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Evolutionary Psychiatry

abstracts - volume 3
EVOLUTIONARILY-CONSERVED ENDOPHENOTYPES (PROTOPHENOTYPES) RELATED TO SCHIZOPHRENIA

D. S. Dwyer, P. Awatramani, R. Seeni, A. Trinh, E. J. Aamodt
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Objectives: The main goal of this work is to characterize genes and pathways that mediate evolutionarily-conserved endophenotypes (protophenotypes) associated with schizophrenia. We focused on three endophenotypes: (1) prepulse inhibition, (2) asociality, and (3) avolition/anhedonia.

Methods: We have initiated studies of several behaviors in the model organism, Caenorhabditis elegans, that we believe correspond to major endophenotypes related to schizophrenia. The counterpart to prepulse inhibition is touch (startle) suppression of pharyngeal pumping. Solitary vs. social feeding in C. elegans models features of social withdrawal. Avolitional states are induced by concomitant inhibition of insulin signaling, exposure to low levels of dimethylsulfoxide and food deprivation. The effects of genetic mutations, neurotransmitters, and drugs on these behaviors were quantified in various behavioral assays. Specifically, we counted pharyngeal pumping after acute startle, measured the aggregation of animals from the social feeding strain, npr-1(ad609) on food, and assessed spontaneous movement of the avolitional strain, daf-2(e1391), in the presence or absence of drug (e.g., olanzapine).

Results: Touch suppression of pharyngeal pumping was primarily mediated by dopaminergic, glutamategic and glycinergic systems in C. elegans. This shows a striking correspondence to regulation of prepulse inhibition in mammals. Social feeding was regulated by antipsychotic drugs, and detailed analysis revealed a role for dopamine, serotonin and calmodulin in this response. Avolition was mediated by excessive serotonin signaling and was partially reversed by olanzapine and clozapine (but not sulpiride), and completely reversed by the 5-HT2 antagonist ritanserin. A partial response to benzodiazepines was observed.

Conclusions: C. elegans exhibits behavioral responses that correspond to evolutionarily-conserved endophenotypes associated with schizophrenia. By characterizing these responses, we may gain insights into the basic mechanisms and signaling pathways that mediate prepulse inhibition, social withdrawal, and avolition.
DÉSAFÍOS DE LA PSIQUIATRÍA ACTUAL
Alfonso Chinchilla

Los principales desafíos de la psiquiatría actual, entre los más importantes, tenemos los siguientes:

- El concepto de enfermedad mental. Fronteras con la normalidad. Excesiva psiquiatrización de la vida cotidiana. ¿Salud o funcionalidad? Valor de lo cultural en lo patoplástico y patogénico.
- Disquisiciones sobre el cuerpo doctrinal. El modelo biopsicosocial diagnóstico y terapéutico. Controversias sobre clasificaciones. El objeto fundamental es el enfermo, el legado de los maestros, el conocimiento psicopatológico, tan perdido...las aportaciones de otras ciencias foráneas médicas y de otra naturaleza. La excesiva colonización de la psiquiatría americana con sus numerológicos DSM. La ingerencia de la industria y de otros especialistas. El saber si nos vale hoy en día los conceptos de captación y comprensión de los síntomas por el entender-comprender por motivos y explicar por causas. Las formas de enfermar psiquiátrico: proceso, fase, desarrollo, reacción psicológica y biológica. ¿Los “hallazgos” biológicos de las Neurociencias, Genoma, etc., nos están ayudando de verdad o son más fiables que la vieja psicopatología fenomenológica?
- La importancia de la industria y el poder de la FDA o la Agencia Europea del medicamento (casi todos los fármacos valen para todo...), la multitudinaria y heterodoxa variedades de psicoterapias.
- Los programas de formación de pregrado y postgrado. ¿Quién los hace? La politicopsiquiatría y el afán de poder más que de enseñar…
- De la predisposición genética a los “gatillos psicosociales y personales.
- Las “comorbididades”
- Los estudios de modelos etiopatogénicos y de ensayos clínicos y de las publicaciones de “impacto”…
- Los “estigmas de la patología mental”. Los “olvidados enfermos crónicos”
- Los conceptos de efectividad, eficacia, eficiencia., dimensional, categorial
- Derechos de los pacientes y de los profesionales. Estudios transculturales y transhistóricos.
- El colonialismo creciente de los DSM
- El poder de la Psiquiatría Oficial y su reparto
- El uso y abuso de las escalas.

Temos todos ellos de auténtico debate y nada resueltos. ¿Estamos mejor ahora que hace 4 ó 5 décadas?

Se discuten las variables citadas.
A novel model is presented to explain human social behavior. In recent years, a cephalo-caudal directionality to behavior has been reported in a few mammals including rodents, cattle and cats. This model shows how complex human behavior also follows this rule of cephalo-caudal directionality. The positions of the lower motor neurons mediating the specific acts in the cephalo-caudal neural axis are considered to be an important determinant of the act. The model posits that movements that constitute behavior consist of a primary ereismatic layer, consisting of three orienting modules – eyes, head and body and a secondary teleokinetic layer consisting of six transmitting channels – the eyes, facial expression, speech, upper limbs, lower limbs and the external genitalia. The model proposes that, with increase in intensity, communications occur in a particular sequence – non-contact communications, followed by extremity-contact communications and finally axial-contact communications. The progression of communication occurs in the following manner: Channel 1 → Channel 1+2 → Channel 1+2+3 → Channel 1+2+3+4 → Channel 1+2+3+4+5 → Channel 1+2+3+4+5+6. Thus, conciliatory communication consists of eye contact, smiling, talking, friendly gestures, friendly approach followed by holding hands/rubbing legs and followed by kissing and sexual intercourse. Similarly, agonistic communication consists of glaring, frowning, abusive speech, threatening gestures, threatening approach followed by slapping, kicking followed by biting and sexual assault. In depression, communication through the channels is reduced or even suspended, whereas, in mania, communication through all the channels is increased. The basic thesis of the model is that the spatial distribution of the body movements (in the cephalo-caudal hierarchy) has functional consequences. The model emphasizes the role of objective behavioral description paradigms that borrow from concepts in comparative psychology and animal behavior.
IS FEAR OF PREDATION SEARLED IN SCHIZOPHRENIA?
- THE ORIGIN OF SCHIZOPHRENIA FROM THE VIEWPOINT OF
EVOLUTIONARY PSYCHIATRY
Y. Sasaki MD. PhD.
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Background and Objectives
Evolutionary psychiatry elucidated that human being selected hierarchical but cooperative
group living with reciprocal altruism. In such a society, it is essential to recognize if the
individual refuses to reciprocate. Persecutory delusions can be seen as an extreme variation of
the mechanism involved in the detection of cheating behavior. And the fear towards the
attention from a superior results in delusions of observation. However, it was reported
recently that human being was eaten by ferocious animal very long time. Therefore, it is
possible that the fear towards the observation from fierce animals and the fear of predation
are also the background of delusions of observation and persecutory delusions (i). Did the
fear of predation infiltrate the symptoms of schizophrenia?

Discussion
ii) When a flock of animals is attacked by a carnivorous animal, some attacked members
often show excess excitement. Some animals show thanatosis, which is not a normal resting
but stiffness of catalepsy. We can find excitement and catalepsy in schizophrenia catatonic
type.
iii) Patients with delusional moods perceive the external world as intimidating. This fear of
unknown objects may closely resemble the mental state when primitive dwellers would have
been shuddering with fear due to unseen predators.
iv) Human being depends on visual sense over smell, therefore at night significantly loses
the ability to weed out an enemy. Our ancestors might have a sense of security and relief in
the morning. It is known that patients with acute stage of schizophrenia usually have
insomnia and that patients with schizophrenia are often aggravated from late afternoon and
symptoms reduce in the morning.

Conclusions.
Schizophrenia is suspected to have developed under the influence of predation.
CHRONODISRUPTION: RELEVANCE TO PSYCHIATRY
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2 Hospital de Santa Maria – CHLN, Lisboa, Portugal

Objectives: The circadian clock choreographs fundamental biological rhythms. This system is comprised of the master circadian pacemaker in the suprachiasmatic nucleus and associated pacemakers in other tissues that coordinate complex physiological processes and behaviors, such as sleep, feeding, and metabolism. The aim of this work is to present current perspectives on chronobiology and how chronodisruption impacts on psychiatric disorders development. We also highlight the role of chronotherapeutics in biological rhythms entanglement.

