassion levels in a mental health service and observe if it is related to any variable or specific factor. Fatigue by Compassion is defined as natural conducts and emotions caused by a traumatic event experimented by a significant person; the resulting stress of helping or wanting to help a traumatized person.
Likewise, we propose to observe if the utilized instrument can serve as a screening tool when paying attention to professionals suffering work related trauma.

Method
The utilized instrument has been the Fatigue by Compassion and Satisfaction questionnaire (ProQOL-IV) by Hudnall Stamm. The sample used was 30 professionals of an area of a Mental Health service, composed of psychiatrists and psychologists. The considerable variables for the analysis were profession and specific area of service.

Results
The results do not show a significant relation between the evaluated variables and Fatigue by Compassion. Nevertheless, it is noticeable that 3 of the participants punctuated significantly above the scale average; noting they may need support or help from another professional.

Conclusions
The mental health professionals are a high risk population to develop Fatigue by Compassion or secondary stress disorder. The ProQOL can be utilized as a tool for prevention on possible third trauma related disorder.
The fact that differences were not found between workers can be due to mediation from other variables such as, personality of the participants or the coping abilities they use to face their work with trauma history patients.

References
AMBIGUOUS LOSS AND ITS EFFECT ON THE MATERNAL-FILIAL BOND
T. Morena Larios ¹; M. Redondo Casasola ¹; L.C. Mella Domínguez²; F. Vargas Lozano²; M. León Velasco ³; V. Muñoz Martínez²; D. Hernando Martínez²; J.K. Van Gestel ³.
¹ Residente Psicología Clínica
² Residente Psiquiatría
³ Psicólogo Clínico

Objectives
This revision focuses, through a clinical example, on the complicated bereavement of emigrant mothers leaving their offspring behind. This separation leads to what P. Boss called: an “ambiguous loss”, which makes difficult the bereavement elaboration and a later construction of an emotionally different relationship.

Methods
A psychotherapy group of women over 60 years old was used. All of them whose emigrated from their origin country leaving behind one or more of their children. They settled in the new country and formed new families with new offspring. Finally, they reunited with the left behind children. The time-lapse is variable, but in all cases the reunion occurred later than planned. All the women suffered from a complicated bereavement with the left behind children. Emotions, like guilt and fear of rejection, do not allow the bereavement process to advance. Furthermore, all of them have the similar feeling of “I know his my son, but I don’t feel him as such”. Also, they refer to a qualitative difference in the sentiment towards the left behind child.

Results
Group work was utilized on the abandonment emotion of their child. In some cases, group psychotherapy was complemented with family sessions in which the bond started to be reconstructed in the present time, starting with the moments shared during childhood and that both remembered.

Conclusions
When the loss of the affectionate bond is originated by the departure of the most loving person to another country, the bereavement takes particular characteristics. It is important to keep in mind these characteristics in order to adapt psychotherapy to the needs of our patients. Accepting the lost aspects to open the new option of getting to know this stranger now presenting before them, is a necessary job for these mothers who left their children behind.

References
MUSIC EXPOSURE AND ACUTE STRESS RECOVERY.

Gabriela Ilie1,2, Ramen Rehana1
1 University of Toronto, Toronto, Canada
2 St. Michael’s Hospital, Toronto, Canada

Objective: With modern life stress becoming such an epidemic the goal of identifying behavioural interventions that reduce the intensity of acute stress responses has never been more essential.

Methods: In a randomized experimental design we examined whether playing a simple and familiar melody on the iPhone for 10 minutes would facilitate stress recovery in a group of non-musicians attending undergraduate University studies. 54 participants were instructed how to play Twinkle, Twinkle, Little Star using the Smule Ocarina app on the iPhone (http://ocarina.smule.com), which involved distant blowing into the iPhone and using one’s fingers to play different notes. One week after receiving instruction, participants were each randomly assigned to either an acute stress or a no-stress eliciting procedure.

Results: The acute stress group exhibited elevations in levels of stress hormone (cortisol) and negative mood and arousal (as measured by two self-report measures of mood and arousal) compared to the no-stress group. Participants in both groups were subsequently randomly assigned to one of the following 10 minute-long activities: playing Twinkle, Twinkle, Little Star on the iPhone Ocarina™, listening to a recording of this playing, or sitting in silence. Participants who played or listened to the ocarina during the stress recovery period showed significant decreases in cortisol levels compared to control. Participants in the no stress group who played the iPhone Ocarina™ showed significant increases in cortisol levels relative to participants who listened to it or sat in silence.

Conclusions: The current study shows the anxiolytic effect of playing music casually to facilitate stress recovery after laboratory induced acute stress. The effect was produced in musical novices who received only 30 minutes of training while using a very common digital communication device. This digital technology offers music therapists a pleasant, simple and effective tool/intervention for alleviating stress.

Table 1

a) Ratings at T4 (mean, standard deviations are presented in italic) for POMS’ TA, AH, DD, VA and TMD after the music treatment (sitting in silence, listening to the ocarina, or playing the ocarina) for the acute stress elicitation condition.

<table>
<thead>
<tr>
<th>Stress Group</th>
<th>Tension-Anxiety</th>
<th>Anger-Hostility</th>
<th>Depression-Depression</th>
<th>Vigour-Activity</th>
<th>Total Mood Disturbance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silence</td>
<td>1.56</td>
<td>1.56</td>
<td>1.33</td>
<td>1.44</td>
<td>8.67</td>
</tr>
<tr>
<td></td>
<td>1.74</td>
<td>1.88</td>
<td>1.66</td>
<td>3.01</td>
<td>7.78</td>
</tr>
<tr>
<td>Listening</td>
<td>4.89</td>
<td>3.22</td>
<td>3.33</td>
<td>4.44</td>
<td>15.78</td>
</tr>
<tr>
<td></td>
<td>4.01</td>
<td>3.31</td>
<td>4.24</td>
<td>4.95</td>
<td>19.65</td>
</tr>
<tr>
<td>Playing</td>
<td>2.56</td>
<td>4.11</td>
<td>3.22</td>
<td>3.48</td>
<td>13.11</td>
</tr>
<tr>
<td></td>
<td>2.74</td>
<td>6.33</td>
<td>3.59</td>
<td>3.80</td>
<td>18.81</td>
</tr>
</tbody>
</table>

b) Ratings (mean, standard deviations) at T4 for POMS’ TA, AH, DD, VA and TMD after music treatment (after sitting in silence, listening to the ocarina, or playing the ocarina) for the no stress elicitation condition.

<table>
<thead>
<tr>
<th>Control Group</th>
<th>Tension-Anxiety</th>
<th>Anger-Hostility</th>
<th>Depression-Depression</th>
<th>Vigour-Activity</th>
<th>Total Mood Disturbance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silence</td>
<td>1.44</td>
<td>1.33</td>
<td>1.89</td>
<td>4.89</td>
<td>3.33</td>
</tr>
<tr>
<td></td>
<td>1.51</td>
<td>2.07</td>
<td>1.90</td>
<td>5.47</td>
<td>6.71</td>
</tr>
<tr>
<td>Listening</td>
<td>1.56</td>
<td>.89</td>
<td>1.11</td>
<td>3.56</td>
<td>3.22</td>
</tr>
<tr>
<td></td>
<td>2.42</td>
<td>1.69</td>
<td>2.32</td>
<td>2.79</td>
<td>10.92</td>
</tr>
<tr>
<td>Playing</td>
<td>.89</td>
<td>.44</td>
<td>.33</td>
<td>6.33</td>
<td>-4.00</td>
</tr>
<tr>
<td></td>
<td>2.32</td>
<td>1.33</td>
<td>.71</td>
<td>4.93</td>
<td>8.52</td>
</tr>
</tbody>
</table>
OBSESSIVE COMPULSIVE DISORDER AND DEPRESSION.
COMBINATION OF COGNITIVE BEHAVIOR & ACCEPTANCE AND COMMITMENT THERAPIES
J. Sevilla Llewellyn-Jones, I. Peñuelas Calvo, E. Castells Bescós.
Unidad de Gestión Clínica de Salud Mental del Hospital Clínico Universitario Virgen de la Victoria de Málaga. Andalucía. España.

Introduction: Obsessive Compulsive Disorder (OCD) affects 2.5% of the Spanish population (Vallejo, 2010). The essential features of OCD are obsessions that are intrusive, anxiety provoking and that cannot be blocked by the individual. At the same time, the individual can suffer compulsive behavior which is an unnecessary action that is performed in a ritualistic manner, often to reduce the anxiety of obsessions. In order to be diagnosed with OCD the patient can suffer from either or both.

Method: A 26 year old woman diagnosed of OCD and medicated by a psychiatrist of the team with a SSRI and a benzodiazepine was referred to the psychologist to further assessment and treatment. The psychologist conducted a deep assessment by: clinical interview, the Yale-Brown Compulsive Scale (Y-BOCS), the Beck Depression Inventory (BDI) and the Spielberger State/Trait Anxiety Inventory (STAI). The final diagnosis was: OCD related to cleaning and infections comorbid with depression. The main treatment components were: psychoeducation (based on Salkovskis model (1985, 1999)), and Exposure to Response Prevention (ERP) mixed with some components of Acceptance and Commitment Therapy (ACT) like metaphors, and work with values in order to cope with both OCD and depression symptoms.

Results: The patient terminated the treatment in 20 sessions. At completion, she showed significant improvement in both OCD and depression. Mean scores on all rating scales were significantly lower at the end of the treatment compared to the onset.

Conclusion: ERP has been proved to be a well-established treatment by itself, as has also pharmacology (2006, Perez). Although ERP+ Cognitive therapy or pharmacology are in experimental phase we considered that in this case, where OCD was comorbid with depression, this choice was the best option. Furthermore, although combining this therapy with ACT and working with Hopelessness Creative, values and other techniques (Wilson, Luciano, 2002) was an innovative approach in this case worked very efficiently.
COGNITIVE BEHAVIOR THERAPY FOR ADOLESCENTS. CASE STUDY OF A 14 YEARS OLD GIRL DIAGNOSED WITH PANIC DISORDER AND AGORAPHOBIA

J. Sevilla Llewellyn-Jones, I. Peñuelas Calvo, C. Bermúdez Jiménez
Unidad de Gestión Clínica de Salud Mental del Hospital Universitario Virgen de la Victoria de Málaga. Andalucía. España.

Panic Disorder (with or without agoraphobia) shows a lifetime prevalence of 2.3% of 13 to 18 years old (Merikangas, 2010). This disease is the result of paying attention and erroneously interpret in a catastrophic way the physiological sensations to the point that are lived as dangerous (Barlow, 2002 & Clarke et al. 1997). This case study is about a 14 year old girl that was referred by her General Practitioner (GP) to the Mental Health Unit. The patient had been suffering from daily Panic Attacks for 6 months and had also developed agoraphobia. The assessment tools used were: Clinical interview, Situation and Anxiety Responses Inventory (ISRA-B), Cognitive activity in Anxiety Disorders (IACTA), State/Trait inventory in Children (STAI-C), and Beck Children Depression Inventory (CDI). The treatment was based in Clark’s Cognitive panic model (1986), therefore we applied the following psychological techniques: psychoeducation, cognitive restructuration, exposure, relaxation training, distraction and positive self-instructions all adapted to her understanding (age). This treatment consisted on a 12 sessions treatment, organized on a weekly based one hour session where assessment, treatment, prevention, and follow up took place. The results obtained in this case show the high efficiency (well-established treatment, (Perez, 2006)) of this type of therapy when adapted to adolescent understanding.
EPILEPSY AND PANIC ATTACKS. WHO’S AFRAID OF THE BIG BAD WOLF?
Alexandra Pedruco1, David Neves1, Francisca Rêgo1,2, Conceição Robalo1
1 Hospital Pediátrico, CHUC Coimbra. Portugal
2 Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra. Portugal

Introduction
Anxiety is a state in which feelings of fear occur associated with somatic signs and symptoms. Panic attacks consist in acute and severe paroxysmal episodes of anxiety with sudden onset and short duration.

Case Study
Nine-year-old boy, with a past medical history of febrile convulsions and seizures up until the age of 4. He has often resorted to the emergency room (ER) with episodes of chest pain and syncope, falls and loss of consciousness and generalized hypertonia lasting 10 minutes. After a Video-EEG the diagnosis of epilepsy was made, and started medication with levetiracetam, LVT, Due to greater frequency of episodes in the following three days, he was hospitalized twice, medicated with CLB, and transferred to the Pediatric ward. He had a positive outcome, remained asymptomatic, with no seizures or changes in the neurological examination. After leaving the hospital, 5 days later, his mother stated that he had restless sleep along with periods of insomnia. Again he resorted to the ER 3 times with similar symptoms in 4 days. He was hospitalized again in the Pediatric ward to clarify the clinical diagnosis and to do video-EEG monitoring. The cooperation of clinical psychology was required: semi-structured interview, genogram and projective psychological evaluation. It was possible to identify previous panic attacks, precipitating stressful factors and parental fragility. A family psychotherapeutic intervention of dynamic orientation with active psychodrama techniques was made. He left the hospital 7 days after, asymptomatic and syntonic. He kept the epilepsy and clinical psychology appointments.

Discussion
When the stressful factors that were triggering the panic attacks were identified within Psychotherapy, he made a full functional recovery: the family dynamics became functional and the child gained complete control of seizures and pseudoseizures diagnosed earlier with great improve of behaviour.
PREDICTORS AND MODERATORS OF TREATMENT EFFICACY IN ANXIETY DISORDERS
L. León-Quismondo 1, A. Fernández-Liria 1,2, G. Lahera 2, E. Rodríguez-Pedraza 1
1. University Hospital “Príncipe de Asturias”, Alcalá de Henares, Madrid, Spain.
2. University of Alcalá de Henares, Madrid, Spain.

Objective: In recent years there has been increasing interest in medicine and personalized treatments. Thus, some studies have tried to establish pre-treatment variables that might have a predictive relationship with the results. The aim of the current study is to determine how predictive and moderating variables may influence the effectiveness of treatment in anxiety disorders.

Method: A systematic review of the literature was performed to examine the evidence of moderators and predictors of outcome in the treatment of anxiety disorders. PubMed and PsycInfo databases were searched, reference lists examined and citation searches conducted. Selected studies covering the last five years.

Results: There are specific predictors and moderators that influence the treatment outcome of anxiety disorders. Both, a high perceived control and a low baseline of neuroticism predicted more efficacy, regardless of the type of treatment. Anxiety sensitivity and comorbid mood disorders were moderators of treatment outcomes. Patients with Anxiety Sensitivity Index (ASI) scores at the mean, and those with no comorbid mood disorder outperformed with cognitive behavioral therapy (CBT). However, acceptance and commitment therapy (ACT) outperformed CBT in patients with ASI scores 1 SD above the mean or 1 SD below the mean, and those with comorbid mood disorders. However, neither moderation nor general prediction was observed for gender, age, race/ethnicity, or socioeconomic status.

Conclusions: The study of treatment predictors and moderators can help the selection of the optimal treatment for each patient based on pre-treatment characteristics.

Keywords: treatment predictors, treatment moderators, anxiety disorders, treatment outcomes.
SEIZURES, AGITATION AND IMPULSIVITY IN A 10-YEAR-OLD BOY. I FEEL ALONE. WHAT NEXT?
A. Pedruco1, I. Vicente1, D. Lages1, F. Rêgo2, C. Robalo1
1 Hospital Pediátrico, CHUC, Coimbra, Portugal
2 Faculdade de Psicologia e de Ciências da Educaçao da Universidade de Coimbra, Coimbra, Portugal

Introduction: Traumatic and stressful experiences may have a devastating impact on a child, disrupting their physical, emotional, cognitive and social development, which may be followed by great suffering.

Case Study: A ten-year-old boy was previously diagnosed with Epilepsy - Continuous Spike-Waves During Slow Sleep (CSWSS) (as an outpatient) at the age of 5. He is attending the 4th grade and has learning disabilities. He was treated with methylphenidate by a child psychiatrist elsewhere due to agitation and impulsivity. Then he began having periods of activity absence and sialorrhea. He was first observed at our Epilepsy Clinic showing very high levels of valproate, VPA (163 µg/mg), requiring an adjustment of the VPA dosage, interruption of methylfenidate and introduction of risperidone. In the following days there was a progressive worsening of the child’s behaviour: polyphagia, periods of agitation, aggression and impulsivity, alternating with periods of sleepiness. Given this, he was hospitalized in our ward. The assessment of clinical psychology in D1 of hospitalization was required, where an assessment of individual’s past psychological history, family structure and dynamics took place, along with the following tests: real family drawing, imaginary family drawing, Child Behaviour Checklist (CBCL), Phrases Completion Task. After identifying the stressful situations – marital conflicts in the parental subsystem and family violence, a psychotherapeutic intervention of dynamic orientation was performed, demonstrating a substantial improvement in the child’s behaviour. In D5, after video-EEG, neurologists complemented therapy with corticosteroids. No additional episodes suggesting seizures were registered and EEG normalized. When he left the hospital he was asymptomatic, passive and cooperating, with normal appetite following a corticosteroid therapy, VPA, CLB, risperidone and the suggestion to be followed in Epilepsy and Clinical Psychology appointments.

Discussion: In this case, despite the diagnosis of epilepsy justify the disturbed behaviour, a combined approach was chosen – psychotherapeutic intervention and anti-epileptic and corticosteroid therapy, which had a significant impact on the child, on the family dynamics and on the control of the underlying disease. The multidisciplinary assessment and early identification of the stressful triggers are fundamental to reduce their neurobiological impact and to shorten the period of disease and to prevent relapse.
THE COMORBIDITY OF PANIC DISORDER AND SUICIDE ATTEMPTS IN MAJOR DEPRESSIVE DISORDER
Fadoua Oueriagli Nabih, Abdesslam Benali, Imane Adali, Fatiha Manoudi, Fatima Assri
Recherch Team For Mental Health, University Caddi Ayyad: Marrakech, Morocco

Objectives:
This study examined the relationship between comorbid panic disorder (PD) and clinical characteristics associated with suicidal risk as well as the likelihood of suicide attempt.

Methods:
It is a descriptive study of 100 patients affected by major depressive disorder (MDD), according to the DSM IV criteria, that have been seen in consultation or hospitalized to the psychiatric service of Marrakech, during a period of one year. The subjects with PD (40%) and without PD (60%) were compared on the history of suicide attempts, current psychopathologies and traits of impulsivity and anger.

Results:
Subjects with PD had higher level of impulsivity, depression and hopelessness and were more likely to report a history of suicide attempts. The subjects with panic disorder and Suicide ideators 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.

Conclusion
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.
CONTENT ANALYSIS OF NARRATIVES FROM TRAUMATIZED AND NONTRAUMATIZED WOMEN
M. Crespo1, V. Fernández-Lansac1
1Complutense University, Madrid, Spain

Objectives. Interest in autobiographical memories of traumatic events has been growing in recent years. Cognitive theories of Posttraumatic Stress Disorder (PTSD) argue these memories are dominated by sensorial/perceptual details rather than cognitive expressions. According to dual representation theory, a premature inhibition of emotional processing can occur in PTSD, leading to enhanced encoding of situationally accessible memories (whose access is automatic) and reduced encoding of verbally accessible memories (conscious). However evidence is insufficient and there are no studies that focus on memories of chronic traumas. This study tests whether trauma narratives of chronic stress situations, when compared with control events and with narratives of a control group, are dominated by sensory/perceptual and emotional impressions.

Methods. Oral narratives of traumatic (or stressful), neutral and happy events from 30 Spanish battered women and 30 control women, matched by age, will be compared. The software program Linguistic Inquiry and Word Count (LIWC) will be used to compute words for categories such affective, cognitive and sensory/perceptual processes.

Results. Hypotheses will be tested with multivariate analyses of variance (MANOVAs) for repeated measures with group as a within-factor and narrative valence (negative, positive and neutral) as a second (2x3 design).

Conclusions. Results will be discussed according to dual representation theory hypotheses. On these bases, this study is a contribution for a better understanding of the nature of traumatic memories. Analyzing trauma narratives provides valuable information about how traumas are represented in memory systems, allowing design ever more effective psychological interventions, useful for the treatment of victims of chronic stressful experiences.
IMPACT OF ANXIETY AND MOOD DISORDERS ON QUALITY OF LIFE

M. Furtado1, L. Anand1, S. Armata1, I. Epstein1,2, I. Szpindel1, C. Cameron1, M. Vermani1, MA. Katzman1,2,3,4,5
1. START Clinic for Mood and Anxiety Disorders, Toronto, Ontario, Canada
2. University of Toronto, Toronto, Ontario, Canada
3. Lakehead University, Thunder Bay, Ontario, Canada
4. Northern Ontario School of Medicine, Thunder Bay, Ontario, Canada
5. Adler Graduate Professional School, Toronto, Ontario, Canada

Objectives: To understand how predictive factors of anxiety, specifically anxiety sensitivity, anxiety severity, and intolerance of uncertainty, may contribute to the diagnosis of an anxiety disorder. As the prevalence of anxiety disorders continues to rise globally, it is essential to evaluate the impact of potential predictive correlates on an individual’s quality of life in order for early detection and improved patient outcome.

Methods: Individuals (n=250) referred to a tertiary care clinic located in Toronto, Canada were asked to complete a series of self-administered questionnaires during their intake assessment in order to evaluate the effect of the predictive correlates of anxiety on quality of life. Scores from the Anxiety Sensitivity Index (ASI), Beck Anxiety Inventory (BAI), Intolerance of Uncertainty Scale (IUS), and General Health Questionnaire (GHQ) were analysed. Linear regressions were performed to determine whether the suggested correlates of anxiety would significantly predict quality of life in varying populations. Patient diagnoses of anxiety and/or mood disorders were also studied to determine their impact single, married/cohabiting, and divorced individuals.

Results: Analyses revealed that anxiety sensitivity, anxiety severity, and intolerance of uncertainty significantly predicted quality of life in all populations, in which ASI accounted for 24.6% of quality of life (β=0.496; p<0.001); BAI accounted for 36.8% (β=0.607; p<0.001); and IUS accounted for 17.1% (β=0.413; p<0.001). In single populations, the diagnosis of an anxiety disorder accounted for 6.6% of quality of life (β=0.256; p<0.01) and bipolar disorder accounted for 3.9% (β=0.198; p<0.05). Whereas in married/cohabiting populations, anxiety and depressive disorders accounted for 5% (β=0.224; p<0.05) and 7% (β=0.264; p<0.01), respectively. No significant differences were found in the divorced population.

Conclusions: These findings indicate that the correlates of anxiety serve as significant predictors of quality of life in all populations, and the diagnosis of an anxiety and/or mood disorder significantly impacts single and married/cohabiting populations.
CAN ADJUSTMENT DISORDER BE DISTINGUISHED FROM DEPRESSIVE EPISODE: WHY AND HOW?
P. Casey 1, A. Doherty 2, F. Jabbar 1,2
1. Mater Misericordiae University Hospital Dublin and University College Dublin, Ireland
2 Kings College Hospital, London and University College Dublin, Ireland
3 University Hospital of Northern British Columbia, Canada

Objectives To identify socio-demographic features, symptoms, areas of dysfunction, personality attributes, social supports life events that differentiate adjustment disorder from depressive episode in clinical practice.

Methods The study population consisted of those who had a diagnosis of adjustment disorder or depressive episode in a liaison psychiatry setting. Diagnosis was made either using a structured interview or clinically. Validated questionnaires were used to gather data on symptoms, personality, levels of social support, areas of dysfunction, triggering life events. Bivariate and multivariate analyses were used as was structural equation modelling.

Results The sample size was 347, and this was of adequate size based on power calculations. In both diagnoses the severity of depressive symptoms was in the severe range, although higher in those with depressive episode. Dysfunction was greater in those with depressive episode although there was little difference between the two diagnoses in the domains of dysfunction. The level of social supports was similar and personality disorder scores were higher in depressive episode. Only life events distinguished the two diagnoses, being higher in those with adjustment disorder.

Conclusions This study will have implications for the classification of adjustment disorders in ICD 11. It will also contribute to the debate on the value of adjustment disorder and its relationship to depressive episodes.
MARITAL DISCORD: EXAMINING THE RELATIONSHIP BETWEEN ANXIETY AND DYADIC ADJUSTMENT

L. Anand 1, M. Furtado 1, C. D’Ambrosio 1, D. Tsirgielis 1, C. Cameron 1, I. Szpindel 1, I. Epstein 1, M. Vermani 1, B. Laidlaw 1, S. Armata 1, M. Mohamed 1, T. Sternet 1,2,3, M.A. Katzman 1,2,4,5,6

1. START Clinic for Mood and Anxiety Disorders
2. Adler Graduate Professional School
3. Janssen Pharmaceuticals Inc.
4. University of Toronto
5. Lakehead University
6. Northern Ontario School of Medicine

Objective: Scientific studies have indicated certain factors may contribute to the development and maintenance of clinical anxiety disorders. It has been suggested that correlates of anxiety, severity, sensitivity, and intolerance of uncertainty, are predictors of various mental heath issues and that the stability of romantic partnerships are compromised by the onset of such issues. This study was undertaken in order to systematically examine the relationship between marital discord and anxiety.

Methods: Participants (n=300) referred to a tertiary care clinic located in Toronto, Ontario, Canada were assessed on self-administered questionnaires. Scores on the Beck Anxiety Inventory (BAI), Anxiety Sensitivity Index (ASI), Intolerance of Uncertainty (IUS), Dyadic Adjustment (DAS) and the DAS subscales (satisfaction, cohesion, consensus, and affectional expression) were assessed. Multiple linear regressions were performed to test whether anxiety correlates predict variance of dyadic adjustment.

Results: It was found that the severity of anxiety and intolerance of uncertainty significantly predicted dyadic adjustment; BAI accounted for 3% of dyadic adjustment (β=-.172; p<.005), 3.5% of dyadic satisfaction (β=-.188; p<.005) and 3.4% of dyadic cohesion (β=-.185; p<.005), while the IUS accounted for 3.5% of dyadic adjustment (β=-.186; p<.005), 3.6% of dyadic satisfaction (β=-.191; p<.005) and 3.8% of dyadic consensus (β=-.196; p<.001). In single and divorced populations, anxiety correlates were linked to dyadic adjustment. IUS accounted for 3% of dyadic adjustment in single patients (β=-.173; p<.05). BAI and ASI are definitively correlated to divorced populations, which respectively account for 3.9% (β=-.625; p<.05) and 5.63% (β=-.750; p<.05) of dyadic adjustment.

Conclusions: The findings reveal that anxiety and its correlates contribute to marital discord, serving as a significant predictor for dyadic adjustment in single and divorced patients.
PHYSIOLOGICAL CHANGES IN MEXICAN STUDENTS DURING HANDLING OF MICE AT THE AUTONOMOUS UNIVERSITY OF BAJA CALIFORNIA.

DA. Delgado-Aranda1, LM. Valenzuela-Salas1, El. Murillo-Rabago1, PA. Fernandez-Ruiz1, M. Martinez-Rangel1

1. Center for Health Sciences, Autonomous University of Baja California, Mexico

Objective: To detect presence of stress in psychology students by monitoring vital signs during handling of mice at the Center for Health Sciences (CISALUD) from the Autonomous University of Baja California.

Methods: A cross-sectional study. Temperature (T), Heart Rate (HR), Respiratory Rate (RR) and Blood Pressure (BP) dates were collected before handling (BH) and after handling (AH) laboratory mice by the first time as part of Experimental Analysis of Behavior’s workshop. The variables were analyzed using SPSS version 19.0.

Results: 25 participants were evaluated, 88 % female and 12 % male. The average of the BH physiological measures were T of 36.4 ° C, HR of 64 beats per minute, RR of 19 breath per minute and BP of 106/67 mmHg. The average of AH physiological measures were T of 36.3 ° C, HR of 66 beats per minute, RR of 19 breaths per minute and BP of 108/70mmHg. 36% (9) of the students perceived the event as not stressful, 52% (13) perceived the event as moderate stressful and 12% (3) of the students perceived the event as very stressful. The perception of stress by the interviewer was 20 % (5). Physiologic indicators of stress presence were also observed due to the event: T (p = 0.01), HR (p < 0.01), RR (p < 0.001) and diastolic BP (p < 0.01); the stress perception by the students and by the interviewer had no relationship with the stress presence.

Conclusions: The handling of mice could prepossess stress in students; in addition, changes in physiological measures without stress perception by the person could lead a silent risk of morbidity.

Keywords: Stress, Students & Handling of Mice
COGNITIVE BEHAVIORAL THERAPY: PREDICTING TREATMENT OUTCOMES

L. Anand 1, M. Furtado 1, R. Tzalazidis1, S. Armata1, I. Epstein1, I. Szpindel1, C. Cameron1, M. Vermani1, C. D’Ambrosio, B. Laidlaw1, M.A. Katzman. 1,2,4,,5,6

1. START Clinic for Mood and Anxiety Disorders
2. Adler Graduate Professional School
3. University of Toronto
4. Lakehead University
5. Northern Ontario School of Medicine

Objective: There is a significant amount of heterogeneity that predicts the efficacy of treatment outcomes in Cognitive Behavioral Therapy (CBT). [1] Severity of symptoms has contributed to the efficacy of CBT in treating patients with mood and anxiety disorders. [1]. Current research highlights the need to assess specific factors that may play a role in predicting treatment outcomes. This study was undertaken in order to examine whether correlates of anxiety and depression predict variance in treatment outcome.

Methods: Participants (n=31) joined a 16-week CBT program offered at a tertiary care center in Toronto, Ontario, Canada and were assessed on a set of self-administered questionnaires. Patient scores on the Beck Anxiety Inventory (BAI), the Anxiety Sensitivity Index (ASI), and the Beck Depression Inventory-II (BDI-II) were analyzed using multiple linear regressions to test whether baseline levels of anxiety and depression would significantly predict variance in treatment outcomes.

Results: Regression analyses suggest that baseline anxiety levels significantly predict final visit anxiety; BAI accounted for 43.3% of the variance in anxiety levels at 16 weeks (β=.692; p<.001), while ASI accounted for 54.2% of the variance (β=.577; p<.001). Moreover, baseline anxiety and depression levels significantly predicted CBT depression treatment outcomes at the final visit, such that BAI accounted for 47.4% of the variance (β=.777; p<.001), while BDI-II accounted for 45.2% of the variance (β=.650; p<.001).

Conclusion: The findings reveal that correlates of anxiety and depression likely contribute to CBT outcomes. These factors provide an opportunity to develop a potential screening mechanism by which patients’ likelihood of need for combined treatments can be assessed based on severity of anxiety and depression levels at the onset of CBT.

References:

EVALUATION OF ANXIETY IN MEXICAN STUDENTS DUE TO THE FIRST HANDLING OF MICE.

DA. Delgado-Aranda¹, L.M. Valenzuela-Salas¹, E.I. Murillo-Rabago¹, PA. Fernandez-Ruiz¹, M. Martinez-Rangel¹

¹. Center for Health Sciences, Autonomous University of Baja California, Mexico

Objective: To assess anxiety level due to mice handling in psychology students of the Center for Health Sciences (CISALUD) from the Autonomous University of Baja California (UABC).

Methods: A Cross-sectional study in which the acute anxiety (State) and chronic anxiety (Trait) were evaluated using the State-Trait Anxiety Inventory/Self Evaluation Questionnaire (STAI). The anxiety level were measure before handling (BH) and after handling (AH) mice by the first time as part of Experimental Analysis of Behavior’s workshop. The variables were analyzed using SPSS version 19.0.

Results: 25 participants were evaluated, 22 women and 3 men. 36% students did not perceive anxiety during the event, 52% perceived a moderate anxiety and only 12% students perceived a high anxiety. The interviewers perceived 20 % of student with anxiety. The results indicate the presence of anxiety during the event. The State Questionnaire (p < 0.001) classified with low anxiety level to 24 students BH and 21 students AH, it resulted with moderate anxiety level one student BH and 4 students AH. On the other hand, the Trait Questionnaire (p < 0.001) classified with low anxiety level to 21 students BH and 22 students AH, and it resulted 4 students BH and 3 students AH with a moderate anxiety level. It was also noted that there is a relationship between having chronic anxiety and to develop acute anxiety during the event (p < 0.001), in addition, students who perceived anxiety during the event tend to have chronic anxiety (p = 0.01).

Conclusions: The Handling of mice could develop anxiety in psychology students; also the fact of presence of chronic anxiety may prepossess to develop acute anxiety during a stressful event.

Keywords: Anxiety, Students & Handling of Mice
PREVALENCE OF BURNOUT AMONG PSYCHIATRISTS IN TRAINING IN ARGENTINA AND THE ASSOCIATION WITH ON DUTY HOURS

Mazzoglio y Nabar, Martín J.¹, Falicoff, Julieta², Furman, Mariano³, Muñiz, Milagros M.⁴, Peskin, Viviana A.⁵, Spano, Carina ⁶, Berrío, Diana M.⁷; Diez, Carolina ⁸, Reynoso, Florencia ⁹, Goldstein, Demián ¹⁰

². Médica Psiquiatra. HZGA Manuel Belgrano.
³. Médico, Psiquiatra. Docente Universidad Maimónides. Investigador Asociado ACUMAR.
⁴. Médica Psiquiatra. Becaria, INEBA. Docente del Depto de Psiquiatría y Salud Mental, UBA.
⁵. Médica Psiquiatra. Docente Metodología de la Investigación, INEBA.
⁶. Médica, Psiquiatra. Hospital de San Isidro. Docente del Depto de Psiquiatría y Salud Mental, UBA.
⁷. Médica. Segundo año Carrera de Especialista en psiquiatría APSA.
⁸. Médica Psiquiatra.
⁹. Médica. Residente de Psiquiatría, Hospital Milstein.
¹⁰. Licenciado en Psicología. GCBA.

Objectives:
Determine the prevalence of Burnout among Psychiatrists in Training in Argentina.
Study the association between Burnout and the number of continuous on duty hours per month.

Methods: Cross sectional study in which we utilized the Maslach Burnout Inventory (a self-administered questionnaire) and a demographic self-administered questionnaire. These tools were applied to 170 Psychiatrists in training in Argentina between July and September 2013. This study followed the required legal-ethics procedures.

Results: Out of the 170 psychiatrists who completed the questionnaires, 47 were positive for burnout syndrome. We noticed a higher proportion of psychiatrists in training with burnout when performed one or more 24 hours on duty per month (approximately two thirds against one third). Among those without burnout, only close to half reported having one or more 24 hour on duty per month(p<0.05). This difference changes when 12 hours on call are analyzed (p>0.05).

Conclusions: Based on our results, those training programs for psychiatrists around the world should consider the number of hours per month and the length of on duty periods. We also believe that further studies should explore the impact that this aspect has in the performance and the long term consequences.
DETERMİNING DİFFİCÜLTİES, NEEDS AND COPİNG WAYS OF NEWLY GRADUATED NURSES
E. Akgün Çıtak¹, A. Karahan¹, A. Abbasoğlu¹, S. Avcı¹, Z. Uğurlu¹, N. Özhan Elbaş¹

¹ Baskent University, Ankara, Turkey

Objectives: A rapidly changing, ever more complex, healthcare system has contributed to ongoing tensions about the preparation of new graduated nurses. It’s very stressful time in a nurse’s career. The aim of the study was to determine Difficulties, Needs and coping Ways of Newly Graduated Nurses in the first six months.

Methods: This descriptive qualitative study was conducted in a university hospital in Ankara, Turkey, in November-December 2012. Qualitative data were collected from 22 newly graduated nursing staff by using the focus group technique, and they were divided into three groups. Nurses were selected based on voluntarism and who works in clinics and intensive care units. Before the interviews, a short data form was used to determine the descriptive characteristics of the nurses. Five open-ended questions for new graduated nurses were used to drive the interviews. Inductive content analysis was used to assess the data.

Results: The new graduated nurses’ mean age was 23.09 ± 1.77 years, and mean experience 3.5 ± 0.9 months (min:2 months, max months) in the profession. From the analysis, four main categories emerged. The first category was related to difficulties, the second involved the effects of difficulties on the nurses, and the third category was related to coping ways, the fourth one was about the suggestions of newly graduated nurses. Managing nursing care, documents and communication difficulties are related to first category. They have physical, emotional, cognitive symptoms. And they tried to cope by supporting system and problem solving.

Conclusions: New graduate education is important for the newly graduated nurses including practical skill development. Supporting by peers and nursing managers is important for them for coping by stress.
BURNOUT SYNDROME AMONG CLERKSHIP MEDICAL STUDENTS: QUANTITATIVE AND QUALITATIVE STUDY

Ana Teresa Abreu Santos¹, Andréa Orge¹, Edméea Oliva Costa², Daniel Abreu Santos³, Camila Fonteles¹, Katiene Menezes⁴, Maurício Cardeal¹, Tarcísio Andrade¹

¹ Universidade Federal Da Bahia, Salvador, Bahia, Brasil
² Universidade Federal de Sergipe, Aracaju, Sergipe, Brasil
³ Escola Bahiana de Medicina e Saúde Pública, Salvador, Bahia, Brasil
⁴ Hospital Juliano Moreira, Salvador, Bahia, Brasil

OBJECTIVES: To estimate the prevalence of Burnout Syndrome (BS) and the possible associated factors among clerkship medical students; to investigate the relationship between medical training with personal/psycho-emotional issues and with mental health during the clerkship in the Northeast Brazilian University.

METHODS: Descriptive Quantitative, observational and cross-sectional with application of two questionnaires; Qualitative with participant observation (PO) and conducting focus groups (FGs), in 2010. In the quantitative stage, the analysis was performed with the R statistical package: Descriptive Statistics was conducted; Analytical Statistics with Multivariate Analysis (asymmetric multiple correspondence analysis); and with Analysis of Multiple Variables (using log-binomial regression for directly obtains the adjusted prevalence ratios – PRs). In the qualitative stage, the data obtained during the PO and the FGs, were submitted to analysis of categorical content.

RESULTS: Of the 303 clerkship medical students, 236 took part in this research. The prevalence of BS was 14%. It was observed that 63.6% and 53.4% had high scores on the emotional exhaustion and cynicism subscales, respectively, and 18.6% had low scores on professional efficacy subscale. From the maps of correspondence, the variables were chosen for the regression analysis. The adjusted PRs of the variables associated with burnout were: interns of the 5th year (PR=2.06); male (PR=1.35); provenance of the hinterland (PR=1.56); performance excellent or good (PR=2.20); desire to drop out, but no more (PR=1.40); and perception of the course less than expected as a factor protection (PR=0.56). The data resulting from PO and the two FGs, signals to personal/psycho-emotional conflicts and mental health impairment in relation to medical training.

CONCLUSIONS: The prevalence of BS signals a problem in this institution. The accurate criteria adopted for their measurement, and the high frequency of these pre-professionals in Burnout subscales indicate the profile of the respondents as the risk for the probable development of the syndrome.
MANAGING ANXIETY AND STRESS TO THE PERINATAL DEATH.
R. González Segura 1, M.M. Huertas Pérez 1, N. Benayas Pérez 1, S. Sánchez Ortueta 2, A. Sánchez Gómez 3, M.d.C. Valero Soto 3.
1. Hospital Torrecárdenas, Almería, España.
2. INGESA, Melilla, España.
3. Hospital Del Rosell, Cartagena (Murcia), España.

Objectives
Provide guidance on the most appropriate interventions for women and families in case of perinatal death.

Methods
A bibliographic review has been carried out on different data bases such as Plus, Scielo, PubMed, Elsevier, IME, CINAHL, without year of publication restrictions. Descriptors used were: grief, stillbirth, sudden infant death, neonatal death, perinatal death, psychological stress and anxiety.

Results
Perinatal loss is a painful and traumatic event, resulting in a complex grief for parents. Some health behaviors that promote parents stress and anxiety management in this situation are:
- Providing emotional support: Being with family and expend as much extra time as possible with them, talk about the baby using their name, allowing parents to grieve and mourn, be sensitive to comments that could be perceived as sad or pain importance decrease, seeing the family as often as possible.
- Addressing parents and baby physical needs: Continuing with the mother medical care and routine nursing postpartum, treating the baby's body respectfully, even considering dressing and bathing them as if they were alive, being flexible with hospital measures that are not adequate for grieving families, helping parents to create memories of their child.
- Training parents: Communicating the loss to the whole team in order to avoid comments or inappropriate actions. Helping parents by fostering how a normal grief will be. With this end, providing direct information on the causes of death, if known, using simple language and sitting with parents to comment is adequate.

Conclusions
There are not enough studies to prove whether interventions that support in a perinatal death provide any benefits. Trials methodologically comprehensive are needed to develop treatment strategies based on evidences for prevention of secondary pathologies.
RELATIONSHIPS BETWEEN ACCULTURATIVE STRESS AND MENTAL HEALTH IN ROMANIAN IMMIGRANTS LIVING IN SPAIN
A. C. Brabete¹, R. Rivas-Diez¹, & M. P. Sánchez-López
¹. Universidad Complutense de Madrid

Objectives
The aim of this study is to analyse the relationship between the acculturative stress and psychological health in a sample of Romanian immigrants living in Spain.

Method
Participants: in this study have participated a total of 59 Romanian immigrants living in Spain, with ages from 23 to 59 years old, with a mean age of 39.07 (D.T. = 10.47). Instruments: Social, Attitudinal, Familial, and Environmental acculturative stress scale (SAFE) (Mena, Padilla and Maldonado, 1987) measures stress in four domains: familial, attitudinal, social and environmental. The 26 items are rated on a scale ranging from 1 (not stressful) to 5 (very stressful). General Health Questionnaire (GHQ-12) (Goldberg and Williams, 1988) consists of 12 items, each one assessing the severity of a mental problem over the past few weeks using a 4-point Likert-type scale (from 0 to 3). Procedure: The instruments have been translated from English to Romanian language following the recommendations of international regulations and national ones (ITC, 2011; Muñiz & Hambleton, 1996). It was used the “snowballing” technique. All participants signed voluntarily a written informed consent about the research and the confidentiality of their data.

Results
Pearson correlations have been calculated, in order to analyse the relationship between the variables of this study. There is a significant direct correlation between the mental health and acculturative stress so that people who score high on GHQ-12, also score high on SAFE. That means people who score high on the acculturative stress scale have poorer mental health.

Conclusions
These results have important implications for action on mental health, since they show how important congruent cultural values and practices, language difficulties, and discrimination are for mental health. This knowledge has potentially practical use in health programmes and in social health activities with immigrants.
A CASE REPORT OF COTARD’S SYNDROME – THE ANGUISH OF AN INNER DEATH
J. Perestrelo 1, J. Canha 1, G. Lapa 1
1. Centro Hospitalar de Vila Nova de Gaia/Espinho, Oporto, Portugal

Objectives
Cotard’s syndrome is a rare syndrome, characterized by the presence of nihilistic delusions. There has been a dramatic decline in its appearance, probably due to the psychopharmacological treatment and the decrease in the number of institutionalized patients. The syndrome is typically related to depression and is mostly found in middle-aged or older people. The aim of this work is to provide an overview of the syndrome, including its symptoms, associated conditions, etiological theories, differential diagnosis and treatment.

Methods
The authors report a clinical case of a sixty-one-year-old man admitted to hospital because Cotard’s nihilistic delusion in the context of a three years major depressive episode and a past history of a probable posttraumatic stress disorder not treated at the time.

Results
The patient was treated with Sertraline and Risperidone with a gradual improvement of humor and delusions.

Conclusions
A correct diagnosis is important and many different disorders need to be taken into account in the differential diagnosis of the syndrome. The correct study of the etiology is crucial in order to exclude organic disease and to institute the right treatment.
LA FAMILIA DEL ENFERMO DE ALZHEIMER: ¿Y QUIÉN CUIDA AL CUIDADOR?
J. Zarra 1, L. Schmidt 2
1. Centro de Neurología y Psiquiatría – Psicología (CeNyPP), Gualeguaychú, Argentina.
2. Hospital Centenario, Gualeguaychú, Argentina.

Aunque la enfermedad de Alzheimer se haya descubierto hace más de 100 años, hace apenas poco más de 2 décadas que el conocimiento de su existencia es difundido masivamente en la población general, más allá de la comunidad médica. Desde hace muchos años que esta enfermedad ocupa el quehacer de la Neurología y de la Psiquiatría, estando en una permanente situación de investigación científica continua, para intentar encontrar su cura. Mucho se ha hablado y se habla de la enfermedad y de los enfermos de Alzheimer, pero casi nunca se habla de la **víctima silenciosa de la enfermedad de Alzheimer: su cuidador**. Aunque hoy consideramos que el Mal de Alzheimer es una enfermedad que se cobra dos víctimas: el enfermo y su cuidador, todavía no existe una concientización total de la vulnerabilidad del cuidador y los riesgos que corre, sobre todo si éste es un familiar del enfermo.

En esta exposición hacemos un análisis del entorno familiar y de los cuidados que debemos tener para aliviar la carga o el estrés del cuidador. Porque de esto dependerá la calidad de la atención que pueda brindarle al enfermo y con esto, el curso y la evolución de la enfermedad. El entorno que rodea al paciente con demencia es muy importante e influye sobre la evolución de la enfermedad. La calidad de los cuidados del paciente mejora no solo su calidad de vida sino también su esperanza de vida.
MEDIATING ROLE OF METACOGNITIVE BELIEFS AND DEFICIT IN COGNITIVE EMOTION REGULATION ON THE RELATIONSHIP BETWEEN COGNITIVE PERFECTIONISM AND WORRY IN PATIENTS WITH GENERALIZED ANXIETY DISORDER

M. A. Besharat1, R. S. Mirjalili1
1. University of Tehran, Tehran, Iran

Objectives: Generalized anxiety disorder is the most common anxiety disorder and has the highest rate of comorbidity with other psychiatric disorders. Intensive worry is the main diagnostic criteria for generalized anxiety disorder. The purpose of the present study was to examine the mediating role of metacognitive beliefs and deficit in cognitive emotion regulation on the relationship between cognitive perfectionism and worry in patients with generalized anxiety disorder.

Methods: One hundred patients suffering from generalized anxiety disorder (74 women, 26 men) participated in this study. All participants completed Perfectionism Cognitions Inventory (PCI; Flett, Hewitt, Blankstein, & Gray, 1998), Penn State Worry Questionnaire (PSWQ; Meyer, Miller, Metzger, & Borkovec, 1990), Metacognitive Beliefs Questionnaire (MCBQ; Wells & Cartwright-Hatton, 2004), and Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski & Kraaij, 2006).

Results: The findings showed that cognitive perfectionism as well as metacognitive beliefs and deficit in cognitive emotion regulation had a positive relationship with worry in generalized anxiety disordered patients. Further, analysis of the data revealed that the relationship between cognitive perfectionism and worry in patients with generalized anxiety disorder was mediated by metacognitive beliefs and deficit in cognitive emotion regulation.

Conclusions: It can be concluded that the relationship between cognitive perfectionism and worry in patients with generalized anxiety disorder is not a simple linear one. This is partly mediated by metacognitive beliefs and deficit in cognitive emotion regulation.

Keywords: metacognitive belief, emotion regulation, cognitive perfectionism, worry, generalized anxiety disorder
MEDIATING ROLE OF INTERPERSONAL PROBLEMS ON THE RELATIONSHIP BETWEEN INSECURE ATTACHMENT STYLES AND ANXIETY SYMPTOMS

M. A. Besharat¹, M. Hedayati¹
¹. University of Tehran, Tehran, Iran

Objectives: Identifying variables that affect the development of symptoms of anxiety is clinically important. Understanding of how these variables work can be very useful in the fields of prevention and treatment. The purpose of the present study was to examine the mediating role of interpersonal problems on the relationship between insecure attachment styles and anxiety symptoms.

Methods: All 379 participants (198 boys, 181 girls) completed the Adult Attachment Inventory (AAI; Besharat, 2011), the Inventory of Interpersonal Problem (IIP; Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988), and the Depression Anxiety Stress Scale (DASS; Lovibond & Lovibond, 1995).

Results: The results indicated that the initial hypothetical model had a good fit with the observed data. The results showed significant positive correlations between insecure attachment styles, interpersonal problems, and anxiety symptoms. Path analysis indicated that the relationship between interpersonal problems and anxiety symptoms mediated by insecure attachment styles.

Conclusions: Based on the findings of the present study, it can be concluded that the relationship between insecure attachment styles and anxiety symptoms is not a simple linear one. Attachment styles affect anxiety symptoms partly through interpersonal problems. Considering these variables could be important in terms of preventing anxiety disorders and promoting psychological health in general population.

Keywords: interpersonal relationship, attachment, anxiety
CURRENT STATUS OF THE BURNOUT PROBLEM IN NURSING

Y. C. Santana¹,² N. Porras¹ J. López-Lucas¹ G. Bueno¹ A. Diez¹ and G. Llorca¹,²
¹. University of Salamanca, Salamanca, Spain
². University Hospital, Salamanca, Spain

Objective
To know the actual situation about the burnout researches, particularly between nursing professionals.

Method
We made a literature review from 2000 to 2012 in three Databases; PsycINFO (808 articles), Medline (503 articles) and finally, in ISI Web of knowledge (1,207 articles).

Results
The productivity showed an ascendant line with the highest point during 2009 in PsycINFO and Medline Databases; in ISI Web of knowledge there was a rising productivity.
During the 21st century, Heather Laschinger (from the University of Western Ontario), was the author with the highest productivity, followed by Linda Aiken (Professor at the University of Pennsylvania).
The 1,341 articles (PsycINFO and Medline) were grouped in 434 journals. Most of them belonged to the nursing topic (47.97%) and the first of them was International Journal of Nursing Studies.
According to knowledge areas, half of the publications belonged to the Nursing area, followed by Psychology (15%) and Medicine with different especialities.
When we studied the countries where the articles were written, United States was the one with more publications, followed by Canada (10%). Spain was in tenth place, the same as China. According to this, most of the articles were written in English (92%).
Finally, we analyzed the keywords and the topics more used were Prevention and Control, followed by the psychological characteristic, the emotions, health, questionnaires, the organization characteristics, and finally, the hospital.

Conclusion:
Words are oriented to the factors that predict the burnout, dissatisfaction and abandonment of the profession and the loss of care quality.

References
SELF-ESTEEM AND STATE-TRAIT ANXIETY IN RELATION TO DRUG MISUSE IN KUWAIT
Musaed Al Najjar
*Kuwait Police, Kuwait*

This study was designed to document knowledge about Kuwaiti drug users and to investigate whether or not there is an association between their poor self-concept and high level of anxiety. One hundred and seven incarcerated drug users, 107 individuals serving prison terms for offenses other than drug use, and 107 'normal' individuals were included in this study. The Arabic version of Rosenberg's Self-esteem scale and Spielberger's State-Trait Anxiety Inventory were used to measure the subjects' self-esteem and state-trait anxiety respectively. The results documented revealed that there is a relationship between levels of self-esteem and anxiety in Kuwaiti drug use behavior.
ENHANCING THE TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER USING HOME VIDEOS

J.A.M. du Mortier 1, H.J. van Megen 1, A.J. van Balkom 2
1. GGz Centraal, Amersfoort, The Netherlands
2. GGZ inGeest, Amsterdam, The Netherlands

Objectives
Patients with an obsessive-compulsive disorder (OCD) often have a diminished awareness of and insight in the severity of their disorder. We are using video confrontation, of patient’s compulsions performed at home, within our cognitive behavioral treatment program. Clinicians view this video confrontation as a powerful intervention in the treating this severely ill patient group.

Methods
In this study we evaluate the use of video confrontation in twenty-five patients with OCD through interviewing them directly after they received this intervention and six to eight weeks later. We used a qualitative research design analyzing these interviews.

Results
Almost all patients are surprised by the severity of their compulsions and argue that seeing their compulsions helps them to consider their behavior more ego-dystonic. They emphasize that knowing is really not the same as seeing. They knew that they had compulsions but seeing their compulsions seems to make them more aware of what is really happening. They argue that seeing their own compulsions enhanced their motivation for treatment. During the second interview most patients tell that they frequently think about how their compulsions looked on the video. They argue that thinking about how their compulsions looked helped them to be more motivated to get rid of their compulsions.

Conclusions
Home video is a powerful intervention to enhance patient’s awareness and insight of their OCD and thereby increase their motivation for treatment. This lecture will be illustrated with video clips of this intervention.
SUBTYPE OBSSESSIVE-COMPULSIVE DISORDER USING THE YALE-BROWN OBSESSIVE-COMPULSIVE SCALE SYMPTOM CHECKLIST; FACTOR ANALYSIS AT CATEGORY, ITEM AND ADJUSTED CATEGORY LEVEL

J.A.M. du Mortier 1, A.J. van Balkom 2, H.J. van Megen 1, A.W. Hoogendoorn 2, P. van Oppen 2

1. GGz Centraal, Amersfoort, The Netherlands
2. GGz inGeest, Amsterdam, The Netherlands

Objectives
Using obsessive compulsive symptom dimensions is very important in studies about the pathogenesis and treatment of obsessive compulsive disorder. More than thirty exploratory factor analyses using the Yale-Brown Obsessive-Compulsive Scale symptom checklist (Y-BOCS-SC) have been performed. However, there is still no consensus about the exact number and content of obsessive compulsive factors. We hypothesize that the way factor analyses are performed influences their outcome.

Methods
Obsessive compulsive symptoms of participants (N=286) were assessed through the Y-BOCS-SC. Exploratory factor analyses (EFAs) were performed in three different ways, using items, a priori categories and adjusted categories.

Results
We found four symptom dimensions in our EFA on a priori category level accounting for 70% of variance. In our EFA based on item level we found six symptom dimensions accounting for 51% of variance. Our EFA based on adjusted categories resulted in a four factor solution accounting for 68% of variance.

Conclusion
Our study illustrates that the way factor analyses are performed influences their outcome. This emphasises the relativity of factor dimensions found in EFAs.
CHARACTERISTICS & EVOLUTION OF THE ADAPTIVE DISORDERS IN MENTAL HEALTH
Rivera Mera, R.A 1; Bermúdez Navas, E 1; Del Valle López, P 1
1 Complejo Asistencial Universitario de Palencia, Palencia, España

Introduction
Adjustment disorders are frequent in Mental Health (5-21%). However, there is no much research available about the matter because of the lack of information concerning the clinical identity of the disorders.

Objectives
To analyze, in the patients suffering adjustment disorders, the socio-demographic characteristics, related stresses, type of disorder, treatment used, permanence and evolution in three years. The results were compared to existing literature.

Methods
A retrospective and descriptive study about 305 patients of the Palencia area, in Spain, diagnosed as having adaptive disorders without record of previous treatment.

Results
Average age 47.02 (±15.6), 64.9% women, 59.0% married, 51.4% primary school, 35.7% working, 18% sick leave, 11.1% unemployed, 13.4% housewives.
The stresses were: working (21.3%), illnesses (18.4%), family problems (16.1%), love breakup (15.1%).
More frequent disorder: mixed (47.9%) and anxiety (29.5%).
Treatment average of 7.26 (±9.8) months, 36.4% abandoned.
In 53.4% the first treatment was antidepressants, 28.5% psychotherapy. The % of recidivism in three years was less than 14%.

Conclusions
Our results show a similar incidence to other studies (1). The higher number of women, low cultural level and being married could be related to higher demands (2) and vulnerability towards the presence of other stresses such as work, family or/and health problems.
We, as well as other works, match up with a better recover and a low frequency of relapses (1).

Bibliography
PREVALENCE OF ANXIETY DISORDERS IN A GENERAL POPULATION.
RESULTS OF A STUDY IN ALGIERS CITY.
Bensaida Messaouda
Psychiatric Hospital. Annba. Algeria

Summary :
The aim of this work is to determine the prevalence of anxiety disorders and their psychosocial factors among an overall population of Algiers City.

An epidemiological study has been carried in the framework of an investigation entitled “Mental Health in a General Population: Realities and Images”. In this study we have orally interviewed 900 individuals aged 18 and above, they were stratified from a representative sample of Algerian population, the tool used is called “Mini Neuropsychiatric Interview. The study evaluated, on the basis of the 10th edition of CIM and DSM-IV, the prevalence of anxiety disorders.

42% of the respondents asserted that they have asserted experienced an anxiety disorder. Women have often reported more anxiety disorder than men, P<0.04. The generalized anxiety disorder and post-traumatic stress disorder were very frequent in the following proportions 17, 33% and 3, 44%.

The results show an insufficient care and the role of general doctor and psychotherapies still limited compared to religious interventions.

For a good identification of the causes of anxiety disorders in Algeria, we have conducted a comparative study with the region of Ariana, Tunisia.

From this study, a number of recommendations have been suggested regarding promotion, enhancement of anxiety disorder care and prevention strategies.
IMPACT OF FOCUSED BRIEF THERAPY (TBF) IN THE ACADEMIC PERFORMANCE OF MEDICAL STUDENTS
A Alcorta Garza, K Motilla Negrete, SE Tavitas Herreras, SL Batbosa Flores, MV Gómez Meza
1Hospital Universitario UANL
2Centro de Investigación y Estadística, Facultad de Economía UANL

Objective: To know if the academic performance and mental health of medical students improves with Focus Brief Therapy (TBF).

Methods: Descriptive, comparative study, with intervention by open invitation to medical students, aged 18, who signed the informed consent and accept attend 10 sessions of TBF. The instruments were applied at the beginning and end of sessions, considered just students who attended at least 50 % of TBF sessions: Listing Identification Study Habits Questionnaire, the General Health Questionnaire (CGS), the Inventory of Maslach Burnout (MBI) , the Hamilton Depression Rating Scale and the Hamilton Anxiety Scale

Results: 104 students scored, 35 met, male 11 (46%), female 19 (54%), 18-25 years old, average 20.6. 48.5 % (n = 17) reported sports as a hobby, 8.5 % (n = 3 ) loved art, 2.8 % (n = 1) TV & media and 40 % (n = 14 ) reported having none. Comparison to Start and Following (TBF) show statistical significance by CGS, 0.000 in Somatic symptoms; 0.001, Anxiety Insomnia .000; social dysfunction 0.000; Depression .003. By Hamilton Anxiety .004, Hamilton Depression .004; MBI did not statistical significance (Emotional Exhaustion 0.075; Personal accomplishment 0.077; Depersonalization 0.421). They improve also their academic performance perceived.

Conclusions: TBF students showed improvement in anxiety, depression and perceived academic performance. High attrition indicates that there are multiple barriers to accessing mental health programs. We need further analysis to variables that could have influenced. The study documents that TBF is useful for the wellness of students and educators need to recognize this key element in the development of their students. They reported as a major limitation of this study coordinate schedules for students to attend sessions without interfering academic activities.

References
THERAPEUTIC RESPONSE TO INTENSIVE PSYCHOTHERAPEUTIC PROGRAMS IN PATIENTS WITH ANXIETY DISORDERS

Jan Prasko, Ales Grambal, Dana Kamaradova, Daniela Jelenova, Klara Latalova, Marie Ociskova, Kristyna Vrbova, Zuzana Sigmundova

Faculty of Medicine and Dentistry, Palacky University Olomouc, Department of Psychiatry, University Hospital Olomouc

Faculty of Philosophy, Department of Psychology, Palacky University Olomouc

Introduction: Both pharmacological and psychoterapeutical approaches have proven effectiveness for anxiety disorders. Despite their efficacy level of treatment resistance is relatively high with 30-50% of patients no response to the treatment. The aim of study was to establish the efficacy of CBT or short psychodynamic psychotherapy on non-selected and medication-resistant patients with anxiety disorders and to search for predictors of response.

Method: Short psychodynamic psychotherapy or systematic CBT was tailored according the needs of each patient. Pharmacology treatment remained mainly unchanged during the trial period. Outcome measures were: Clinical Global Impression – Severity of Illness scale (CGI), Dissociative Experience Scale (DES), Somatoform Dissociation Questionnaire (SDQ-20), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI). The primary outcome measures were clinical response defined as 30% decrease in BAI and remission defined as a 1 or 2 points in CGI.

Results: 190 patients were included into the study and 15 dropped out. Altogether 175 patients completed at least 5 of 6 weeks of intensive psychotherapy program. Patients of all diagnostic groups showed significant improvement in CGI, BAI, BDI. At the end of the treatment 51.1% of the patients achieved clinical response and 42.3 % clinical remission. The predictors of therapeutic effect were BAI score lower than 25, BDI score lower than 20, no comorbidity with personality disorder, no comorbid depression, no being divorced or widowed.

Conclusion: Therapeutic efficacy of the intensive psychotherapeutics programs for anxiety disorders was predicted with level of anxiety and depression, comorbidity with depression and personality disorders and marital status.
ANXIETY AND ALCOHOL ABUSE IN SURGICAL PATIENTS
MJ. Cardoso-Moreno1, L. Tomás-Aragonés1, FJ. Vaz-Leal2, M.I. Ramos-Fuentes2, N. Fernández-Sánchez2 y L. Rodríguez-Santos2
1. University of Zaragoza, Zaragoza, Spain.
2. University of Extremadura, Badajoz, Spain

Objectives: There are many factors that can influence the psychological state of individuals that are about to undergo a surgical procedure. The identification of these factors could be used to develop a screening process to detect those patients who may be at greater risk of postoperative difficulties. Alcoholics frequently suffer psychiatric syndromes, particularly anxiety and depression. The objective of this work is to examine the possible relationship between anxiety and alcohol abuse in patients that are about to undergo a surgical procedure.

Methods: The study was based on the voluntary participation of 42 hospital patients awaiting surgery at the Infanta Cristina Hospital in Badajoz, Spain. They completed the State-Trait-Anxiety-Inventory (STAI) and the MCMII-II questionnaire before the surgical intervention took place. Results: Results indicated that scores on the alcohol abuse scale are higher in patients with a greater degree of anxiety (F = 15,525; p = 0.000).

Conclusions: The results of this study indicate that presurgical anxiety have a critical role in recovery. Taking these data into account, it seems necessary to assess psychopathology on a regular basis in all the patients waiting for surgically interventions.
MULTIDISCIPLINARY TREATMENT IN PATIENT WITH OBSESSIVE COMPULSIVE DISORDER

C. J. Sánchez Miñano1, B. Ruiz García1, L. M. Giménez Giménez1, S. Pineda Murcia1, I. Alonso García1, M. A. Bernal López1, K. Rozmus1, I. Lázaro Montero de Espinosa, M. Campillo Agustí, J. M. Salmerón Arias-Camisón
1. Hospital General Universitario Morales Meseguer, Murcia, Spain

Objectives: Presentamos el caso de un varón de 25 años derivado desde psiquiatría por conductas impulsivas.

Method: Recogemos historia clínica del paciente y evolución de síntomas. Administramos Cuestionario de personalidad de Millon. Realizamos una revisión bibliográfica sobre tratamiento farmacológico y psicológico de elección en el caso de paciente con Trastorno Obsesivo Compulsivo con predominio de pensamientos o rumiaciones obsesivas.


Conclusions: Tras tres semanas con tratamiento antidepresivo se empieza a objetivar mejoría de la sintomatología, pudiendo continuar de forma adecuada el abordaje psicológico. En este caso se trabajó con terapia cognitivo-conductual, utilizando reestructuración cognitiva y psicoeducación acerca de su patología de base. Contar con un buen tratamiento psicológico y con un tratamiento psicofarmacológico adecuado es un buen punto de partida para la práctica clínica ya que en este caso, a diferencia de otros trastornos de ansiedad, no parece darse una contraindicación de ambos tratamientos, sino al contrario, pueden cooperar e incluso potenciarse.
ANÁLISIS DE LA ANSIEDAD RASGO Y ESTADO, EN GESTANTES CON GESTACIÓN ESPONTÁNEA VERSUS REPRODUCCIÓN ASISTIDA

F. A. Muñoz 1, Lapuente Varela, (1), J. Miranda Páez (2), J. Trillo Legaz (2), I. Palomo Álvarez (1)
1. GinexLab, Madrid, España (Spain)
2. Universidad de Málaga, España (Spain)

Objectives
Describir la ansiedad estado y ansiedad rasgo en gestantes con gestación espontánea versus reproducción asistida, en función de posibles factores estresores.

Methods
Participaron 208 pacientes con edades comprendidas entre 26 y 44 años (Media=5 años; D.T.= 3,5 años) seleccionadas mediante un muestreo consecutivo en el Centro Médico Dr. Palomo/GinexLab.

Estudio prospectivo y observacional desarrollado en 2 años. Mediante entrevista individual, se cumplimentó un formulario “Ad Hoc” que incluía ítems referentes a la vivencia de situaciones potencialmente estresantes, tratamiento psicológico o psiquiátrico, semana de gestación, tipo de gestación (espontánea/asistida) y variables complementarias. En la misma sesión, se aplicó la versión española del cuestionario STA I para valorar la ansiedad rasgo y ansiedad estado. Todas las pacientes dieron su consentimiento informado.

Results
Se observaron valores medios de ansiedad estado de 16,2 (D.T. 8,9). Los percentiles de ansiedad estado más frecuentes fueron el 50 y 65. Sólo 11 mujeres estaban siguiendo tratamiento psicológico o psiquiátrico en el momento de la recogida de datos. La ansiedad rasgo más frecuente correspondió al primer percentil. No se encontró asociación significativa entre los valores de ansiedad con la edad, número previo de hijos o semana de gestación. Los niveles de ansiedad no difieren significativamente en función de tener una gestación asistida o no.

Se encontraron niveles de ansiedad estado significativamente más altos en mujeres con vivencia de alguna situación percibida como estresante (T=3,93; dgl=206; p<0.001). Así mismo, la ansiedad rasgo era significativamente superior en estas últimas (T=4,02; dgl=206; p<0.001). Mostraron una moderada relación directa con presencia de tratamiento psicológico y/o psiquiátrico en el historial de la paciente, A.estado (Rho Spearman=.159; p<0,05) y A. Rasgo (Rho Spearman=.220; p<0,01).

Conclusions
Los niveles de ansiedad estado y ansiedad rasgo se muestran independientes de la fase de gestación y el método (asistida/espontánea). La presencia de vivencia de alguna situación percibida como estresante eleva dichos niveles.
CROSS-SECTIONAL STUDY OF PSYCHIATRIC MORBIDITY IN AMPUTEEES - AN INDIAN STUDY.

S Tobgay¹, PK Sharma², R Shashikumar³
¹,²,³. Armed Forces Medical College, Pune, Maharashtra, India.

Objective: The primary objective of the study was to assess the prevalence of anxiety, depression and posttraumatic stress disorder (PTSD) in cases of amputees.

Methods: A cross-sectional study was carried out at a Government artificial limb centre. All consecutive cases of male amputees who were admitted to artificial limb centre during the period from Jan 2012 to Dec 2012, with no history of multiple injuries, head injuries or no past history of any psychiatric disorders were included in the study. Equal number of controls were selected from patients admitted to the surgical unit of sister hospital, for treatment of limb fractures. Validated Hamilton Anxiety scale (HAM-A), Beck depression inventory-II and Clinician administered PTSD scale (CAPS) questionnaires were used to assess the prevalence of anxiety, depression and PTSD symptomatology. Data collected was analysed using Statistical package for social sciences (SPSS) program version 17.0.

Results: Significant numbers of amputees were found to have anxiety, depressive and PTSD symptomatology. 86.7% amputees had a score of less than or equal to 17 on anxiety scale indicating mild anxiety. 20% amputees had a score of more than 13 and 10% amputees had a score between 14-19 on depression scales indicating mild and moderate depression respectively. 26.6% amputees had a score of more than or equal to 45 on TSEV-45 CAPS scoring system. In our study, patients with lower limb amputation reported higher prevalence of anxiety, depression and PTSD symptomatology. The above findings and other outcomes of the study will be discussed.

Conclusion: Finding of this study revealed that significant number of amputees developed anxiety, depression and PTSD symptomatology and highlighted the need for psychiatric/psychosocial intervention and multidisciplinary team approach.
D-CYCLOSERINE ADDITION TO EXPOSURE SESSIONS IN OCD
A. S. de Leeuw1, H. J.G.M. van Megen1, R. S. Kahn2, H. G.M. Westenberg†2
1GGz Centraal, Ermelo, the Netherlands
2 University Medical Center, Utrecht, the Netherlands

Objectives
Exposure and response prevention is an effective method in the treatment of patients with obsessive-compulsive disorder. However, improvement is often limited. Preliminary studies in anxiety disorders have shown that the addition of the partial NMDA-agonist D-cycloserine (DCS) is promising in enhancing the results of exposure therapy. This study was designed to examine the efficacy of DCS addition to exposure sessions in obsessive-compulsive disorder (OCD) and in specific subgroups (symptom dimensions, severity, therapy resistance).

Methods
A randomized, double-blind, placebo controlled trial was conducted in 37 patients with OCD. Patients received 6 guided exposure sessions, once a week. One hour before each session 125 mg DCS or placebo was administered. The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) was used as primary outcome measure. In addition, subgroup analyses were done.

Results
The Y-BOCS score declined more in the DCS group than in the placebo group, but the difference did not reach statistical significance (p = 0.068). The response percentage at post treatment (defined as a reduction of at least 25% on the Y-BOCS) was significantly larger in the DCS group. No adverse effects were reported. In the ‘contamination’ subgroup a significant effect was found in favour of DCS (p = 0.032). DCS addition

Conclusions
The results of this study did not confirm an augmenting effect of DCS to exposure therapy in OCD. However, some secondary outcome data (significant effects in the ‘contamination’ subgroup, response percentages) suggested that DCS does have a potential to enhance exposure therapy and this study might has been underpowered. Future studies with larger groups are needed, as well as studies in specific subgroups.
PROTOCOL FOR URGENT PSYCHOLOGICAL ASSISTANCE TO VICTIMS OF ROBBERY

1. IPSE-Intervención Psicológica Especializada. Madrid. España (Spain)

The protocol IPSEAPAT for urgent psychological assistance to victims of robberies is presented, the objectives are:

A) Perform basic psychological exploration by telephone to people who have suffered or robbery.
B) To provide immediate telephone counseling, by the application of urgent psychological assistance strategies, to those who have suffered a robbery in order to increase their psychological resistance to the situation experienced and psychological adaptability, and to decrease the possibility of complications or adaptive psychological or psycho- dysfunctional or other difficulties, secondary to the traumatic event.

Method
The procedure to be performed is:

1. Immediate call from the Psychologist to the user.
2. Perform the first assistance of the person.
3. Ask and find general information about the situation experienced by the person.
4. Psychological Exploration and also of psychological symptoms and reactions of the person.

Rate – on site assistance. *** Should consider whether:

1. The symptoms are very intense or circumstances indicate high level of psychological trouble at the time
2. If there was any customer or worker who died or was seriously injured during the robbery.

Consider consultation assistance ***, if there are other prior factors that can interfere with the normal recovery from the situation, and if the person is not receiving counselling from other professional psychologist..

5. Facilitate self-care strategies and also for coping situations and symptoms, and to assess responsiveness, adaptation and evolution.
6. If persistence and / or worsening of symptoms, consider onsite assistance.

Conclusions
We consider this protocol highly useful based on the preliminary results that we have, and hope we could show more in-depth results directly during the XVI Congress.
THE RELATIONSHIP BETWEEN EARLY FAMILY TRAUMATIZATION, RECENT NEGATIVE LIFE EVENTS, AND EMOTIONAL DISTRESS

V. Gavrilov-Jerković1, V. Jovanović1, I. Jerković1, D. Žuljević1, D. Brdarić1
1University of Novi Sad, Novi Sad, Serbia

According to the stress sensitization model (Hammen et al., 2000), risk for psychological distress following stressful life events is higher among individuals with a history of early adverse experiences. Authors of this model suggest that due to the early trauma experience such persons are less tolerant to new stressors and perceive actual negative life events to be more stressful and overwhelming. Consequently, they may be more vulnerable to react with increased distress even to relatively minor stressors. The aim of this study was to examine whether the experience of early family adversity had a moderating effect in the relations between recent negative life events (past six months) and symptoms of emotional distress. The sample consisted of 482 undergraduate students from the University of Novi Sad, with a mean age 19.65 years. The participants completed measures of distress (DASS-21), early unresolved family traumatization (UPIPAV-R) and negative life events in the past six months (LES). The results of multiple regression analysis show that predictors achieve significant low to medium correlation with criteria (R=.30). Both early traumatization (β=.24) and recent negative life events (β=.16) significantly contributed to the level of emotional distress. However, moderation analysis suggested no moderating effect of early adverse experiences. Exposure to recent negative events was associated with higher emotional distress independently of the level of early experience adversity. Sensitization hypothesis was not confirmed in the sample of young adults. The results of the present study show that experiences of early adversity and actual adversity have additive but not interactive effect in the prediction of distress.

Key words: early family adversity, recent life events, emotional distress, moderation, sensitization model
QUALITY OF LIFE AND HEART RATE VARIABILITY IN ADOLESCENTS WITH INFLAMMATORY BOWEL DISEASE
D. Jelenova¹, M. Ociskova¹, J. Prasko¹, V. Mihal¹, M. Hunkova¹, E. Karaskova¹, J. Kolarova¹, D. Vydra¹
¹ University Hospital in Olomouc, Czech Republic
² Palacky University Olomouc, Czech Republic

Objectives Inflammatory bowel diseases (IBD) are chronic illnesses with an impact on quality of life. The aim of this study is to examine the quality of life (QoL) of children with inflammatory bowel disease, and analyse the heart rate variability (HRV) as possible marker of chronic stress of children with IBD and healthy children.

Methods Participants were 27 adolescents with IBD (21 Crohn’s disease, 6 ulcerative colitis) and 43 healthy controls of the same age (13-16 years). Adolescents completed questionnaires about the QoL (KidScreen-10, PedsQL), depression (CDI), and anxiety (ŠAD). The differences in autonomic nervous system activity, indexed by HRV were evaluated in three positions (supine-standing-supine).

Results The level of QoL did not significantly differ between adolescents with IBD and healthy controls. In HRV assessment, comparing to health controls, adolescents with IBD had significantly lower levels of the spectral activity in a low frequency band in all three positions; lower levels of very low frequency in both supine positions; and the ration of the spectral activity at lower frequency to high frequency was significantly lower in the first two positions (supine and standing). These results indicate the lower adaptability to stress in children with IBD. Several aspects of quality of life, as measured by PedsQL, significantly correlated with the HRV. The levels of depressive symptoms and anxiety did not significantly correlate with any aspect of the HRV.