Methods: We performed a Pubmed search in February 2014 using the keywords chronobiology, chronotherapeutics, chronodisruption, circadian rhythms and psychiatric disorders. The studies were selected by the following criteria: (1) english language, (2) scientific relevance and adequacy to the subject. A critical analysis on the compiled data was then performed.

Results: Much of this evidence suggest that several psychiatric syndromes are associated with markers of circadian desynchrony in these conditions. According to this approach, we present chronotherapeutic strategies such as pharmacological and/or behavioural interventions that ameliorate circadian misalignments.

Conclusions: We’ve found several conditions that may lead to circadian disruption of physiology and behavior as find in many psychiatric disorders. Chronotherapies including, bright light exposure, sleep deprivation, melatonin treatment, and social rhythm therapies, may provide novel insights into the development of new pharmacological and behavioral treatment strategies for mood disorders.
WPA-0140 STUDY THE EDUCATIONAL GOALS OF ELEMENTARY SCHOOL PHYSICAL EDUCATION COURSE IN IRAN COUNTRY

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Background and aims
The purpose of this study was to evaluate the educational goals of teaching elementary school physical education was the province. Intellectual and social growth during games, children and adolescents with a variety of issues and problems facing the Efforts to solve them, strength and ability to cope with problems better learn to live And the spirit of cooperation, forgiveness and sacrifice will strengthen Chemists in other words, exercise and mental development of children is play.

Methods
This descriptive research - the survey was given to Â to Â collect qualitative and quantitative methods in combination with the use of technology. Gathering tool in this research, questionnaires, observation and performance testing as complementary approaches were used. The survey results showed that knowledge about the health of the sport is less than average.

Results
Familiarity with the physical component of students in 0/976 of the 0/05 is the desired component Not significant the proficiency of students with physical postures is less than average. Significant level of awareness of safety elements, ie 0/045 less than 0/05 is the desired component Not significant the students' knowledge of safety is higher than average.

Conclusions
Familiarity with common components of exercise in which students in the last column of 000/0 less than 0/05 which has a significant level, Components of physical fitness and motor skills and basic exercise routine skills at school level, a significant component of 000/0 less than 0/05 that are so meaningful.

Keywords: educational objectives, schools of physical education, primary school
Exercise Psychiatry and Sports
RUNNING FOR YOUR LIFE! : A REVIEW OF PHYSICAL THERAPY FOR CARDIOVASCULAR DISEASE RISK FACTOR REDUCTION IN INDIVIDUALS WITH SCHIZOPHRENIA

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Background: Individuals with schizophrenia (SCZ) are at risk of metabolic syndrome, cardiovascular disease (CVD) and lowered life expectancy partly due to second-generation antipsychotics and unhealthy lifestyles (smoking, poor nutrition and low physical activity). Non-pharmacological interventions (e.g. cognitive behavioral therapy (CBT), medication, diet, physical exercise) have been studied in SCZ. Physical activity has been shown to be the best strategy to improve both cardio-metabolic parameters (waist circumference, blood glucose/lipid profiles, etc.) and cardio-respiratory fitness (VO2 max) in the general population.

Objective: Conduct a critical literature review of non-pharmacological interventions that included a physical activity component and aimed at reducing cardiovascular risk factors in SCZ. Determine its specific contribution by reviewing trials of supervised exercise only.

Method: We undertook a literature review via systematic keyword search for publications in Medline, PubMed, Embase and PsycINFO databases.

Results: Although the study methodologies and reviewed results are heterogeneous, many interventions (CBT, diet, exercise, medication) have proven to be somewhat efficient in reducing CVD risk, but the specific contribution of one or another is indistinguishable since they are usually combined. Among these interventions, physical activity has been shown to be the best strategy to improve both cardio-metabolic parameters (waist circumference, blood glucose/lipid profiles, etc.) and cardio-respiratory fitness (VO2 max) in the general population.

Conclusion: Exercise therapy is an effective strategy for addressing CVD risk in SCZ. Additional long-term studies are needed to evaluate the feasibility and impact of exercise programs in SCZ.
ELECTROCONVULSIVE THERAPY AND EAROBIC EXERCISE TRAINING INCREASED BDNF AND IMPROVED DEPRESSIVE SYMPTOMS IN PATIENTS WITH TREATMENT RESISTANT MAJOR DEPRESSIVE DISORDER

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Objectives: In search of more effective treatment algorithms for patients suffering from treatment-resistant major depressive disorder (MDD), research has focused on electroconvulsive therapy (ECT) and aerobic exercise (AE). Moreover, brain derived neurotrophic factor (BDNF) seems to be key in MDD. However, no research has investigated ECT and AE treatments concomitantly. The aims of the present study were therefore two-fold: To investigate in a three-arm interventional study the different effects of ECT, ECT and AE, and AE alone in patients suffering from treatment-resistant MDD on 1. depressive symptoms and 2. BDNF.

Methods: A total of 60 patients suffering from treatment-resistant MDD (mean age: 31 years; 31.6% female patients) were randomly assigned either to the ECT, the ECT + AE, or the AE condition. The AE condition consisted of treadmill exercise for 30 minutes, three times a week, with an intensity level of 60-75% of VO2max. Both depression severity and BDNF levels were assessed at baseline and 4 weeks later. All patients were further treated with SSRI (Selective Serotonin Reuptake Inhibitor) standard medication.

Results: BDNF levels increased over time in all three study conditions. After completion of the intervention program, the ECT group showed significantly higher BDNF levels compared to the ECT + AE and the AE conditions. Depressive symptoms decreased in all three study conditions over time. The combination of ECT + AE led to a significantly greater decrease as compared to the ECT or AE conditions alone. BDNF levels were not associated with symptoms of depression.

Conclusions: The pattern of results suggests that, first, ECT, AE and particularly the combination of ECT and AE are promising directions to treat patients suffering from treatment-resistant MDD, and that, second, it remains a matter of debate to what extent BDNF is key and a reliable biomarker for MDD.
THE EFFECT OF A PHYSICAL ACTIVITY AND TOKEN ECONOMY SYSTEM PROGRAM ON IMPROVING QUALITY OF LIFE, MOOD PROFILE, SELF-IMAGE AND SELF-ESTEEM OF PATIENTS WITH SCHIZOPHRENIA

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2 University of Thessaly, Larissa, Greece

Objectives: The aim of this study was to examine the effect of an exercise and token economy system program on improving quality of life, mood profile, self-image and self-esteem of patients with schizophrenia. Thirty (30) patients with schizophrenia separated randomly in three groups (control group, an exercise observation with tokens group-experiment group A, and an actual exercise with tokens group-experiment group B) of 10 individuals.

Methods: Data included the use of SF-36 Quality of Life Questionnaire (QLQ), the instrument Profile of Mood States (POMS), the Body-Cathexis Scale and the Rosenberg Self-Esteem Scale which were selected and administered prior, during, and after application of the exercise program, as well three months after the completion of the exercise program (follow up). The 8 weeks duration of the exercise program was conducted combining physical activity with behavioristic treatment so as to promote exercise behavior and minimize drop out risk.

Results: Regarding the quality of life, experiment group B participants as compared to those of the experiment group A and control group found at the end of the exercise program as experiencing less problems with daily activities and feeling more energetic and vigorous with fewer emotional difficulties, leading to an improved mental component score. Also, experiment group B participants reported higher self-esteem leading to an improved personal care and less social limitations, results that were retained in remeasuring. As regards the short-term effect of the exercise program on mood profile prior and after the 1st, the 12th and the 24th training session, both experiment group A and B reported as feeling more vigorous, less depressed, less confused and less anger leading to an improved total mood score.

Conclusions: Overall, findings are encouraging concerning the effect of a combined exercise and token economy program on improving psychological aspects of patients with schizophrenia.
PHYSICAL EXERCISE PRESCRIPTION FOR MENTAL DISORDERS

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Objectives
To provide a physical exercise prescription tool for outpatients with mental disorders.

Methods
Literature review on the physical exercise benefits in mental disorders and on the physical exercise prescription guidelines.

Results
Outpatient studies are lacking. Several inpatient studies show that physical exercise, namely aerobic exercise, a) promotes a positive mental health, b) is a short term effective treatment for mild to moderate depression, c) has results compared to the cognitive behavioral therapy in the treatment of anxiety, d) promotes an hippocampal volume increase in schizophrenia and e) delays the age related cognitive deficits. There are several prescription guidelines targeted to the general population. However, specific considerations regarding the prescription for the mentally ill are lacking.