Conclusions Adolescents with IBD suffer from chronic stress which lowers their ability to react adaptively to stress and possibly quality of life.
Supported by IGA MZ CZ NT 14281-3
CAREGIVING BURDEN FOR DEPENDENT PEOPLE WITH DEMENTIA
MC. García Mahía 1, G. Rodríguez Martínez 1, M. Vidal Millares2
1. University Hospital A Coruña, Spain
2. University Hospital Santiago de Compostela, Spain.

Objectives
To study degree of burden, social support and psychological stress of a group of informal caregivers of dependent persons.

Methods
The sample was composed of 21 caregivers of people with several types of dependence that received treatment in an outpatient mental clinic. Key variables studied in the caregiver group included demographics, social support and psychological stress. Zarit Burden Interview was used to interview caregivers (cut-off 24-26) and sleep disturbances in caregivers were assessed with Pittsburgh Quality Index.

Results
The mean age of the caregivers interviewed was 54.2 (DT 9.5), with ages between 25 and 76 years. 94% of caregivers were women, predominantly married, with low cultural levels. Almost all were family members, with the predominance of daughters or daughters in law (80.2%).

More than half of the sample referred feelings of being constantly concerned about caring for their relatives. The 41.2% felt that their health had deteriorated in recent times. Caregivers who looked after patients with behavioral disturbances were found to have a significantly higher ZBI score than those who looked after patients without behavioral disturbances.

There was severe insomnia in 42.1% of the sample, to live life without hope and suicidal ruminations, present in 10% of the sample.

Conclusions
The results suggest the importance of providing support to caregivers as a critical step in the community care of dependent persons with mental illness. Caregiving tends to be hidden in the domestic environment where middle age daughters and daughters-in-law have a prominent role. Coherently, they require preventive interventions to be carried out in different levels of services and are worthy target of epidemiological studies.
THE IMPACT OF LONG-TERM EXPOSURE TO CONFLICT-RELATED TRAUMA AND CURRENT STRESSES ON THE MENTAL HEALTH AND FUNCTIONING OF WEST PAPUAN REFUGEES IN PORT MORESBY, PAPUA NEW GUINEA (PNG)

K. Tay1,2, S. Rees1,2, M. Kareth1, D. Silove1,2
1: University of New South Wales, Sydney, Australia
2: The Psychiatry Research and Teaching Unit, Liverpool Hospital, Sydney, Australia

Objectives: To examine associations of conflict-related trauma and current stresses with mental disorder and functioning amongst West Papuan refugees residing in Port Moresby, Papua New Guinea.

Methods: Exposure to conflict-related potentially traumatic events (PTEs) and mental disorders were assessed using the Assessment of Diagnosis, Adaptation, and Postconflict Trauma (ADAPT) and current stresses and functioning using WHO measures.

Results: 129 of 230 respondents (56%) reported exposure to at least one PTE: forced to live in poor conditions during the conflict (37.6%); exposure to political upheaval (36.5%); witnessing or hearing family members tortured and murdered (33.9%); not being able to access medical care for family members (33%); and family-related deaths and disappearances (32.2%). 47 (20.4%) experienced high levels (16 to 23) of PTEs.

211 (91.7%) endorsed at least one or more ongoing stresses, including exposure to illicit substance use in the community (91.7%); problems with safety for women from violence (89.6%); no access to legal rights (88.3%); lack of proper shelter (85.2%); poor levels of safety in the community (85.2%); and the stress of prolonged displacement (82.6%). 157 (68.3%) reported high levels of stress (21 to 25 forms). 26.9% met criteria for one or more current mental disorders; 69.1% reported functional impairment ranging from mild to extreme in severity. Mental disorder was associated with the highest level of exposure to current stress (AOR, 2.87; 95% CI, 1.07 - 7.71). Functional impairment was associated with exposure to multiple PTEs with the greatest risk (AOR, 11.42; 95% CI, 2.01 - 65.03) being for those in the highest category of PTE exposure.

Conclusions: West Papuan refugees exhibit patterns of PTEs and ongoing stresses characteristic of populations exposed to extreme conflict and prolonged displacement and to conditions of severe hardship. The traumas of past conflict have a long-term impact on psychosocial functioning.
Clinical study on efficacy of venlafaxine extended-release (XR) monotherapy for the generalized anxiety disorder associated with painful physical symptoms

Yanli Luo 1, Mo Da-ming 2
1. Tong Ji University, Shanghai, China
2. Shanghai Jiaotong University Mental Health Center, Shanghai, China

Objectives The aim of this study is to evaluate the effectiveness, and safety of venlafaxine extended-release (XR) monotherapy in treating outpatients fulfilling the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV) criteria for the generalized anxiety disorder (GAD) associated with painful physical symptoms (PPS).

Methods 180 GAD patients with PPS were enrolled to receive venlafaxine extended-release (XR) monotherapy in an 8-week labeled study. The Medical Outcome Study Pain Measures (MOSPM), Hamilton Depression Scale-17 items (HAMD17), and Hamilton Anxiety Scale (HAMA) were used to assess the analgesic and antidepressive efficacy of venlafaxine XR.

Results After 8 weeks treatment, HAMA and MOSPM total scores decreased significantly to baseline (MOSPM, \( t = 18.09, p < 0.001 \); HAMA, \( t = 21.24, p < 0.001 \); HAMD, \( t = 23.84, p < 0.001 \)); Early remission of anxiety symptoms in the first two weeks could predict the better efficacy of pain symptoms (\( X^2 = 24.71, P < 0.01 \)). TESS showed the incidence of venlafaxine XR adverse reaction was 8.3% (15 cases) in the study, mainly for nausea in 5 cases, sweating in 3 cases, drowsiness in 2 cases, 3 cases of hypertension, palpitation 2 cases, and adverse reaction disappeared during one week.

Conclusions Venlafaxine is effective and safe for anxiety and pain symptoms in GAD patients with PPS. Early remission of anxiety symptoms may helpful for pain symptoms improvement.
EFFICACY OF AGOMELATINE IN ANXIETY DEPRESSION
G. Sikharulidze 1,2, G. Naneishvili 2, N. Okribelashvili 1,2, V. Kentchadze 2
1 Tbilisi State University, Tbilisi, Georgia
2 Mental Health Center Mentalvita, Tbilisi, Georgia

Objectives:
Anxiety and depression are highly comorbid disorders. Comorbid anxiety is associated with higher clinical severity, including suicidal risk. Diagnostic and Statistical Manual of Mental Disorders (DSM-V) as well as International Classification of Diseases (ICD 10) will consider dimensional aspects of depression and anxiety and among the new categories has added “mixed anxiety/depression disorder”.
Agomelatine is a novel agent that acts on melatonergic (MT-1, MT-2) receptors and serotonergic (5-HT-2C) receptors. Preclinical data and data from clinical trials in major depression suggest that Agomelatine may have anxiolytic properties. An open-label trial was designed to assess the efficacy of Agomelatine in mixed anxiety/depression disorder

Methods:
Twenty-two adult outpatients, who met the DSM-V criteria for mixed anxiety/depression disorder were evaluated in open-label trial. Patients were evaluated using the Hamilton Depression Rating scale (HAM-D) and the Hamilton Anxiety Scale (HAM-A), Clinical Impressions Scale (CGI).

Results:
A significant reduction in total scores of HAM-D and HAM-A was found. CGI results shows good improvement of patients clinical status

Conclusion:
This study suggests that Agomelatine is effective in the treatment of mixed anxiety/depression disorder and is well tolerated. We suppose Agomelatine’s anxiolytic efficacy in depressed patients might be caused by its antagonism of 5-HT-2C receptors.
ARIPIPRAZOLE AUGMENTATION IN TREATMENT-RESISTANT OBSESSIVE-COMPULSIVE DISORDER
G. Sikharulidze 1,2; G. Naneishvili 2; N. Okribelashvili 1,2; V. Kentchadze 2
1 Tbilisi State University, Tbilisi, Georgia
2 Mental Health Center Mentalvita, Tbilisi, Georgia

Objectives:
The primary treatment for obsessive-compulsive disorder (OCD) is selective serotonin reuptake inhibitors (SSRIs) or Serotonin–norepinephrine reuptake inhibitors (SNRIs). However, approximately 30% of patients do not respond to this drugs therapy. Antipsychotic augmentation is a common strategy for treatment resistant OCD. This open-label study evaluated the efficacy of adding Aripiprazole in patients whose OCD was insufficiently responsive to an adequate SSRI or SNRIs treatment.

Methods:
Fourteen adult outpatients, who met the DSM-IV-TR criteria for OCD and had treatment resistant OCD were evaluated in open-label trial. The patients received Aripiprazole (7.5-10 mg/day)/SSRI-SNRIs for 10 weeks. Patients were evaluated using the Yale-Brown Obsessive Compulsive (Y-BOCS) scale.

Results:
This Combination therapy significantly improved Patients Condition. A significant reduction in total scores of Y-BOCS was found. Aripiprazole was generally well tolerated.

Conclusion:
Results of the present study indicate that Aripiprazole augmentation of SSRI/SNRIs therapy may be effective for treatment-refractory OCD.
PECULIARITIES OF PSYCHOGENIC DISORDERS IN WOMEN - SECONDARY VICTIMS OF TERRORIST ACTS IN VOLGOGRAD ON DECEMBER 29 AND 30, 2013

D. Archakov1, Y. Osadshy1, R. Voblenko

1. Private Clinic “YUGMED”

Objective: To determine the characteristics of psychogenic disorders in women - secondary victims of terrorist acts in Volgograd.

Methods: After the terrorist attacks, 32 women (aged about 42.9 ± 14.4) requested medical help. They did not directly suffer and were not familiar with the victims of the attacks. Ch.D. Spielberg and A.M. Wayne methods, Beck Depression Scale, and Leonhard’s test were used. All cases were classified as F43.2 according to ICD-10 criteria.

Results: The main symptom of psychogenic disorders in secondary victims were vegetative disorders (90.6 ± 0.5%). Anxiety occurred in 81.2 ± 0.8% of cases. Depressed mood occurred in 84.4 ± 0.7%. Clinical depression was observed only in 12.5 ± 1.6% of patients, of mild type. 75.0 ± 0.9% of patients suffered sleep disturbances - 15.6 ± 1.6% among them associated frequent waking with nightmares. 3/4 of patients (75.0 ± 0.9%) experienced fears: phobic fear of public transport, visiting crowded public places.

The most frequent accentuations in the secondary victims were anxious (28.3 ± 1.5%), demonstrative (21.9 ± 1.6%), dysthymic (18.7 ± 1.6%), emotive (18.7 ± 1.6%), cyclothymic (12.5 ± 1.6%) and pedantic (9.4 ± 1.7%). In the control group accentuation types were: emotive (16.7 ± 1.7%), anxious (13.3 ± 1.7%), demonstrative (13.3 ± 1.7%), pedantic (13.3 ± 1.7%). At the same time two types of accentuation, not frequent in the secondary victims, were identified - hyperthymic (10.0 ± 1.7%), excitable (10.0 ± 1.7%).

Conclusions: The highest number of secondary terrorist acts victims in seek for psychiatric care falls within the first 5-7 days after they occurred.

Trigger mechanisms of psychogenic development are total, intrusive non-censored terrorist attacks coverage in media, the development of feeling of panic in the population, resulting in social contagion.

Dominant clinical symptoms are neurotic register symptoms with predominance of anxiety and phobic.

Personality accentuations characteristic for female secondary victims are anxiety, demonstrative, dysthymic, emotive, cyclothymic and pedantic types, which are predisposing factors for psychogenic disorders development.
CLINICOEPIDEMIOLOGIQUE PROFILE OF ANXIETY DISORDERS IN SCHIZOPHRENICS
Bani Tefahi

Faculty of Medicine, Annaba, Algeria

Anxiety disorders are a common nosological entity that can dot the evolutionary genius of the schizophrenic illness.

The aim of our study was to determine the frequency and intensity of anxiety disorders in schizophrenia and describe their sociodemographic, clinical and therapeutic using the anxiety scale Hospital Anxiety Depression (HAD).

Patients and methods: This is a descriptive study of 100 schizophrenic consultant on a weekly basis to the Er-Razi hospital in Annaba (Algeria Is) for a period of 7 months (January-July 2013)

Results:
The bracket most affected age is between 36 and 45 years in 39% of cases, male (69%) with a sex ratio of two, 71% are single, inactive in 78% of cases, resident Annaba region in 58% of cases. The paranoid type is found in 57% of cases. The prescription of atypical antipsychotics (APA) is recommended in 33% of cases, 28% of cases received combination therapy (atypical antipsychotics + atypical antipsychotics and mood stabilizers or conventional neuroleptics). 39 cases are only in conventional neuroleptics. Fifty-two percent 52% of our patients have moderate anxiety score between 06 and 10 on the Hospital Anxiety Depression scale (HAD).

Keywords: Schizophrenia, anxiety disorders, frequency, HAD
SENSITIVITY AND SPECIFICITY OF ACUTE STRESS DISORDER IN THE PREDICTION OF POST-TRAUMATIC STRESS DISORDER: A PROSPECTIVE STUDY OVER SIX MONTHS
M.W. Krir, N. Lakhal, S. Edhif, H. Elkefi, A. Oumaya, S. Gallali
Military Hospital of instruction, Tunis, Tunisia

Objectives
One rationale for establishing the acute stress disorder (ASD) diagnosis was to identify recently trauma-exposed people who may develop later post-traumatic stress disorder (PTSD). However, there is some evidence that the requirement to meet the dissociative criteria of ASD may limit the category’s capacity to predict subsequent PTSD. The aim of this study was to examine the sensitivity and the specificity of ASD in the prediction of PTSD.

Methods
This was a prospective study concerning patients consulting from July to August 2013 in the psychiatry department of military hospital of Tunis and who were recently confronted with events that involved death or serious injury (N = 65). DSM-IV ASD criteria at baseline and DSM-IV PTSD criteria after six months were assessed for all patients.

Results
<table>
<thead>
<tr>
<th></th>
<th>PTSD</th>
<th>No PTSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASD</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>No ASD</td>
<td>23</td>
<td>26</td>
</tr>
</tbody>
</table>

Two patients diagnosed as having an ASD after trauma exposure did not meet criteria of PTSD at 6 months (Specificity = 87.5%). Sixty two percent of trauma survivors who reported PTSD at 6 months did not experience ASD after trauma exposure (Sensitivity = 38%).

Conclusions
These results suggest that most people diagnosed with ASD will suffer from PTSD. However, ASD diagnosis seems to have a limited utility in identifying patients who are high risk for PTSD.
EFFICACY OF ANTIDEPRESSANTS IN POST-TRAUMATIC STRESS DISORDER: A PROSPECTIVE STUDY OF 28 CASES
M.W. Krii, S. Edhif, N. Lakhal, H. Elkefi, A. Oumaya, S. Gallali
Military Hospital of instruction, Tunis, Tunisia

Objectives
The treatment of post-traumatic stress disorder (PTSD) has several aims such as reducing the severity of symptoms, minimizing the functional impact and improving the quality of life. Antidepressants are considered as the first line pharmacological treatment for PTSD. However, recent reports concluded that current evidence to determine their efficacy is at best suggestive.

The purpose of this study was to evaluate the efficacy of antidepressant treatment in PTSD.

Methods
This was a prospective and descriptive study concerning patients who consulted from August to October 2013 in the psychiatry department of military hospital of Tunis and were then diagnosed as having a PTSD according to the DSM-IV-TR criteria (N = 28). All patients had an antidepressant treatment. An evaluation by the Clinician-Administered PTSD Scale (CAPS) was performed at diagnosis and after 12 weeks. The most common definition of therapeutic response for patients with PTSD is a decrease of 30% or more in the CAPS score.

Results
The average age of patients was 28.7 years. They were all male, 75% had a secondary education and 57% were married. The average CAPS score was 92.1 at baseline and 63.5 after 12 weeks. A response to treatment was observed in 53% of patients.

Conclusions
Antidepressants have shown efficacy in the treatment of over half of PTSD cases. However, these results confirm that a large proportion of patients do not respond to this therapeutic class. Other options are needed to overcome these shortcomings in order to improve the prognosis of this particularly disabling disease.
THE RELATIONSHIP BETWEEN MATERNAL DEPRESSIVE, ANXIOUS AND STRESS SYMPTOMS DURING PREGNANCY AND ADULT OFFSPRING BEHAVIOURAL PROBLEMS

K. S Betts 1, G.M. Williams 1, J.M. Najman 1,2 R. Alati 1,3

1 School of Public Health, University of Queensland, Brisbane, Australia
2 School of Social Science, University of Queensland, Brisbane, Australia
3 Centre for Youth Substance Abuse Research, University of Queensland, Brisbane, Australia

Objectives: Prenatal maternal depressive, anxious and stress symptoms have been found to be associated with child and adolescent behaviour problems. In this paper, we investigate their impact on behaviour problems and depressive symptoms in adulthood.

Methods: Participants included 3,099 mother-offspring pairs from the Mater University Study of Pregnancy (MUSP), an Australian based, pre-birth cohort study. We used Latent Class Growth Analysis with parallel processes to identify trajectories of maternal depressive, anxious and stress symptoms over four time periods between the mothers’ first clinic visit and 5 years post-pregnancy. We fitted the estimates from the maternal trajectories in multivariate logistic regression models to predict internalising and externalising behaviour at age 21. We adjusted for a wide range of prenatal and postnatal factors, including maternal life events, relationship quality, contact with the new born as well as concurrent maternal depressive and anxious symptoms and father’s history of mental health problem.

Results: Latent Class Growth Analysis found seven groups of mothers; one group of mothers exhibited high levels of depressive, anxious and stress symptoms during pregnancy but not at later time-points. Their offspring experienced increased levels of behaviour problems and depressive symptoms.

Conclusion: This paper provides the first evidence that high levels of maternal subjective depressive, anxious and stress symptoms experienced in early pregnancy may predict internalising and externalising behaviour problems and depressive symptoms in young adults.
PERSONALITY TRAITS AND ADULT ATTACHMENT STYLES AS STRUCTURES UPON WHICH PEOPLE HANDLE STRESSFUL RELATED EVENTS.
Carolina Remedi¹, Carlos Soria¹, Daniel Núñez¹, Emilio Roldán¹
Instituto Henri Laborit. Cordoba. Argentina

The ability to cope and respond to stressful events is put forward as a challenge to improve well being and adaptability. A certain type of attachment pattern, insecure style, and personality traits, neuroticism, are associated as working models for handling anxiety and stress related disorders. As personality traits have emerged as the most robust predictors of anxiety, we hypothesize that they may be a link between attachment patterns and stress response

Objectives:
To examine associations between attachment styles and personality traits to sensitization processes in anxiety development.

Material and Methods:
Fouaty five participants, 33 female, 12 male, aged over 21 years measured personality constructs via self reports on the items of the NEO-Five Factor Inventory, the Adult Attachment Questionnaire and STAI-X.

Results:
Higher scores on neuroticism predicted higher expression of psychopathology and explained relationship between insecure-resistant attachment and anxiety disorders. Females, score significantly higher than males in Neuroticism and symptoms of anxiety (n:33; p<0.001), and overall on personality variables indicative of trait anxiety, lower self mastery and self steem, and negative affect. Underlying factors related to attachment reveal low self-steem, need of approval and fear of rejection, (46,17; 36,94)

Conclusions:
Because personality characteristics have emerged as some of the most robust predictors of anxiety disorders, it was predicted that the link between attachment and anxiety response might be through personality styles. This link appears to be indirect, in that neuroticism fully mediates associations between insecure attachment and anxiety, this being predictive of affect regulation. Measurement of personality traits and attachment styles may lead the field toward a model that integrates these two issues as putative predictors of either anxiety or soothing of distress.

References:


WPA-0052 GENERALIZED ANXIETY DISORDER COULD BE CAUSED BY HYPERBRADYKININEMIA

K. Fukuda

1Psychosomatic Medicine, Soka clinic of Psychosomatic Medicine, Soka, Japan

Background and aims: Hyperbradykininemia was reported in case of angioedema and dry cough as an adverse effect of angiotensin-converting-enzyme (ACE) inhibitors. There is a possibility that the choking sensation, shortness of breath, or smothering sensation in anxiety neurosis could be induced by bradykinin (BK). We sought to examine plasma-BK concentration of Generalized Anxiety Disorder (GAD) and postulated a new concept of anxiety disorders.

Methods: We identified 11 GAD patients. We measured inflammatory markers (WBC, ESR, CRP), C1-inhibitor activity and circulating BK (normal values: < 10.0 pg/ml). Anxiety was measured using the Hamilton Anxiety Rating Scale (HAM-A).

Results: No abnormalities were found in WBC, ESR, CRP and C1-inhibitor activity. There were substantial rises in BK in GAD with a mean plasma-BK concentration of 100.1 pg/ml (SD=44.6). There was a significant correlation between HAM-A and plasma-BK concentration in the 11 GAD patients, expressed by the regression: BK=5.10(HAM-A)-51.5, r=0.62, p<0.05.

Conclusions: 11GAD patients did not have any focal infection but presented hyperbradykininemia and free-floating anxiety. The symptoms of free-floating anxiety could be explained by the nature of BK which acts to produce pain, vasodilation, increased vascular permeability, and synthesis of prostaglandins. Therefore, GAD may be termed a diffuse nociceptive state, or an incomplete inflammatory state uncoupling from other inflammatory markers.
Background and aims: Research suggests that cancer patients and their caregivers may be particularly vulnerable to the experience of loneliness. The current study compared the experience of loneliness and perceptions of social support from significant others, friends, and family amongst individuals afflicted with cancer, their caregivers, and related members from the general population.

Methods: 159 men and 281 women, with six participants not reporting their gender. Average age of all participants was 41.5 years. The mean level of education (last grade completed) was 14 years. Twenty-four percent of participants were single, 67.7% were married, and 8.3% had a past relationship but were no longer in it due to separation, divorce or death of a spouse. In order to compare the loneliness experience of cancer patients, their caregivers, and the general population, four groups were examined in this study: Patients, caregivers, healthy individuals in the general population (ÔGP PersonsÔ), and their healthy, non-caregiving relatives or friends (ÔGP relatedÔ).

Results: Analyses revealed that patients and caregivers reported lower loneliness subscale scores and higher social support than members of the general population. Importantly, social support was found to confer a moderating effect on patient and caregiver loneliness.

Conclusions: the present study found that, over all, cancer patients scored significantly differently than the general population subgroups. However, what was unexpected was the direction of that difference. Aside from on the Growth and Discovery and Self-Alienation subscales, patients had the lowest mean scores on the remaining loneliness experience factors which, importantly, did not differ from that of their caregivers. It was further demonstrated that the two general population subgroups, did score higher than both the patient and caregiver subgroups Emotional distress, Social inadequacy and alienation, and Interpersonal isolation.
WPA-0118 THE EVALUATION OF STRESSFUL INFLUENCE OF CRYOTHERAPY ON THE HUMAN BODY

O. Panchenko¹, V. Onishchenko²

¹Science Department, Rehabilitation & Diagnostic Center Ministry of Health of Ukraine, Donetsk, Ukraine

The whole body aircryotherapy is based on short-term heat abstraction from the whole body surface of a patient by a laminar stream of dry air with a temperature about -110 - 120 °C. The level of cortisol in the blood was investigated to estimate the degree of stressful influence of cryotherapy on a human body.

Methods: sessions of cryotherapy were carried out into cryochamber with -110 °C. 145 people have taken part in the research. The duration of cryotherapy sessions was 0.5 minute for the first day and then, increasing by 0.5 minutes daily, has been reached up to three minutes on the 6th day of the research. The course of cryotherapy * 20 sessions. The cortisol level in the blood was defined weekly after each 5 sessions with immune-enzyme analyzer «BioTec L 800».

Results: before cryotherapy sessions were carried out, the level of cortisol in the blood averaged 436±26.6 n/mol/l, after the 5th session - 420±21.05 n/mol/l, after the 10th session - 401±21.05 n/mol/l, after the 15th session - 391±21.5 n/mol/l. After the course the average level of cortisol estimated 365±31.5 n/mol/l, that was significantly lower than initial values of the quotient (?<0.05).

In the course of cryotherapy there was a gradual decrease in level of cortisol in blood of patients that testifies to the effect that the level of patient stress has been decreasing during the therapy, and by the 20th session the process of adaptation to temperature influence of a human body was the result of proposed regimen.
WPA-0051  SEROTONIN (5-HT) IN THE LUNG LEAD TO PANIC DISORDERS IN THE BRAIN

K. Fukuda¹
¹Psychosomatic Medicine, Soka clinic of Psychosomatic Medicine, Soka, Japan

Background and aims: We would like to consider a single model which posits that hyperfunction of suffocation receptors in the lung could be the cause of Panic Disorder (PD).

Methods: The pulmonary neuroepithelial bodies (NEBs), which are situated at the bifurcation point of small bronchi, act as O2 sensors responding to a number of airway stimuli, including hypoxia, hypercapnia, and smoking, and release 5-hydroxytryptamine (5-HT) from their secretory granules. If we suppose that PD might represent an inflammation of the NEBs, bradykinin (BK) which augments the airway hyper-response to diverse inducers might cause these cells to release 5-HT along with peptides and panneuroendocrine markers from their secretory granules.

Results: Since it was revealed that BK with 5-HT could cross the blood-brain barrier (BBB), when 5-HT released from NEBs along with BK cross the BBB, the serotonergic neurons will be inhibited by the 5-HT1A autoreceptors. It is easy to suppress the periaqueductal gray (PAG), which inhibits flight reactions to impending danger, pain or asphyxia. In short, the hyperfunction of inflammatory NEBs might bring about panic reactions.

Conclusions: PD could be a lung disease that affects the brain directly and reversibly through the effects of 5-HT with BK. Future therapies for PD might be inhalants that can stabilize inflammatory NEBs, inhibit 5-HT release and BK receptors.
WPA-0120 BIOACOUSTIC CORRECTION IN THE SYSTEM OF REHABILITATION OF THE NEUROTIC AND STRESS CONNECTED DISORDERS

O. Panchenko1, T. Chumak2, L. Panchenko3

1Psycloneurological Department, Rehabilitation & Diagnostic Center Ministry of Health of Ukraine, Donetsk, Ukraine
2Medical and Social Psychology Department, Rehabilitation & Diagnostic Center Ministry of Health of Ukraine, Donetsk, Ukraine

Introduction: by the methodology of bioacoustic correction (the BAC), on the basis of computer transformation, the representation of the parameters of bioelectrical activity of human brain has been transformed into the parameters of sound stimuli.

Methods: the objective of this research is to study the efficiency and the safety of the BAC method application in the system of rehabilitation neurotic and stress connected disorders. The sample has been given by patients with neurotic, stress connected and somatoform disorders (F40-F48 - 50 persons). The research has been implemented by the device 'Sinhro-S' (St.-Petersburg, the Russian Federation).

Prior to the beginning and upon termination of the correction, the assessment of psychoemotional condition of patients has been implemented by the means of methodology of subjective interrogation, psychological and psychophysiological testing. Therapy has included pharmacotherapy (antidepressants, serotonin selective reuptake inhibitors, adaptogens, neurometabolic, nootrops); psychotherapy (rational, group, corporally-focused, hypnosuggestive, autogenic training); physiotherapy; the BAC.

Results: subjective feelings of influence efficiency have been confirmed by the results of electrophysiological examination. During the therapy all the patients have had perception improvement of a sound image by the means of spectral characteristics reorganization of electroencephalogram and hereupon the new functional condition of the central nervous system has been created. Authentic improvement of quality life indicators have been observed too (vitality, quality of a dream, emotional reactions, physical activity).

Conclusions: thereby, the bioacoustic correction method is modern, effective, safe, not medicamentous means of psychological infringements correction.
WPA-0142 THE RELATIONSHIP BETWEEN INTELLIGENCE ORGANIZATION AND JOB STRESS AMONG EMPLOYEES IN THE DEPARTMENT OF PHYSICAL EDUCATION

M. Homayounnia¹, M. Mohammadzadeh haji¹
¹education ministry, Department of educationprovince mazandaraniran, babol, Iran

Background and aims
Today, both understand of management and leadership and acting management it is exciting times. So that is unprecedented in the past. The purpose of this study to The relationship between intelligence organization and job stress among employees in the departments of Physical Education Tehran province and provide a model for reducing occupational stress in these organizations. The theory of intelligence organization as one of the most important points to remember.

Methods
The Intelligence organization as the ability to solve problems in an organization is defined. In this study From the descriptive method of research - solidarity. The study of the sports staff of the Tehran Province. for collecting data we use from a questionnaire intelligence organization (Albrekht 2003) and job stress questionnaire (hse).

Results
showed that the correlation between intelligence organization and the intelligence component subscales of occupational stress is significant. And also between small-scale components of stress in the intelligence department of physical education and a significant positive relationship exists. Correlation between the intelligence organization component of the strategic vision at the highest level (ρ602) And the correlation coefficient with the courage and the courage (ρ499) At the bottom level is. Regression analysis was the result of the alliance and agreed to the ρ 464, Strategic insight, ρ344, The function ρ078, Knowledge and application of ρ012 ( Can be expected for the job stress are significant.

Conclusions
The research results show that all the components of explanation for intelligence and occupational stress You can use these components to reduce job stress.

intelligence organization, job stress, employees department of physical education
WPA-0152 INTEREST AND LIMITATIONS OF BEHAVIOURAL AND COGNITIVE THERAPY OF ANXIETY DISORDER IN ALGERIA

M. Benabbas¹, O. Benelmouloud²
¹psychiatrie, hopital militaire universitaire de constantine, Constantine., Algeria
²psychiatrie, faculté de medecineunversite de constantine.3, Constantine., Algeria

The behavioural and cognitive approach to anxiety disorder is still at its infancy in Algeria; this is due to the ignorance of related techniques by the majority of the practitioners and to the rivalry of pharmacological treatment.

The aim of this paper is to show the advantages of these techniques for the anxious patient compared to other types of treatment.

METHODS

This is a prospective study concerning 30 patients affected by anxiety disorder according to the American classification DSM IV (generalized anxiety disorder, panic trouble and obsessive compulsive disorder) and who receive behavioural and cognitive therapy in accordance to their state.

This group of patients is compared to another group representing the same diagnosis but receiving pharmacological treatment only (antidepressors and anxiolytics) and the treatment lasts 08 weeks.

Disorder evaluation is made according to the anxiety scale phobia and its French version, Hamilton anxiety scale and the compulsive obsession scale of Marks.

RESULTS

Concerning the panic trouble, we state a net improvement of score at the end of the treatment for the population under CBT according to those under chemotherapies (ISRS + LEXOMII)

An improvement of life quality and a best professional second-insertion without substitution symptoms.

For the generalized anxiety disorder, the comparative scores of the two populations are widely dissimilar and in favour of CBT treatment according to Hamilton’s scale.

Anxiety level is sided a very low score for the CBT which prove its efficacy in a record time on anxiety and restlessness, so the population under chemotherapy continue to have a base level of anxiety lightly high especially vesperal.

Lastly for the OCD and in function of four obsessions selected by the patient, the execution time and the discomfort (D) corresponding a perceptibly diminish at the patient population under CBT until it become a simple gesture simply executed without discomfort corresponding.

CONCLUSION

The contribution of behavioural and cognitive techniques remains very crucial and indispensable for the treatment of anxiety disorders, because they are beneficent at the level of financial cost (less expansive compared to medicine)

As well as less and limited duration without substitution symptoms (compared to the group under chemotherapy).
WPA-0190 CLONAZEPAM VERSUS PAROXETINE IN A PROSPECTIVE, OPEN, RANDOMIZED 3-YEARS LONG-TERM TREATMENT OF PANIC DISORDER AND FOLLOW-UP DURING ADDITIONAL 6 YEARS

A. Nardi1, R. Amrein1, R.C. Freire1, M.D. Mochcovitch1, S. Machado1, A.C. Silva1, M. Versiani1
1Institute of Psychiatry, Federal University of Rio de Janeiro (UFRJ), Rio de Janeiro, Brazil

BACKGROUND AND AIMS. To describe the clinical and therapeutic features of 120 panic disorder (PD) patients treated with clonazepam, paroxetine, and their follow-up for 6 years after the treatment.

METHOD: A prospective open study randomized 120 PD patients to 2 mg/day clonazepam or 40 mg/day paroxetine. Tapered withdrawal of all treatments was performed after 3 years. Efficacy, safety, and cumulative relapse and remission were studied over the following 6 years, using panic attack (PA) count per month, CGI-S score, and HAMA score. Assessments were annual where possible, otherwise at a single time point at 5 or 6 years, using the same instruments.

RESULTS: 94 patients completed 3 years treatment. All were free of panic attacks since at least one year before undergoing tapered drug withdrawal. After two months of tapering, 80% of clonazepam patients were drug-free, versus 55% on paroxetine; after six months, these figures had increased to 89% and 64%, respectively, versus only 44% for those on combination therapy. In annually studied patients the relapse rates were similar after the 3 treatments with a marginal advantage of clonazepam over the combination (p=0.0035) and paroxetine (p=0.08, exact Fisher) at the first year after drug withdrawal. 90% of the annually followed patients were during the 6 years of follow up in average in remission (partial: 54%, full: 36%); 73% were PA-free, 91% had a CGI-S score of 1, and 39% HAMA scores of 5*10; 33% needed drug treatment in each follow-up year (11%: clonazepam 1 or 2 mg/day, 21%: paroxetine 20, 30 or 40 mg/day). Both treatments displayed similarly high efficacy, but clonazepam was better tolerated.

CONCLUSION: Many PD patients relapsed despite being asymptomatic after 3 years treatment. However, response to retreatment was excellent. Paroxetine and clonazepam were associated with similar long-term prognoses but clonazepam was better tolerated.
Background and aims
The purpose of this study was to examine the relationship between psychological skills usage and competitive anxiety intensity and interpretation of the male athletes had group and individual.

Methods
The study sample are included 215 male athletes (110 men and 105 strands a group of individual). With non-random sampling method was purposeful. In order to assess the scale of the research variables (Psych SASI), Competitive State Anxiety Scale Revised (CSAI-2) and the General Health Questionnaire (GHQ) was used. This correlation is the study plans. Inferential statistics for data analysis (T test, multivariate analysis of variance (MANOVA)), Pearson correlation and Fisher's Z test was used.

Results
Results showed that group and individual athletes only focus on variables correlated with the severity of anxiety and motivation are significant differences in the interpretation of anxiety, However, the correlation between other variables in the two groups was not significant difference noticeable. skills focus and illustration in both groups of athletes with cognitive anxiety intensity had a significant negative relationship, But these mental skills in individual athletes with physical anxiety had a significant relationship, Between physical and cognitive skills, confidence and anxiety in both groups of athletes, there was a significant negative relationship.

Conclusions
Control the switching of energy and mental skills in any of the two groups Physical and cognitive anxiety intensity had a significant negative correlation athletes.

Keywords: competitive stress, psychological skills, team and individual athletes
WPA-0143 WHAT ABOUT THE OLD PSYCHOTRAUMATISM

M. Benabbas¹, O. Benelmouloud²
¹psychiatrie, H M R U C/Sème RM, Constantine, Algeria
²psychiatrie, faculté de médecineuniversite de constantine.3, Constantine, Algeria

The authors report an established psychotraumatisme stress disorder (PTSD) in 60 ex-service men of the Algerian war; seen in the expertise for a reassessments of their war indemnity (Inability Partial Permanent)

50 years after the independence, these ex-service men continue to have psychological pains signs in silence.

This has led to think about psychotraumatisme stress disorder in the face of any anxio-depressive symptomatology in the ex-service men.

KEY WORDS:
Post traumatic stress disorders, ex-service men
WPA-0153 BENEFECTS OF COGNITIV THERAPY FOR TREATING THE PANIC DISPRDER WITH AGORAPHOBIA IN CONSTANTINE

O. Benelmouloud1, M. Benabbas2
1medecine, faculté de medecine universite de constantine.3, Constantine., Algeria
2medecine, hopital militaire universitaire de constantine, Constantine., Algeria

INTRODUCTION
The use of CBT remains the recent techniques in Algeria and its introduction in the therapeutic arsenal field; already insufficient, finds resistances from the part of some practitioners.
ItÔs about the study showing the interest of cognitive and behavioural treatment in the panic disorder with agoraphobia

METHODOLOGY
ItÔs about the comparative study of the two types of the population presenting the diagnosis of a panic disorder with agoraphobia.
The first group will be treated by antidepressors and the others by the cognitive behavioural treatment.
The first population estimated to 50 patients receive only the antidepressors (Anafranil) and the other of 50 patients receive the technique of cognitive and behavioural treatment.
The two populations will be selected according to the randomisation principle.
- The study duration is of 03 months and the assessment is done at a day 0, 7, 14, 30 and 90 according to Cottraux anxiety scale and file automatic thought of Beek.
- The data (given in formation) of scales of two groups will be compared before the first day and the end of the medical care.