Conclusions
Just as physical exercise is admittedly recommended in the prevention and treatment of many cardiovascular and metabolic diseases, the same should be applied for mental disorders. However, this therapeutic approach, which has no costs for the patient, is widely neglected by mental health practitioners. This work tends to provide a methodology for physical exercise prescription in the outpatient setting, which includes a) the stratification of cardiovascular, pulmonary and metabolic risk, b) the addressing of the stage of change based on the Transtheoretical Model of Health Behavior Change and c) the customization of a physical exercise plan based on the current guidelines.
EXERCISE AS A TREATMENT FOR DEPRESSION
F. Leite, P. Carvalho, H. Salgado, O. Campos
Hospital de Magalhães Lemos, Porto, Portugal

Objectives: To explore the psychological and physiological relationships between depression and exercise, particularly focusing on the treatment of depression.

Methods: Online search/review of the literature has been carried out, using Medline/Pubmed, concerning, “recreational physical activity”, “exercise”, “unipolar depression” and “bipolar affective disorder”.

Results: Regular physical activity has benefits for mental health. A great number of studies describe an association of physical activity and general well-being, mood and anxiety. Exercise can help people with depression and prevent them from becoming depressed in the first place. Although the dose and domain of physical activity varied across studies reviewed, evidence suggests that even low doses of physical activity may be protective against depression. Exercise compares favorably to antidepressant medications as a first-line treatment for mild to moderate depression.

Conclusions: There is still much to be learned about the relationship between exercise and depression especially concerning physiological mechanisms, however it can be stated that Recreational Physical Activity is efficacious as both a stand-alone and an augmentation therapy for depression.

References:
QUALITY OF LIFE IN OUTPATIENTS WITH SCHIZOPHRENIA ATTENDING IN A SPORTS PROGRAM

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People with schizophrenia are more likely to experience impaired quality of life (Sugawara et al, 2013) and a reduced average life expectancy (Ösby et al., 2000). In this way, it is necessary a multi-modal care including psychosocial approaches to improve health and quality of life (QOL) in this population (Van Os & Kapur, 2009).

Objectives: The objective of this study was to evaluate the quality of life in outpatients with schizophrenia, at the beginning and after 16 weeks of a sports program.

Methods: The sample consisted of 19 outpatients (EG=8; CG=11), with an average age 39±6 years, diagnosed with Schizophrenia. The sports program was implemented during 16 weeks, twice a week and each session had 55 minutes of duration. The program comprised several sport exercises, such as volleyball, handball, basketball and soccer. The QOL was assessed by the Portuguese version of WHOQOL-Bref (Vaz-Serra et al., 2006).

Results: There was a significant improvement from baseline to 16 weeks in the environment domain score for the EG (p=0.02) with no significant improvement for the CG (p=0.9). Moreover, an individual analysis of the data showed that 50% of the participants of the EG increased the scores of physical, social and environment domains.

Conclusions: This study suggests that a PA program based on sports exercises brings benefits for the QOL in individuals with schizophrenia. This study showed that a sports program supervised and based on sports exercises can be successfully implemented for this population.

References:
THE EFFECTS OF PRESCRIBED PHYSICAL ACTIVITY ON PEOPLE WITH SCHIZOPHRENIA

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Objectives: People with schizophrenia are overall less physically active than the general population. Unfortunately, no general concept for a therapeutic application of physical exercise has been developed so far. The purpose of this study is to examine the effects of 12 weeks of prescribed physical exercise on mental health in individuals with schizophrenia.

Methods: Pilot study involved twenty-four patients. They were split into two groups: exercise (12 patients), and control group. Twelve weeks program of physical activity (four times per week) were made for every patient individually. Functional ability (VO₂max) as an indicator of aerobic endurance has been obtained by ergospirometric test on a treadmill. Target heart rate (HR) were controlled by Polar F4 monitors (65-75% of maxHR). Mental state data were collected by using Positive and Negative Symptoms Scale (PANSS) and World Health Organization Quality of life Scale (WHOQOL-BREF) before and after 12-weeks program.

Results: Initially, the mean of VO₂max was significantly lower in patients with schizophrenia, than the expected value in healthy people the same age (p=0.007). Exercise group showed significantly increases of VO₂max (p=0.005), and significantly higher level of VO₂max compared to the control group (p=0.029). The results showed statistically significant advantage for exercise group in PANSS (p=0.048) and WHOQOL-BREF (p=0.036) scores. These are preliminary results, total number of patients will be bigger at the end of study.

Conclusions: Prescribed physical activity significantly improves aerobic capacity. It’s effective for decreasing psychiatric symptoms and for increasing quality of life in people with schizophrenia. That opens the possibility of using prescribed physical activity is effective adjunct treatment for patients with schizophrenia.
PHYSICAL ACTIVITY INTERVENTIONS FOR PEOPLE WITH MENTAL ILLNESS: A SYSTEMATIC REVIEW AND META-ANALYSIS
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Objective: To determine effects of physical activity on depressive symptoms (primary objective), symptoms of schizophrenia, anthropometric measures, aerobic capacity and quality of life (secondary objectives) in people with mental illness and explore between-study heterogeneity.

Methods: MEDLINE, Cochrane Controlled Trials Register, PsycInfo, CINAHL, Embase and the Physiotherapy Evidence Database (PEDro) were searched from earliest record to 2013. Randomized controlled trials of adults with a DSM-IV-TR, ICD-10, or clinician-confirmed diagnosis of a mental illness other than dysthymia, or eating disorders. Interventions included exercise programs; exercise counselling; lifestyle interventions; Tai Chi; or physical yoga. Study methodological quality and intervention compliance with American College of Sports Medicine (ACSM) guidelines were also assessed. Two investigators extracted data. Data were pooled using random effects meta-analysis. Meta-regression was used to examine sources of between-study heterogeneity.

Results: Thirty-nine eligible trials were identified. The primary meta-analysis found a large effect of physical activity on depressive symptoms (n=20; standardized mean difference, SMD = 0.80). The effect size in trial interventions that met ACSM guidelines for aerobic exercise did not differ significantly from those that did not meet these guidelines. The effect for trials with higher methodological quality was smaller than that observed for trials with lower methodological quality (SMD = 0.39 vs. 1.35), however the difference was not statistically significant. A large effect was found for schizophrenia symptoms (SMD = 1.0), a small effect was found for anthropometry (SMD = 0.24) and moderate effects were found for aerobic capacity (SMD = 0.63) and quality of life (SMD = 0.64).

Conclusions: Physical activity reduced depressive symptoms in people with mental illness. Larger effects were seen in studies of poorer methodological quality. Physical activity reduced symptoms of schizophrenia, and improved anthropometric measures, aerobic capacity and quality of life amongst people with mental illness.
EFFECTS OF A PHYSICAL EXERCISE PROGRAM IN PATIENTS DIAGNOSED WITH SCHIZOPHRENIA
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Objectives: To report the effects of a pilot physical exercise program on the quality of life, physical capacity, psychopathological symptoms, body constitution and biochemical parameters in patients with schizophrenia.

Methods: In October 2013, a protocol was established between the Sports Department of the University of Évora and the Mental Health Department of Espírito Santo Hospital. A pilot study was initiated to promote physical and psychological rehabilitation of schizophrenic outpatients. Ten patients accepted to participate on the present research. The exercise program consisted of 20 training sessions with 60 minutes each, within a 20-week period. All sessions were supervised by a professional on physical activity. Baseline data were collected prior to intervention and include: a) quality of life assessed with the Functional Assessment Staging Scale, with the Brief Symptom Inventory and the Positive and Negative Syndrome Scale b) health related battery of tests; c) body composition with a DXA; d) blood analysis. The same data will be collected by the end of the intervention (June 2014). Initial and final results will be then correlated and used to investigate associations among quantitative independent variables.

Results: By the end of the program (June 2014) it is expected for the participants to show an improvement in physical performance, body composition and the reduction of cardiovascular risk. Concerning psychopathological features, it is expected an improvement in Quality of Life and Functional Assessment, a significant decrease in the Brief Symptom Inventory and in the Positive and Negative Symptom Scale.

Conclusions: Schizophrenia is a disease with serious physical repercussions, caused not only by the disease itself but also because of antipsychotics side effects. This pilot physical exercise program, despite its methodological limitations, emphasized the relevance of including serious mentally ill patients in rehabilitation programs in order to promote the recovery of functional abilities.

References:
MANUAL DEXTERITY IN MEN WITH SCHIZOPHRENIA: PILOT STUDY ABOUT THE INFLUENCE OF A PHYSICAL ACTIVITY PROGRAM
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Recent studies revealed that male patients, compared to female, have a higher lifetime risk of developing schizophrenia (McGrath et al., 2008). In these patients, motor dysfunction in manual dexterity affects functionality in daily activities and in professional performances (Keefe et al., 2006). The role of physical activity (PA) has become highly recognized on improving motor coordination and manual dexterity (Ranganathan et al., 2001).

OBJECTIVE: To evaluate the effects of a PA program on the Global Manual Dexterity (GMD), in men with schizophrenia, with and without previous PA practice.

METHODS: The sample comprises 9 men (43.6±7.5 years old) from a Psychiatry Unit at Porto city, Portugal. They were divided into two groups according to the preceding PA practice. G1: 4 men with one year of PA practice. G2: 5 men with no previous PA experience. The Edinburgh Handedness Inventory (Oldfield, 1971) evaluated manual preference. The GMD was evaluated through Minnesota Manual Dexterity Test (each hand and two-hands combined), before and after the implementation of a PA program, along 12 weeks, with twice a week sessions of 50 minutes each. The Wilcoxon and Mann-Whitney tests were applied.

RESULTS: After the program, G2 showed significant improvements on nonpreferred hand. Without statistical significant we observed a general improvement, either in G1 and G2, concerning other parameters evaluated, and a decrease of the manual asymmetry. Comparing both groups in each moment of evaluation, G1 showed a tendency to perform better with each hand and to be more asymmetric than G2. In two-hands combined G2 showed better performance. However differences between groups were not statistically significant.

CONCLUSION: After the implementation of a PA programme, a tendency to some improvements of GMD was found, although with significant relevance only to the G2’s nonpreferred hand. More studies with a broad sample and including women with schizophrenia are recommended.

SURFING IN CANNABIS: CASE REPORT

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Objectives: Surfing allied itself with the 1960s youth movement and drug use quickly became a popular and often celebrated part of surf culture. Despite being a highly physically demanding sport, many athletes succumbed due to drug abuse. Moreover, Attention Deficit Hyperactivity Disorder (ADHD) is often accompanied by other psychiatric conditions, like the increased risk of Substance Use Disorder (SUD), alcohol and nicotine in adolescence and adulthood.

This paper aims to describe the features of psychiatric and psychosocial maladjustment in a patient diagnosed as having ADHD and SUD, related to cannabinoids.

Methods: We describe a 14-year-old boy admitted to our Emergency Room Department due to behavioral alteration, with panic attacks.

Results: He was on methylphenidate since he was 10 years old, due to ADHD and his psychiatric condition had been evolving since last summer, when he started consuming cannabinoids in a recreational fashion with his surfing colleagues. His mother reported additive effects of methylphenidate and cannabinoids, since his attention and also academic performance improved. He was having difficulties coping with his athlete’s level demands, showed amotivational syndrome with diminished interest in surfing and conduct disorder behavior.

A favorable trend was observed after his inclusion in a surfing high performance center, with adequate supervision/control and individual and family therapy, focusing on positive connotations using some role models and the legal issues recently documented by the Association of Surfers Professionals (ASP) guidelines to anti-doping policy.

Conclusions: Helping individuals and families dealing with behavioral problems improves family dynamics and quality of life. Given the adequately strict anti-doping policies for competitive athletes, we emphasize the importance of developing promotion of healthy lifestyle programs and prevention programs tailored to children/young people with ADHD, as well as the protective role of early methylphenidate therapy.
OPTIMISM AND CYTOKINE EXPRESSION – THE ROLE OF IMMUNITY AND PERSONALITY IN TRIATHLON ATHLETES’ PERFORMANCE

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Objectives: Immune system dysfunction is linked to over training, proneness to infections and injury in elite sport athletes. Peripheral cytokine expression can be influenced by training but also by stressful situations with emotional impact, modulated by athlete’s personality and occurring frequently in a sport season. The present study intends to relate optimism and other personality traits, emotional state and stress with cytokine level and athletic performance in a sample of triathlon athletes.

Methods: At the end of general preparation phase seven triathlon athletes (32.5±9.8 years old) of good competitive level, were submitted to a psychosocial evaluation including personality dimensions (NEOPPI), dispositional optimism (LOT-R), stress, depression and anxiety (EADS). Simultaneously incremental ergometer protocols until voluntary exhaustion were conducted aiming to access VO2max. Maximal Aerobic Power (PAM) maximal heart rate and lactate accumulation profile permitted to monitor aerobic capacity. Plasmatic cytokine determination acceded by ELISA included IL-1b, IL-10, TNF-α, and IFN-γ. All participants gave their informed consent. The study was approved by the Scientific Board of the Faculty of Sport Sciences and Physical Education of Coimbra University.

Results: The metabolic and performance scores were in line with those reported to similar samples: VO2max (66.2±8.5 mL.Kg.min-1) PAM (300±28.9 W) heart rate max (183±10 bat.min-1) and maximal lactate accumulation (12.5±1.8 mmol.L-1). Low levels of anxiety and depression symptoms and moderate stress were detected; mean LOT R mean score was 12.8(SD 5.3). Dispositional optimism showed to be negatively correlated with IFN-γ (p=.004), and NEOPPI Openness domain was positively correlated with IL-1ra, and IL-10 (p=.045 e p=.038 respectively).

Conclusions: Optimism can contribute to athlete’s resilience and better coping with the stressful competition demands. The relation between this and other personality traits with a profile of cytokine expression can represent the missing link to the understanding of the relation between physical and emotional state and sport performance.
WPA-0355 PERCEPTION OF THREAT, STRESS, AND ANXIETY IN ATHLETES OF PORTUGUESE FOOTBALL CHAMPIONSHIPS
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**Background:** In the field of sport activities the high frequency of anxiety is a concern for the participants. Certain potentially threatening situations that contribute to stress and anxiety make athletes produce anxious responses, which affect their performance and balance.

**Aims:** We want to explore the impact of the perception of threat, stress and competitive anxiety in football players.

**Methods:** 192 football players, age ranging 13 to 39 years (M±SD = 23.30±6.07), participating in the Portuguese junior and senior championships were assessed with the Sport Anxiety Scale/SAS-2, and the Cognitive Appraisal Scale in Sport Competition *Threat Perception/CASSC-TP.*

**Results:** players revealed that the more threatening situations were 'not reaching an important goal in their career', 'failing or making mistakes in crucial moments', 'not meeting the expectations of others', and 'not performing as desired'. The youngest players significantly presented higher levels of competitive anxiety; somatic anxiety; preoccupation; and problematic concentration. Players with lower formal education significantly revealed higher levels of competitive anxiety, and of somatic anxiety. The non-professional players significantly showed higher levels of somatic anxiety, and cognitive anxiety with problematic concentration. Perception of threat and competitive anxiety were significantly and moderately correlated.

**Conclusion:** psychotherapeutic interventions should target younger, lower educated, and non-professional football players.
WPA-0415  THERAPEUTIC EFFICACY OF STRUCTURED
PHYSIOTHERAPY ON SLEEP-PATTERN, QUALITY OF LIFE
AND FUNCTIONAL PERFORMANCE IN INDIVIDUALS WITH
INORGANIC INSOMNIA
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Background and Objectives: Efforts at improving quality of life in individuals with
insomnia has being the concern for researchers in the past decades. This study
determined effect of graded exercise and infra-red therapy on sleep-pattern, quality of
life (QoL) and functional performance (FP) in individuals with inorganic insomnia.

Methods: This study involved 92 participants clinically diagnosed of inorganic
insomnia. They underwent graded exercises and infra-red therapy for six weeks.
Insomnia was assessed using the Insomnia Severity Index; QoL using Quality of Life
and Fatigue Scale; and FP using Functional Assessment Scale. Data was analysed using
Independent t-test, Wilcoxon rank test and Kendall’s tau_b at 0.05 significant level.