CONCLUSION
The CBT widly find its place in Algeria because it offers others characteristics :
Ŷ Less onerous.
Ŷ Limited in time.
Ŷ Easy to practise.
Ŷ Variability of techniques.
Ŷ In Algeria, the practise of this structured psychitherapy is rare and it will be wished that short cycles of formation must be prodigal for the treated personnal with psychiatry ( nurses, psychologists, students, psychiatrists and general practitionners) .
Ŷ To think of introducing a specialized psychotherapy courses for the medical students at the end of the cycle in frame of medical psychology module.
WPA-0155 EVALUATION OF SOCIAL ANXIETY AND PERSONALITY DIMENSIONS IN RAFSANJAN UNIVERSITY OF MEDICAL SCIENCES STUDENTS IN 2013
M. Agha Mohammad Hasani P1, M. Mokhtaree1
1Moradi hospital, Rafsanjan university of medical sciences, Rafsanjan, Iran

Background: Social phobia (social anxiety disorder) is an anxiety that marked and persistent fear and extreme anxiety in social situations, or actions known and can disrupt the person's daily activities. Thus, with importance of these two categories, the present study examined the relationship between social anxiety and personality dimensions in students of Rafsanjan University of Medical Sciences.

Method: The population of this study included all students of Rafsanjan University of Medical Sciences in 2013 and a random stratified sample of 320 patients estimated using the method. Participants responded to questions on the NEO Personality and Social Phobia. ANOVA and t-test results evaluated.

Results: 5.3% of the subjects have extreme fear, 4.9% of people extreme avoid, 6% extreme psychological fear and 4.6% extreme social phobia.
In comparing two gender groups in aspects of social phobia, only physiological difference between the two groups is statistically significant.
The responsibility of the personality dimensions were significantly different between academic course. Between different academic courses, there was no significant difference in terms of social phobia and its dimensions. Between subjects married there was no significant difference in terms of personality and social phobia.

Results: It seems that Social phobia associated with dimentions of personality and be able to explain it much
Objective: Separation anxiety is an important psychological construct within a number of emotional development theories. While the reaction is normative, some children develop a separation anxiety disorder *SAD, which sometimes persist until late adolescence and even more. In this study, the adjustment among college students with and without SAD was explored.

Method: Using structured questionnaires to measure separation anxiety - Adult Separation Anxiety Questionnaire - ASA-27, two groups of students (18 to 25 years old) were identified: a group who met diagnostic criteria for SAD and a group who did not meet diagnostic criteria for any past or current psychiatric disorder (normal controls). Student Adaptation to College Questionnaire (SACQ) was used to measured their adjustment to college.

Results: Results indicated that the SAD group shows significantly higher level of adjustment problems- Academic, Social, Personal-Emotional Adjustment and Attachment than the normal comparison groups.

Conclusion: Students with SAD more often cope less with the various educational demands characteristic of the college experience and with interpersonal-societal demands of the college. Those students are feeling worse psychologically and feel less satisfaction with the college experience in general and with the college he or she is attending in particular.

Keywords: Separation anxiety disorder; student; late adolescence, adjustment
WPA-0264 TREATMENT WITH LYRICA IN GENERALIZED ANXIETY DISORDER: OUR EXPERIENCE

G. Preçi1, G. Vyshka2
1Service of Community Psychiatry, District Hospital, Shkodra, Albania
2Biomedical and Experimental Department, UHC Mother Theresa, Tirana, Albania

INTRODUCTION
Generalized anxiety disorder is a psychiatric occurrence whose prevalence in the population seems to be increasing, and whose burden of disease is constantly a challenge for the mental health services. We have scrutinized the efficacy of Pregabalin (Lyrica) in a group of ambulatory patients, treated during four months to our community facility, in Shkodra.

METHODS
84 patients (58 males 26 females) aging from 24 years to 71 years old were recruited during the period January * March 2012 and a therapy with Pregabalin (Lyrica) was started for the treatment of generalized anxiety disorder (GAD). Inclusion criteria were prior relevant treatment with benzodiazepines that were part of therapeutics to all the patients. Hamilton anxiety scale (HAM-A) was evaluated and scored to all patients at the initiation of the treatment, at the end of the second and fourth month of treatment with Lyrica.

RESULTS
Prior treatment with benzodiazepines stopped due to inefficacy or side-effects, patients entering the study were all scored with severe anxious symptomatology at the HAM-A. Lyrica was started with 75 milligrams in the evening with the dosage doubled after two weeks (150 milligram in the evening). An additional morning dose of 75 milligrams was used only in refractory cases. All patients scored much better in HAM-A with 45% of respondents at the end of the second month of treatment, and 77% of respondents at the end of fourth month.

CONCLUSIONS
HAM-A scale scored with considerable improvement in the overall group of treated patients. No drop out due to side effects was registered. Our opinion is that Lyrica (Pregabalin) is a highly efficacious drug for the treatment of generalized anxiety disorder in outpatient settings.
WPA-0292 EVOLUTION OF SYMPTOMS SUBJECTED TO PTSD (DESNOS) PRIMARILY DIAGNOSED AS PTSD

G. Grbesa¹, M. Simonovic¹, M. Stankovic¹
¹Psychiatry, University of Nis Faculty of Medicine, Nis, Serbia

Object:
In the existing literature related to PTSD and Complex PTSD we can find split entities characterized by different nature of trauma and different characteristic symptoms. During the observation of development of PTSD symptoms on our sample, we have determined the evolution of the symptoms according to C-PTSD in 24% of cases in subjects with primarily diagnosed PTSD:
The sample included 320 subjects observed during the period from 1999 * 2013. The nature of trauma was classified as acute in subjects marked as former soldiers and as chronic in subjects who were exposed to bombing during the period of NATO attack which lasted 72 days.

Methodology:
The symptoms recorded in the tested subjects were divided into three groups. PTSD (DSM-IV) symptoms, C-PTSD (Herman J.) symptoms and symptoms occurring due to co-morbid disorders (depression syndrome).
The methodology inventory includes SCID-DSM-IV, CAPS-DX, MADRS, PIE.

Results:
The results show that in 24% of cases there is a possibility of development of C-PTSD symptoms in subjects with primary PTSD symptoms (p<0.03). In the group of subjects with PTSD and co-morbid depression there is the lowest possibility of development of C-PTSD symptoms (p>0.03).

Discussion:
The type of trauma (acute or chronic) does not influence the further evolution of the symptoms. The most endangered population with PTSD for further evolution of the symptoms according to C-PTSD is one with the symptoms belonging to alexithymic syndrome.
WPA-0241 EMOTIONAL AND PEERS RELATIONSHIPS IN YOUNG ADULT PATIENTS WITH ANXIETY DISORDERS
D. Bonevski, A. Naumovska
Centre for Mental Health- Centre, Psychiatric Hospital Skopje, Skopje, Macedonia

Objective- The objective of the study was to assess whether there are differences in emotional and peers relationships in young adult patients with anxiety disorders and whether there is a correlation between the quality of relationships and level of anxiety.

Method- 105 participants from age of 18 to 25, diagnosed according ICD-10 with panic disorder- PD, generalized anxiety disorder- GAD and social phobia- SP (35 in each group) provided reports of childhood relationships with peers and peers and emotional relationships in present time (Assessment Peer Relations Questionnaire and Relational Assessment Questionnaire). Hamilton Anxiety Scale was used for measuring the level of anxiety.

Results- The statistic analysis showed no statistical significant differences in childhood peers relationships between the groups. The group of patients with SP showed significantly worse peer and emotional relationships in comparison with the other two groups. The significantly worse peer and emotional relationships were found in the group with PD in comparison with GAD group. The analysis also showed high negative correlation between the quality of peer and emotional relationships and the anxiety.

Conclusions- The findings from the study suggest worst peer and emotional relationships in the group of patients with SP. The group with PD showed worse peer relations in comparison with the group with GAD. The study shows that the level of anxiety plays an important rule in the quality of relationships.

Keywords: Peer, emotional relationships; Anxiety, panic disorder, generalized anxiety disorder and social phobia; young adults.
WPA-0330 PRESENCE AND CORRELATES OF SELF-REPORTED PSYCHOTIC - LIKE SYMPTOMS IN PATIENTS SUFFERING FROM POSTTRAUMATIC STRESS DISORDER

M. Simonovic\textsuperscript{1}, G. Grbesa\textsuperscript{1}, M. Stankovic\textsuperscript{1}, M. Radisavljevic\textsuperscript{2}, T. Milenkovic\textsuperscript{3}

\textsuperscript{1}Department for Psychiatry, University of Nis School of Medicine, Nis, Serbia
\textsuperscript{2}Department for Neurosurgery, University of Nis School of Medicine, Nis, Serbia
\textsuperscript{3}Clinic for Mental Health, Clinical Center Nis, Nis, Serbia

Background and aim: Current clinical practice encountered trauma therapist with the increasing number of traumatised patients who report about psychotic-like symptoms: mostly about suspiciousness, visual and acoustic phenomena. The aim of the study is to investigate the presence of self-reported psychotic-like symptoms in patients suffering from chronic Postraumatic Stress Disorder.

Method: A total of 60 respondents were interviewed and divided into two groups: individuals suffering from PTSD vs healthy individuals. Questions covered mental health, life events and socio-demographic variables. The Psychosis Screening Questionnaire (PSQ) was used to identify psychotic symptoms. Severity of the PTSD and depression was measured using CAPS-DX and MADRS respectively. SDS was performed to assess functional impairment.

Results: Percentage of respondents who endorsed "Yes" on questions on the Psychosis Screening Questionnaire (PSQ) in the group of individuals suffering from PTSD were following: 70% reported experience of paranoia, 46.4% of strange experiences, 46.4% pf acoustic hallucinations, 45.3% of visual hallucinations. No one endorsed "yes" to hypomania, nor for thoughts insertions. The presence of the psychotic-like symptoms was associated with more severe PTSD, more severe depression and more severe functional impairment.

Conclusion: Frequent occurrence of the psychotic-like symptoms in individuals suffering from chronic PTSD has to be taken into clinical consideration. More studies and needed to assess the nosology of this complex clinical presentation and to determine its place as the separate diagnostic entity or as a part of the other major psychiatric disorder.
WPA-0271 SELF-ESTEEM, BURNOUT AND ENGAGEMENT IN MEDICAL STUDENTS
M.B. Quintanilla Madero
Psiquiatría, Universidad Panamericana, Mexico City, Mexico

Background and aims

Medical students are under a lot of pressure and have to face many changes in their lives that may provoke them to quit their studies. Our objective was to learn how self-esteem, burnout and engagement are related to their academic performance, and if what they do experiment is burnout or depression.

Methods

Self-esteem (Rosenberg), Burnout (MBI), Engagement (UWES-17, Depression (Beck-D) and Anxiety (Beck-A) scales were applied to 185 medical students. The group was divided into two subgroups according to their academic performance in high (86), and low performance (99) subgroups.

Results

Significant differences were found in Emotional Exhaustion, Cinicism, Professional Efficacy (MBI burnout subscales), depression (Beck-D), and anxiety (Beck-A) scales, where high performance students obtained higher scores. Depression levels were within normal ranges. No significant differences were found in engagement, satisfaction with life and self-esteem scales. Scores found in high performance students in MBI subscales were higher than the norms for groups.

Conclusions

Results show that high performance students have significant higher levels of burnout than low performance students. Neither group showed pathological levels of depression, but the high performance group showed anxiety in low levels. Results show how medicals students with high performance may experiment exhaustion and not depression as it had been assumed.

Higher levels of burnout and anxiety seemed to be related to higher academic performance.
Background and aim
Pain induces fear, stress and anxiety in young children. Avatars and cartoons explaining analgesic and sedative drug administration routes may reduce children's anxiety in young children. We quantify the possible antianxiety effect of avatars and cartoons explaining analgesic and sedative drug's administration routes to inpatients children.

Methods
A prospective, aleatorized, controlled study (blinded for the analyser) in inpatients children (< 6 years old) was done. Clinical stage, diagnostic, surgery, anaesthesia and all treatment procedures were recorded. Anxiety (STAIC test) was recorded before and 5 h and 24 h after drugs administration. A 15 minutes movie with avatars and cartoons explaining how the analgesic and sedative drugs were going to be administered was used in 120 children (movie group) and was compared to other group that could not see the movie (control group n=120).

Results
Children, N=240, aged 3-6 years, 4.5±1 years old, 55% male, treated in emergency 50%, surgery (31.3%) and intensities care unit (18.8%) were enrolled. The drugs routes administration were oral (25%), intramuscular (29.6%), intravenous (39.6%), inhalatory (3.8%), others (2.1%). Children saw part or the full movie an average of 5.2±2.1 times. At 24 h of follow-up anxiety was higher in control than in movie group (8.5±3 vs. 4.3±1.6, p<0.05, Student test). Children of the control group wept, complained, and called their parents during more time than movie group.

Conclusion
The use of avatars and cartoons to explain analgesics and sedative drugs routes administration to inpatients young children reduced children's anxiety.
WPA-0384 SUPPRESSION OF AVERSIVE MEMORY INTERRUPTS EXTINCTION OF FEAR FACILITATED BY SLEEP DEPRIVATION
K. Kuriyama¹, M. Honma¹, T. Yoshiike¹, Y. Kim¹
¹Department of Adult Mental Health, National Center of Neurology and Psychiatry National Institute of Mental Health, Kodaira, Japan

Background: Memory consolidation of aversive experiences is implicated in the pathology of PTSD. Sleep plays crucial role in memory consolidation. Sleep deprivation immediately following an aversive event reduces fear by preventing a memory consolidation process during sleep. Although acute insomnia could act prophylactically against the development of PTSD, it is considered as a plausible risk factor for PTSD. We postulated that suppression of aversive memory after acute sleep loss might cause morbidity.

Methods: We examined the effects of total sleep deprivation and memory suppression on the subsequent enhancement of aversive event memory and fear conditioning in healthy humans. Sixty-two subjects were exposed to aversive (motor vehicle accident) and nonaversive movies, then their contextual recognition performances were tested later the same day and again after 2 days. Half of the subjects were instructed to quickly forget what they had seen in the movie clips and the other half to remember. Moreover, half of the subjects were totally deprived of initial nocturnal sleep after the first recognition trial while the other half slept normally.

Results: Active suppression of aversive memory acquisition not only immediately reduced the stress reaction to aversive event stimuli, but also impaired retention of event memory. However, it enhanced recognized fear and even enhanced fear when post-event sleep was deprived.

Conclusions: Memory suppression, which provides a psychological model for Freud’s ego defense mechanism, enhances fear and ruins the potential of acute insomnia. Our findings question the role of sleep in aversive-memory consolidation in clinical PTSD pathophysiology.
GENDER DIFFERENCES IN SUICIDE IN SERBIA WITHIN THE PERIOD 2006-2010
G. Dedic

1Psychiatric Clinic, Military Medical Academy, Belgrade, Serbia

Background/Aim. The complex multifactorial etiology of suicide suggests the need to consider gender differences when developing effective strategies for suicide prevention. The aim of this study was to examine the suicide rates and/or trends obtained for population as a whole, including gender differences in cases of committed suicide and to consider factors (age groups, education, employment, marital status, nationality and methods) associated with it in Serbia within the period 2006-2010.

Methods. Data were obtained from the Statistical Office of the Republic of Serbia. Their classification related to the suicide method was carried out on the basis of ICD-X Code, WHO 1992 (International Statistical Classification of Diseases and Related Health Problems 10th revision, World Health Organization). Statistical analysis was done by using the crude specific suicide rate.

Results. Within the period 2006-2010 the total number of suicides in Serbia was 6,673, of which 71.9% were males and 28.1% females (male to female suicide ratio 2.56 : 1). Their average rate was 18.15 per 100,000 persons, namely, 26.85 per 100,000 for males and 9.92 per 100,000 for females. Suicide was most often committed by married males and females with high school education, retired, by the Serbs. The suicide rate in Serbia increased paralelly with the age of suicide committers and it was the highest in subjects of both genders aged over 75 years. The most common suicide method in males (62.78%) and in females (58.38%) was hanging and strangling. The second most common method in males was by firearm (18.65%) and in females poisoning (19.26%).

Conclusions. Suicide prevention Programme should be primarily oriented toward the male population because it is more exposed to stress in the period of social transition, but males are still less ready to ask for doctor's help when having some problems with mental health.

Within the period 2006-2010 the total number of suicides in Serbia was 6,673, of which 71.9% were males and 28.1% females (male to female suicide ratio 2.56 : 1). Their average rate was 18.15 100,000 persons, namely, 26.85 100,000 for males and 9.92 100,000 for females. Suicide was most often committed by married males and females with high school education, retired, by the Serbs. The suicide rate in Serbia increased paralelly with the age of suicide committers and it was the highest in subjects of both genders aged over 75 years. The most common suicide method in males (62.78%) and in females (58.38%) was hanging and strangling. The second most common method in males was by firearm (18.65%) and in females poisoning (19.26%).

Data were obtained from the Statistical Office of the Republic of Serbia. Their classification related to the suicide method was carried out on the basis of ICD-X Code, WHO 1992 (International Statistical Classification of Diseases and Related Health Problems 10th revision, World Health Organization). Statistical analysis was done by using the crude specific suicide rate. Within the period 2006-2010 the total number of suicides in Serbia was 6,673, of which 71.9% were males and 28.1% females (male to female suicide ratio 2.56 : 1). Their average rate was 18.15 100,000 persons, namely, 26.85 100,000 for males and 9.92 100,000 for females. Suicide was most often committed by married males and females with high school education, retired, by the Serbs. The suicide rate in Serbia increased paralelly with the age of suicide committers and it was the highest in subjects of both genders aged over 75 years. The most common suicide method in males (62.78%) and in females (58.38%) was hanging and strangling. The second most common method in males was by firearm (18.65%) and in females poisoning (19.26%).
WPA-0458 VICTIMIZATION AND POSTTRAUMATIC STRESS DISORDER

M. Rodriguez1, J.O.F. Folino1, J.A. Achilli1, G.E. Echegoyen2

1Psiquiatria, Universidad Nacional de La Plata, La Plata, Argentina
2epidemiologia, Universidad Nacional de La Plata, La Plata, Argentina

Introduction: Store owners are highly exposed to different types of crimes, and their reaction to these traumatic events vary from adaptive behavior to different psychiatric disorders.

Aims: a) Evaluate the prevalence of victimization and psychiatric disorders due to traumatic events among store owners from La Plata; b) Investigate the association of victimization with psychiatric disorders.

Material and methods: Cross-sectional study with a nested case-control design in a representative sample of store owners from La Plata (n= 165). The presence and characteristics of victimization and psychiatric disorders was assessed with the UNICRI Victimization Survey of Stores, and Zung Self-Rating Depression Scale. Summary measures were used for descriptive statistics; comparisons were performed with Mann-Whitney and Wilcoxon tests. Associations were analysed by using the odds ratio (95% CI).

Results: The prevalence of victimization in the last year was 28.1% (73.2% were assaults); almost half of them (47.2%) took place in the afternoon; 19.4% of store owners had posttraumatic stress disorders and 80.6% had adaptive disorders. Whereas results obtained with the STAI scale comparing assaulted and not assaulted people (30.2 ± 10 vs 20.5 ± 12) were statistically significant (p<0.05), no significant differences were found concerning depression (Zung scale). The association of victimization and presence of disorders (depression/anxiety symptoms and/or posttraumatic stress) was 16.7 (3.6-106.3).

Conclusion: The prevalence of victimization and its association with symptoms of psychiatric disorders account for a phenomenon affecting public health and safety.
Art and Psychiatry
CINEMA AND PARAPHILIAS
C. García Román1, S.L. Romero Guillena1, M.J. Márquez Márquez1

Objectives
A conduct is considered to be paraphilic when it is forced, involves non-consenting persons, causes sexual dysfunctions, interferes with social relationships and/or drives the person who suffers from paraphilia to commit unlawful acts. Paraphilic behaviors are persistent and insistent; they are uncontrollable by will and unresponsive to punishment.
The objective of this study is to analyze the way paraphilias are represented in the cinema.

Methods
We analyzed a group of movies centered on sexuality and, more specifically, on paraphilias and other sexual disorders.

Results
The movies included were: Pedophilia (Lolita, 1962), fetishism (Killing Me Softly, 2002; Crash, 1996), sadomasochism (The Piano Teacher, 2001; In the Realm of the Senses, 1976), voyeurism (Rear Window, 1954), nymphomania (Nymphomaniac, 2013), incest (My Mother, 2004); gender dysphoria (Transamerica, 2005, Breakfast on Pluto, 2005); transvestism (Some Like it Hot, 1959) and other sexual preferences that were considered unusual in the past (Deep Throat, 1972; Blue is the Warmest Color, 2013).

Conclusion
There is a variety of paraphilias and other "sexual alterations" ranging from categories of porno (bondage, sadomasochism, fetishism...) to other more artistic representations of sex within other cinematographic genres.

References:
PSYCHOSIS AND CINEMA
C. García Roman, S.L. Romero Guillena, E. Domínguez Ballesteros
U.G.C. Salud Mental, Área Hospitalaria Virgen Macarena, Seville, Spain.

Objectives
First films appeared in 1896 and provided the population with a new approach to certain dimensions of reality. Over its 118 years of history, cinema has represented psychosis in a wide range of movies. These movies were intended to present a universal approach to psychosis, but none showed it in its truest form. The objective of this study is to analyze the way psychosis has been represented along the history of cinema.

Methods
A total sample of 7 movies. The following movies were analyzed: Psycho (1960), Repulsion (1965), Angel Baby (1995), Spider (2002), We need to talk about Kevin (2011), Silver Linings Playbook (2012) and Black Swan (2012)

Results
Psychosis is represented in a variety of forms. Some movies present this disease from a normalizing, accepting approach, as in Angel Baby and Silver Linings Playbook, while other are focused on the onset and evolution of the disease, as in Repulsion and Black Swan. Other movies reinforce the fears and myths about psychosis and madness, as in We have to talk about Kevin, Spider and the classic Psycho.

Conclusion
Cinema represents society’s perception of psychosis. Its function is to offer an artistic product that invites the audience to reflect about mental illness. These movies approach psychosis from different angles, but they do not provide a comprehensive view of the reality of the disease. However, they lead the audience to think about the reality of psychosis from a professional, human and social perspective.

References:
GOYA AND HIS MENTAL HEALTH: REFLECTIONS ON HIS UNKNOWN ILLNESS.
José Ángel Alcalá Partera
Department of Psychiatry. Reina Sofía University Hospital. Cordoba. Spain

Objectives.
Deafness suffered by Francisco de Goya, influenced on the whole of his paintings and the significant isolation on the world around him. There are several questions about the diagnoses received throughout his life, and the possibility of suffered a mental illness. As a result, we tried to know what had happened to this extraordinary painter from the medical point of view.

Methods.
We consider this painter’s biography as well as references related to his work and his health.

Results.
It’s known that in 1777 he suffered a poorly documented illness, with symptoms like abdominal pains, headaches and some hearing loss. Some doctors have argued that it was syphilis, based on the fact that Goya's wife had twenty pregnancies, of which only one child survived.
Other authors attribute him the illness of saturnismo, that is produced by lead poisoning, and that is relatively common in people who handled routinely paints.
Finally, there is a theory that he suffered from a mental disorder schizophrenia-like, that would explain the change experimented in his painting since 1793.

Conclusions.
Goya died in April 16 in Bordeaux, victim of a stroke. Other diseases imputed to him, have certain common symptoms based on retrospective diagnoses that do not fit into any specific nosological group.

References.
Zapater y Gómez, Francisco. Goya. Colección de cuadros y dibujos precedida de su biografía y de un epistolario. Extramuros Edición; Edición: 1 (18 de marzo de 2010).
PSYCHOPATHOLOGICAL CHARACTERS IN ACADEMY AWARD WINNERS FOR BEST ACTOR/ACTRESS BETWEEN 2000 AND 2013.
Canale, F., De León, R.
Universidad Autónoma de Nuevo León, Monterrey, Nuevo León, México.

Objectives: To obtain the prevalence of psychopathology in performances of academy award winners for best actor/actress between 2000 and 2013. This has not been systematically studied previously.

Methods: Characters of 2000-2013 best actor/actress academy award winners were examined in terms of DSM-IV TR diagnostic criteria for axis I and II, they were divided into 3 groups; 1) Characters with psychopathology, confirmed either by fulfilling criteria according to DSM-IV TR for psychopathology or being a non-fictional character with documented history of psychopathology. 2) Characters with psychopathological traits, those that meet some criteria according to DSM-IV TR and do not portray a non-fictional character with documented psychopathology. 3) Characters without psychopathology, those with no criteria for DSM-IV TR or being a non-fictional character without psychopathology evidence.

Results: The majority of the characters belong to groups 1 and 2 (46% and 19%, respectively). There is a prevalence of 65% of psychopathology or psychopathological traits in characters played by academy award winners for best actor/actress between 2000 and 2013. The most common pathologies were mood disorders, substance-related disorders and personality disorders.

Conclusions: There is a high prevalence of psychopathology in the characters of Oscar winning actors/actresses in period between 2000 and 2013. We can infer that performing a character with psychopathology requires more mastery from the artist resulting in more interest of the judges because of complexity and in “uncommon” behavior, but it is necessary to compare it with the other nominee’s performances to prove if there is a high probability of winning an Oscar by playing a character with psychopathology.

References:
JUSTINUS KERNER AS A PRECURSOR OF MUSIC THERAPY

S. Häfner
German Clinic of Integrative Medicine and Rehabilitation, Bad Elster, Germany

Objectives: The jew’s harp has not only been a very popular instrument in alpine folk music, but also, like the glass harmonica and the Aeolian harp, during the Romantic era. Theoretical background of treating patients with music was the „animal magnetism“ by Franz Anton Mesmer (1734-1815). The German physician-poet Justinus Kerner (1786-1862) was a fervent supporter of Mesmer’s ideas, using the jew’s harp in treating his mental ill patients. Aim of this overview is to assess the impact of music therapy on his treatments at the beginning of the 19th century.

Methods: A literature research was done on Kerner, the jew’s harp and music therapy.

Results: Kerner learned to play the jew’s harp in his fifteenth year by his brother Georg. Music accompanied him from his youth up to old age; it was to him, like poetry, a necessity of life and help. Already during his medical studies in Tuebingen (Germany), he studied the impact of sounds on different animals in his doctoral dissertation, a mine of experimental behaviorism. He also included the playing of the jew’s harp in his therapeutic work with severely mental ill patients, for example the “Seeress of Prevorst”.

Conclusions: His musical understanding was deeply rooted in artistic thought of the romantic period and was entangled with his personality. In music, Kerner saw something Divine, “a touch of the Godhead”. Therefore Kerner can be seen as a precursor of music therapy.

References:
SYNAPSIS AT A CAPITALIST SQUARE
A. Martins¹, S. Gomes²
1 Universidade Lusíada, Porto, Portugal
2 Hospital de Magalhães Lemos, Porto, Portugal

Objectives: The buildings that stand out in our contemporary great cities have long ceased to be those of political and public power symbol. Our urban landscape is now crowded and mostly dominated by office buildings, apartment buildings and headquarters of large companies. Through the activity of consumerism - deeply installed on such models of Capitalist Cities spreaded all over the world (Manhattanism spatial models) - we examine interactions between people and buildings. Furthermore, the study investigates how the brain shapes its activations in response to its environment.

Methods: The following research follows a multidisciplinary approach through the domains of Architecture, Psychology and Neuroscience.

Results: From an architectural view, were identified urban space issues that are dictating a specific control on social mind and feeding the development of specific psychological diseases, by instance stress and anxiety. At the level of human response to places, it becomes clear that architectural experience matters. The attributes of space from shapes, to color, thermal conditions, light (both natural and artificial), and sound are perceived by our sensory systems, processed through the thalamus and midbrain, and sent to the cortex to be recognized in a conscious way. The connections between neurons can be increased or decreased based on the experiences of individuals. Even the total number of synapses may change in certain areas of the brain due to various experiences, as well as interaction with the physical environment.

Conclusion: At the scope, we claim the importance of an urban environment that is readily navigated, a more consciously and balanced organization of our cities can create feelings of comfort and a reduction in anxiety. The research concludes in that responsive architecture can positively contribute to the creation of a more human environment helping people improve their psychological health and preventing them from irrational use of drugs.
“THE BODY OF HYSTERIA”. FROM CHARCOT'S CLINICAL PHOTOGRAPH TO SCHIELE'S EXPRESSIONIST PAINTING

A. Fernández María1, C. Sanahuja Muñoz1, Alejandra Espinosa Benavides2, Leticia Mallol Castaño2
1. Hospital Universitario de Fuenlabrada, Madrid, Spain
2. Instituto Psiquiátrico José Germain, Madrid, Spain

Objectives: at the end of the 19th Century, the French Neurologist J.M. Charcot launched the creation of a photography-studio at de la Salpêtrerie hospital (Paris). This studio aimed to carry out a descriptive study of neurological and psychiatric illness. They especially emphasized investigations into hysteria. The results of these photo opportunities were released at the beginning of the 20th century and had a great impact on the cultural and artistic elite in Vienna at the time. Our paper aims to reflect on the socio-cultural dimension of the hysteria concept through the influence of Charcot’s clinical-photography on the Austrian painter Egon Schiele’s pictorial language.

Methods: qualitative and descriptive study in which we analyse the presence of the various signs put forward as an anatomo-clinical model of the hysterical crisis, by Charcot and his collaborators, in 20 portraits and self-portraits by the painter Egon Schiele, dated between 1910 and 1918.

Results: we analyzed these 20 portraits and self-portraits of Egon Schiele and found, at least, one of the different signs that Charcot described in the clinical painting, which he defined as “the great hysterical crisis”.

Conclusions: the publication of de la Salpêtriere’s photographic archives that shows pictures of patients hospitalized for “hystericepileptic” diagnosis, could be used as an iconographic model for the creation of Schiele’s pictorial language.

References:
GESTALT THERAPY FOR REDUCTION OF ANXIETY AND ENHANCEMENT OF SOCIAL AND COPING SKILLS OF UNDERPRIVILEGED CHILDREN – THE ARTISTIC WAY
JK Mondol¹, J Sadiza², R Varma²
¹ Counselor, Indian Institute of Technology (IIT), Kharagpur, India
² Clinical Psychologist, Institute of Human Behaviour and Allied Sciences (IHBAS), Delhi, India

Objective: The aim of the study was to assess the anxiety, social skills and coping skills of underprivileged children. The objective was to undergo transformation for better adaptability with self and environment by integrating thoughts, feelings and behavior through art.

Method: These children were in the age of M-10.6 years, SD-0.5 and education M-15.06 years, SD-0.45, from a village in Kharagpur, West Bengal, India. Intellectual functioning of these children was below average in vernacular system of education in their area. Gestalt therapy was applied through art and creative activities to reduce anxiety of children and increase their social and coping skills. In the Experimental group 15 boys and girls were exposed to Gestalt therapy for three months thrice a week. The control group was seen once in a week for the same period which also consisted of 15 boys and girls. Pre and post measures were assessed on Paediatric Anxiety Rating Scale, Social Skills Form and Children’s Coping Behaviour Questionnaire for the assessment of their anxiety, social and coping skills respectively. Parents and teachers were also involved in the process of assessment and evaluation. Intellectual functioning was assessed through Standard Progressive Matrices.

Result: Outcome variables of Paediatric Anxiety Rating Scale suggested reduction in their anxiety and increase in verbal pragmatics and social behaviour following diminution of fear and avoidance as per findings on Social Skills Form. Children’s ameliorative coping augmented than destructive coping in their day to day life.

Conclusion: The results showed an improvement in the level of severity of anxiety symptoms and coping strategies – problem solving. The severity of anxiety symptoms showed a decrease by 35%. The coping skills – problem solving improved by 25%.

Key words: Underprivileged, Anxiety, Social Skills and Coping.
MUSIC THERAPY & PSYCHIATRY
Clara Sanahuja Muñoz1, Nuria González López1, Laura Sánchez López2.
1. Hospital Universitario de Fuenlabrada.
2. Instituto Psiquiátrico José Germain. Leganés.

OBJECTIVE
To describe the benefits of music therapy practice in patients with a severe mental disorder, using it as an additional tool to benefit communication and emotional development among patients.

METHODS
We have performed different activities related to music therapy, and examined the results obtained in 2 samples (n=15 each) of patients of all ages and clinical background. The activities were run by a resident physician and a mental health resident nurse, in our Acute impatient Unit. We used the Nursing Outcomes Classification (NOC) to measure the improvements of the patients in: communication, mobility and social involvement.

RESULTS
We have obtained positive results when put into practice, not only in the communicative and social involvement. It is remarkable the mobility improvement in patients with more important physical impairment. In our sample, 100% of patients with physical impairment (n=8) presented mobility improvement. We have also noticed an important role of MT in entertainment, relaxation, concentration and coordinate movement.

CONCLUSION
Based on changes produced in patients with physical impairment, we strongly believe in the possibilities of MT to prevent deterioration. This improvement is noticed on the social, communicative and physical sphere.

REFERENCES

DANCE/MOVEMENT THERAPY AND ITS APPLICATION IN INDONESIA

B. Sawitri, S. Yitnamurti
Airlangga University, Surabaya, East Java, Indonesia

Objectives: Dance/Movement Therapy (DMT) is a type of psychotherapy which benefits from movement to further develop social, cognitive and physical aspect from individuals and groups. Therapist assess patients through their movement while simultaneously helping patients to develop body awareness, express their feelings, improve interaction and communication, integration of physical, emotional and social experience to create healthier self-esteem.

Methods: A literature review regarding DMT and its application in Indonesia

Results: Effectiveness of DMT on various conditions has been recorded. Its psychobiological aspects are better understood through areas of neurological functioning, namely arousal and rest, emotional regulation, implicit and explicit memory, mirror neuron system and right/left brain integration. DMT sessions include warm-up, relaxation, illumination and evaluation. Therapists may use one or combination of several technique, mainly Freudian, Jungian or Object Relation. Other technique to help patients may include mirroring, visualization or physical storytelling. DMT is mostly applied in Indonesia by a foreign therapist particularly for mass disaster victims such as Tsunami in Aceh or earthquake in Yogyakarta. Patients are taught to dance in several mental hospitals, even perform outside the hospital. But unlike DMT sessions, they were unstructured and closer to therapeutic dance.

Conclusions: Regardless its vast benefit, the development of DMT in Indonesia is very limited. The lack of formal education as DMT therapist is one its limitation. Further efforts to integrate DMT with Indonesia’s rich cultural heritage need more support and appreciation. This discrepancy also calls for more researches aiming to provide improvement on holistic treatment for patients in Indonesia, especially the ones with mental illness.
CUANDO LA MÚSICA NOS HACE DESPERTAR
EXPERIENCIA EN SALUD MENTAL

I.M. Martínez Morales 1, P. Verme del Olmo 2

1. Hospital Ramón y Cajal, Madrid, España
2. Fundación Musicoterapia y Salud, Madrid, España

Desde hace dos años se realizan sesiones de musicoterapia en la unidad de psiquiatría del hospital Ramón y Cajal de Madrid, de las cuales se han beneficiado más de 200 pacientes con distintas patologías.

El principal objetivo que se quiere conseguir es mejorar la calidad de vida del paciente ingresado en la unidad. Para ello, mediante la utilización de modelos de improvisación (improvisación creativa - improvisación libre), se ha trabajado en la sesiones de musicoterapia a nivel cognitivo, social, psicológico, físico y emocional.

La intervención musicoterapéutica se lleva a cabo utilizando la música como medio de expresión y comunicación. La musicoterapia aporta a los pacientes un espacio donde poder despertar a la realidad, tomar conciencia de que siguen siendo personas que ríen, lloran, se emocionan, son escuchadas, aceptadas, comprendidas, y que sienten a pesar de su enfermedad.

La musicoterapia va tomando cada vez mayor importancia en el proceso terapéutico de los pacientes, en la implicación del personal sanitario y en los propios psiquiatras. Es una herramienta que ofrece respuestas a las necesidades que demandan los pacientes de la unidad de psiquiatría del hospital Ramón y Cajal de Madrid.

La experiencia constata que un alto porcentaje de los pacientes que asisten a las sesiones mejoran su estado anímico. La música hace despertar a todas las personas que estamos en contacto con ella: pacientes, personal sanitario, psiquiatras, familiares y musicoterapeutas.

El estudio de los resultados obtenidos a través de los registros PRE-TEST y POST-TEST, sobre un cuestionario de emociones básicas, demuestra que el número de pacientes con estado anímico positivo pasa de un 54% a un 81% tras la sesión de musicoterapia.
MUSIC THERAPY AND ART-BRUT: AN EXPERIENCE WITH PEOPLE WITH SEVERE MENTAL DISORDER

A.J. Velasco1,2, J. A. Diaz1, E. de Diego2
1Santa Cruz de Tenerife, Canary Island, Spain
2University Hospital de "Nuestra Señora de la Candelaria"

Objective: The music is usually considered a source of varied and different affective states. The main objective is to determine whether or not, influence of music with emotion that the music has to stimulate hearing it, and how it manifests itself through painting.

Method: Two groups of twelve users between women and men exposed to musical stimuli, developed for each emotion and measured with the Likert scale are formed. Mode, Rhythm, Melody, Harmony, and Timbre: five criteria for musical works were established. The hearings lasted for 45 minutes, two days a week over a period of six months.

The sample has a mean age 42 years, 12 men and 12 women, level; primary 12, degree 9, university 3. Relationship Status: single 21, separated/widowed 3, alone 3, 17 and accompanied, institution 3.

A questionnaire assessed the emotion caused by music and its manifestation with the paint color.

Results: 1 hearing Joy (Mozart) 81% felt joy, and 47% used the blue color, 2nd audition Sadness (Chopin) 60% and 44% gray, the 3rd Rabies (Holst, Mussorgsky and Wagner) 17% and 29% red. The 4th Fear 55% (Psycho movie music, EyesWide Shut) and 20% black.

Conclusion: All patients were satisfied with the activity, and even asked to do it again. Through the therapeutic process, the ability to work together efficiently developed. Autism and social isolation that characterizes these patients, showed significant progress, this allow us to state that music and painting, can be useful for the treatment of schizophrenic patients.
FROM TENDER DYADE TO INSPIRING TRIADE - A CONTRIBUTION TO THE DEVELOPMENT OF CREATIVITY IN THE ART OF PAINTING

B. Laimboeck, Vienna, Austria

This presentation shows that the development of creativity is connected with the modification of object relational representations. Dyadic experiences must have been made in sufficient quality and quantity, so that triangulation and an experience of triadic patterns can become possible. "Warmth and tenderness" can be transformed into "inspiration". Creativity in painting is substantially influenced by early formed and life-long-acting representations with dialectical character. The performer, an artist herself, illustrates her theories with famous works of art and with her own paintings.
ART EDUCATION AND MENTAL HEALTH PROMOTION OF ADOLESCENTS AT SOCIAL RISK SITUATION

A.G.M. Costa 1,2, P.N.C. Pinheiro 1, N.F.C. Vieira 1, F.A. Gubert 1, H.P. Lima 1, V.A.B. Braga 1
1. Federal University of Ceará, Fortaleza, Brazil
2. Federal University of Sergipe, Aracaju, Brazil

Objective: to evaluate an art educational program from the perspective of mental health promotion of adolescents at social risk situation.

Methods: qualitative research that used the Empowerment Evaluation approach and the theoretical principles of Critical Awareness. The participants in this study were adolescents and educators from a Municipal Art Education program of an urban area with low human development index and high levels of violence in Fortaleza, Brazil. The evaluation process was conducted in 2013 and followed three methodological steps: (a) developing a mission, vision or unifying purpose, (b) taking stock, and (c) planning for the future. Goals and strategies were developed by participants to strengthen the mental health promotion and art education activities.

Results: the health needs of adolescents were related to the community social problems such as drug trafficking, violence, poor health care and lack of leisure. The mission statement was focused on the balance of physical and mental health of young people through artistic languages: (1) visual arts: drawing and graffiti; (2) audiovisual: photography, (3) dance: body stretching. The planning for the future step included goals and strategies targeted to themes: drugs and friendship in the community, social and family cohabitation, women's health and nutrition in adolescence. After three months, the proposed targets were reached by the group, which assessed as positive the relationship between health issues and artistic activities. Reports from adolescents and art educators highlighted the strength of collective work to generate improvements.

Conclusions: empowerment was understood as self-determination for local changes. These teens exposed feelings of hope for the future. The art education was considered a guiding principle of practices to promote mental health of adolescents at social risk situation.
Andrei Tarkovsky is considered one of the greatest film directors. The thematology of his films came, mainly, from Orthodox Christian beliefs. “Andrei Rublev” was the biography of the homonymous icon painter. In “Stalker” he emphasizes that the lack of faith cause the inability of intellectual people to enter “the room” where all the desires of humanity are accomplished. His last two films were “Nostalghia” and “The Sacrifice”. In both of these films Tarkovsky dealt with the “madness in the name of Christ”. In Orthodox Christianity there are saints who pretended to be insane in order to be humiliated by other people. Consequently, they managed to gain humility, the queen of virtues. In “Nostalghia”, Domenico is an enlightened mad who tries to save the world which is dominated by materialism. He tries to walk across a drained mineral pool with a lit candle. He claims that when finally achieving it, he will save the world. Finally, he burns himself and asks the hero of the movie, Gortsakov, to walk across the pool. In “The Sacrifice” Alexander is a journalist, who lives isolated with his family. One day he learns from the television that the Third World War is beginning. In despair he vows to God to sacrifice all he loves if this act of faith is capable to stop the war. The next day everything seems peaceful. Alexander realizes that God heard his prayer and decides to burn his house. Finally, an ambulance appears and Alexander is transferred to a psychiatric unit.
ART THERAPY IN A CASE OF INHIBITION OF CREATIVITY
L. Formaiano,1,2,3
1 Asociación Argentina de Arteterapia (Argentine Association of Art Therapy), Buenos Aires, Argentina
2 Asociación de Psiquiatras Argentinos
3 Universidad de Buenos Aires, Buenos Aires, Argentina

The subject of this case study is a 35-year-old patient, who is both an artist and an art teacher, who came to private consultation because he was suffering from a blockage in his creativity flow.

The objectives of the treatment were to restore his creativity through the exploration of a wide variety of materials and supports. The process made him aware of internal conflicts which had, until that moment, been ignored.

The methodology of the project was based on the Art Therapy Level of Evidence (Brooker et al cited by Gilroy, 2006), which focuses on case studies, as well as art-based and collaborative studies. Qualitative research allows for a wider view of the subject since, as in this particular case, it applies such tools as discourse analysis and patient observation recorded in the transcripts from the art therapy session, as well as content analysis provided by a review of the images produced by the patient at each session and their congruency with the body of images produced over the two years of treatment.

The results brought about a conscious incorporation of denied contents which not only contributed to the unblocking of creativity but also offered him a new way of relating to life.

The conclusions showed that art therapy facilitated the transition from feeling insecure to acquiring creative strength, with bi-dimensional images growing in significance when represented in three dimensions, creating a new concept of space and thus facilitating the development of a self in which his masculine and feminine aspects could live side by side in harmony.
INFLUENCIAS DE LA PSICOPATOLOGÍA SOBRE LAS LETRAS DEL TANGO: LAS PSICOSIS EN LAS CANCIONES DE HORACIO FERRER

Altino Marques Bessa Filho1, Francisco Lotufo Neto2
1Faculdade de Medicina de São José do Rio Preto, SP, Brazil (FAMERP)
2Departamento e Instituto de Psiquiatria da Faculdade de Medicina da Universidade de São Paulo

Objetivo: Un análisis de las letras compuestas por Horacio Ferrer, cuyo tema es la psicosis.

Método: Texto que contiene las composiciones más importantes de la Ferrer se analizó y se eligieron cuatro canciones porque tienen descripciones de personas con psicopatología: Balada para un loco, El Rey, Yo soy Napoleón e La loca de la plaza. Fueran descritos síntomas y signos psicopatológicos y sus funciones interpretadas.

Conclusiones: las canciones muestran la presencia de estigma que la enfermedad mental tiene en la sociedad latinoamericana. Las letras hacen interesante y creativa crítica social por medio de las descripciones psicopatológicas, aunque traigan una visión romántica del adolecer mental.

Palabras-llave: Psicopatología, música, canciones, Tango

Referencias bibliográficas:
EVALUATION OF ART THERAPY: THE VISION OF PATIENTS
C. Santana 1, F. Lotufo Neto2
1. Federal University of São Paulo, São Paulo, Brazil
2. University of São Paulo, São Paulo, Brazil

Objective: To analyze the patient’s perceptions about art therapy results.

Method: It was used a qualitative research methodology. Twenty five patients who have been submitted to art therapy were interviewed. Interviews were recorded and transcribed verbatim. Content analyze and grounded theory was used in the analysis.

Results: Art therapy was perceived as a positive experience for all the interviewees that, clearly, described changes and benefits associated with this intervention. The data analysis enlightened the nature of the results and how the art therapy process developed such results. The content analyses pointed five thematic units emerging: the awareness of the process, change in view of the world, changes regarding symptoms and treatment, socialization, recovery.

Conclusion- The study defines the main potential results of art therapy in patients view; it identified indicators based on practice, potentially measurable through psychological scales. This way, the benefits of this therapeutic strategy can be assessed in accordance with quantitative methods. The results will also contribute to plan programs that include art as psychosocial intervention.
WPA-0226 TATTOOS ON PSYCHIATRISTS AND PSYCHOOTHERAPISTS
K. Szaulia?skas
III Psychiatry Clinic, Institute of Psychiatry and Neurology, Warszawa, Poland

Tattoos used to be associated with personality disorders and antisocial behaviour. Still, many psychiatrists and psychotherapists own tattoos themselves.

Problem statement:
It was discussed whether tattooed psychiatrists and psychotherapists should be considered mentally disturbed and whether they should show tattoos on public.

Approach:
A literature study was made to investigate the expectations towards the outlook of medical practitioners, the past and present stereotypes and associations between tattoos and personality traits.
A brief questionnaire was filled by four tattooed psychiatrists and three tattooed psychotherapists. The questions concerned the motivation for making a tattoo, the reaction of the work community, the decision moment (after or before becoming a therapist), feelings of shame about having a tattoo and experience of showing a tattoo to a patient by accident or on purpose.

Results:
Along with cultural changes, the psychological traits associated with owning a tattoo changed, but the stereotype didn't. The motivations for making tattoos in the questioned group were not different from the most common: celebrating an important moment, expressing personality and aesthetic reasons. All of the respondents decided to have a tattoo after deciding to become therapists. No single respondent has shown a tattoo to a patient deliberately.

Conclusions:
A tattoo is no longer a sign of pathology, so tattooed psychiatrists and psychotherapists should not be considered mentally disturbed. However, the respondents draw a line between their private life and work area and don't show tattoos at workplace. It is consistent with the expected outlook of medical practitioners.
**WPA-0390 EXPERIENCIA DE “PINTURA MURAL” EN LA UNIDAD DE HOSPITALIZACIÓN DE SALUD MENTAL DEL HOSPITAL REGIONAL UNIVERSITARIO DE MÁLAGA**

C. Heredia Pareja¹, R. Carmona Moreno², M. López González²

¹Terapia ocupacional, servicio andaluz de salud, Alcalá la Real, Spain
²Terapia ocupacional, servicio andaluz de salud, Málaga, Spain

**Introducción**

Es indudable que existe un nexo especial entre arte y psiquiatría. La expresión artística está considerada como una modalidad de tratamiento cuyo poder terapéutico se ha vinculado tanto a la posibilidad de expresión directa de experiencias internas como al proceso creativo en sí.

**Objetivos**

Convertir la UHSM en un contexto más terapéutico, normalizado e integrador utilizando como herramienta terapéutica una actividad artística y creativa.

**Métodos**

Mediante la elaboración de un conjunto de creaciones pictóricas bajo la temática La Moral, el muro lateral del patio de la UHSM es el medio utilizado para expresar a través del arte. Usuarios, profesionales sanitarios y voluntarios han participado conjuntamente. La recogida de información se ha llevado a cabo a través del departamento de Terapia Ocupacional utilizando técnicas cualitativas.

**Resultados**

Como resultado artístico se ha logrado la creación del mural aportando un ambiente más estético, visual y sensible al patio de la unidad. A nivel terapéutico se ha conseguido la participación activa de un gran número de usuarios, la mejora del ambiente terapéutico evidenciándose a través de la disminución de las conductas disruptivas y del aislamiento así como el aumento de la comunicación y las relaciones interpersonales.

**Conclusiones**

Los profesionales de psiquiatría debemos orientar cada vez más las intervenciones terapéuticas a promover la integración—en de las personas con enfermedad mental. Las actividades artísticas rompen el miedo y el estigma hacia las UHSM, ayudan a que el ingreso se viva de una manera menos traumática y por lo tanto se mejore la imagen de dichas unidades.

**Referencias:**

WPA-0430 THE ATTITUDE OF PSYCHOLOGISTS, PSYCHIATRISTS, CHRONIC PSYCHIATRIC PATIENTS AND ORDINARY VIEWERS TOWARD A TV SERIES WITH THE MAIN CHARACTER OF A PSYCHOLOGIST

A. Taghva¹, P. Yousefzadeh², S. Mohammadi²
¹faculty of medicine, Aja university of medical sciences, tehran, Iran
²faculty of psychology, azad university, tehran, Iran

Background and aims: Popular TV series and sitcoms have received a variety of reactions from people of different classes. The present study was conducted to measure the positive and negative attitudes of psychologists, psychiatrists, chronic psychiatric patients and ordinary healthy viewers toward an Iranian TV series called ÔPhysicians building,Ô whose main character is a psychologist.

Methods: The study tool was a researcher-made questionnaire that measured the attitude toward the mentioned TV series with 19 items based on Likert scale. The data were analyzed using descriptive and inferential tests. The research groups were selected by voluntarily sampling.

Results: The research participants were composed of 30 psychologists, 25 psychiatrists, 16 under-treatment psychiatric patients and 57 ordinary people, which totaled 128 participants. The results showed that in most cases, psychologistsÔ opinion was different from those of three other study groups. Psychologists strongly emphasized bad consequences of that TV series in the society.

Conclusion: The study indicated that there was a significant difference between the attitudes of psychologists toward a TV series as compared to those of psychiatrists, psychiatric patients and ordinary people.
WPA-0468 CASTELAO. MADNESS, ART AND (SOCIAL) MEDICINE

D. Simón-Lorda¹, M. Moreira Martínez¹, M.V. Rodríguez Noguera¹, T. Bustos Cardona¹, I. Gómez-Reino Rodríguez¹
¹Psychiatry, Complexo Hospitalario Universitario de Ourense, Ourense, Spain

Background and aims: We make a biographical approach to the picture and works dedicated to madness and mental health patients by the painter and illustrator Alfonso Daniel Rodriguez Castelao (1886-1950).

Methods: bibliographic and Internet review. Archives Museum of Pontevedra archives.

Results and conclusion: An initial predominant influence of humor ("O home que chegou a ser feliz en vida"), will later give way to a sociological commitment ("A tola do monte") (The mad in the mountain) published in album "N—s" (1931). During the Spanish Civil war (1936-9), he stays loyal to the Republican Government and his Republican activist commitment to denounce the excesses of Fascist repression during the years of war is more than evident in the drawings "Matronlle one fillo"(They killed her son) and "Denantes morta que aldraxada" (Dead by myself but not raped) who represents the psychological consequence of war and political repression. Thes drawings were published in the years of the Civil War and published in the book "Atila en Galicia" (1937). In his images of madness and assistance to mentally ill Castelao drawings (and gorgeous "captions" that accompany them) reach the category of prototypical image, which you should make a special author in the "history of madness in twentieth century art" with names like Goya, Gericault, or Gabriel Richter.

References:
Baltar R. Castelao ante la medicina, la enfermedad y la muerte, Vigo: Sociedad de los Biblioficos Gallegos
Biological Psychiatry and Neuroscience
Objectives: microRNAs (miRNAs) have been investigated in neurodevelopmental and psychiatric disorders including schizophrenia. Previous studies indicated miRNAs dysregulation in postmortem brain tissues and in peripheral blood of schizophrenia subjects. This study aimed to identify potential miRNA for indicative of schizophrenic stages.

Methods/Results: In the initial phase we compared miRNA expression in 14 and 12 acute and chronic phase of schizophrenic subjects with 10 healthy controls by using microRNA microarray. We found 33 candidate miRNAs significantly dysregulation; 26 miRNAs decreased and 7 miRNAs increased the expression in acute phase, and 4 miRNAs decreased the expression in the chronic phase compare to normal controls. The 14 candidate miRNAs (11 decreased, 3 increased) of the acute schizophrenia group, and 3 candidate miRNAs (all decreased) of the chronic schizophrenia group showed significant different expression after rule out potential confounding factors, which miR-614 showed its decreased expression in both phases. In the second phase, we validated the 7 miRNAs expression in the independent subjects. Most of validated miRNAs showed the same trend as the first set’s result. We further examined target genes and pathway analysis common to these candidate miRNAs. The results showed predicted target genes common were highly enriched in transforming growth factor beta (TGF-β) signaling and Wnt signaling pathways.

Conclusions: The present results supported the evidence of the different sets of circulating miRNAs dysregulation in the acute and chronic phases of schizophrenia. Replication study is required for confirmation the findings.
1-Benzyl-1,2,3,4-tetrahydroisoquinoline (1BnTIQ) is an endogenous neurotoxin present in the central nervous system. 1BnTIQ strongly affected dopamine structures and produced an increase in the rate of dopamine metabolism together with pronounced activation of the oxidative MAO-dependent catabolic pathway [Antkiewicz-Michaluk et al. 2001]. Chronic 1BnTIQ administration induced symptoms of Parkinson’s disease (PD) in both rodents and monkeys [Kotake et al. 1996]. This way, 1BnTIQ may be a good animal model for Parkinson’s disease. In contrast to this, 1-methyl-1,2,3,4-tetrahydroisoquinoline (1MeTIQ) exhibits neuroprotective and MAO-inhibiting properties. The aim of the present study was to investigate the neuroprotective effect of 1MeTIQ (50 mg/kg i.p.) on the development of toxicity induced by chronic administration of 1BnTIQ (25 mg/kg i.p.). We measured the rats locomotor activity after chronic treatment of 1BnTIQ combined with 1MeTIQ. After behavioral test we estimated the concentration of dopamine, serotonin and noradrenaline with all its metabolites in rat striatum using HPLC-ED methodology. Results: chronic treatment of 1BnTIQ produced a significant increase in the rats locomotor activity and this effect was completely inhibited by chronic administration of 1MeTIQ. In the striatum multiple injection of 1BnTIQ induced reduction the concentration of dopamine and noradrenaline and this effect was completely blocked by chronic administration of 1MeTIQ. In summary: multiple treatment with 1BnTIQ disturb the functioning monoaminergic systems in the brain. Simultaneous administration of 1MeTIQ completely prevented neurons from damage induced by 1BnTIQ. We suggest that appropriate proportions between the concentration of these two endogenous compounds in the brain are necessary for keeping the correct physiological activity of the neurons.
AN ENDOGENOUS NEUROPROTECTIVE COMPOUND, 1MeTIQ ANTAGONIZED PROPARKINSONIAN EFFECTS OF 1-BENZYL-1,2,3,4-TETRAHYDROISOQUINOLINE IN RAT
Lucyna Antkiewicz-Michaluk, Jerzy Michaluk, Agnieszka Wąsik, Edyta Możdżeń, Irena Romańska
Department of Neurochemistry, Institute of Pharmacology, Polish Academy of Sciences, Kraków, Poland

Parkinson’s disease (PD) is caused not only by genetic, but to a large extent also environmental and endogenous factors which may play an important role in this type of neurodegeneration. 1-Benzy1,2,3,4-tetrahydroisoquinoline (1BnTIQ) may be one of such endogenous factor being able to participate in the etiopathogenesis of the Parkinson's disease. 1BnTIQ was identified in animal and human brain and in cerebrospinal fluid (CSF) of normal human subjects, however in PD patients its concentration in CSF was fortified. Additionally, it was demonstrated in experimental studies that peripheral administration of 1BnTIQ causes a parkinsonism-like syndrome in rodents and primates. On the other hand its close derivative, 1-methyl-1,2,3,4-tetrahydroisoquinoline (1MeTIQ) also present in the brain exhibits neuroprotective, antiaddictive and MAO-inhibiting properties, and it was proposed as an endogenous regulator of monoaminergic activity. The aim of our study was to determine a neuroprotective potential of 1MeTIQ against 1BnTIQ-produced expression of neurotoxic activity after its chronic administration in rat.

Methods: Locomotor activity was measured in actometers (Opto-Varimex activity monitors) linked on-line to a compatible IBM-PC. The biochemical ex vivo study was carried out to determine the level of monoamines and their metabolites by HPLC with ED in the brain structures. All experiments were performed on male Wistar HAN rats weighing 220-240 g.

Results: Chronic (once daily during 14 days) but not acute administration of 1BnTIQ (25 mg/kg i.p.) produced hyperactivity of the rats (an increase about 70% from the control, P<0.01), and at the same time significantly decreased (from 30 to 45%, P<0.05) the dopamine concentrations in the extrapyramidal (striatum) and mesolimbic (nucleus accumbens) systems. Acute administration of 1MeTIQ completely antagonized both behavioral and biochemical disorders after chronic administration of 1BnTIQ.

Conclusion: 1MeTIQ, an endogenous neuroprotective compound has properties for antagonizing the expression of the toxic effects produced by chronic administration of the proparkinsonian substance, 1BnTIQ in rat.
THE NEUROPHYSIOLOGY OF BIOLOGICAL MOTION PERCEPTION IN SCHIZOPHRENIA

C. Jahshan 1,2, J. Wynn 1,2, K. Mathis 1,2, M. Green 1,2

1. VA Greater Los Angeles Healthcare System, Los Angeles, California, USA
2. University of California, Los Angeles, California, USA

Objectives: Recognizing that a situation involves other people is a fundamental aspect of social cognition. In natural scenes, this recognition is accomplished through the ability to detect characteristic human movement within a visual context, i.e., biological motion. Schizophrenia patients (SZ) have deficits in the ability to recognize biological motion, and these deficits are associated with poor social functioning. However, little is known about the neural substrates of impaired biological motion in SZ. In this study, we assessed event-related potentials (ERPs) to human and non-human movement in SZ.

Methods: Twenty-four SZ and 18 healthy controls (HC) completed a biological motion task while their EEG was simultaneously recorded. Subjects watched clips of point-light walkers moving coherently (100% biological motion) or randomly (85% and 70% biological motion) and were asked to decide whether the clip resembled human or non-human movement. Three ERPs were examined: P1, N1, and the late positive potential (LPP).

Results: Behaviorally, SZ identified significantly fewer stimuli as human movement compared to HC in the 100% and 85% conditions. At the neural level, P1 was reduced in SZ but did not differ among conditions in either group. There were no group differences in N1 but both groups had the largest N1 in the 70% condition. There was a condition X group interaction for the LPP: HC had a larger LPP to coherent vs. random biological motion; there was no difference among conditions in SZ.

Conclusions: Consistent with previous findings, SZ were impaired in their ability to recognize biological motion. The EEG results showed that biological motion did not influence the earliest stage of visual processing (P1). Although SZ showed the same pattern of N1 results relative to HC, they were impaired at a later stage (LPP), reflecting a dysfunction in the sustained attentional discrimination of biological motion vs. non-biological motion stimuli.
**Background:** Based on early-20\textsuperscript{th} century birth data, a time of comparatively pristine human exposure to natural light, studies of schizophrenia found a disease incidence excess among people born around late-February (conceived around late-May) and a deficit among those born six months later around late-August (conceived around late-November). Based on similar pre-modern data, we recently found the same birth seasonality first among children with neural-tube defects (Marzullo & Fraser, 2005) and later among baseball players with extreme left-handedness and other indications of reduced cerebral asymmetries (Marzullo & Fraser, 2009). This led us to a “solstitial” hypothesis implicating maternal melatonin-mediated and other sunlight actions affecting early-fourth-week embryonic developments including neural-tube closure and left-right differentiation of the brain (Marzullo & Boklage, 2011).

**Methods:** Based on further studies of baseball players coupled with studies of gay and lesbian groups, we have now found evidence suggesting that those same sunlight actions could also affect testosterone-dependent male-female differentiation in the four-month-old fetus (Marzullo, 2014).

**Results:** Independently of hand-preferences, the baseball players (n=6,829), and particularly the stronger hitters among them, showed a unique birth seasonality with an excess around early-November and a deficit six months later around early-May. In two smaller studies of northern-hemisphere-born homosexuals, lesbians (n=143) showed the same strong-hitter birth seasonality (a Nov peak, p<0.001) while gay men (n=270) showed a diametrically opposite seasonality (a May peak, p<0.008).

**Conclusions:** Our melatonin-based “solstitial” hypothesis is again proposed for these effects based on evidence that a) the sexual dimorphism-critical, late-fourth-month surge of fetal testosterone coincides with the summer-solstice in early-Nov births and the winter-solstice in early-May births and b) numerous studies found that in seasonal breeders maternal melatonin imparts “photoperiodic history” to the male-newborn by direct inhibition of fetal testicular testosterone synthesis. The present effects could thus represent a vestige of this same phenomenon in man.
DEEP BRAIN STIMULATION FOR THE TREATMENT OF OCD WITH IMPLICATIONS FOR IMPROVEMENTS IN DEVELOPMENTAL STUTTERING

G. Maguire¹, J. Lochhead ¹, M. Nelson ¹
¹. University of California, Irvine, CA, US

Objectives: Investigate the efficacy of using Deep Brain Stimulation (DBS) to treat refractory Obsessive-Compulsive Disorder (OCD). OCD is a debilitating disorder affecting 2-3% of the American population.

Methods: Patient was screened. Inclusion criteria included treatment refractory OCD, moderate to severe OCD based on Yale Brown Obsessive Compulsive Score (YBOCS), functional impairment, disease duration at least 5 years, and adult age. The device was placed in two stages. Stage 1 included lead implantation, neurostimulator implantation, MRI brain to confirm placement, and passage of lead into brain. The leads were placed bilaterally in the anterior limb of the internal capsule. Stage 2 included implantation of battery in right chest. The patient's OCD and stuttering were monitored using standard scales. The patient will be followed by clinicians to assess for improvement.

Results: This patient is a 36 year old male with severe treatment resistant obsessive-compulsive disorder diagnosed at 14 years old. Patient also diagnosed with stuttering at 14 years old. After insufficient symptomatic response from medications, patient underwent implantation of deep brain stimulator. Baseline YBOCS of 36 and HAM A of 27. During operation, patient experienced improved mood, energy and anxiety. Patient displayed spontaneous laughter, smiling and improved speech. At voltage settings (4-6V), improved spontaneity and fluency of speech noted. Patient reported improvement in OCD. These improvements persisted during follow-up to date.

Conclusion: DBS targets abnormal brain circuits that are involved in modulating OCD behaviors. DBS has been well established as a treatment option for motor disorders by targeting basal ganglia circuits. Stuttering has been implicated as a basal ganglia disorder. Subcortical brain regions & basal ganglia implicated in complex integration between language centers and descending motor pathways needed for fluent speech. More research needed to explore use of DBS as a future treatment for stuttering.
CHARLES BONNET SYNDROME: A CASE REPORT
S. Macedo, V. Carvalho
Hospital Tâmega e Sousa, Psychiatry Department, Amarante, Portugal

Objective and Methods: To describe a case diagnosed as Charles Bonnet syndrome (CBS) and discuss the diagnosis, treatment and prognosis based on a review of existing literature.

Result: The CBS is characterized by the presence of complex visual hallucinations in older people without psychiatric disorder, with visual deficit, and have full or partially full sense of the unreality of their visions. It was first described in 1760 based on clinical features presented by the grandfather of the author himself, who stated visions of men, women, birds and buildings that changed shape, size, and place but they were not accepted by him as being real. No neurological or psychiatric disorders, only with visual changes secondary to cataracts.

Is presented the case of a patient 83 years old with no personal or family history of psychiatric illness, with symptoms compatible with CBS, secondary to decreased visual acuity after eye surgery.

Conclusion: Despite being a relatively common condition in the elderly, this form of visual hallucinosis is still poorly identified or wrongly diagnosed either by Neurologists, Ophthalmologists and Psychiatrists. This is probably due to two reasons: the medical knowledge on this syndrome and the reluctance of the patient to mention their hallucinatory experiences for fear of being labeled mentally ill. Knowledge of the patient that the SCB is not a mental illness reduces your anxiety and family problems. Thus, the correct diagnosis of the situation is critical in order to reduce the misdiagnosis and unnecessary treatment.
EFFECT OF COMBINED TREATMENT WITH RISPERIDONE AND MIRTAZAPINE OR ESCITALOPRAM ON MK-801-INDUCED DEFICITS IN THE SOCIAL INTERACTION TEST IN RATS

Zofia Rogóź1, 2, Katarzyna Kamińska1
1Department of Pharmacology, Institute of Pharmacology, Polish Academy of Sciences, Krakow, Poland
2The Podhale State Higher Vocational School, Nowy Targ, Poland

Objectives: Several clinical reports have suggested that the mirtazapine- or escitalopram-induced augmentation of risperidone activity may efficiently improve the treatment of negative and some cognitive symptoms of schizophrenia. The aim of the present study was to evaluate the effect of mirtazapine or escitalopram and risperidone, given separately or jointly, on the MK-801-induced deficits in the social interaction test in rats.

Methods: Mirtazapine or escitalopram (2.5 or 5 mg/kg) and risperidone (0.01 mg/kg) were given 60 and 30 min before MK-801 (0.1 mg/kg), respectively. The social interaction of male Wistar rats (190-200 g) derived from Charles River (Germany) was evaluated for 10 min, starting 4 h after MK-801 administration.

Results: The obtained results showed that in the social interaction test, MK-801-induced deficits in the parameters studied, i.e., the number of episodes and the time of interactions. Risperidone at a higher dose (0.1 mg/kg) reversed that effect. Co-treatment with an ineffective dose of risperidone (0.01 mg/kg) and mirtazapine (2.5 or 5 mg/kg) abolished the effect of MK-801, while locomotor activity of those rats was not altered in any of the treatment groups. In contrast, co-treatment with an ineffective dose of risperidone (0.01 mg/kg) and escitalopram (5 mg/kg but not 2.5 mg/kg) only partly reversed the deficits evoked by MK-801.

Conclusion: The obtained results suggest that especially mirtazapine, and to a smaller degree escitalopram may enhance the antipsychotic-like effect of risperidone in the animal test modeling some negative symptoms of schizophrenia. Further studies are necessary to elucidate its mechanism of action.

Acknowledgments: This study was financially supported by statutory funds of the Institute of Pharmacology, Polish Academy of Sciences, Kraków, Poland.
INAPPROPRIATE SECRETION OF ANTIDIURETIC HORMONE AND ANTIDEPRESSANT
B. Ferreiro, J. Alberdi, F. Iglesias, S. Lantes
Hospital Marítimo de Oza, A Coruña, Spain

Objectives
Hyponatremia is the most common electrolyte disorder in hospitals and in the community. One cause of hyponatremia is Inappropriate Antidiuretic Hormone Secretion (SIADH), which may be caused, among other things, by the use of antidepressants.

Methods
Three clinical experiences of hyponatremia secondary to antidepressant use observed in our Psychiatric Unit and liaison in patients hospitalized in a general hospital, we conducted a literature search and subsequent analysis of existing material on this subject in PubMed.

Results
These three cases were three old ones between 73 and 84 years old, which makes diagnosis of SIADH secondary to the use of antidepressants (Mirtazapine and Doxepin, Doxepin, Fluoxetine and Elontril).
In all of the cases sodium levels recovered after withdrawal of antidepressant drugs.

Conclusions
Given the widespread use of SSRIs it’s important to consider hyponatremia as a preventable and reversible adverse effect, and include clinical practice in screening high-risk individuals: elderly patients, female gender, use of diuretics (thiazides), low body weight and low plasma levels of sodium or within the lower limit.
In these cases, we should administrate safer drugs and early detection measures.
We emphasize the need of check the sodium levels in these patients prior to initiating treatment with antidepressants and warn both patients and take relatives about the existence of this complication.
Monitoring of plasma at four weeks after treatment initiation sodium could be a good method of screening.

References
THE DANGERS OF GASTRITIS: A CASE OF CLARITHROMYCIN-INDUCED BRIEF PSYCHOTIC EPISODE

Eduard B. Dinca¹, Ramona V. Dinca¹, Alex Skinner¹, Benjamin Walden¹
¹. Norfolk and Suffolk NHS Foundation Trust, United Kingdom

OBJECTIVES. We present a rare occurrence of clarithromycin-induced brief psychotic episode.

PATIENT PRESENTATION. This 49-year-old lady with no psychiatric history saw her general practitioner for gastrointestinal concerns that lead to a diagnosis of gastritis, with pathology-confirmed Helicobacter Pylori infection. She commenced “triple therapy” but, after one week, a dispensing error became obvious. She was advised to continue one more week, this time taking the appropriate drug missing for the first week – clarithromycin. Twenty-four hours later, she started acting irrationally and “became a different person” (according to family and colleagues). She stopped sleeping and became increasingly disorganized, irritable and delusional, thinking everyone was turning against her, and wrote a 16-page letter to her employer, incoherent but focused on persecutory delusions regarding mistreatment from customers. At the same time, she developed auditory and visual hallucinations, mostly linked to the death of a friend’s child. She had poor insight into her condition. After 6 days, she deteriorated to the point where family sought professional help and voluntary admission was arranged. The only pharmacological intervention needed was a “Prn” combination of lorazepam and haloperidol for acute agitation. Twenty-four hours after last clarithromycin dose, she had improved dramatically. In 48 hours, she was “unrecognizable” (her “old self”) and was discharged. She was followed by the CRHT (crisis resolution and home treatment) team for the next week with no psychosis resurfacing. For the next 6 months, she did not come again to the attention of mental health services.

CONCLUSION. Clarithromycin-induced psychosis is an extremely rare but recognized side effect with yet unclear pathogenesis. Raising awareness is important in both psychiatric and general practice.
PREVALENCE OF DEPRESSION AMONG PATIENTS DIAGNOSED WITH BRAIN TUMOURS: A SRI LANKAN EXPERIENCE

S.W. Kotalawala 1, K.G.C.L. Kapugama 2, B.J. Mendis 3, N. Dolawaththa 3

1. Lady Ridgeway Hospital for Children, Colombo, Sri Lanka
2. North Colombo Teaching Hospital, Ragama, Sri Lanka
3. National Institute of Mental Health, Angoda, Sri Lanka

Objectives
To determine the prevalence of depression among patients diagnosed with brain tumours admitted to neurosurgery units at National Hospital of Sri Lanka, Colombo.

Methods
A descriptive cross sectional study. A sample of 50 inward patients with brain tumours at Neurosurgery units, National Hospital of Sri Lanka were interviewed using a self administered questionnaire to assess the presence and severity of depression (validated Sinhala version of Beck Depression Scale) which was followed by a clinical interview to confirm the results.

Results
Twenty eight (56%) were males. Mean age was 45.7 years (Range 22-71). Most encountered tumour locations in the sample were frontal lobe (n=7, 14%), temporal lobe (n=6, 12%) and cerebropontine angle (n=6, 12%). Most common tumour types in the sample were meningiomas (n=15, 30%) and glioblastomas (n=6, 12%). 24% (n=12) of patients had mild depression; 18% (n=9) had moderate depression; 4% (n=2) had severe depression. 54% (n=27) of patients did not have depression.

Conclusions
A significant proportion of patients with brain tumours had depression. Every patient diagnosed to have a brain tumour should undergo psychiatric evaluation in the course of their treatment and if they have symptoms of Depression need to treat it vigorously.
PORENEPHALY AND PSYCHOSIS

P.G. Pacheco¹, M. Monteiro², P. Mattos¹,², B.P. Nazar¹

¹. Federal University of Rio de Janeiro, Rio de Janeiro, Brazil
². D’Or Institute of Research, Rio de Janeiro, Brazil

Objectives: We report a patient with porencephaly associated with thinning of the corpus callosum (CC) who developed psychotic symptoms. Various brain malformations are associated with higher risk of psychosis. Porencephaly refers to a cavitation in the brain parenchyma filled with cerebrospinal fluid. There are only 5 case reports of porencephaly patients with psychotic symptoms.

Methods: Case report of a 48 year old female, named MSS. She sought a neurologist due to headache and during her investigation, neuroimaging showed thinning of the (CC) and occipital-temporo-parietal porencephaly. Afterwards, she sought psychiatric care presenting hallucinations, paranoid delusions and heteroaggressiveness. Her IQ was 77.5 and her affect is preserved.

Results: Currently, MSS had complete resolution of psychotic symptoms with clonazepam and risperidone.

Conclusions: Some studies have associated midline and cerebral malformations with development of psychotic symptoms. It is uncertain whether porencephaly increases the risk of psychosis. Possible mechanisms are due to the topographic location of lesions, reduction in gray and white matter, or the occurrence of mental retardation, and seizures. CC alterations have been more studied in psychosis, with evidence demonstrating differences in inter-hemispheric communication and morphology of CC in psychotic patients. Neuroimaging studies have shown aberrant conduction patterns in psychotic patients. A model of hemispheric disconnectivity is suggested with heterogeneous patterns among patients, probably reflecting different clinical profiles and methodological flaws. Further studies on the types of brain malformation may help understanding the development of psychotic conditions.
KETAMINE REVERSES ALTERATIONS ON BEHAVIOR AND IMMUNE SYSTEM INDUCED BY STRESS

M.P. Nacif 1, G.Z. Réus1,2, H.M. Abelaira1, D.B. Tomaz1, M.A.B. dos Santos1, A.S. Carlessi1, R.C. Gonçalves1, F. Vuolo1, F. Dal-Pizzol1 and J. Quevedo1,2

1Programa de Pós-Graduação em Ciências da Saúde, Unidade Acadêmica de Ciências da Saúde, Universidade do Extremo Sul Catarinense, Criciúma, SC, Brazil; 2Center for Experimental Models in Psychiatry, Medical School, The University of Texas Health Science Center at Houston, Houston, TX, USA;

Introduction: A growing body of evidence is pointing towards an association between glutamatergic system within depression. New developments in psychiatric research have led to the hypothesis that inflammatory processes and brain-immune interactions are involved in the pathogenesis of major depression; increased levels of pro-inflammatory cytokines interleukin have consistently been reported in patients with depression.