Results: Participants were aged 34.87±8.69 years. There was significant improvement
in each of symptoms of insomnia, QoL and FP between baseline and six-week. Before
intervention, 91.3% had severe insomnia and 4.3% had each of sub-threshold and
moderate insomnia respectively while at six-week, 95.7% had no insomnia and 4.3%
had sub-threshold insomnia. All participants were at poor QoL rating before
intervention while at six-week, 82.6% rated their QoL as good and 17.4% rated it fair.
At pre-intervention, 95.7% were severely functionally limited and 4.3% had moderate
functional limitation while at post-intervention, 65.2% reported having no physical
limitation and 34.8% reported mild limitation. Insomnia had negative significant
(p<0.05) correlation with FP and QoL.

Conclusion: Graded exercises significantly reduce severity of insomnia and fatigue,
and improve quality of life and functional performance in individuals with inorganic
insomnia.
RESTING STATE FUNCTIONAL MAGNETIC RESONANCE IMAGING SHOWS THAT PHYSICAL AEROBIC EXERCISE AFFECTS AFFECTIVE NETWORK

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Introduction
There is evidence for the beneficial effect of physical activity on the functional and structural integrity if the brain. The aim of our study is to explore the resting state functional connectivity in individuals who regularly exercise and to compare them with those who do not. We want to determine the localization of aerobic exercise-related connectivity differences between the two groups and to confirm our hypothesis that the physical exercise group shows different connectivity the control group.

Methods
Forty three healthy participants were included in the study sample. Participants randomised to the aerobic exercise component of the study attended supervised training for 16 weeks. All participants worked at the same intensity and duration at the various time points throughout the study. Continuous, rhythmic exercise using large muscle groups was prescribed using treadmills, cycle ergometers and other aerobic exercise that increased heart rate to its prescribed level. Magnetic resonance images from each participant were obtained before and after enrolling the programme, with a MRI scanner operating at 3 Tesla.

Results
We found that there were main effects of time in the affective network both in the left and the right anterior cingulate cortex (L_ACC and R_ACC). There were interactive effects between time and group for L_ACC and R_ACC in direction that exercise decreases activity while it is increasing in controls. For L_ACC there seems to be additionally an increase of connectivity to the temporal region (hippocampus). The Dorsolateral prefrontal cortex (DLPFC) seems to show increased connectivity during the exercise programme. Also, the DMN (default mode network) seems to show a time effect independent of group with decreases in the inferior temporal lobe.

Conclusion
Our results link the affective network very closely with physical activity. It appears that physical exercise is closely related to changes in the ACC and DLPFC and thus may have an action on mood regulation.
Family Research, Intervention and Interdisciplinary Collaboration
MENTAL HEALTH STATUS AND PERCEIVED BURDEN IN SPOUSES OF PERSONS WITH PSYCHOTIC ILLNESS (A STUDY FROM INDIA)

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Objectives: Caregivers of mentally ill people face a range of psychological, emotional, social, physical and financial problems. There is abundant literature which attributes caregiving strain to consequences such as depression, burn out and other forms of psychological distress (e.g. Magliano et al., 2005). In the Indian context, the caregiving function is usually discharged by the family, either by parents or the spouse. However there is a dearth of literature on whether this has adverse consequences in terms of the mental health of the caregiver. This study was planned against this background and assessed the mental health status of spouses of persons with psychotic disorders and to ascertain if this was related to the extent of burden perceived by them across several domains.

Methods: Data was collected from 50 spouses of patients admitted for in-patient psychiatric services at the Athma Institute of Mental Health, Tiruchirappalli, India and were diagnosed according to ICD 10 criteria for major psychotic illness. The Depression, Anxiety and stress Scale (Henry & Crawford, 2005) and the Burden Assessment Schedule (Sell et al., 1998) were administered after obtaining informed consent for participation.

Results: The majority of the spouses manifested high levels of depression, anxiety and stress. When family burden was classified by median, it was seen that the majority scored high on all sub dimensions namely impact on their well-being, on their marital relationship, appreciation for caring, relationship with others and their perception of the severity of illness.

Conclusions: The findings have implications for intervention with caregivers in terms of enabling them to deal with their own mental health needs and to cope with the burden experienced across various domains. It is expected that this would potentially prevent caregiver burn out as well as positively influence the quality of care being provided by spouses of mentally ill persons.
THE RELATIONSHIP BETWEEN TYPES OF ATTACHMENT STYLES IN ADULTHOOD, AND ATTITUDES AND EXPECTATIONS TOWARD FILIAL RESPONSIBILITY: A COMPARISON BETWEEN THREE GENERATIONS

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Objectives: This study examine the normative attitudes and expectations toward filial responsibility, which partially represent the social norms by which family members are expected to provide help and support to elderly parents, and the relationship between those attitudes to the type of attachment of the adult son or daughter, looking into three generations.

Methods: The population studied included 300 subject divided into three generations; young students, their parents and their grandparents. All subjects answered a self-reported questioner referring the study variables: Variables such background characteristics, types of attachment styles in adulthood, sense of mastery, self evaluation, self efficacy as interpersonal as well as family support as intrapersonal and the levels of filial responsibility were measure in aim to find the relationships between them in cross-generational point of view.

Results: The study finding indicate differences between cutlers and generations when it comes to normative attitudes and expectations regarding filial responsibility, which may support a changing approach taking place in the Arabic society concerning these attitudes. An additional finding relates to the cross-generational differences which come to light in the relationship between the attachment type in adulthood and the normative attitudes and expectations regarding filial responsibility.

Conclusions: Out of the understanding that we are in an age of social and cultural changes in the modern welfare state, rises the necessity to move towards an establishment of the formal systems of care-giving, suitable for the Arabs and the Jews as well in Israel, taking into consideration its socio-cultural values.
FAMILY VARIABLES AND POSITIVE SELF-ESTEEM IN COLOMBIAN ADOLESCENT STUDENTS

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Objective: To estimate the relations between family variables and positive self-esteem in adolescent students from Cartagena, Colombia.

Method: Adolescent students (sixth and seventh grades) participated in this cross-sectional research. Family variables measured were function (family APGAR, =0.85), structure and size. Positive self-esteem was quantified with Rosenberg’ self-esteem scale (=0.76). Associations between family variables and positive self-esteem were adjusted by gender.

Results: A total of 961 students aged between 10 and 17 years (M=12.3, SD=1.1) participated in the research; 52.1% were girls. Frequency of high positive self-esteem was 89.6%; nuclear family, 55.4%; small family (lower than five persons), 39.2%; and good family function, 38.5%. High positive self-esteem were associated with nuclear family (OR=1.16; 95%CI 0.77-1.76), small family (OR=1.11; 95%CI 0.72-1.71), and good family function (OR=8.20; 95%CI 3.91-16.95).

Conclusions: High positive self-esteem is positive associated with good family function; high positive self-esteem is independent of both family structure and size. Improving family function can increase well-being of adolescent students in Colombia.

References:
FAMILY NEEDS IN RELATIVES OF PATIENTS WITH LOCKED-IN SYNDROME
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Objectives. The locked-in syndrome (LIS) is a neurological condition caused by a lesion of the ventral pons, in which the patient is unable to move and speak but remains fully conscious. LIS leads to major changes in family dynamics. In this study, we assess the needs of families of patients with LIS.

Methods: Relative's needs were evaluated for 25 patients (19 females mean age 57 ± 12 years) using the Family Needs Questionnaire (FNQ), encompassing 40 items of needs that can be rated from not important to very important and by the extent to which each need is filled (met, unmet or partially met). Ethical approval was obtained for this study.

Results. The responders were in most cases obtained from the spouses (64%). Mean time since onset was 8±6 years, with 56% of the patients living at home. Highest percentage of unmet needs corresponded to emotional support (not fulfilled in 32%). 80% reported moderate to severe anxiety feelings and 64% expressed having sometimes or frequently depressive feelings. Needs with higher percentage of satisfaction corresponded to involvement with care (58%) and need for information (54%). Within the first 10 needs rated as most important, 7 corresponded to the need for medical information.

Conclusions. We show that receiving accurate medical information is the most important need for family members of patients with LIS, as it has been previously observed in traumatic brain injury. Noteworthy is the high percentage of unmet needs for emotional support, which might be associated with the presence of anxiety and depression, reported by most of the families from patients with LIS.
DESCRIPTIVE RETROSPECTIVE STUDY OF THE DISORDERS TREATED WITH A FAMILY THERAPY STRATEGY

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Objective
Analysis of the main diagnosis of all the identified patients who were referred for thirteen years to a Family Therapy program.

Method
Participants: We took a sample of 285 identified patients, referred alongside their family to a Mental Health Centre for Family Therapy from 2000 to 2013.
Material and Procedures: We collected the data from the Medical History of the patients, selecting the main diagnosis of each one.

Results
The most common diagnosis was Adjustment Disorders (21.4%), followed by Depression and Dysthymia (15.8%), Anxiety Disorder (15.4%), Personality Disorder (11.6%), Psychosis (7.4%), Attention Deficit Hiperactivity Disorder (5.6%) and substance use disorder (4.2%). We classified as “other disorders” (18.6%) patients with diagnosis of Bipolar Disorder, Eating Disorder and Disorders usually first diagnosed in infancy, childhood, or adolescence.

Conclusions
The so called Common Mental Disorders (adjustment, affective and anxiety disorders) (Moré, 2000) constitute more than half of the patients referred both to the Mental Health Program and to Family Therapy in our National Health Service (Ministerio de Sanidad y Consumo, 2007). It seems reasonable to think that this could be due to their high incidence and prevalence in our society and to the possibilities that Family Therapy offers in order to solve the problem in the context in which it emerged and on which it most deeply impacts.
INTERVENTION FOR RELATIVES OF PATIENT WITH MENTAL ILLNESS: PARENT TRAINING
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Teseo - CREST

Patients are usually the unique focus of the treatment, even if the familiar environment show problems connected to the management of the mental disorder, which can lead to an unfavorable outcome of the patient’s treatment, besides difficulties in daily life.

OBJECT: Parent Training (PT) is a psychoeducational program for relatives that has been planned in the Crest – Teseo Residential Mental Health Service in Milan, focused on teaching basic knowledge and training social skills that can lead to a better compliance between mental specialists and relatives and a better quality of the management of the mental disorder in the family environment.

Falloon’s psychoeducation integrate model underlines the importance of the behavioral point of observation and the meaning of the training on communication and problem solving abilities, especially in the matter of family contexts.

METHODS: We divide PT in two fundamental and different parts:
- Informative part, which provide for basic scientific information about psychiatric disorders and related integrated care intervention to a group of relatives from different families. Every lesson concerns different subject: multimodal model, psychopharmacology, assertiveness, aggressiveness and agitation, learning, problem solving, legislation and legal protection about mental disorder, assessment and project, TEACCH program, daily abilities, social and relational abilities.
- Formative part, where relatives of each family can directly learn and practice on techniques about assertiveness and coping strategies to find better solutions from patient’s case manager

CONCLUSION: We expect relatives’ improvement in social abilities, which lead to a decrease in family burden, emotional expression and depressive symptoms for their caregivers. Moreover, after PT we suppose to notice a better cooperation between professionals and relatives, as they become co-therapists in the treatment project of the psychotic patient, supposing reduction of familiar stress and diminution/prevention of relapses and recovery.

REFERENCES:
PARENTAL BONDING STYLES IN SCHIZOPHRENIA AND BIPOLAR DISORDER

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Objectives
The influence of attachment in the affective, psychological and cognitive development is well known since the works of Bowlby and Mary Ainswoth. Despite the influence of biological factors in diseases like Schizophrenia or Bipolar Disorder, the importance of aspects like familiar relations is also recognized.

The aims of this work are to evaluate and compare the styles of parental bonding in patients with Schizophrenia and Bipolar Disorder.

Methods
Evaluation of parental bonding style of 60 patients, 30 with Schizophrenia and 30 with Bipolar Disorder, with Parental Bonding Instrument, a measure assessing perceived levels of parental care and protection. All patients are aged between 18 and 65 years.

Results
The styles of parental bonding found are dysfunctional in both psychiatric diseases.

Conclusions
The influence of psychological and social aspects in the manifestation, development and prognosis of mental disorders is well known. This study, by detecting dysfunctional patterns of early relations, emphasizes the importance of a more comprehensive and integrative perspective of mental illness. Although not specific of a certain mental disorder, the presence of dysfunctional styles of parental bonding stresses the importance of a familiar approach in the treatment of this patients.
DYADIC ADJUSTMENT AND PERSONALITY TRAITS IN THREE GROUPS OF COUPLES

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Objectives:
The marriage of a couple who are capable of interaction and consensus and handle their marital problems in a positive manner can be described as a comptable marriage. Happiness, satisfaction and fulfillment of expectations can only be possible by dyadic adjustment. Therefore dyadic adjustment is essential for a satisfactory and stable marital relationship.

In this study we aimed to illustrate the differences between three groups of couples; first who have demand for professional counselling for the first time, second who don’t have such a demand and finally who are about to get divorced and ask for marital counselling in the fields of dyadic adjustment level, personality traits and demographic variances.

Methods:
Within this context we have included 30 couples who have a counselling demand for the first time. Another group of 30 couples who get counselling from the aforementioned institution during their divorce period. The control group was formed by 30 couples who have not only counselling demands and were selected randomly. In order to obtain data we have used dyadic adjustment scale, Minnesota multiphasic personality inventory and a questionnaire form in order to gain the demographic data.

Results:
As a result we have figured out the groups with the highest dyadic adjustment. They were subsequently the control group, the group who demand for marital counselling for the first time and the group at stage of divorce. We have also found significant differences between these groups in the fields namely; personality traits which have been related with couple adjustment levels.

Conclusions:
Expressing the factors which have an influence on dyadic adjustment between couples and providing therapeutic support in these fields could increase marital quality and adjustment between the couples; who have demand for counselling.
WHICH ARE THE KEY COMPONENTS OF FAMILY INTERVENTIONS FOR PSYCHOSIS? A QUALITATIVE STUDY

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While the effectiveness of family interventions for psychosis (FIP) is widely recognized, there is scarce research on the process of these approaches. It is not clear which active-ingredients are linked to their positive outcome.

Objectives: To isolate and explore specific components of the process of FIP based on previous research.

Methods: A qualitative approach was designed in two different stages. The first comprised a systematic literature review, on studies underlying the process of FIP. After screening, all papers retrieved were subjected to a thematic analysis. The second study consisted on a qualitative analysis of the sessions that composed the intervention of a highly effective FIP clinical trial. Written records from 85 relatives’ group sessions and 23 home meetings were explored through a content analysis process.

Results: Literature searches generated 731 records. Twenty-two papers were included in the review, suggesting that therapeutic alliance and education about the illness are crucial elements of FIP. In our presentation, these findings will be explored, together with preliminary results of the qualitative analysis of the clinical trial.

Conclusions: Qualitative research at the process level alongside efficacy studies is crucial to define clear components of FIP. These elements can be manipulated in future research with complex intervention designs to identify the active-ingredients, which will promote better knowledge and dissemination of FIP.

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Objectives: Reframing and updating ancient psychological concepts linked to a European (end of 19th century and mid-20th century) society about the development of child-parent relationship and bonding.

Methods: case studies.

Results: There are occasional reports of the development of a preponderant child-grandparent relationship in cases where the parents did not function efficiently for a variety of good reasons (for example deafness, contagious tuberculosis illness). Most of the time, a stronger bond developed with the grand-mother than with the grand-father, but not always. And when the parents came to take the child back, abrupt separation from the preferred grandparent was lived as a very painful and traumatic experience and recalled vividly in adulthood in the psychotherapeutic process.

At the end of the 20th century, huge changes in the partition of the parental roles in the family occurred. Hormonal treatment allowed mothers to stop the lactation process and avoid to breastfeed their child. Increasing baby care tasks sharing between the parents helped to redesign the way children and parents from both sexes interact. And, not infrequently, in the case of inefficient functioning or of low functioning of a mother as a rearing parent, the young child tended to develop a preferred relationship and stronger bond with the more caring, available and loving parent, in this case the father. This may, also, occur when the mother is functioning as a “good enough mother” but, the father is devoting all his available time to care and play with the young children, thus largely outperforming the mother as a “good caring parent”. Also, in the case of child-father separation, as it may happen in divorce, the experience may be very traumatic for the child and for the father. Case vignettes.

Conclusions: The child tends to build a preferred relationship with the best functioning parent.
THE RELATIONSHIP BETWEEN TYPES OF ATTACHMENT STYLES IN ADULTHOOD, AND ATTITUDES AND EXPECTATIONS TOWARD FILIAL RESPONSIBILITY: A COMPARISON BETWEEN THREE GENERATIONS

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Objectives: This study examine the normative attitudes and expectations toward filial responsibility, which partially represent the social norms by which family members are expected to provide help and support to elderly parents, and the relationship between those attitudes to the type of attachment of the adult son or daughter, looking into three generations.