Objective: The present study was aimed to evaluate the effects of ketamine, an antagonist of NMDA receptor of glutamate, on the behavioral and levels of cytokines in maternally deprived rats.

Methods: To this aim, deprived and non-deprived (control group) male Wistar rats were treated with ketamine (15 mg/kg) once a day for 14 days during their adult phase. Their behavior was then assessed in the forced swimming test. In addition to this, the cytokines levels (TNF-α, IL-1 and -6) were assessed in serum and cerebrospinal fluid (CSF).

Results: In deprived rats treated with saline, it was observed an increase in the immobility time, but ketamine treatment reversed this effect, showing an antidepressant effect exerted by ketamine. Ketamine reduced TNF-α and IL-1 in serum of deprived rats. In addition, the maternal deprivation increased the IL-6 levels in serum and CSF, but the ketamine treatment was able to reverse this alteration.

Conclusion: In conclusion, these findings further support a relationship between immune activation and depression and considering the action of ketamine in this study, we suggested that antagonists of NMDA receptor could exert their effects, at least in part, by modulating of immune system.
COMPREHENSIVE STUDY OF THE PHAGOCYTIC ACTIVITY OF NEUTROPHILS OF PATIENTS WITH OPIOID ADDICTION
S. Sultanoy, N. Khodjaeva
Tashkent Medical Academy, Uzbekistan

In recent years introduced many works, testifying the immunological deficiency in patients with drug addiction and increased interest in the study of the impact of narcotic drugs to immune system of people. To study the immunological characteristics in patients with opioid addiction were investigated 57 patients. All patients by duration of the use of opium preparations were divided into 2 groups. Duration of drug abuse in group 1 ranged from 4 months to 5 years (31). In the second group, the duration of drug abuse ranged over 5 years (26). To study the immune system of patients has been paid attention to the collection of anamnestic data and the severity degree of motivation for refusal of drug use. Anamnestic data analysis revealed a tendency to bloodborne infections. In 64.0% of the patients were found the antibodies to VHC, in 14% were found VHC and VHB antibodies at the same time. In 11,1% of the patients - to HIV.

A series of studies has been devoted to assessing the actual phagocytic function of neutrophils (the proportion of activated neutrophils - PAN ) in the peripheral blood. From the obtained data, the most pronounced decrease PAN in peripheral blood have been reported in patients of second group in abstinent period, the rate of interest of phagocytic cells was the lowest and amounted to 25.7 ± 2,3% and was significantly different from the values for the same indicators in control; and in the future, these figures out of the withdrawal syndrome and increased in remission, but did not reach the numbers of the control group. Pronounced changes in the functional state of phagocytic cells was also recorded during the duration of taking drugs to 5 years in 1 group patients. Patients who takes heroin established direct correlations between moderate long completely taking drugs and PAN (r = 0.56 , p <0.05)

Those we have found that opiate dependence is accompanied by changes in cellular and humoral system of organism protection. Narcotic agents with opium nature assist suppressive effects to immunocompetent cells. Disorganization of immune system lead to violation of cellular and humoral homeostasis and aggravate the course of drug abuse.
ENDOPLASMATIC RETICULUM (ER) STRESS, OBESITY AND BIPOLAR DISORDER
S. Bengesser, A. Birner, N. Lackner, H.P. Kapfhammer, E. Reininghaus, M. Platzer, F. Fellendorf, R. Koch, S. Liebmann-Wallner
Medical University of Graz, Department of Psychiatry. Graz, Austria

Introduction:
Individuals with Bipolar Disorder (BD) present a higher level of abdominal obesity and metabolic syndrome compared to the healthy population. The overrepresentation of obesity cannot be sufficiently explained by behavioral and/or iatrogenic factors {{580 McIntyre 2010; 509 Fagiolini 2008; 510 Fagiolini 2005}}. Thus, we hypothesize a shared pathway between obesity and BD. Disturbed ER-stress reactions are currently discussed to be involved in chronic inflammatory reactions in fat tissue of obese persons - therefore this might be one link between obesity and BD {{636 Zeyda 2009; 635 Zeyda 2011; 637 Sage 2012;}}.

Methods:
Recruitment of bipolar probands and healthy controls within the Austrian BIPFAT study and BIPGEN study {{705 Reininghaus 2014; 706 Reininghaus 2013;}}. Detection of gene expression of ER-stress associated genes GADD153 (CHOP), GRP78 (BIP) and XBP1 in peripheral blood via quantitative RT-PCR. Additionally, genotyping of 150 probands with BD and 70 healthy controls by Omniexpress1.1 (Illumina) and hypothesis driven gene-association-study of ER-stress associated gene variants. We chose the analysis of ER-membrane-proteine-genes (ATF6, IRE1, PERK), chaperones (calnexin, calreticulin, GRP78, GRP94, HSP70 und HSP40), UPR-signaltransduction-proteins (CHOP/GADD153, XBP-1, TRAF2, ATF4, eIF2 Eukaryotic Initiation Factor 2, RCAN1) and LMAN2L, BAP31.

Results:
Since the gene-expression analysis is still in progress, we will present the results on the poster at the World Congress of Psychiatry in Madrid (September 14th-18th 2014).
NEUROSTEROIDS DHEA AND DHEAS IN PATIENTS WITH AFFECTIVE DISORDERS

L. Levchuk1, N. Vyalova1, G. Simutkin1, N. Bokhan1, S. Ivanova1
1. Federal state budgetary institution “Mental health research institute” Siberian branch Russian Academy of medical sciences, Tomsk, Russia

Objectives Purpose of the study was to investigate the contribution of neuroprotective system in the pathogenesis of affective disorders.

Methods We studied the concentration of dehydroepiandrosterone (DHEA) and dehydroepiandrosterone sulfate (DHEAS) in the serum of 94 patients with depressive disorders (F31-F34, ICD-10) and 91 mentally healthy persons. The concentrations of neurosteroids was determined by enzyme immunoassay using reagent kits "Alcor Bio» and «Diagnostics Biochem» and automatic microplate spectrophotometer Epoch BioTek Instruments (USA). Statistical analysis was performed using the program SPSS, version 15.0.

Results Study of the content of DHEAS showed a statistically significant decrease in hormone levels in women with depressive disorders compared with controls (p=0.036), the tendency to lower DHEAS is characteristic for men with depressive disorder (p=0.056). Investigation of concentration of DHEA in serum of men and women from the main group and the control group showed no statistically significant differences. However, the level of DHEA in men and women with depressive disorders reduced compared with control, women with depressive disorders are characterized by the low values of DHEA.

Our results of the statistical analysis of DHEAS in patients with depressive disorders are consistent with current literature data. The results of this study show that patients with depressive disorders characterized by a reduced content of DHEAS and DHEA, and in women with affective disorders deficit of neuroprotective neurosteroids worse.

Conclusions Thus, patients with affective disorders are characterized by changes in the neurohormonal systems, reduced levels of DHEA and DHEAS in the serum are involved in the development of psychopathological conditions with depressive symptoms.

The investigation is supported by grant of President RF №14.120.14.3854-MK and project of RFBR №14-04-01157.
EFFECTS OF VARENICLINE ON ALPHA4/BETA2 NICOTINIC ACETYLCHOLINE RECEPTOR EXPRESSION AND MEMORY PERFORMANCE IN MICE
C. Both, S. Schäble, G. Kojda, C. Lange-Asschenfeldt
Heinrich Heine University Düsseldorf, Germany

Objectives: The nicotinic acetylcholine receptor (nAChR) subtype α4β2 plays an important role in cognitive functioning. We investigated whether the smoking cessation aid varenicline, a selective partial α4β2 nAChR agonist, (1) changes central mRNA and protein expression of this receptor and (2) impacts on memory deficits in a mouse model of cognitive impairment.

Methods: Six to seven months old C57/Bl6 mice were used. Protein and mRNA expression of both the α4 and β2 receptor subunits was determined by Western blot and realtime PCR, respectively. Both hippocampus and neocortex tissues were examined following a 2-week oral treatment with various doses of varenicline (0.01, 0.1, 1, 3mg/kg/day) or vehicle. In addition, the novel object recognition task was used to assess episodic memory in animals that received either vehicle or the highest dose of varenicline. Beforehand, memory impairment was induced by a single i.p. injection of 0.5mg/kg scopolamine.

Results: Varenicline dose-dependently increased protein expression of both the α4 and β2 subunit in the hippocampus and neocortex, respectively. However, mRNA expression of both subunits remained unchanged after varenicline treatment in either tissue. Scopolamine injection induced a significant reduction of object memory in vehicle-treated mice. By contrast, cognitive performance was not altered by scopolamine in mice that received varenicline treatment.

Conclusions: A two-week oral treatment with the selective and highly potent partial α4β2 nAChR agonist varenicline prevented memory impairment in the scopolamine mouse model. Furthermore, receptor protein, but not mRNA expression was upregulated, suggesting a posttranslational mechanism. Our findings add to increasing evidence of a beneficial effect of varenicline on cognitive dysfunction.
STUDY BETWEEN SERUM BDNF LEVELS ON INTESTINAL ENDOTOXEMIA IN CHINESE SAMPLE OF ALZHEIMER’S DISEASE PATIENTS AND HEALTHY CONTROLS

Bai Han1,2, Fan Wu2, Dewu Han2, Fudong Deng2, Qin Sun1, Xinzheng Shan1

1. Institute of Vertigo Disease, The General Hospital of The Chinese Armed Police Forces (CAPF), Peking, China
2. Department of Psychiatry, The First Hospital of Shanxi Medical University, Taiyuan City, China

Objective: To investigate the effect of Intestinal endotoxemia (IETM) on patients with Alzheimer’s disease (AD) and healthy controls.

Methods: From January 2012 to January 2013, patients with AD, healthy elderly and healthy young subjects were collected from hospital, community and nursing homes from Taiyuan City, China. Subsequently, cognitive function of the three groups of subjects were assessed by MMSE and ADAS-Cog, the level of endotoxin (ET) was determined by Chromogenic End-point Tachypleus Amebocyte Lysate (CE TAL), tumor necrosis factor-alpha (TNF-α) and brain derived neurophic factor (BDNF) were determined by ELISA.

Results: The AD group had MMSE score was significantly lower than the healthy elderly group and young group (P <0.001), healthy elderly group and youth group were no difference (P = 0.960); the AD group ADAS-Cog scores significantly higher than the healthy elderly group and young group (P <0.001), healthy elderly group and youth group were no difference (P = 0.500). AD group LPS, TNF-α and BDNF were significantly higher than the healthy elderly group and young group (P=0.017<0.05), the healthy elderly group and young group were no difference (P = 0.655,0.555).

Conclusions: IETM on patients with AD may be the new risk factors in the development of AD, but further study of relation to dementia should be carried using more sophisticated tools for the assessment of neurocognitive functions as MMSE and clinical dementia ratings are probably too crude to be correlated to changes in serum BDNF.

[Key words]: Alzheimer’s disease; Intestinal endotoxemia; endotoxin (ET); tumor necrosis factor-α; brain derived neurophic factor (BDNF)
ASSOCIATION STUDY OF COMT-POLYMORPHISMS AND NEUROPSYCHOLOGICAL AND INFORMATION PROCESSING DEFICITS IN SCHIZOPHRENIA
NR Mutalik1, S Jain2, PJ John
1. Sri Nijalingappa Medical College and HSK Hospital and Research Centre, Bagalkot, India
2. National Institute of Mental Health and NeuroSciences (NIMHANS), Bangalore, India

Objectives: To assess neuropsychological and information processing deficits in patients with schizophrenia and matched healthy comparison subjects and to link the above cognitive and information processing deficits with polymorphisms of the COMT gene.

Methods: Patients and controls recruited after obtaining informed consent. An HMSE - To exclude those with scores < 23. The matrix reasoning module of WAIS-III- To obtain an estimate of their perceptual organization index as a reflection of their intellectual abilities, independent of verbal abilities. Computerized neuropsychological battery applied on these patients. Later assessed for symptom severity with PANSS. Genotyping was done using Polymerase Chain Reaction.

Results: Schizophrenia patients performed significantly poorly on most of the neuropsychological tests as compared with healthy matched controls. Negative symptom severity was associated with significant impairment in neuropsychological deficits as compared to positive symptoms. Separate analysis of patients and controls didn’t reveal much results. But on pooled data, we found Val-Carriers performed poorly on most of the Neuropsychological and Information processing tasks and have high threat perception compared to Non-Val Carriers.

Conclusions: The link between COMT polymorphism and various neuropsychological deficits enables us to understand the basic influence of the candidate gene polymorphism in the manifestations of these deficits. Results of the study throw light on nature of executive dysfunction and information processing deficits in relation to clinical variables. Importantly, the above cognitive deficits could be linked to genotypes (COMT-Polymorphisms) independent of phenotypes.
STUDY ON INTESTINAL ENDOTOXEMIA ON ALZHEIMER’S DISEASE RAT AND PATIENTS WITH ALZHEIMER'S DISEASE

Bai Han1,2, Fan Wu2, Dewu Han2, Feng Wang2, Hejun Li2, Qin Sun1, Xinzheng Shan1

1. Institute of Vertigo Disease, The General Hospital of The Chinese Armed Police Forces (CAPF), Peking, China
2. Department of Psychiatry, The First Hospital of Shanxi Medical University, Taiyuan City, China

Objective: To investigate the change of endotoxin and tumor necrosis TNF-α in the rats’ and patients with AD.

Methods: The AD model of wistar rats were produced by injecting D-galactose and AlCl₃ for 90 days. From January 2011 to January 2012, subjects of patients with AD and healthy elderly were collected from hospital and nursing homes. Subsequently, learning and memory ability of the rats were evaluated by Morris water maze; cognitive function of the two group subjects were assessed by MMSE and ADAS-Cog. the level of endotoxin was determined by TAL, TNF-α was determined by ELISA.

Results: Compared with the control group, the AD rats group had longer latency (P<0.05) and more error times (P<0.05) in Morris water maze test, and ET, TNF-α levels were increased (P<0.05). MMSE score in the patients with AD were significantly lower than the healthy elderly (P <0.001), ADAS-Cog score in patients with AD were significantly higher than the healthy elderly (P <0.001); AD patients’ ET and TNF-α were significantly higher than the healthy elderly (P <0.05).

Conclusions: Rats and patients with AD were all accompanied intestinal endotoxemia and that may be a risk factors in the development of AD.

[Key words]: Alzheimer's disease; Intestinal endotoxemia; endotoxin;TNF-α
MEJORÍA FUNCIONAL EN PACIENTES CON PALMITATO DE PALIPERIDONA INYECTABLE RESPECTO A OTROS ANTIPSICÓTICOS

M.A. Carrillo 1, M.J. Martínez 2, M.P. Sánchez 1, A. Jaén 1, I. Ibernón 1, P. Botías 1, C. Calero 1, N. Megías 1
1. Hospital Universitario Virgen de la Arrixaca, Murcia, España
2. Unidad de Salud Mental de Alcantarilla, Murcia, España

Objectives
Ante un grupo de 10 pacientes esquizofrénicos estabilizados, en tratamiento con Zuclopentixol Decanoato, pero con graves limitaciones sociolaborales y con alteraciones analíticas tipo dislipemia, cambiamos por Palmitato de Paliperidona inyectable de larga duración.

Methods
Observamos su evolución a tres meses analizando los siguientes datos: CGI, SOFAS, PANSS, IMC y analítica de sangre general.

Results
Los resultados evidencian una mejoría de la funcionalidad y el inicio de un pérdida de peso que impresiona de mejorar el perfil lipídico a la larga, sin aparición de efecto adversos.

Conclusions
El cambio de Zuclopentixol Decanoato por Palmitato de Paliperidona inyectable de larga duración repercute de manera positiva en el paciente, principalmente en lo que a funcionalidad se refiere. Dicho afirmación se sustenta en la mejora que se evidencia en la puntación de las escalas administradas a los pacientes antes y después del cambio.
GENE EXPRESSION OF PRO-INFLAMMATORY CYTOKINES AND THEIR RECEPTORS IN LYMPHOCYTES OF DEPRESSED PATIENTS
G. N. Pandey¹, H. S. Rizavi¹, X. Ren¹
¹University of Illinois at Chicago, Chicago, Illinois, USA

Objectives: Several reports from both clinical and basic studies suggest immune dysregulation in depression. This is supported by the observation that plasma levels of proinflammatory cytokines are increased in depressed patients. To examine if this is also associated with abnormal gene expression, we have studied gene expression of proinflammatory cytokines and their receptors in lymphocytes of depressed patients.

Methods: We determined the mRNA expression of proinflammatory cytokines, IL-1β, IL-6, and TNF-α, and their receptors IL-1R1, IL-1R2, IL-1R antagonist (IL-1RA), IL-6R, Gp-130, TNFR1, and TNFR2 in the lymphocytes obtained from 26 drug-free, hospitalized depressed patients and 26 drug-free normal control subjects. The subjects were diagnosed according to DSM-IV criteria. Plasma protein levels of cytokines were determined by ELISA and mRNA levels of cytokines and their receptors in lymphocytes by qPCR method.

Results: We found that mRNA levels of proinflammatory cytokines IL-1β, IL-6, TNF-α, and their receptors, IL-1R1, IL-1RA, TNFR1, TNFR2 were significantly increased, while there was no change in the mRNA expression of IL-1R2, IL-6R, or Gp-130 in the lymphocytes of depressed patients compared with normal controls. The plasma protein levels of IL-1β, IL-6, and TNF-α were also significantly increased in depressed patients compared with normal controls.

Conclusions: These studies suggest that the reported abnormalities of cytokines and their receptors observed in the plasma of depressed patients may be related to an abnormal gene expression of these cytokines in the lymphocytes of depressed patients and the mRNA expression levels in the lymphocytes could be a useful biomarkers for depressive illness. (Supported by NIMH RO1 MH056528)
ASSOCIATION OF LOW SERUM VITAMIN D LEVELS WITH HYPERTENSION AND DIABETES MELLITUS IN AN ACUTE INPATIENT PSYCHIATRIC POPULATION

Subhdeep Virk, Hossam Guirgis, Anne-Marie Duchemin
Department of Psychiatry, Ohio State University Wexner Medical Center, Columbus, OH, USA

Objectives: Vitamin D plays a role in the function of many organs and its alteration may contribute to the pathophysiology of mental disorders (Eyles et al, 2013) as well as metabolic and cardiovascular morbidity (Mheid et al, 2013). Our goal was to determine the prevalence of Vitamin D deficiency among psychiatric inpatients with cardiovascular risks.

Methods: A retrospective study was conducted on 1,456 adult inpatients admitted in a Medical Center Acute Psychiatric Hospital from November 2011 to October 2012 using electronic data-warehouse de-identified data. 25-OH Vitamin D levels were assessed from standard blood draws on admission. Diagnoses were obtained from clinical or billing coding. Statistical analysis was performed using SPSS19 (ANOVAs, chi-square, Fisher’s exact test).

Results: The demographic characteristics of the inpatient population were: age average 37.7±14.5 year, 55.4% female, 69.3% Caucasian. Vitamin D level value was 23.59±5.39 ng/ml. Vitamin D deficiency (levels <20 ng/ml) was present in 40.3%, insufficiency (20-30 ng/ml) in 35.9 %, and normal range in 23.8% of inpatients. Hypertension was present in 24.5%, diabetes mellitus in 11.9 %, and obesity in 7.2% of inpatients. There was an association of low Vitamin D levels with hypertension (p<0.032), and with diabetes mellitus (p<0.045) but no association with obesity. In addition, there was no correlation between low Vitamin D levels and low socioeconomic status.

Conclusions: In an acute psychiatric inpatient adult population, hypovitaminosis D was associated with hypertension and diabetis mellitus. Hypovitaminose D may contribute to the co-morbidities present in psychiatric patients.

EFFECTS OF HALOPERIDOL AND CLOZAPINE ON THE BONE MASS AND HYPOTHALAMIC-PITUITARY-ADRENAL AXIS IN PHENCYCLIDINE ANIMAL MODEL OF SCHIZOPHRENIA

N. Petronijević1, T. Nikolić1, G. Jevtić1, M. Velimirović1, T. Stojković1, M. Nenadović2, N. Radonjić1, M. Petronijević3

1 Institute of Medical and Clinical Biochemistry, School of Medicine, University of Belgrade, Serbia
2 Special Psychiatric Hospital Laza Lazarevic, Belgrade, Serbia
3 Military Medical Academy, University of Belgrade, Serbia

Objectives: The hypothalamic-pituitary-adrenal (HPA) axis abnormalities could be responsible for the bone mineral density (BMD) changes in schizophrenia (SCH) patients. Glucocorticoid receptor (GR) is complexed with regulatory proteins HSP70 and HSP90. GR is active in phosphorylated form (pGR). 11β-hydroxysteroid dehydrogenase (11β-HSD1) activates glucocorticoid hormone. Perinatal phencyclidine (PCP) administration to rodents represents animal model of SCH. The aim of the present study was to determine the long term effects of haloperidol and clozapine treatment on bone mass and body composition, as well as, the expression of GR, pGR, HSP70, HSP90 and 11β-HSD1 in the cortex and hippocampus of adult rats perinatally treated with phencyclidine.

Methods: Six groups of animals were subcutaneously treated on 2nd, 6th, 9th and 12th postnatal day (PN), with either PCP (10 mg/kg) or vehicle (0.9% saline). At PN35, one NaCl and PCP group have started to receive haloperidol (1mg/kg/day) and one NaCl and PCP group have started to receive clozapine (20mg/kg/day) dissolved in drinking water. On PN98 BMD, bone mineral content (BMC) and fat mass were measured in vivo by dual X ray absorptiometry and the expression of GR, pGR HSP70, HSP90 and 11β-HSD1 by Western blot.

Results: Perinatal PCP treatment reduces BMD, BMC and total fat, as well as the expression of GR in cortex and hippocampus, pGR in cortex and HSP70 in hippocampus. Antipsychotics administered alone decreased the BMC and changed the expression of GR, HSP70 and 11β-HSD1. Applied in PCP perinataly treated rats, haloperidol caused normalisation of BMD while clozapine had more pronounced effects on bone mass deterioration. Both drugs increased pGR and HSP70 expression, but had a different effects on 11β-HSD1 in cortex and hippocampus.

Conclusions: This study supports the findings of HPA axis disturbances and bone mass deterioration in drug naive SCH patients and reveals the influence of some commonly used antipsychotics.
LONG-TERM SAFETY AND EFFICACY OF PALIPERIDONE EXTENDED RELEASE IN CHINESE PATIENTS WITH SCHIZOPHRENIA: AN OPEN-LABEL EXTENSION OF A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY

H. Zhang, H. Li, Y. Liu, D. Li, J. Shi, S. Xie, G. Wang, Q. Rui

1Peking University Institute of Mental Health, Beijing, China
2Shanghai Institute of Mental Health, Shanghai, China
3Janssen Research & Development, Beijing, China
4Xian Mental Health Center, Shaanxi, China
5Nanjing Brain Hospital, Jiangsu, China
6Beijing Anding Hospital, Beijing, China

Objectives:
The long-term safety, tolerability and efficacy of paliperidone extended release (Pali-ER) were evaluated in Chinese patients with schizophrenia.

Methods:
Patients (aged ≥18 years) with schizophrenia (DSM-IV criteria), who had completed run-in (8-week), stabilization (6-week), and double-blind (DB) phases (variable) of a phase 3, placebo-controlled study entered this 24-week, open-label extension (OLE) study. These patients who had experienced a relapse or remained relapse-free through DB phase of the study were treated with flexible-dose pali-ER (3-12 mg/day) during OLE phase. Major safety evaluations included treatment-emergent adverse events (TEAEs) and extrapyramidal symptoms (EPS). Efficacy endpoints included changes in Positive and Negative Syndrome Scale (PANSS) total score, Clinical Global Impression-Severity (CGI-S) scale, and Personal and Social Performance (PSP) scale from OLE baseline to OLE endpoint.

Results:
A total of 85 out of the 106 patients (80%) that entered OLE phase (placebo: 59, pali-ER: 47), completed; 21 (20%) discontinued the OLE phase. Thirty five (33%) patients experienced at least 1 TEAE; most common were akathisia, somnolence, nasopharyngitis, and constipation (3.8% each). Serious TEAEs were noted in 2 patients (suicide; Schizophrenia). No TEAEs with onset during OLE phase led to discontinuation. The EPS-related TEAEs were reported in 8 (7.5%) patients. Mean (SD) changes in PANSS total scores (-10.4[13.2]), CGI-S scores (-0.6[0.96]) and PSP scores (7.4[13.2]) from OLE baseline to OLE endpoint showed improvements, which were more pronounced in patients treated with placebo during DB phase.

Conclusions:
In this OLE study, flexibly dosed pali-ER (3-12 mg/day) was generally tolerable and efficacious in Chinese patients with schizophrenia.
ECT AND INFORMATION PROCESSING IN PATIENTS WITH TREATMENT-RESISTANT PSYCHIATRIC DISORDERS ASSESSED BY EVENT-RELATED POTENTIAL P300

K. Dapšys 1, A. Šiurkutė 1,2, R. Kaukėnas 1, V. Mačiulis 1,2
1. Republican Vilnius Psychiatric Hospital, Vilnius, Lithuania
2. Vilnius University, Vilnius, Lithuania

Objectives. The study of non-memory cognitive functions after ECT has been relatively neglected. Event-related potentials (ERP) are thought to reflect some cognitive processes. ERP P300 is a sensitive indicator of disturbances of attentional and working memory processes. Aim of this study was to examine the effect of course of ECT on auditory ERP P300.

Methods. P300 potential was recorded using auditory “oddball” paradigm in 22 patients. 12 patients had schizophrenia spectrum disorders and 10 patients had various mood disorders. Mean age of patients was 40±13 years (from 22 to 72 years). ERPs were recorded before the first ECT procedure and the next day after the last ECT. Recordings were made at Fz, Cz and Pz electrode sites. Peak-to-peak (N2-P3) amplitude and latency of P300 wave were analyzed. Correlation between P300 parameters, clinical symptoms (measured using PANSS, MADRS, HAM-D scales) and parameters of ECT procedure - delivered energy, seizure energy index (SEI) and duration of seizure - were evaluated.

Results. There was statistically significant increase in P300 amplitude after the course of ECT. Increase was greater in the young patients (20–39 years old) group. Decrease in P300 latency was insignificant. Correlation between P300 latency and amplitude and qualitative parameters of evoked seizures was more reliable in the mood disorders group. After ECT main clinical symptoms have improved. According to HAM-D the improvement of depression symptoms correlates with the decreased latency and increased amplitude of the P300 potential.

Conclusions. ECT may improve information processing in patients with treatment-resistant schizophrenia spectrum disorders and mood disorders as assessed by event-related potential P300.
CO - RELATIONAL STUDY OF PARITY AND DEPRESSION AMONG WOMEN IN CENTRAL INDIA
G. Anand
Ruxmani Ben Deepchand Gardi Medical Co., Indiallege, Ujjain, Mp

Depression has multiple etiological factors and it is more prevalent in females. There are several reasons for such differences are hormonal, restricted social and occupation activity, family responsibility, adjustment with in-laws after marriage, dependency on spouse are well-known factors that make it possible for females to suffer more with depression.

AIMS & OBJECTIVE
To study parity of female and association of its to depression

TOOLS
Structured questionnaire based on ICD 10 & DSM IV for diagnosis of depression
Halminton rating scale for depression scoring

STUDY DESIGN
Taken sample are randomly selected from outpatient department of psychiatry at Ruxamani Ben Deepchand Gardi Medical College, Ujjain FROM 2006 to 2012. These patients were put on formed questionnaire and HALMINTONs Depression Rating scale for assessment. The collected data were put sps 16 and correlation coefficient and regression analysis were done. During all this procedure, ethical consideration was maintained.

CONCLUSION
Parity ie number of children is weakly related to emergence of depression in married female
THE MEASUREMENT AND ANALYSIS OF PHYSIOLOGICAL SIGNALS FOR EMOTION PROCESSING USING A SEL-DESIGNED DOMESTIC DEVICE

Min-Wei Huang^1, Chun-Ju Hou^2, Yen-Ting Chen^2, I-Chung Hung^2, Jia-Ying Zhou^3

1. Chia-Yi Branch, Taichung Veterans General Hospital, Chiayi, Taiwan
2. Southern Taiwan University of Science and Technology, Tainan, Taiwan
3. Asia University, Taichung, Taiwan

Objectives: A chip-based physiological signal measurement device suitable for home use was developed in this study to measure and analyze physiological signals. It is to be hoped that this device and its accompanying software can be used for long term daily monitoring of psychiatric patients, such that they can receive appropriate and timely treatment as needed.

Methods: The device used for this study measured the following physiological signals: electrocardiography (ECG), electromyography (EMG), photoplethysmogram (PPG), galvanic skin response (GSR), and skin temperature (SKT). 46 characteristic parameters were evaluated and classified for emotion processing. The study included 23 subjects (23 men with age ranging from 20 to 25 years with a mean of ± SD, 22.91 ± 2.15 years) to the above experiment. Those who had a HAM-D score higher than 7 were put into Group 1, while those with HAM-D scores lower than 7 were placed in Group 2.

Results: The values of the 46 characteristic parameters for Group 1 and 2 were analyzed using nonparametric statistical analysis, and the statistically significant parameters for different emotions would be extracted. The results of classification showed an accuracy rate of 95%. That means the extracted parameters have the ability to be used in the tasks of identifying the differences of emotion classification.

Conclusions: The device successfully extracted the features needed for calculation of the 46 characteristic parameters used for analysis in this study. It can be seen that the variance of the standard deviations of some characteristic parameters were quite large, this was mostly due to large variances between the physiological signals of the test subjects. Finally, this study found clear differences between the physiological signals of subjects that were depressed and those that were not depressed, showing that there is some correlation between emotions and physiological signals.
EFFECTS OF CHANGE OF ENDOTOXIN, TNF-Α AND TAU PROTEIN IN PATIENTS WITH ALZHEIMER’S DISEASE

Bai Han1,2, Fan Wu1, Dewu Han1, Nan Zhao1, Qin Sun2, Xinzheng Shan2
1. Department of Psychiatry, The First Hospital of Shanxi Medical University, Taiyuan City, China
2. Institute of Vertigo Disease, The General Hospital of The Chinese Armed Police Forces (CAPF), Peking, China

Objective: To investigate the change of endotoxin, tumor necrosis factor- alpha (TNF-α) and Tau protein in patients with Alzheimer’s disease (AD).

Methods: From January 2011 to January 2012, subjects of patients with AD and healthy elderly were collected from hospital and nursing homes. Subsequently, cognitive function of the two group subjects were assessed by MMSE and ADAS-Cog. The level of endotoxin was determined by TAL, TNF-α and Tau protein were determined by ELISA.

Results: MMSE score in the patients with AD were significantly lower than the healthy elderly (P <0.001), ADAS-Cog score in patients with AD were significantly higher than the healthy elderly (P <0.001); patients with AD endotoxin, TNF-α and Tau protein were significantly higher than the healthy elderly (P <0.05).

Conclusions: Patients with AD were all accompanied intestinal endotoxemia and that may be a risk factors in the development of AD.

[Key words]: Alzheimer’s disease; Intestinal endotoxemia (IETM); endotoxin; tumor necrosis factor-α; Tau protein
FEATURES OF COGNITIVE DISORDERS OF PATIENTS WITH EPILEPSY
M. Makhrov, T. Dakukina, P. Korolevich
Republican Mental Health Research Center

Objective: Is to evaluate features of cognitive functions of patients with epilepsy.

Methods: We observed 2070 patients with epilepsy during 2009-2013. 47% of patients had primary generalized seizures, 53% of patients had partial seizures. Most of the patients had a symptomatic form of epilepsy (63%), cryptogenic form was set in 25% of patients, idiopathic form was observed in 12% of patients. All patients received anticonvulsant therapy.
In the psychological study of patients a comparative study of the functions of voluntary attention, efficiency, short-term mechanical memory, retention of information by means of "Schulte Tables" techniques, "Account of Kraepelin" techniques, well-known r ussian-language Luria’s 10 words memory test were carried out during diagnosis.
Results: Examined patients spent from 25 to 160 seconds or more to find the numbers in the "Schulte Tables", while healthy people spend 40-50 seconds on average. The study of "Account of Kraepelin" revealed that the rate of fatigue was 5,55±0,26. In healthy individuals fatigue index is not more than two counting operations. The efficiency curve of patients is uneven, there are fluctuations in performance, fluctuations in concentration. The volume of short-term mechanical memory was 5,22±0,15 words, named with the first try. In healthy people, this indicator is usually not less than 6-7 words.

Conclusion: The study found that the patients with epilepsy are characterized by impaired attention (narrowing of the volume, reduced concentration, difficulty switching), change in mobility of mental processes (the effects of inertia, stiffness), increased exhaustion and the slowness of mental processes; slowdown sensorimotor reactions, decreased effectiveness, poor mental stability to carry out the work. Observed expressed in varying degrees of short-term memory disturbances (curve memory in patients with epilepsy is unique in nature, characterized by a low level of memory, reduced reproduction, a weakening of the retention of information).
REVIEW OF MORBIMORTALITY IN SCHIZOPHRENIAN PATIENTS

R. Torrecilla Olavarrieta1, MN. Báez Amuedo1, M. Fernández Monge1, M. Robles Martínez2

1. Hospital Universitario de Puerto Real, Cádiz
2. Hospital de Puerta del Mar, Cádiz.

Objectives
Determine medical mortality in schizophrenic patients and its relationship with somatic diseases.

Methods
A literature review on the main search engines of scientific evidence has been doing.

Results
There is an increase level of mortality from natural causes, mainly in cardiovascular and metabolic diseases. People with schizophrenia have a life expectancy of 20% lower than the people without this disease.
The overall mortality rates in schizophrenia are two or three times higher than the expectations in common people. 40% of mortality in this kind of patients is attributed to unnatural causes, as suicide, mainly. But the 60% remaining are similar to the same causes of natural death that occur in the general population: cardiovascular disease, endocrine, respiratory and oncology.
The importance of metabolic syndrome in schizophrenia is two or four times higher than in healthy people. If we focus in the different variances of cancer incidence and mortality, we find very different results. Talking about the liver illness we noticed that; in schizophrenic people; there is a prevalence of four times higher in hepatitis B and 3.9 times higher in hepatitis C.
In neurological diseases there are different studies that suggest a higher prevalence of schizophrenia in people with mental retardation or epilepsy.

Conclusions
The comorbidity of schizophrenia with medical diseases is over the 50%. Schizophrenic patients have a mortality rate adjusted for age and sex, between two and three times higher than the expected in the general people. Also, this kind of patients has a bigger premature death, which decrease life expectancy between 9 and 12 years.
This has a great importance because of the higher prevalence of some risk factors high morbidity and the benefit for these patients of using prevention strategies.

References
CLINICAL CORRELATE OF SERUM PROLACTIN LEVELS IN A SAMPLE OF PATIENTS WITH SEVERE MENTAL ILLNESS

R. Torrecilla Olavarrieta1, Elena Pizarro Ferrero1, C. Diago Labrador2, M. Robles Martínez3,
1. Hospital Universitario de Puerto Real, Cádiz
2. Hospital Punta Europa, Algeciras.
3. Hospital de Puerta del Mar, Cádiz.

Objectives
The elevation of prolactin and its possible impact on the clinic is an important factor to consider when designing long-term treatment plans for people with a severe mental disorder.

Methods
Sample: 17 people (11 men and 6 women) diagnosed with severe mental disorder in Therapeutic Community treatment to which determinations of blood prolactin levels were performed. Different antipsychotics prescribed were recorded for each of the individuals included in the study. Hyperprolactinaemia effects occurred through administration UKU scale for psychotropic side-effects.
The reference values for the determination of hyperprolactinaemia were 15 ng / ml for males and 23 ng / ml for females.

Results
76% (n = 13) of subjects in the sample figures presented prolactin above normal. Of these, 62% (n = 8) were male and 38% (n = 5) women.
Of these, gender distribution was as follows: The 73% of men and 83% of women figures presented prolactin above normal.
Of the 17 subjects, 65% reported side effects of endocrine type (mild, moderate or severe) on the UKU scale, of which 9 subjects (82%) had hyperprolactinaemia but 2 (18%) did not.
The prescribed treatment, the total of 17 subjects, 77% (n = 10) were prescribed two antipsychotics.

Conclusions
In response to gender distribution of hyperprolactinaemia presence is more frequent in women than in men, although the predominance of men in the sample could blur the trend.
The profusion of data inconclusive, partly due to the small sample size in part to the multitude of variables involved, makes it hard to draw conclusions and invite us to conduct studies with larger samples and more defined study variables.