Methods: The population studied included 300 subjects divided into three generations; young students, their parents and their grandparents. All subjects answered a self-reported questioner referring the study variables: Variables such background characteristics, types of attachment styles in adulthood, sense of mastery, self-evaluation, self-efficacy as interpersonal as well as family support as intrapersonal and the levels of filial responsibility were measure in aim to find the relationships between them in cross-generational point of view.

Results: The study finding indicate differences between cutlers and generations when it comes to normative attitudes and expectations regarding filial responsibility, which may support a changing approach taking place in the Arabic society concerning these attitudes. An additional finding relates to the cross-generational differences which come to light in the relationship between the attachment type in adulthood and the normative attitudes and expectations regarding filial responsibility.

Conclusions: Out of the understanding that we are in an age of social and cultural changes in the modern welfare state, rises the necessity to move towards an establishment of the formal systems of care-giving, suitable for the Arabs and the Jews as well in Israel, taking into consideration its socio-cultural values.
THE FIRST BORN CHILD: REFRAMING OF THE GRANDPARENTS’ RELATIONSHIP WITH THEIR OWN CHILDREN; THE UNIQUE RELATIONSHIP WITH THEIR PARENTS AND SUBSEQUENT SIBLING RIVALRY.

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Objectives: Conceptualize the delicate relationships of the first born in the family constellation.

Methods: Case studies.

Results: When a child is born, he destabilizes the relationships in the family. The first born child reframes the relationships of the grandparents with their own children, fueling rivalry (negative feelings) not only between the parents and the first born, but also, between the uncles or aunts and the first born. Everyone feels a change in his role in the familial constellation. He or she, also, brings the potential to develop a new caring and loving opportunity.

For the parents, their dreamed child is confronted to the reality of a real child with specific needs (basic care, love and play) that change their overall routine, including the way the two parents relate to each other. When the first born is beautiful or very gifted, he may focus more and more attention, changing the previous balance in the family.

For the first born child, this unique relationship with their parents and all the family constellation may be felt as a lost paradise, as soon as new children are born in the family. Rivalry and love towards the subsequent children are expressed and, somewhat repressed by the fearful parents (which may often surprise the first born that feels fully entitled to complain of his or her parents) and even express the desire to shift to another (more caring) family. When different, the sex of the siblings is important. The question is about the parents’s desire. Do they prefer boys or girls.

When the parents are mourned, the first born may feel that his or her paradisiac relationship with the parents will never come back. And mourning may last much longer than for the siblings.

Conclusions: The first born child has a unique position.
EVALUACIÓN DE UN PROGRAMA DE PSICOEDUCACIÓN PARA FAMILIARES DE PACIENTES CON TRASTORNO MENTAL GRAVE.

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Objetivos:
Valorar, tras la realización de un curso de psicoeducación para familiares de pacientes con trastorno mental grave (TMG), su posible repercusión en la sobrecarga del cuidador, emoción expresada y nivel de conocimientos sobre la enfermedad.

Métodos:
Se realizó un curso estructurado de psicoeducación de 14 sesiones semanales de 90 minutos. Se excluyeron de cuidadores con patología psiquiátrica severa o toxicomanía, desestructuración familiar grave. Se administraron antes y después del curso, la Escala de Sobrecarga del Cuidador de Zarit, la Family Attitude Scale (FAS) y un cuestionario de conocimientos sobre la enfermedad de 39 ítems.

Resultados:
Iniciaron el curso 23 cuidadores, el 69.6% mujeres y el 30.4% hombres, con una media de edad de 57.13 años (DE 12.17), finalizándolo 14 (60.86%). Las puntuaciones medias en la Escala de Zarit fueron de 66.30 (DE 17.5) presentando un 87% sobrecarga (>46) al inicio y de 62.43 (DE 18.89) presentado sobrecarga (>46) el 78.3% al final. En la escala FAS, la puntuación media fue de 54.73 (DE 10.04) con un 26.1% de alta emoción expresada (>60), mientras que a la finalización fue 52.26 (DE 9.95), y el 21.7% respectivamente. La puntuación media en el cuestionario de conocimientos sobre la enfermedad, al inicio fue 28.86 (DE 3.36) y posteriormente de 29.65 (DE 3.75).

El análisis estadísticos de las variables estudiadas mediante el Test No Paramétrico de Wilcoxon, encontró significación estadística <0.05 para la diminución de las puntuaciones en la escala de Zarit.

Conclusiones:
En nuestra muestra, con las limitaciones de una n pequeña y la inexistencia de grupo control, se observa una discreta, aunque estadísticamente significativa, disminución de la sobrecarga del cuidador medida con la escala de Zarit, y no se observa impacto en el nivel de conocimientos sobre la enfermedad ni en el grado de emoción expresada.
A MODEL OF COORDINATION BETWEEN CHILD PSYCHIATRY AND PRIMARY . MODELO MAR MENOR
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Objectives:
It is essential in Psychiatric care for children and adolescents coordination with other professionals serving the child, beginning with the first step which is the primary care, and continuing education / Counselors, Therapy Centers, Associations, Social Workers and other specialists. The aim is to provide better support, a protected environment where the patient is included in a structure of communication and commitment. It is a form of care where caregivers come together and coordinate to provide higher quality service and warmth. An early, comprehensive, intensive and specialized treatment, based on establishing relationships and links with all the entities involved in the therapeutic treatment of patients with psychiatric disorders is performed.

Methods:
A monthly meeting between the Child Psychiatrist in charge of this area, a sectioned and Pediatrics in each relevant Health Center at Area VIII (San Javier, San Pedro del Pinatar, Los Alcazares).

Results:
Pediatricians and Child Psychiatrist share a monthly meeting where two-way communication in which both professionals obtain information on each patient together we create, and common objectives intervention arise.

Conclusions:
There is greater communication between the pediatrician and the Child Psychiatrist through monthly meetings in their health centers. Unifies criteria solve diagnostic doubts, share forecast data influence, and generally improve the quality of care.

References:
SOMATIC COMPLAINS IN CHILDREN AND ADOLESCENTS – COMORBILITIES, ILLNESS IN THE PARENTAL SUBSYSTEM AND FAMILY FUNCTIONING

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The aim of the present study was to analyze the somatic complains in children, the presence of organic or psychiatric diseases in the parental subsystem, the comorbility with other disturbances, and the family functioning.

The participants of this study were the parents of 33 children/adolescents attending the clinical psychology service, at the Child Development Center of Coimbra Pediatric Hospital, by presenting somatic complains with no medical explanation, more specifically headaches.

Three instruments were applied: sociodemographic and complementary data questionnaire; the Portuguese version of the Child Behavior Checklist; and the Family Adaptability and Cohesion Evaluation Scale – FACES VI.

The results show the presence of several concomitant disturbances with the somatic complains, being the most frequent obsessive/schizoid, depression and anxiety. The disease in the parent al subsystem is present in 78.8% of the families. Regarding family functioning, low levels of balanced cohesion were observed, what might me a sign of cohesion family problems, however there was no tendency for disengage or enmeshed patterns, and the studied families were considered balanced.

In a systemic view, we concluded that the misunderstanding of these children facing parent’s disease, may increase their levels of anxiety, and trigger sadness emotions. These emotions are expressed by the body since these children have learned to be noticed through their somatic complains. The somatic complain will then be selected by a family who is focused on illness. The incessant pursuits for physicians to give them medical explanations, and the exams performed, tend to amplify their symptoms. Psychological interventions are required so that there is no crystallization of the symptom or trigger other more serious disorders.
AFRICAN AND AFRICAN CARIBBEAN CARERS EXPERIENCE OF SUPPORTING RECOVERY IN RELATIVES WITH PSYCHOSIS

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Objectives: The aim of this investigation was to explore the lived caring experience of seven carers from the African and African Caribbean communities who cared for family members with psychosis.

Methods: A hermeneutic phenomenological approach, as described by Van Manen was used, which encompassed descriptions of carers’ experience of caring and subsequent interpretation of their lived experience.