References
GENDER PREDISPOSITION OF MALE INCLINED DYSREGULATION OF EXCITATORY POST-SYNAPTIC DEVELOPMENT IN THE PRENATALLY VALPROATE-EXPOSED RAT OFFSPRING
1 Konkuk University, Seoul, Korea
2 Sahmyook University, Seoul, Korea
3 Kyung Hee University, Seoul, Korea

Albeit the drastic differences of Autism spectrum disorder (ASD) prevalence among male and female subjects, the molecular basis underlying the gender difference is not clear yet. We investigated the differences of excitatory post synaptic development in the brain of prenatally valproic acid (VPA)-exposed rat, which is a commonly used animal model of ASD. Electron microscopy study showed increased postsynaptic density (PSD) numbers in the frontal cortex of 1-4 weeks old VPA-exposed animals, which is more prominent in male offspring. In Western blot, the expression of PSD proteins such as PSD-95, NR1, NR2, GluR1, GluR2 and alpha-CAMK-2 was all increased along the course of brain development in gender-selective manner. The expression of mGluR5, homer and shank 1-3 showed similar pattern with delayed time course, i.e. the differences was evident from 2 weeks of age. To determine whether the male inclined hyper-glutamatergic post synaptic development is governed by gender itself but not by other complicating factors in utero and during early postnatal development, we separately cultured male and female rat primary neural progenitor cells in vitro and treated them with VPA and induced them to differentiate into neuron. The purity of male and female cultured cells was identified by RT-PCR against SRY to determine the presence of Y chromosome. The treatment of male cells but not female cells with VPA produced increased expression of excitatory postsynaptic proteins such as PSD-95, alpha-CAMK-II, NR1 and GluR1. Interestingly, the expression of glutamatergic neuronal marker proteins such as vGluT1 was increased both in male and female cells suggesting the postsynaptic maturation but not the glutamatergic neuronal differentiation itself is gender-selectively regulated. The results from the present study suggest that the dysregulated male-selective overt post-synaptic development in VPA animal model of ASD is governed by primary factors innate to chromosomal differences between male and female gender.
PERCEIVED CLINICAL UTILITY OF BIOLOGICAL VERSUS
PSYCHOSOCIAL EXPLANATIONS OF PATIENTS’ SYMPTOMS
AMONG MENTAL-HEALTH CLINICIANS
M. S. Lebowitz 1, W. Ahn 1
1. Yale University, New Haven, Connecticut, USA

Objectives: To assess how clinically utile mental-health clinicians find biological explanations of patients’ symptoms to be, as compared to psychosocial explanations, in light of the increasing dominance of biological conceptualizations of psychopathology.

Methods: In each of two studies, U.S. clinicians read two vignettes describing hypothetical patients with symptoms of one mental disorder, and two describing patients with another disorder. Each vignette was paired with a passage explaining the symptoms either biologically or psychosocially; for each disorder, the vignette-explanation pairings were counterbalanced. In study 1, the disorders were schizophrenia and social phobia; in study 2 they were major depression and obsessive-compulsive disorder. In both studies, clinicians rated how useful each explanatory passage would be for each of six clinical purposes: determining a prognosis, devising treatment plans, understanding the causes of any mental disorder that the patient might have, communicating with other mental health professionals, communicating with the patient, and comprehensively describing all of the patient’s important problems.

Results: Principal-components analyses indicated that all six clinical-utility items loaded onto a single factor, and they had high internal consistency (all \( \alpha > .85 \)), so they were averaged into a single clinical utility score. For all disorders except schizophrenia, clinicians judged the psychosocial explanation to have higher clinical utility (all \( p < .01 \)). These effects held true across both psychiatrists and non-MD clinicians.

Conclusions: This novel finding suggests that despite the ever-increasing prominence of biological explanations for mental disorders, this trend may meet with deep resistance from practitioners currently in clinical practice, thus limiting the real-world impact of increasing biomedicalization in the mental-health field. In order to increase buy-in among clinicians regarding biomedical conceptions of psychopathology, efforts to broadly and convincingly demonstrate the clinical utility of biological understandings of psychopathology may be needed.
THE IMPACT OF RECURRENT MAJOR DEPRESSIVE DISORDER: A CASE REPORT
P Gracia, C Abad, M Guilabert, G Pirez, L Bosqued, M Nebot, I Irigoyen
HCU "Lozano Blesa", Zaragoza. Spain

OBJECTIVES: To show the potential impact of recurrent major depressive disorder and the importance of early intervention in major depression by detecting non-specific symptoms.

METHODS: Clinical case of a 43 years old male who is attended after a month of discharge from the Psychiatry Ward. The episode that motivated his admission was characterized by an abrupt start, a week before, and a progressive evolution. The patient referred symptoms of insomnia, nonspecific somatic complaints (dyspepsia, headache, presyncopal episodes, fatigue, subjective psychomotor retardation), hyperesthesias, feelings of vacuum affect, derealization, apathy, poor concentration and forgetfulness. He spontaneously asked for medical help at the Emergency Room because the feeling of lose of control and the appearance of suicidal ideation. He also referred 3 previous episodes suggestive of depression without convenient psychiatric treatment, the first during his adolescence. It should be noticed a personal history of social isolation and a lack of differentiation regarding his parents, with whom he keeps an ambivalent relationship.

RESULTS: At the Psychiatry Ward, patient was started on fluoxetine 20 mg qd, olanzapine 5 mg qd and clonacepan 0,5 mg tid. When assessed after a month, an excellent clinical improvement with complete resolution is objective. Patient was diagnosed of Recurrent depressive disorder, current episode moderate (Axis I), and Mixed Personality Disorder (Axis II).

CONCLUSION: It should be considered the importance and impact that endogenous depression could have had in the biography of our patient, along with the need for early intervention, based on the detection of non-specific prodromal symptoms and the early onset of antidepressant treatment to interrupt the process. In our case, we started the patient on a SSRI (fluoxetine). Antidepressants can interrupt the clinical process and it should be maintained until reach a complete and stable remission of the current episode.
CLARITHROMYCIN-INDUCED PSYCHOSIS, A CASE STUDY
M. Vaughan¹, A. Ortega¹, A. Flores¹, J. Marín¹.
¹. Hospital Universitario La Paz, Madrid, España.

Objectives
Clarithromycin has been reported to be a neurotoxin agent in 38 cases found in the literature. Neurotoxicity is usually triggered 5 days after the treatment starts, and a full recovery is observed once the clarithromycin intake stops. Induced psychosis is more frequent on polytherapy patients where several drugs generate interaction and when the bioavailability of the drug is increased.

Methods
A 57 year old male, without prior mental health records, was admitted into hospital due to a high digestive haemorrhage. He presented an abrupt psychotic symptomatology that precipitated autodefenestration, 72 hours after the intake of the triple therapy tackling Helicobacter Pylory (pantoprazole, clarithromycin and amoxicillin).
Clinical condition:
He described unexplained intense feelings of fear, followed by self-referential thoughts and harmful delirious ideas against medical staff, without delirium criteria.

Results
The patient was moved to the psychiatric ward where an antipsychotic drug was prescribed (olanzapine 5mg) for behavioural control. Medical staff suspected pharmacological ethiology, therefore clarithromycin was swapped by levofloxacin, generating patient improve and 24 hours later psychotic symptomatology disappeared.

Conclusions.
This case study points out the importance of carrying out an appropriate differential diagnosis and pharmacological analysis in order to avoid undesirable effects caused by drugs. Antibiotics are rarely known as psychopathogenic agents, but due to their widespread use, we consider the convenience to report about this tested side-effect.
More studies are needed to find out the relationship between antibiotics and psychopathology that may help to prevent these disorders.

References:
INTRANASAL OXYTOCIN LESSENS THE ATTENTIONAL BIAS TO ADULT NEGATIVE FACES: A DOUBLE BLIND WITHIN-SUBJECT EXPERIMENT

Y-R Kim,1 JS Choi,1 J Treasure2
1Department of Neuropsychiatry, Seoul Paik Hospital, Inje University, Seoul, S. Korea
2Section of Eating Disorders, Department of Psychological Medicine, King’s College London, Institute of Psychiatry, London, United Kingdom

Objectives
Oxytocin is a neuropeptide that is involved in social emotional processing. A leading hypothesis is that oxytocin facilitates positive prosocial behaviors; the peptide may also play a more general role in inhibiting withdrawal-related social behaviors. The present study examined these possibilities.

Methods
A double-blind, placebo controlled crossover design was used with 31 healthy women. Forty-five minutes following the administration of 40 IU of intranasal oxytocin or a placebo, the participants were presented with two dot probe tests with pairs of face stimuli depicting emotional and neutral faces in adults.

Results
Oxytocin specifically reduced the attention bias toward the location of the faces of adults showing negative emotions, particularly in the case of disgust. Oxytocin did not enhance the attentional bias toward adult happy faces. The effect of oxytocin toward adult negative emotion was correlated with the sensitivity of the drive in the behavioral motivational system.

Conclusions
Oxytocin reduces attention to negative social emotions in adults, which supports oxytocin serves to inhibit withdrawal-related social behaviour.
AGENESIS OF CORPUS CALLOSUM AND PSYCHOSIS – REVIEW AND CASE DESCRIPTION

J. Pinheiro¹, J. Mota¹
¹Magalhães Lemos Hospital, Porto, Portugal

Objectives: Agenesis of the corpus callosum is a congenital anomaly consisting of a failure in the development of the transverse fibers of white matter that connect the two cerebral hemispheres. It may be partial or complete and is often associated with learning disabilities and epilepsy. More recently, a link was established between agenesis of the corpus callosum and several neuropsychiatric disorders, including psychotic phenomena. This study aims to describe and discuss the case of a 43 year old patient with no previous psychiatric history that presented with behavioral problems and persecutory delusions. CT scan and MRI showed partial agenesis of the corpus callosum. Neuropsychological investigation revealed mild mental retardation. EEG was normal.

Methods: Case report and literature review using PUBMED.

Results and conclusion: The literature review allowed the authors to conclude that, although there are only a few cases reported, there is an established connection between agenesis of the corpus callosum and the onset of psychotic symptoms. This connection can be explained by the fact that corpus callosum is an important structure not only in allowing communication but also in regulating the activity established between the two hemispheres. In this case, a regulation loss could predispose to psychosis.
BRAIN DERIVED NEUROTROPHIC FACTOR (BDNF) SERUM LEVEL AND COGNITIVE FUNCTIONS IN HEALTHY POLISH POPULATION

M. Wilkosc 1,2, A. Szalkowska 2, M. Skibińska 1, J. Hauser 3, A. Araszkiewicz 2
1. Kazimierz Wielki University, Bydgoszcz, Poland
2. Collegium Medicum UMK, Bydgoszcz, Poland
3. University of Medical Sciences, Poznan, Poland

Objectives BDNF gene polymorphisms were often reported to be connected with cognitive functions. Much lesser is known about relation between BDNF serum level and cognition.

Methods The aim of the study was to assess the association between BDNF serum level and performance on commonly used neuropsychological tests such as: Trail Making Test (TMT), Stroop Test and Rey Auditory Verbal Learning Test (RAVLT) in 150 healthy volunteers (75 females and 75 males).

Results The mean serum level of BDNF in subjects was 29102 (SD=7422.9). There was a correlation between the BDNF serum level and the results of TMT-B (p = 0.05) and Stroop test (p = 0.005). Correlations were inversely proportional (respectively: r=-0.17 and r=-0.23), which showed that the higher serum level of BDNF, the shorter time obtained by subjects in both tests. Also, we found BDNF serum level to be connected with the fifth trial of RAVLT (p = 0.05). Correlation was directly proportional (r = 0.17), which demonstrated that with higher concentration of BDNF, subjects memorized more words in the fifth repetition.

Conclusions The results of this study showed that higher serum level of BDNF is connected with better performance on the test measuring: psychomotor speed, attention, learning process and executive functions in healthy subjects. The project has been financed from the funds of the National Science Centre, granted on the basis of decision no. DEC-2011/01/B/HS6/00440.
MEGALENCHEPHALIC LEUCOENCEPHALOPATHY WITH SUBCORTICAL CYSTS: A CASE REPORT FROM A RURAL HEALTH CENTRE
Sweta Sheth, Sydney Moirangthem, Sabina Rao, Mathew Vargehse
National Institute of Mental Health and Neurosciences, Bangalore, India

Objectives: Megalencephalic Leukoencephalopathy with Subcortical Cyst (MLC) is a recently described neurodegenerative disorder with an autosomal recessive inheritance, with an underlying mutation in the MLC1 gene, and a more recently described mutation in GLIALCAM. It presents with macrocephaly, developmental delay, ataxia and spasticity. The disease has been found to be common in the Agarwal community in India. We describe here a patient from a non-Agarwal community who presented to our Rural Mental Health Centre (RHMC) with a diagnosis of MLC and Seizure Disorder and the pharmacological and non-pharmacological aspects of its management.

Methods: Her seizure was controlled with Sodium Valproate at 400 mg/day. Intelligence Quotient (IQ) assessment was done which revealed profound mental retardation (IQ of 19). Behavioural interventions were taught by the psychologist to the parents to help improve the child’s speech. She was also undergoing physiotherapy to improve motor function. A Disability Certificate was also given so that the parents would receive financial aid from the Government.

Results: With progressive follow ups, improvement was noted in the child’s vocabulary and social functioning which was noted by the treating team and also reported by the parents. Motor development, however, remained poor.

Conclusion: In conclusion, MLC is the most common leukodystrophy with megalencephaly in India. It is a complex disorder with no definitive treatment. However, a multi faceted treatment approach can be of benefit to the patients and the family.
HIGH-DOSE UNILATERAL VS STANDARD BITEMPORAL ECT: A SYSTEMATIC REVIEW AND META-ANALYSIS
E. Kolshus 1,2, A. Jelovac 3, DM. McLoughlin 1,2
1. Trinity Institute of Neuroscience, Trinity College Dublin, Ireland
2. St. Patrick’s University Hospital, Dublin, Ireland

Objectives
Electroconvulsive therapy (ECT) is the most effective acute treatment for depressive disorders but concerns remain regarding cognitive side-effects. One strategy aimed at minimising cognitive side-effects is the use of unilateral ECT, however this has traditionally been at the cost of clinical effectiveness. One promising option is the use of high-dose unilateral ECT, which may combine clinical effectiveness with reduced cognitive side-effects. We aimed to synthesise the available data with regard to these two forms of ECT in terms of both clinical effectiveness and cognitive side-effects.

Methods
A systematic keyword search of electronic databases of randomised controlled trials of high-dose (5x>seizure threshold) unilateral ECT vs. standard dose (<2.5xST) bitemporal ECT in depression was performed. Inclusion criteria included the use of brief-pulse ECT to reflect contemporary practice

Results
After removal of duplicates, 25910 records were identified from six electronic databases. 25795 records were removed on screening, leaving 126 full-text records for review. Of these, seven trials met the inclusion criteria and formed the basis of the meta-analysis. In terms of treatment response, there was no statistical difference between the two forms of ECT (OR 1.05, 95% CI 0.79-1.41). We will also report on the analysis of cognitive data (MMSE, visual and verbal memory, reorientation time and autobiographical memory).

Conclusions
This meta-analysis of randomised controlled trials of modern high-dose unilateral ECT show it to be equally effective to standard bitemporal ECT in terms of clinical response. We will also present findings with regard to cognitive side-effects, which will inform as to whether high-dose unilateral ECT should be recommended as the new standard for ECT.
PSYCHOSIS IN A PATIENT WITH HYPOPITUITARISM DUE TO SECONDARY EMPTY SELLA SYNDROME FOLLOWING A SNAKE BITE

B Ratnakaran¹, V.P. Punnoose¹, R. Mathew¹, M. Babu¹, L. Anilal¹, A.K Ajit¹, S. Das¹, A. Kartha¹
¹ Government T.D Medical College, Alleppey, Kerala, India

Background: Endocrinological disturbances are known to have psychiatric manifestations. But literature on psychosis in clear sensorium in hypopituitarism is limited and restricted to case reports.

Case: A 42-year-old married male following a visit to the Dermatology department for chronic hyperpigmentation of the skin, was referred to Psychiatry after he was noticed to be talking to himself and other hallucinatory behaviors. He gives a history of hypothyroidism and acute adrenal insufficiency following a snake bite 13 years back, managed in an emergency setting but soon dropped out of follow-up. Patient then gradually developed low mood, anhedonia, persecutory ideas, increased religiosity, decreased social interaction, sleep, libido, and appetite. Over the past 4 years, he would mutter to himself, gesturing as if he was conversing with someone. On mental status examination he was found to have poor eye contact with decreased psychomotor activity and talk, guarded about revealing details of his persecutory ideas and described visual hallucinations of seeing ghosts to which he would converse, impaired attention, concentration, immediate memory with Grade 3 insight. System examination showed melasma over the face, decreased body hair, and bilateral pitting oedema. His investigations revealed levels of TSH - 13.73 mIU/L (Normal - 0.35-5 mIU/L), T4 - 0.5 mcg/dL (Normal - 4.5-12.5 mcg/dL), T3 - 31 ng/dL (Normal - 60-181 ng/dL), morning serum cortisol levels - 0.09 mcg/dL (Normal - 7-28 mcg/dL), serum testosterone – 1.83 nmol/L (Normal - 6.7-28.9 nmol/L). MRI scan revealed an Empty Sella and diagnosis of organic psychosis due to hypopituitarism was made.

Treatment and outcome: On treatment with oral prednisolone and thyroid supplements, the patient’s condition improved in two weeks.

Conclusion: In patients with organic causes of psychiatric disturbances especially endocrinological, dramatic improvement can be seen upon correction of the cause without the need for psychotropic medications. If left untreated, long-standing behavioral disturbances as evidenced by the case could occur.
MAJOR PSYCHOSIS AND HEMOGLOBINOPATHIES: IS THERE A LINK?

Rachdi C¹, Abaza H², Aissa A¹, Ben Chaabene A², Arfaoui A², Rafrafi R¹, Leboyer M³, Tamouza R⁴, Guemira F², El Hechmi Z⁴

1 Razi Mental Health Hospital, Manouba, Tunisia.
2 Salah Azaiez institute, Tunis, Tunisia.
3 Mondor Hospital, University Paris Est-Créteil.
4 Saint Louis Hospital, Paris, France.

OBJECTIVE: Hemoglobinopathies are particularly prevalent in Tunisia reaching up to 1.5% to 10% in some focus regions. We aimed to determine the prevalence of hemoglobinopathies in patients with major psychosis (Schizophrenia and bipolar disorder);

METHODS: the hemoglobin profile was determined in 55 outpatients followed for schizophrenia (N=31) or bipolar disorder (N=24) responding to diagnostic criteria of the DSM IV-TR.

RESULTS: The prevalence of abnormal hemoglobin profile was 14.5% (n=8; seven with schizophrenia and one with bipolar disorder) with three cases of Hemoglobin F, two cases of B-Thalassemia, one case of Drepanocytosis, one case with hemoglobin AC or hemoglobin C trait and one with a slightly elevated rate of hemoglobin A2. Patients were not coming from hemoglobinopathies endemic region in Tunisia. The prevalence of hemoglobinopathies in our patients was 4.83 times higher than the Tunisian average and 9.66 times higher than the prevalence of hemoglobinopathies in the origin region of our patients (The Cab bon in the north east of Tunisia).

CONCLUSION: It seems that there is a trend to a higher risk of hemoglobinopathies in major psychoses. Etiopathogenic hypotheses should be explored: Is there a genetic link between these conditions? Is hemoglobinopathy a non-specific neurodevelopmental stress factor?
THE MISIDENTIFICATION SYNDROMES, A LITERATURE REVIEW
M. Soto Ontoso, F. Collado Rueda, I. López Saracho
1. UGC-Salud Mental Almería, Almería, Andalucía, Spain

Objectives
Provide current information on the historical development of the concept, etiology, pathophysiology, clinical features and treatment of Misidentifi cation Syndromes

Methods
A literature review using major databases until date

Results
The Misidentitication syndrome includes four basic subtypes: Capgras Syndrome, Fregoli Syndrome, Intermetamorphosis Syndrome and Subjective Doubles Syndrome. Term coined by Christodoulou includes a series of frames characterized by the presence of delusional beliefs about own or relative identity. MISs may occur within the context of different nosological settings, such as schizophrenia, mood state disorders and organic mental disorders. Regarding etiology, have developed numerous theories attempting to explain their genesis which gives us an idea of the complexity of this syndrome. It seems clear that this is a final common pathway of frames with different pathogenic basis. The clinical presentation varies depending on whether the etiology is more or less weight the organic causes being hostility one of the most important symptoms in Capgras Syndrome related to psychiatric causes. The first line treatment usually includes antipsychotics to manage behavior disturbances, fundamentally in Capgras Syndrome.

Conclusions.
The number of reported cases with a clearly identifiable organic cause has increased markedly in recent years. In Capgras Syndrome the hostility is possibly related to hyperdopaminergic state that would give salience to a previously neutral experience. More investigation is necessary to elucidate the etiology of this misidentification syndrome.
INSULINOMA AND PSYCHIATRIC SYMPTOMS – BEYOND A CASE REPORT
M. Bairrão¹, S. Saraiva¹, V. Viveiros¹, M. Esteves¹
¹. Psychiatric Hospital Centre of Lisbon, Lisbon, Portugal

Objectives
Insulinoma, although rare, is the most common form of pancreatic endocrine tumour. It may occur in either sex at any age, are twice as common in women than in men and 50% of the subjects are over fifty. The majority are sporadic, usually small and only 5-12% of reported cases are malignant. Is the principal cause of episodic hyperinsulinemic hypoglycemia that is characterized by the Whipple Triad: Symptoms of hyperglycemia, hypoglycemia at time of episode, and reversal with glucose administration. Symptoms range from weakness to death. Neurological and psychiatric symptoms can be the only manifestation, often leading to misdiagnosis as a dissociative, hysterical or psychotic episode.

Methods
Review of the literature using PubMed/MedLine database with the following keywords: insulinoma; hypoglycemia; psychiatric symptoms.
The authors report a patient’s case report who repeatedly presented to the emergency room with confusion and abnormal behavior.

Results
An 30-year-old woman with no previous psychiatry disease was admitted to our Emergency Room because of important sweating, chills, trembling, anxiety, eyesight change and confusion. For one month she presented with this episodic complaints, which led her to be misdiagnosed with a depressive episode and medicated with antidepressant and benzodiazepine, with no resolution of the symptoms. After a second admission in the ward, she was identified with a severe hypoglycaemia (27 mg/dl), which was reversed by administration of glucose, with a concurrent resolution of symptoms. CT-Scan of the abdomen showed the presence of a nodular image of pancreas, that was suspicious for insulinoma; MR confirmed this finding. The patient was submitted to surgical excision. In the follow-up metastases were detected and the diagnosis of malignant metastized insulinoma was made.

Conclusions
Insulinomas can be present with clinical features overlapping neurological and psychiatric syndromes, which creates diagnostic difficulties. Early recognition may prevent serious adverse consequences and avoid death.
SERUM NGF, BDNF, IL-6 LEVELS AND AFFECTIVE DISORDERS IN POSTPARTUM MOTHERS AS PREDICTORS OF INFANT NEUROBIOLOGICAL MOTOR DEVELOPMENT

K. A. T. Pinheiro¹, R. T. Pinheiro¹, F. M. C. Coelho¹, R. A. da Silva¹, L. A. Quevedo¹, C. C. Schwanz¹, C. D. Wiener¹, G. G. Manfro², M. Giovenardi³, A. B. Lucion³, D. O. de Souza³, J. P. Oses¹.

¹. Universidade Católica de Pelotas, RS, Brasil.

Objectives: Early adverse experiences are associated with increased risk of developing psychiatric disorders, although little is known about the neurobiological mediators involved. The mechanisms by which early environmental influences may mediate vulnerability in the development of offspring await further investigation. The present study correlated the Nerve Growth Factor (NGF), Brain Derived Neurotrophic Factor (BDNF), Interleukin-6 (IL-6) and cortisol levels of mothers with postpartum affective disorders (PPAD) with infant neurobiological motor development.

Methods: A longitudinal study was performed with 152 pregnant women and their infants. Between 60 and 120 days after delivery, women were interviewed and provided biological samples for biochemical analysis, and the infants were examined for neurobiological-motor development.

Results: Overall, the mothers’ history of affective disorders, PPAD and anxiety disorder were associated with infant motor development. Using an adjusted linear regression analysis, PPAD (p=0.049), maternal anxiety disorder (p=0.043), NGF level (p=0.034) and infant cortisol level (p=0.013) were associated with infant motor development. Using a factorial analysis of primary components, two components were restrained. The psychological factor was characterized by a positive loading of a history of affective disorder, PPAD and anxiety disorder. For the biological factor, infant cortisol adhered negatively with infant motor development, but NGF was positively associated. The psychological factor had a negative association, but the biological factor had a positive association with infant motor development.

Conclusions: There are few studies that have focused on the relationship of biomarkers and infant neurodevelopment. Taken together, the biological and psychological components of the effects observed in this study show how these complex processes affect infant development, considering that these factors are only a single part of the developmental context.
INTERLEUKIN LEVELS IN A SAMPLE OF DEPRESSED PREGNANT TEENAGERS FROM AND MOOD EPISODES IN THE POSTPARTUM PERIOD
1. Universidade Católica de Pelotas, RS, Brasil.

Objectives: We examined the correlation between serum levels of interleukin (IL) 2 and IL-6 during pregnancy and subsequent postpartum mood episodes in a sample of depressed pregnant teenagers.

Methods: A longitudinal study was performed with 156 pregnant teenagers receiving prenatal medical assistance in the national public health system in the urban area of Pelotas, southern Brazil. They were assessed during the second trimester of pregnancy and in postpartum period (between 60 and 120 days after delivery), and provided biological samples for biochemical analysis. Mood episodes (depressive, manic and hypomanic) were assessed using the Mini International Neuropsychiatric Interview (MINI).

Results: The mean interleukin levels during pregnancy were: IL-2 = 3.7 ± 2.4 pg/ml; IL-6 = 2.1 ± 1.1 pg/ml. We found a significant correlation between pregnancy IL-6 levels and the presence of hypomanic episode in the postpartum period (r=0.24, p=0.04). In the other hand, IL-2 levels during pregnancy were negatively correlated with manic episodes during pregnancy (r=-0.24, p=0.04) and hypomanic episodes in the postpartum (r=-0.33, p=0.01).

Conclusions: The results of our study points that interleukin levels in depressed pregnant teenagers could be markers of longitudinal course of mood disorders, with IL-2 being associated with a unipolar course and IL-6 with bipolar course.
TNF-α AND IL-2 LEVELS DURING TEENAGE PREGNANCY AS PREDICTORS OF POSTPARTUM DEPRESSION AND ANXIETY

R. T. Pinheiro1, F. M. C. Coelho1, K. A. T. Pinheiro1, R. A. da Silva1, L. A. Quevedo1, L. D. M. Souza1, C. D. Wiener1, M. B. Matos1, R. D. Castelli1, J. P. Oses1.
1. Universidade Católica de Pelotas, RS, Brasil.

Objectives: We examined the correlation between serum levels of tumor necrosis factor (TNF)-α and interleukin (IL)-2 during pregnancy and subsequent postpartum depression and anxiety in a sample of pregnant teenagers.

Methods: A longitudinal study was performed with 869 pregnant teenagers receiving prenatal medical assistance in the national public health system in the urban area of Pelotas, southern Brazil. They were assessed during the second trimester of pregnancy and in postpartum period (between 60 and 120 days after delivery), and provided biological samples for biochemical analysis. Depression symptoms were assessed with Edinburgh Postnatal Depression Scale (EPDS), anxiety symptoms were assessed with the Beck Anxiety Inventory (BAI) and clinical diagnosis of major depression was assessed using the Mini International Neuropsychiatric Interview (MINI).

Results: The mean IL-2 levels during pregnancy were 1.6 ± 0.8 pg/ml and the mean TNF-α levels were 3.1 ± 3.3 pg/ml. TNF-α levels during pregnancy were significantly correlated with a formal diagnosis of clinical major depression in the postpartum period was measured by the MINI (r=0.12, p=0.01). By the other hand, we found a significant negative correlation between IL-2 levels during pregnancy and the EPDS scores in the postpartum period (r=-0.10, p=0.04), as well as with postpartum BAI scores (r=-0.11, p=0.04).

Conclusions: The results of our study points that TNF-α and IL-2 levels in pregnant teenagers could have a role as predictors of postpartum depression and anxiety in pregnant teenager, with TNF-α predicting clinical postpartum depression and IL-2 negatively associated with postpartum depression and anxiety symptoms.
FIXED DOSE COMBINATION (FDC) PRODUCTS IN PSYCHIATRY: SYSTEMATIC REVIEW AND META-ANALYSIS
S Farooq¹, S.P Singh²
1. Staffordshire University UK & Postgraduate Medical Institute, Peshawar, Pakistan
2. Black Country NHS Partnership Foundation Trust & University of Wolverhampton, UK

Objectives: Systematic review and meta analysis of the evidence for the use and efficacy of combination products in Psychiatry.

Methods: A systematic search of all major data bases was carried out using suitable search terms for the Fixed Dose Combinations (FDC), defined as combination of two or more drugs used in a fixed dosage and administered as a single oral preparation.

Results: We identified 9 double blind randomised controlled trials, which generated 15 comparisons of combination products against single drug or placebo with total sample size of 2827 in all studies. Different combination products were identified but only two combinations were evaluated in double blind trials i.e. Olanzapine plus Fluoxetine and Amitryptaline plus Chlordiazepoxide. All FDCs were significantly superior to a single agent with SMD -0.29 (CI= -0.43 - 0.14; P < 0.001) in improving depression. In the subgroup analysis OFC combination was significantly superior to a single therapeutic agent for bipolar depression (SMD -0.32; CIs = -0.45, -0.19; p < 0.001) and for treatment resistant depression (SMD -0.29; CIs = -0.49, -0.08; p < 0.005) but not for Borderline Personality and Major Depressive Disorder. No study reported on the cost effectiveness and only two studies reported on compliance which was not significantly different between any treatment group.

Conclusion: In clinical practice use of add-on medicine is rule rather than the exception in psychiatry but the evidence for the effectiveness of combination products is practically limited to one product. In addition to maximizing therapeutic efficacy, FDC have robust evidence for improving compliance in many non communicable disorders, which is a major problem in psychiatric disorders. The development of FDC based on high quality evidence can help to overcome present stagnation in pharmacological development in psychiatry, improve treatment adherence and reduce the treatment gap by reducing the treatment costs.
THE IMPACT OF THE NEW SIGMA RECEPTOR LIGAND, PB190, ON THE CONDITIONED FEAR STRESS IN RATS

Grazyna Skuza1, Carmen Abate2, Malgorzata Lehner3

1Department of Pharmacology, Institute of Pharmacology Polish Academy of Sciences, Cracow, Poland
2 Dipartimento di Farmacia-Scienze del Farmaco, Università degli Studi di Bari ALDO MORO, Bari, Italy
3 Department of Neurochemistry, Institute of Psychiatry and Neurology, Warsaw, Poland

Objectives
A number of sigma (σ) receptor ligands have been demonstrated to possess antidepressant-like effect in some experimental paradigms [1]. Conditioned fear stress (CFS) is a model measuring psychological stress-induced motor suppression (anxiogenic response). PB190 is a new compound synthetized by Berardi group [2], claimed to be a σ1 receptor agonist. The aim of the present study was to find out whether PB190 produced some effects in the CFS model in rats.

Methods
The fear conditioning experiment was performed using a computerized fear-conditioning system (TSE, Germany). Rats exhibit a marked suppression of motility when they are replaced in the same environment in which they previously received an electric footshock. The freezing behavior of rats was examined on the third experimental day for 10 min, beginning 30 min after drug administration (PB190, di-o-tolyloguanidine /DTG/, 10 mg/kg, ip) and was recorded by an infrared photobeam system [3].

Results
PB190 increased the CFS-induced motor suppression (immobility time, s) by ca. 30% (p<0.05). DTG, a widely used selective σ1/2 receptor agonist, showed a similar effect (by ca. 38%, p<0.05). PB190 induced also a decrease in distance traveled (by ca. 40%, p<0.05), DTG showed analogical tendency (the results were statistically non-significant).

Conclusion
The obtained results suggest that PB190 may have an anxiogenic activity due to its dual (agonistic/antagonistic) properties.
EXECUTIVE DYSFUNCTION IN LATE ONSET MANIA IS RELATED TO REDUCED FRACTIONAL ANISOTROPY IN CORPUS CALLOSUM

Ramirez-Bermudez J1, Guadamuz A1, Alvarado P1, Favila R1, Atriano C1, Taboada J1, Marrufo O1, Berlanga C1, Martinez D1, Carrillo-Mezo1

1. National Institute of Neurology and Neurosurgery, Mexico.

OBJECTIVE: To explore relationships between executive function and white matter integrity in late onset mania.

METHODS A case-control study was done at the National Institute of Neurology and Neurosurgery of Mexico, including 22 patients with first episode mania in late life (>50 years old) and 22 healthy controls, paired by age, scholar level and sex. Executive function measures (Trail Making Test and Frontal Assessment Battery) were obtained. Magnetic Resonance Diffusion Tensor Imaging was done by means of a 3 tesla GE MR system. All diffusion tensor data were analyzed with the FSL program (developed by the Oxford University), by means of tract-based spatial statistics (TBSS, which provides a voxelwise analysis of multi-subject diffusion data). Correlational analysis was done to relate the neuropsychological and fractional anisotropy data.

RESULTS: In the DTI study, we found significant differences (p <0.05) in several fiber tracts, including the following: a) the left uncinate fasciculus, b) the left cingulum (posterior division), c) left external capsule, d) the left corpus callosum (minor forceps), e) right corpus callosum (minor forceps). Significant correlations were found between FAB total score and FA in the left corpus callosum (minor forceps) (r = 0.712, p <0.001), and in the frontal portion of the left uncinate fasciculus (r = 0.573, p = 0.008). Table 1 shows the main correlations between executive function measures and fractional anisotropy in the left corpus callosum.

CONCLUSIONS: Late onset mania patients have executive dysfunction, probably related to reduced integrity of white matter fibers involved in interhemispheric and fronto-limbic structural connectivity.

Table 1. Main correlations between executive function measures and fractional anisotropy in the left corpus callosum.

<table>
<thead>
<tr>
<th>NEUROCOGNITIVE MEASURE</th>
<th>r</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAIL MAKING TEST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL TIME, PARTE A</td>
<td>-0.418</td>
<td>0.006</td>
</tr>
<tr>
<td>TOTAL TIME, PARTE B</td>
<td>-0.327</td>
<td>0.034</td>
</tr>
<tr>
<td>FRONTAL ASSESSMENT BATTERY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTOR PROGRAMMING</td>
<td>0.420</td>
<td>0.006</td>
</tr>
<tr>
<td>INHIBITORY CONTROL</td>
<td>0.380</td>
<td>0.013</td>
</tr>
<tr>
<td>TOTAL SCORE</td>
<td>0.380</td>
<td>0.013</td>
</tr>
</tbody>
</table>
NEUROBIOLOGICAL APPROACH TO THE DIAGNOSIS AND TREATMENT OPTIMIZATION BASED ON THE STUDY OF THE AUTONOMIC DYSREGULATION

Antipova O.S.¹, Krasnov V.N.¹
¹Moscow Research Institute of Psychiatry, Moscow, Russia

Objectives. The diagnosis and treatment optimization based on the autonomic parameters dynamics in depression.

Methods: clinico-psychopathological, Hamilton Depression Rating Scale, the heart rate variability (HRV) for evaluation of autonomic regulation. The main group: 56 patients, 36 were treated with fluvoxamine and sertraline, 20 - venlafaxine. The diagnosis met criteria of recurrent depressive disorder, current moderate or severe depressive episode (ICD-10). The control group: 32 healthy individuals.

Results. The reduction of total HRV was observed at rest and in orthostatic test in depressive patients. The hyperactivation of suprasegmental ergotropic systems was revealed before treatment. In depression the orthostasis supported by the hyperactivity of suprasegmental ergotropic systems which increases with age (rs=0,52, p=0,02) and the duration of affective disorder (rs=0,41, p=0,013). Reduced parasympathetic reactivity in response to the orthostasis amplified with increasing amounts depressive episodes (rs = -0,36, p = 0,032). In SSRI responders subgroup in the 2nd-3rd week of therapy increase in total HRV was observed, in the 4th-6th week parameters come back to baseline level. In the subgroup of responders to venlafaxine in the 2nd-3rd week of therapy increase in the total HRV was revealed only for 4-6 weeks, especially for severe depression. This may be due to the more severe depression in this subgroup or due to cardiotropic noradrenergic effects of venlafaxine.

Conclusion. The development of this issues is necessary for realization of a differentiated approach to the choice of therapy based on parameters of autonomic dysregulation.

References:
Objectives
Alcohol use disorder is a complex phenotype, for which both genetic and environmental factors contribute and interplay. Epigenetic mechanisms, such as DNA methylation, can serve to transform effects of environmental cues, such as early life stress and ethanol exposure, into stable changes in gene expression. The present study aimed to investigate the effect of early life stress and adult ethanol binge-like drinking, alone and in combination, on gene-set-based expression and DNA methylation in two key-regions in stress regulation.

Methods
Wistar rats on postnatal day 1-21 were exposed to 15 or 360 minutes of maternal separation, a third group was reared under normal animal facility conditions. In early adulthood, the rats could choose between water and ethanol for 2h three days/week. After 7 weeks of ethanol drinking the rats were sacrificed and hypothalamus and pituitary were isolated. The genes chosen are key-players in the hypothalamus-pituitary-adrenal axis response to early life stress and alcohol: Pomc, Avp, Oxt, Crh, Crhr1, Nr3c1, Dnmt1, Mecp2 in the hypothalamus and Pomc, Avpr1a, Oxtr, Crhr1, Nr3c1, Dnmt1, Mecp2 in the pituitary. Gene expression was analyzed using Q-PCR, and DNA methylation at the CpG island in the promoter region was assessed with methylation sensitive restriction digestion and Q-PCR assay.

Results
Preliminary results indicate that stress and ethanol exposure were associated with changes in Pomc gene expression in the hypothalamus, but not methylation in the Pomc promoter CpG island.

Conclusions
The present results are preliminary but provide evidence for long-term changes in Pomc expression as a result of disturbance of vital early life social interactions between dam and pups. Further evidence for the link between stress, ethanol and Pomc is provided by a combined effect of early life stress and ethanol on Pomc gene expression in hypothalamus. Additional behavioral and biochemical measures will contribute to further understanding.
A RANDOMIZED TRIAL OF AMANTADINE IN MAJOR DEPRESSIVE DISORDER
Ruiz-Chow AA¹, Jesus Ramírez-Bermúdez¹, Luis Daniel Alviso de La Serna¹, Camilo Ríos¹.
¹. National Institute of Neurology and Neurosurgery, México City, Mexico.

Objective: Amantadine, a glutamate NMDA antagonist, has been used successfully as an additive treatment in patients with Major Depressive Disorder (MDD). This clinical trial was designed to observe the efficacy of amantadine as monotherapy in the treatment of MDD.

Methods: A randomized, double blind clinical trial was designed. 48 patients were recruited and assigned to amantadine (n= 24) or fluoxetine (n= 24). Measures (done at baseline, and days 7, 28 and 56) included Hamilton Depression Scale (HAM-D) and Spitzer Quality of Life Scale (QL-SS), as well as the Arizona scale for measurement of sexual function (ARISEX).

Results: The baseline measurements were not different between groups. In the group treated with amantadine, there was a significant reduction in HAM-D score (p <0.001); the response rate with amantadine was 75%, and the remission rate was 45.8 %. There was no significant difference between treatments in discontinuation rate (p= 0.350), response rate (p= 0.745) or remission rate (p= 0.564). Also, there were no significant differences between treatments regarding changes in HAM-D (p= 0.722), changes in QL-SS (p= 0.434), changes in ARISEX (p= 0.272), or frequency of adverse events.

Conclusions: This study is the first randomized clinical trial to test the efficacy of the NMDA antagonist amantadine, as monotherapy in unipolar depression. Amantadine was as effective as fluoxetine in the management of depression. Both drugs improved significantly depressive symptoms and quality of life. Clinical trials of more than 180 days, with larger samples, should be carried out.
MEMANTIN IMPROVES POSTSTROKE MINIMAL COGNITIVE IMPAIRMENT (MCI) SUPPORTED WITH MIRTAZAPIN

Dragan Ravanić¹,², Marija Drašković¹,², Slavica Đukić – Dejanović¹,², Dragan Milovanović², Mirjana Jovanović¹,², Vladimir Janjić¹,², Branimir Radmanović¹,², Milena Ilić²

¹Psychiatry Clinic, Clinical Center ‘Kragujevac’
²Medical Faculty, Kragujevac, Serbia

Objectives
The main problems in poststroke period therapeutic procedure is development of minimal cognitive impairment (MCI) which is surely very important for everyday life on long term. It is implicated by the changes in organic substrate, brain tissue. The aim of our study is to investigate the effects of memantine and adjuvant, mirtazapine NA/5HT, reuptake inhibitor.

Methods
Thirty-four adult patients were included, of both genders (35 females, 24 males), which suffered from the recent apoplectic attack. The diagnosis for ischemic stroke (I63) and MCI (F06.7) was established according to ICD-10. The mean age was 69-72 years, and all subjects had minimal cognitive impairment as confirmed by Clinical Dementia Rating Scale (CDR). In the half of the subjects (active group-AG) memantine was administered in oral daily dose of 20 mg and mirtazapine was used in oral daily dose of 35 mg. The time treatment lasted 6 weeks and drugs effects were measured at baseline, on third week and the end of the study. Other patients received placebo and served as the control (CG).

Results
Results showed that scores on CDR were at baseline 6.1 and 5.0 for AG and CG, respectively, after 3 weeks were 3.0 and 5.1, after six weeks 2.3 and 3.1 for AG and CG, respectively (p>0.05, one-way ANOVA). Safety profile was favourable and no serious or unlisted adverse effects were noted.

Conclusions
Our results suggest that memantine, supported with mirtazapine, was very effective for MCI in poststroke patients.

Key words: memantine, mirtazapine, minimal cognitive impairment, stroke.
WPA-0027  SEX DIFFERENCES IN AMYGDALA PHYSIOLOGY AND ITS RESPONSE TO STRESS
A. Rosenkranz
1Pharmacology, The Chicago Medical School/RFUMS, North Chicago, USA

Background and aims. There is a higher incidence of mood disorders in women, and differences in the expression of several symptoms. Stress is the most common trigger for episodes of mood disorders. Evidence suggests sex differences in the responses to stressors. Previous studies have demonstrated that stress leads to hyperactivation of the amygdala in males, in parallel with heightened affective behavior. The purpose of these experiments is to test whether differences in the physiology of the amygdala lead to sex differences in affective behavior and sensitivity to stress.

Methods. In this study, the physiology of the basolateral amygdala was examined using in vivo and in vitro electrophysiological recordings from adult male and cycling female rats. Amygdala-dependent affective behaviors of male and female rats was compared. The impact of repeated restraint stress on physiology and behavior was compared between male and female rats.

Results. These experiments uncovered sex differences in the activity and excitability of neurons of the basolateral amygdala. Repeated stress increased the activity and excitability of amygdala neurons in males. However, repeated stress decreased amygdala activity in females. In parallel with this, repeated stress exerted divergent actions on amygdala-dependent affective behaviors.

Conclusions. These studies demonstrate that repeated stress leads to very different effects on the physiology of the amygdala in males and females. This difference may account for sex differences in the responses to stress and symptom expression of stress-related mood disorders.
WPA-0144 IMMUNOLOGICAL FACTORS AMONG PATIENTS WITH PSYCHIATRIC DISORDER AND INTELLECTUAL DISABILITY

J. Barnhill

1psychiatry, University of North Carolina, Chapel Hill, USA

Objectives: Immune disorders affecting the central nervous system can mimic psychiatric disorders. This presenter will briefly explore the role of cytokines and neuronal-antibodies impairments of brain dysfunction. The focus will be on catatonia, movement disorders, and neurodegenerative disorders in individuals with intellectual and developmental disabilities.

Methods: Case studies of dizygotic twin sisters with mood and Parkinson-like symptoms will be presented. The case for anti-neuronal syndrome will be supported by a review of relevant literature.

Results: It appears that immune factors play key roles in both normal brain development and later-onset neuropsychiatric disorders. In addition to autoimmune disorder like systemic lupus or multiple sclerosis, or other sources of neuronal antibodies play a role in catatonia and other neuro-psychiatric disorders. These are rarely considered in the differential diagnosis of severe psychopathology in individuals with intellectual and developmental disabilities. In autism spectrum disorders, immune activation and overactive stress response seem linked.

Conclusions: These case studies support the idea of a recurrent mood disorders gave way to a rapid onset of akinesia, rigidity and catatonic symptoms. The case for an anti-neuronal antibody-related syndrome is based on clinical grounds raising questions about the assessment, differential diagnosis and treatment dilemmas.

References:
WPA-0156 EVALUATION OF REACTION TIME OF DRIVERS WITH AND WITHOUT CRASH TO VISUAL AND AUDITORY STIMULANTS IN RAFSANJAN IN 2013
M. Nazer¹, M. Mokhtaree²
¹Psychiatry, Rafsanjan university of medical sciences, Rafsanjan, Iran
²Moradi hospital, Rafsanjan university of medical sciences, Rafsanjan, Iran

Background and purpose: This paper aims to determine the effect of talking on cellphone, listening to the music and radio news on reaction time in injured and non-injured drivers in Rafsanjan by 2013.

Material and methods: In this paper reaction time software is used among statistical society who are Rafsanjanian men and women drivers. Among them 120 drivers were selected and examined in two groups: (injured group: 60 people) and (non-injured group=60 people)
Experimental group contains blamed injured drivers and control group contains non-injured drivers. Then the effect of talking on cellphone, listening to the music and radio news on simple and selective reaction time in two groups was measured separately and data was analyzed using two-ways analysis. (p < %5)

Results: According to obtained results, selective reaction time in injured drivers has a meaningful difference compared with non-injured drivers. In addition, there is a meaningful difference between men and women in the selective reaction time. There is a meaningful difference between age and simple reaction time. Therefore there has been difference in mutual effect of to motives (Status of accident and kind of motives).

Conclusions: Based on results, only selective reaction time in injured drivers under the effect of distraction factor (such as talking on cell phone, listening to the music and radio news) is placed amongst reaction times of drivers.
WPA-0172 ANTI-INFLAMMATORY DRUGS’ ADD-ON THERAPY IN MAJOR MENTAL DISORDERS

G. Fond1, N. Hamdani2, R. Tamouza3, M. Leboyer3
1psychothérapie génétique, GHU Mondor DHU Pepsy INSERM U955 Fondation Fondamental Créteil France., Créteil, France
2psychothérapie génétique, GHU Mondor DHU Pepsy INSERM U955 Fondation Fondamental, Créteil, France
3Jean Dausset Laboratory, INSERM UMRS 940 Hopital Saint Louis Paris France, Créteil, France

Objective: To summarize the state of knowledge on the efficacy of anti-inflammatory drugs in three major mental disorders [major depressive disorder (MDD), schizophrenia and bipolar disorders].

Method: Four databases were explored, without any year or language restrictions. The baseline search paradigm was limited to open-labelled clinical and randomized controlled trials (RCTs).

Results: Four major classes of anti-inflammatory drugs were identified, namely polyunsaturated fatty acids (PUFAs), cyclooxygenase (COX) inhibitors, anti-TNFalpha and minocycline. Effectiveness and benefit/risk ratio of each class in MDD, bipolar disorders and schizophrenia was detailed when data were available. Several meta-analyses indicated effectiveness of PUFAs in MDD with a good tolerance profile. One meta-analysis indicated that COX-2 specific inhibitors showed effectiveness in schizophrenia. Anti-TNFalpha showed important effectiveness in resistant MDD with blood inflammatory abnormalities. Minocycline showed effectiveness in schizophrenia. Patients with high hs-CRP (>5mg/L) in cases of early episodes of mood or psychotic disorders (<2 years) may be particularly responsive to anti-inflammatory drugs.

Conclusion: Anti-inflammatory drugs represent one of the most interesting add-on therapy in the treatment of chronic major psychiatric disorders such as depression or schizophrenia. Raison et al. found a major result with increased infliximab effectiveness in the depressed patients with hs-CRP>5mg/L (about one quarter of patients). This demonstration of the benefits of personalized medicine is to encourage research in the characterization of inflammatory profiles of psychiatric patients. Polyunsaturated fatty acids seem to have the best benefit/risk ratio profile but proved their effectiveness only in MDD. A number of anti-inflammatory drugs are available as adjunct treatment for treatment-resistant patients with major psychiatric disorder. If used with caution regarding their possible side-effects, they may be reasonable therapeutic alternatives for resistant symptomatology. Further studies are warranted to identify more precisely the biomarkers that could identify potential responders and orientate some specific treatment.
WPA-0227 THE LITHIUM ARCHIVES PROJECT: LITHIUM TREATMENT MAY PROTECT AGAINST NEUROLOGICAL AND CARDIOVASCULAR DISORDERS
R.R. Fieve1, J.M. Prosser1
1Psychiatry, The Foundation For Mood Disorders, New York, USA

Objectives: Our objective is to compare risk of neurological and cardiovascular disorders in patients receiving Lithium, compared to patients not receiving Lithium.

Methods: This study is a retrospective chart review of adult psychiatric outpatients treated at the New York State Psychiatric Institute Lithium Clinic and two affiliate lithium clinics of Columbia University Medical Center and the Foundation for Mood Disorders. The chart review included patients’ demographic information, diagnosis, treatment information, and any reported medical complications. We reviewed 912 records of patients (501 receiving Lithium, 411 not receiving Lithium) seen in these clinics during the period March 1967 through Jan 1998. Logistic regression was used to assess disease occurrence.

Results: The occurrence of Dementia, Seizure, Multiple Sclerosis, CNS Neoplasm, Amyotrophic Lateral Sclerosis, and Myocardial Infarction were all significantly less common in patients who were receiving Lithium, compared to patients not receiving Lithium. The odds ratio for the occurrence of Seizure in patients who received Lithium compared to patients who received no Lithium was 0.05 (95% confidence interval: 0.007 * 0.381). The odds ratio for the occurrence of CNS Neoplasm for patients receiving Lithium compared to patients not receiving Lithium was 0.102 (95% confidence interval: 0.013 * 0.82). The odds ratio for the occurrence of Myocardial Infarction for patients receiving Lithium compared to patients not receiving Lithium was 0.303 (95% confidence interval: 0.118 * 0.782).

Conclusions: Patients receiving treatment with Lithium appear to have a reduced incidence of certain neurological disorders and myocardial infarction, compared to patients not receiving Lithium.
WPA-0219 IN SEARCH OF SUPPORT FOR NEURODEVELOPMENTAL DISABILITIES IN DEVELOPING NATIONS: A LOOK AT PHARMACOLOGY, RECORDING STATISTICS, AND ADVOCACY

A. Lamikanra¹, T. Wasai¹, T. Dukukina², S. Armstrong³, R. Flu⁴
¹International Advocacy, Blazing Trails International Center, Lewisville, USA
²Republican Scientific and Practical Centre for Mental Health Deputy Director on Scientific Work, Ministry of Health of Republic of Belarus, Minsk, Belarus
³Department of Mathematics, West Virginia State University, Institute, USA
⁴Child & Learning Disabilities Psychiatrist, Psychiatry Experts, Birmingham, United Kingdom

This panel discussion is centered on developing a support system structured around the unique needs of developing countries.

With the growing need for developing nations to begin the process of identifying Autism and other developmental disabilities determining the scope of their needs for intervention is an important task. The health care provider must have necessary treatment options as well as recommendations for advocacy based on cultural notions.

In many developing countries, afflicted populations 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 and related neurodevelopmental disorders treatment programs. The limited access to establish 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.

This panel 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 developing nations.
WPA-0221 TOPIRAMATE AUGMENTATION IN RESISTANT OCD: A DOUBLE-BLIND PLACEBO-CONTROLLED CLINICAL TRIAL
A. Mowla¹, A. Pani¹
¹Psychiatry, Shiraz University of Medical Sciences, Shiraz, Iran

Objectives: Glutaminergic dysfunction has been shown to be related to the pathophysiology of obsessive-compulsive disorder (OCD). Topiramate is an antiepileptic that inhibits glutaminergic action. The aim of this study is to evaluate the efficacy of topiramate augmentation in patients with treatment resistant OCD.

Methods: This augmentation trial was designed as a 12-week randomized, placebo-controlled, double-blind study. Forty-nine patients suffering from OCD who had failed to respond to at least 12 weeks of treatment of an adequate and stable dose of a selective serotonin reuptake inhibitor (SSRI) were randomly allocated to receive topiramate or placebo plus their current anti OCD treatment. Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was the primary outcome measure. Treatment response was defined as 25 % or more decrease in scores of Y-BOCS. The mean dosage of topiramate was 180.15 mg/day (range 100-200 mg/day).

Results: Forty-one patients (20 of 24 in topiramate group; 21 of 25 in placebo group) completed the trial. The topiramate group showed significant improvement over the study period (mean Y-BOCS score at week 12 as compared with baseline: P=.000). Those receiving topiramate experienced a mean decrease of 32.0% in Y-BOCS score, compared with 2.4% decrease for those receiving placebo. Twelve patients in the topiramate group versus no patient in the placebo group were rated as responder.

Conclusion: The results of our study demonstrated that topiramate may augment the therapeutic effect of SSRIs in treatment-resistant OCD patients. However, it should be noted that our study is preliminary and larger double-blind studies are needed to confirm these results.
Decision-making processes are altered in most psychiatric conditions. Decision-making is more difficult in uncertain or ambiguous situations. Social interactions is a situation for which uncertainty and ambiguity are high and that may be why decision in social contexts are markedly altered in psychiatric disorders.

In order to study the neurobiology of decision-making in complex and real life situations, we modelled social decision-making as well as a gambling task in mice.

In the first part, we will describe social tasks designed specifically for mice that allowed us to study the neural bases of social decision-making processes. They show that social behaviors are suitable models for studying flexible behaviors and decision-making processes that rely on prefrontal cortex functioning, on functional neuronal nicotinic receptors, and on the interplay between the nicotinic cholinergic system and the prefrontal noradrenergic system. In a second part, we will propose some behavioral and physiological individual markers that may help us to predict efficient and inefficient social decisions. Finally, a third part will be dedicated to the understanding of the role of environmental positive or negative factors that strongly modulate social decision-making processes. We particularly focus on stress, chronic sleep restriction, and enriched environment.

These novel results emphasize that vulnerable individuals can be more affected by environmental stressors for decision-making tasks and could lead to behavioral addiction such as pathological gambling.
The objective is to relate the neurobiological basis of perception, emotion and behavior and training of preventive values to the importance of the study of brain structure and locations to create a theoretical model so neurocognitive study of personality. The study of the neurobiological basis of the character can be performed according to the stratigraphic model or theory of layers. The Vital or deep area is directly linked to the constant internal environment stabilizer repair, feeding, reproduction, defense responses of attack and escape, the reactions of like and dislike, the general activation and endogenous rhythms. The discriminative mechanism operates as a subsidiary of the vital area is the intellectual sphere, responsible apprehension—accurate environment. Among the vital yields (emotional) and intellectual (discriminative) connective interpositus Selective Ride system that dominated evaluative sphere is constructed. The intellectual and evaluative sphere containing, respectively, the lateral and intermediate or external or neocortical neocortical paralimbic brain. Thus we represent the Stratigraphic model of personality: less than or vital (limbic brain), intermediate or evaluative (mid brain) or intellectual superior (external brain) e. Values are preventive leading from the intellect (discriminately known world) to the instinctive plane (vital defense response). Nosographical classifications may be related to the pathology of each sphere, and thus interpretations in Mental Health have a neurobiological basis.
WPA-0364 THE STUDY OF THE LEVEL OF THE SOCIAL INTELLIGENCE IN PATIENTS WITH SCHIZOPHRENIA

N.G. Pshuk, Y.Y. Pshuk
Department of Medical Psychology and Psychiatry, Vinnitsa National Pirogov Memorial Medical University, Vinnitsya, Ukraine

The level of the social intelligence (SI) in patients with schizophrenia determines their ability to form interpersonal relationship as a factor of social and psychological adaptation.

As a psychodiagnostic research instrument of the SI was used the technique of Joy Guilford and M. Sullivan. They were obtained low indices of response to non-verbal and verbal expression, indicating the inability of schizophrenic patients to assess adequately the actions of the others, to anticipate the logical course of the development of the situation, what in each concrete case has an additional negative impact on the formation of the interpersonal communication.
WPA-0297 PSYCHIATRIC FEATURES IN INDIVIDUALS WITH BILATERAL STRIOPALLIDODENTATE CALCINOSIS (FAHR’S DISEASE)
A. Mufaddel
Behavioural Sciences Institute Community Mental Health Services, Al Ain Hospital, AlAin, United Arab Emirates

Background and Aim:
Striopallidodentate calcinosis, also known as Fahr’s disease, is characterized by symmetrical and bilateral intracranial calcifications, most commonly involving the basal ganglia. This review was aimed to explore the psychiatric clinical presentation of published cases with Fahr’s disease.

Methods:
A pubmed literature review was conducted using the key words: Fahr’s disease, Fahr’s syndrome, idiopathic basal ganglia calcification and Striopallidodentate calcinosis. Case reports written in English language describing clinical presentation of patients finally diagnosed as Fahr’s disease were included. Studies, autopsy findings and genetic studies were excluded.

Results:
Thirty three articles were selected including a total of 45 patients. Almost all patients were diagnosed by CT scan indicating calcifications commonly seen in basal ganglia and dentate nucleus. Other sites of calcifications were cerebellar and cerebral hemispheres, thalamus and centrum semiovale. Psychiatric symptoms were present in 29 patients (64.4%) with variable clinical features including cognitive decline, auditory hallucinations, delusions, irritability, aggression, depressed mood, anxiety, personality changes and suicidal thoughts. Duration of psychiatric symptoms ranged between days to 5 years. Some patients received clinical psychiatric diagnoses including: dementia, schizophrenia-like psychosis, mental retardation, frontal lobe syndrome, and one patient with Asperger syndrome. Associated medical conditions were hypoparathyroidism, seizures and extrapyramidal symptoms. Less commonly, intracranial bleeding, hypertension and cardiac abnormalities has been reported.

Conclusion:
Fahr’s disease should be considered as a differential diagnosis in the assessment of patients presenting with psychiatric symptoms in the presence of basal ganglia calcification.
WPA-0303 A POPULATION-BASED LONGITUDINAL STUDY OF ATOPIC DISORDERS AND INFLAMMATORY MARKERS IN CHILDHOOD BEFORE PSYCHOTIC EXPERIENCES IN ADOLESCENCE

G. Khandaker1, S. Zammit2, G. Lewis3, P.B. Jones4

1Department of Psychiatry, University of Cambridge, Cambridge, United Kingdom
2MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff University, Cardiff, United Kingdom
3Mental Health Sciences Unit, University College London, London, United Kingdom

Background and aims:
Schizophrenia is associated with infection (such as, antibodies to Toxoplasma gondii, prenatal maternal infection, childhood infection), and abnormalities in various components of the immune system. These include increased levels of systemic inflammatory markers (innate immune response), autoantibodies against various brain regions and ion channels, increased prevalence of autoimmune and atopic conditions (adaptive immune response). Atopic disorders such as asthma, eczema, urticaria and allergic rhinitis are underlie by adaptive immune response following exposures to non-infectious antigens. An increased prevalence of asthma in schizophrenia has been reported. Recently, a population-based longitudinal study has reported increased risk of adult schizophrenia among individuals with early-life atopic disorders. The effects of systemic inflammatory markers on the developing brain have been proposed as one mechanism that may underlie the association between atopic disorder and later psychosis. However, empirical data on this topic is limited. Early-life psychotic experiences (PE) may be important antecedents of schizophrenia. They are associated with the risk of adult psychosis as well as a number of risk factors for schizophrenia. Therefore, it has been suggested that studies of early-life PE may be helpful to elucidate the pathophysiology of adult psychotic disorders. Using data from the population-based Avon Longitudinal Study of Parents and Children (ALSPAC) birth cohort, we report associations between early-life atopic disorders, serum inflammatory markers (interleukin 6 or IL-6, C-reactive protein or CRP) at age 9 years, and the risk of PE at age 13 years.

We predicted that atopic disorders will be associated with (1) increased levels of inflammatory markers, and (2) risk of PE. We also predicted that inflammatory markers will be associated with subsequent risk of PE, and finally, that they will explain the association between atopic disorders and PE.

Methods:
PE were assessed at age 13 years by the face-to-face semi-structured psychotic-like symptoms interview (PLIKSi) (n=6,785). The presence of clinician-diagnosed atopic disorders (asthma, eczema) was determined from parent-completed questionnaires at age 10 years (n=7,814). IL-6 and CRP levels were measured in non-fasting serum samples collected at age 9 years (n=5,076). Logistic regression examined the association between (1) atopy and PE, (2) inflammatory markers and PE, (3) mediating effects of inflammatory markers on the atopy-PE association. Linear regression examined the association between atopy and inflammatory markers. Age, gender, social class, ethnicity and body mass index were included as potential confounders.

Results:
At age 10 years, about 14% of the sample was reported to have asthma, 12% eczema, and 7% both asthma and eczema. Compared with children with no atopy, the risk of PE at age 13 years were increased for all of these groups. The adjusted odds ratio (95% CI) for PE was 1.39 (1.10- 1.77) for asthma, 1.33 (1.04- 1.69) for eczema, and 1.44 (1.06- 1.94) for both asthma and eczema. Atopy was associated with increased serum IL-6 and CRP; however, this did not mediate association between atopy and PE. Inflammatory markers at age 10 years were not associated with the risk of PE at age 13 years.

Conclusions:
Childhood atopic disorders are associated with the risk of PE in early-adolescence. Follow-up of these individuals will be useful to determine the effect of atopy and inflammation on different trajectories of early-life PE.
WPA-0422 SERUM LEVEL OF OXYTOCIN AS A BIOLOGICAL MARKER IN ECT PREDICTABILITY, IN MAJOR PSYCHIATRIC DISORDERS

C. Barhale¹, M.S.V.K. Raju²
¹Psychiatry, Shanti Nursing Home, Aurangabad, India
²Psychiatry, People’s College of Medical Sciences and Research Centre, Bhopal, India

Aim:
Serum oxytocin Levels as a biological marker in ECT predictability, in major psychiatric disorders.

Method:
Study included 40 patients of major psychiatric disorders who were attending psychiatry OPD of teaching hospital. Diagnosis of disorders & treatment was made by experienced psychiatrist, based on ICD 10. Study patients were prescribed medicines along with ECTs & informed consent was taken. Mode of treatment and its termination was decided by consultant psychiatrist and not by investigator. Patients were evaluated in detail (clinically & by using psychological tests) before & after ECT as per schedule; up to 4 weeks. Pre & post ECT oxytocin levels were evaluated by means of Enzyme Immunoassay. Severity of psychiatric disorders were evaluated by using scales (BPRS, HRSD, YMRS). All evaluations were done one day before ECT & once a week for 4 weeks.

Result:
Sample had patients of Schizophrenia (45%), Bipolar Disorder (30%), Other Psychosis (18%), Depression (9%). 45% of all had rise in oxytocin after ECT & 55% had no rise in oxytocin. In Schizophrenia group, the baseline oxytocin levels were low & oxytocin surge was found to correlate with improvement. In mania, the baseline oxytocin levels were high & there is fall in oxytocin levels which correlates with improvement.

Conclusion:
There is dichotomy in oxytocin response. The correction of oxytocin levels towards normal range might be the key factor for mechanism of action of ECT. There is a place for augmentation at outset with oxytocin agonists in a subset of schizophrenia patients and oxytocin antagonists in mania.
Back in 1997, the neurotrophin hypothesis of depression has been formulated. It states that pathological conditions such as depression may (partly) be secondary to a stress-induced altered expression of Brain-Derived Neurotrophic Factor (BDNF), a regulator of neuronal plasticity and integrity. This hypothesis has offered a rich framework to study the psychopathology of depression and a number of pre-clinical findings have emerged that clearly favor its predictions. Studies on human subjects, however, present a less clear picture and the translation of this promising hypothesis into human depression and clinical utility has proven to be difficult. In my talk I want to critically evaluate the correspondence between pre-clinical and clinical findings regarding BDNF functioning in psychiatric illnesses. Building further on this, and since the ultimate relevance of this research-line lies in predicting individual risk for psychopathology, I wish to discuss what is needed for a better integration between the pre-clinical and clinical study approaches and for a translation of the model to human depression into clinical utility. I will use an extensive literature as a base for my talk, including my own work (Molendijk et al., 2011, 2014, Molecular Psychiatry) and work that is still in progress. A final discussion will balance and close the talk.
WPA-0476 EFFECT OF ANTIPSYCHOTIC DRUGS ON BONE DENSITY AND CORTISOL LEVEL IN SCHIZOPHRENIA
A. El Sheshai
Psychiatry, Alexandria Faculty of Medicine, Alexandria, Egypt

Osteoporosis is an important co-morbidity in schizophrenia as it can be attributed to the prolactin level, mental illness, medical disease or unhealthy lifestyle behavior. High prevalence of osteoporosis and bone fracture is seen in chronic schizophrenics and many studies reported that mineral density decreased markedly in them. Pathological fractures were observed in schizophrenic patients treated with antipsychotics for a long period and it might be attributed to hyper-prolactinaemia and cortisol level induced by the drugs.

The aim of the work was to study the long term effects of antipsychotics on bone density and cortisol level in schizophrenic patients.

The study was conducted on 50 schizophrenic patients in Alexandria university hospital. They were divided into two groups. Group A: 30 patients under antipsychotic medication for more than 2 years but less than 10 years. And group B: 20 patients, medication naïve (no medication).

All patients were subjected to:
- Clinical psychiatric examination to diagnose schizophrenia (DSM-IV-TR)
- Medical and neurological examination
- Brief psychiatric rating scale
- Measurement of serum prolactin level
- Measurement of cortisol level
- Measurement of bone density by dual-energy-X ray Absorptiometry

The result showed that bone mineral density (BMD) was inversely correlated with hyper-prolactinemia caused by antipsychotic, and also affected by cortisol level in unmedicated schizophrenics, while antipsychotics affect cortisol level through normalizing or lowering it.
WPA-0482 PREVALENCE OF ANXIETY DISORDERS IN RURAL SOUTH OF BENIN
J. Ezin houngbé1, E. Kpadonou fiossi1, J. Gna1, V. Avahoun2, M. Gansou1, E. Klikpo1, D. Houinato2
1santé mentale, cnhu, abomey-calavi, Benin
2lemacen, fss, cotonou, Benin

Background and aims: Anxiety disorders are an important disease entity in psychiatry, because most frequently encountered.

Objectives: To study the prevalence of anxiety disorders in rural Benin.

Methods: It was a descriptive and analytical cross-sectional study. It was held from August 17 to 24, 2013 in Ouidah-Kpomass*-Tori-Bossito health area. It was conducted using a cluster sampling technique and involved 1,530 subjects. Data were collected using the MINI (Mini International Neuropsychiatric Interview) 5.0.0 tool and a structured guide with specific data on mental health. Data were captured and analyzed using Epi data and Epi-info softwares. The frequencies were compared using the Chi² test and a p<0.05 was considered significant.

Results: The prevalences of various anxiety disorders was: 7.3% for specific phobia, 5.6% for generalized anxiety disorder (GAD), 4.8% for social phobia, 4.3% for agoraphobia, 1.6% for panic disorder and 1% for obsessive compulsive disorder. The prevalence of GAD was significantly higher among non-educated subjects (p=0.007). However, there was no significant relationship between GAD and the other variables studied.

Conclusion: This study highlights the importance of anxiety disorders in this area. The lack of significant difference could be explained by a lack of power.
WPA-0419 MOOD, SEASONALITY AND WEATHER SENSITIVITY: IS THERE ANY RELATION?
A. Bulbena-Cabre1, A. Bulbena2
1Psychiatry, Metropolitan Hospital Center, New York, USA
2Psychiatry, Parc de Salut Mar, Barcelona, Spain

Background:
Albeit both seasonality and weather changes have shown separately effects on mood and anxiety, there is limited information on how season and weather interact in their clinical effects. Research on seasonal monoaminergic neurotransmitter variations and particularly serotonin turnover seem to give support to a close relation between these two ecological variables. In this report we study the interaction between several dimensions of weather sensitivity and seasonality and their effects on anxiety and depressive symptoms.

Methods:
A cross sectional study was carried out in a sample 180 subjects Spain. All participants filled Hospital Anxiety Depression Scale (HAD), the Spanish validated version of the Seasonal Pattern Assessment Questionnaire (SPAQ) and the (WEQ) Weather Effects Questionnaire. Data were analyzed applying parametric and nonparametric correlations and comparisons and stepwise regression models to identify the corresponding variable weights.

Results:
In a unvaried analysis, Seasonality was not found to correlate with height and sex but significant correlations appeared with age HADs anxiety (p<.001), HADs depression (p<.001), WEQ (p<.003) and weight (p<.02). After correcting by age and sex, only Weather Effects (p = 0.0043) and Depression (p<.001) were included in the multiple stepwise regression model.

Conclusions:
The Seasonality effect is closely related with several weather effects and this is also related to depressed mood as collected in self-rated questionnaires. Very often seasonality studies neglect the value of weather effects, which clearly contributes to seasonal variations and also co-varies with mood regulation. These findings are consistent with serotonin turnover patterns and the monoaminergic variations found in weather changes.
INVOLVEMENT OF THE NUCLEUS ACCUMBENS SHELL GLUTAMATERGIC SYSTEM IN ACPA-INDUCED IMPAIRMENT OF INHIBITORY AVOIDANCE MEMORY CONSOLIDATION

M. Zarrindast¹, K.H. Rasekhi², S.H. Oryan³, M. Nasehi³

¹School of Cognitive Sciences; Institute for Research in Fundamental Sciences (IPM), Tehran, Iran.
²Department of Animal Physiology, Faculty of Biology Kharazmi (Tarbiat Moallem) University, Tehran, Iran.
³Department of Biology, Faculty of Basic Sciences Garmsar Branch Azad University, Garmsar, Iran.

The Interactions between the cannabinoid and glutamate systems have been demonstrated in some brain areas associated with mnemonic functions. This study investigated the effects of bilateral post-training intra-nucleus accumbens (NAc) shell administrations of CB1 and NMDA receptors (NMDARs) agents on memory impairment induced by cannabinoid CB1 receptor activation during a step-through inhibitory avoidance task. Our results showed post-training administration of ACPA (CB1 receptor agonist; 3 ng/side) impairs memory consolidation of inhibitory avoidance, whereas AM251 (CB1 receptor antagonist; 0.3, 3 and 30 ng/side), NMDA (0.3, 3 and 30 ng/side), and D-AP7 (NMDA receptor antagonist; 3, 30 and 300 ng/side) were ineffective. However, co-administration of AM251 (30 ng/side) or NMDA (30 ng/side) with ACPA (3 ng/side) prevented the ACPA impairment effect on memory consolidation. Meanwhile, co-administration of NMDA (30 ng/side) and a subthreshold dose of ACPA (0.15 ng/side) decreased memory consolidation. Moreover, post-training microinjection of AM251 (30 ng/side) or D-AP7 (300 ng/side) prevented memory response to co-administration of subthreshold doses of NMDA and ACPA. The data indicated that NMDARs, at least in part, play a role in modulating the effect of ACPA on memory consolidation in the NAc shell.
WPA-0481 PREVALENCE OF SCHIZOPHRENIA IN RURAL SOUTH OF BENIN

J. Ezin houngbé¹, M. Gansou¹, R. Agongbonou¹, Y. Amonles¹, M. Tognidè¹, D. Houinato², V. Avahoun²

¹santé mentale, cnhu, abomey-calavi, Benin
²lemacen, fss, cotonou, Benin

Background and aims: Schizophrenia, severe chronic psychosis is a major public health problem. Its worldwide prevalence is 1 %.

Objectives: To investigate the prevalence of schizophrenia in rural Benin.

Methods: It was a descriptive and analytical cross-sectional study. It was held from August 17 to 24, 2013 in Ouidah-Kpomass*-Tori-Bossito health area. It was conducted using a cluster sampling technique and involved 1,530 subjects. Data were collected using the MINI (Mini International Neuropsychiatric Interview) 5.0.0 tool and a structured guide with specific data on mental health. Data were captured and analyzed using Epi data and Epi-info softwares. The frequencies were compared using the Chi² test and a p<0.05 was considered significant.

Results: The prevalence of schizophrenia was 1.1%. It was significantly higher in people with a family history of schizophrenia (p=0.04), unemployed (p<10⁻⁴) and separated / divorced / widowed (p=10⁻³).

However, this study did not find an association between schizophrenia and the other variables studied.

Conclusion: This study shows the importance of schizophrenia in this area. The observed prevalence is comparable to that found in the literature.
“PRE-DISPOSITIONAL CONSTITUTION” AND “PLASTIC DISPOSITION” AS A CONCEPTUAL FRAMEWORK IN NEUROPSYCHIATRIC RESEARCH

F. Güell 1
1 University of Navarra, Pamplona, Spain.

We show that the theoretical distinction between “constitutional predisposition” and “dispositional plasticity” offers a conceptual framework that can help place theories of mind and action into its developmental context and offer an interpretative key for results arising from neuroscientific and psychiatric research.

Focusing on the mirror mechanism and its potential role in autism spectrum disorder, there is some debate as to whether the associated neural network is genetically inherited (innate) or if it is the product of associative learning. According to these terms, this choice between genes and learning is oversimplified; in addition to the genetic dimension and associative learning, we should also keep in mind the epigenetic dimension and the importance of environmental factors.

Indeed, the importance of epigenetics has now been well established from the “evo-devo” standpoint. To address this added complexity, and according the distinction between “Pre-dispositional constitution” and “plastic disposition”, we will give response to the question formulated as follows: does associative learning change the constitutional disposition or act on a level of plasticity, regulating the disposition of the subject? We will show that this theoretical distinction offers a conceptual framework that can throw light on current debates about the mirror mechanism and its potential role in autism spectrum disorders, and offers an interpretative key for results arising from this and others neuropsychiatric research.