Results: Results reveal the caring experience to encompass six themes: (i) a strong reciprocal sense of ‘family’ based on traditional family ideologies; (ii) the significance of a multi-family approach to caring; (iii) the need for carers to have their own personal space to reflect on their carer journey and to assess the impact of the carer role on their relatives’ recovery from mental illness; (iv) fears that care delivered to their relatives was influenced by negative cultural stereotypes; (v) carers’ use of local community groups to assert their carer role and (vi) a desire for partnership with mental health and social care services that includes a family based approach to care.

Conclusions: This study found that although carers were motivated to care for their family members, they were equally keen to work in partnership with mental health and social care services to maintain family traditions that supported recovery of their relatives.

References:
RELATIVES’ EXPRESSED EMOTION, ATTRIBUTIONS AND EMOTIONAL STATE IN CLINICAL HIGH-RISK AND ONSET STAGES OF PSYCHOSIS

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Objectives: This study aimed to: 1) examine the associations of criticism and emotional over-involvement (EOI) in relatives of At-Risk Mental State (ARMS) and First-Episode Psychosis (FEP) patients with relatives' illness attributions and emotional state, as well as the possible differences of these associations between ARMS and FEP groups; and 2) explore whether relatives’ illness attributions are predictors of Expressed Emotion (EE) beyond the contribution of emotional variables in the ARMS and FEP stages of psychosis.

Methods: 78 relatives (41 from ARMS and 37 from FEP patients) were included in the study and were assessed with measures of EE, attributions and emotional state.

Results: Differences between groups of relatives were found on criticism in both categorical and dimensional subscales. No differences between groups of relatives were found on EOI, illness attributions or emotional state subscales. Both EE components were strongly associated with almost all illness attributions (except for causal attributions, self-blame attributions and attributions of control), and were strongly related with levels of anxiety and depression in both groups. Group differences were found for the effect of anxiety on the EE components, so that anxiety was more strongly associated with Criticism in ARMS than in the FEP group, and it was associated with EOI in ARMS but not in the FEP group.

Conclusions: To the best of our knowledge, this is the first study that explores the relationships between EE, illness attributions and emotional state comparing groups of ARMS and FEP relatives. Findings showed that relatives’ cognitive representations of pre-psychosis are strongly linked to their emotional responses towards the patient’s disorder. Findings also suggest that relatives’ distress, concern and helplessness at early stages of psychosis could provoke negative emotional reactions towards the patient in the form of criticism and EOI.
COMING BACK HOME
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The severe and lasting crisis that our country has been going through has generated certain changes in family reorganization. A growing number of core families, that previously had become independent, have to come back to the grandparents’ home. This "coming back home" usually imply the regain of some interactional patterns, with nuances and peculiarities that causes consequences in every subsystem at every level.

We bring a series of 12 cases referred to an out-patient psychiatric clinic (National Health System) between the years 2012-2013, with no previous psychiatric record and suffering some psychiatric disorders diagnosed during the new family reorganization. In this paper we try to highlight the peculiarities of these new family reorganizations, and we describe the potential risk factors that can facilitate the onset of a certain psychiatric disorder.

In this descriptive, retrospective and qualitative study, we find that the deviation on the clear limits between family subsystems, as well as those variations on family hierarchy, may cause in some of the members psychopathology.
TITLE: FAMILY BURDEN AND ASSOCIATED FACTORS IN RELATIVES OF PEOPLE WITH OBSESSIVE-COMPULSIVE DISORDER

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Background: Relatives of OCD patients are involved in patients’ symptom than other diagnosis. However, the extent of family burden and their associated factors were poorly studied. This study aims to assess the family burden and its correlates in relatives of people with obsessive-compulsive disorder (OCD). We hypothesized that relatives of patients with Obsessive compulsive disorder (OCD) experience significant burden and is associated with symptom severity and duration of illness.

Methods: The sample included 100 adults (mean age 27.8 ± 8.5 years, 57 males) with DSM-IV diagnosis of OCD and one primary caregiver of each patient. Assessment was done using the Yale Brown Obsessive-Compulsive Scale (Y-BOCS), the Family Burden Schedule, the Family Accommodation Scale (FAS), Perceived criticism & emotional over-involvement scale and the Work and Social Adjustment Scale (WSAS).

Results: There was significant care taking burden reported by relatives of OCD patients. Family burden was positively correlated with Y-BOCS score, Family accommodation score, duration of illness, score on Perceived criticism & emotional over-involvement scale and score on work and social adjustment scale. In the regression analysis, higher score on family accommodation (p ≤ 0.0001), higher score perceived criticism (p = 0.003), longer duration of illness (p = 0.063) and higher score on work and social adjustment scale (0.016) predicted higher family burden.

Conclusions: Care giving burden among the relative of patients with OCD is significantly high. This study highlights the need to design specific interventions to reduce care giving burden among relatives of OCD patients.

Keywords: Obsessive-Compulsive Disorder, Family Burden, Symptom Severity
DOES LONG-TERM GROUP PSYCHOEDUCATION OF PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDERS HELP THEIR FAMILIES AS A SYSTEM? A QUASI-EXPERIMENTAL STUDY.

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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.
WHEN THE CHILDREN ARE A SYMPTOM – Diogenes Syndrome

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The authors pretend to highlight the importance, in mental health services, of a global family evaluation.

We present a case report of a 46 years old woman diagnosed with Diogenes syndrome after a domiciliary visit made by Child Protection Services. Her oldest daughter M., 16 years old, had been followed in pedopsychiatry consultation for one year, presenting with school refusal and anxiety-depressive symptoms with no identifiable precipitant event and no clinical evolution. Only after the diagnosis and treatment (including hospitalization) of her mother, and some protection measures such as moving with her father (with her sister), it was possible to establish a psychotherapeutic project with complete adhesion and some improvement was seen. One year later, the youngest daughter B. moves to her grandparents house (where her mother is) and begins to be followed in our department, presenting with sadness, insomnia, panic attacks, separation anxiety and school refusal, “I constantly think something can happen to mom”. Her mother has interrupted treatment.

In conclusion, we would like to draw the attention to the needs of a close interaction between psychiatrists and pedopsychiatrists as long as a complete family assessment. As seen here, the symptoms presented by the children led to the mother’s diagnosis and their evolution is strongly associated with it, being difficult to treat one without treating the other.
SATISFACCIÓN FAMILIAR Y RENDIMIENTO ACADÉMICO COMO FACTORES DE RIESGO PARA LA PRESENCIA DE DEPRESIÓN EN ADOLESCENTES MEXICANOS

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Objetivo General:
Determinar la relación entre satisfacción familiar y rendimiento académico con la presencia de depresión en adolescentes mexicanos.

MÉTODO:

Estudio: Transversal analítico en 3235 adolescentes, entre 13 y 19 de edad, estudiantes mexicanos

Instrumentos: Cuestionario para el diagnóstico de los cuadros depresivos (CDC) (Calderón, N. 2004). Escala de Satisfacción Familiar por Adjetivos (ESFA), (Barraca, J. & López-Yarto, L. 1996). Rendimiento académico se evaluó de forma categórica utilizando los siguientes criterios: 10 a 8 bueno; 7.9 a 6 bajo y 5.9 o menos malo.

Análisis estadístico: Análisis bivariado, T de Student, Chi cuadrada y regresión logística

Resultados: El 16.3% de los adolescentes presentaron síntomas de depresión, el 6.8% depresión incipiente, 8.8% depresión media y 0.7% depresión severa. El 76.2% se encuentran satisfechos con su relación familiar, el 14% presentan muy baja satisfacción familiar y un 9.8% presentan una baja satisfacción familiar. En cuanto al rendimiento académico el 37.3% tuvo un promedio bueno, el 59.5% presenta un promedio bajo y el 3.2% presentan un promedio malo. Los adolescentes que mostraron insatisfacción familiar y bajo rendimiento académico tienen 2.38 veces más posibilidad de sufrir depresión.

Conclusiones: Los adolescentes que presentan mayor depresión son aquellos que tienen menor satisfacción familiar y los cuales tienen menor rendimiento académico. Por lo que es importante atender a los integrantes de la familia para así poder disminuir importantes situaciones emocionales.

Referencias:
CAREGIVER’S BURDEN OF THE PATIENT WITH SCHIZOPHRENIA
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Objectives: The present study aimed to evaluate the burden of informal caregivers of patients with schizophrenia and to analyze the relationship between this burden and the sociodemographic and functional characteristics of patients.

Methods: Thirty informal caregivers of patients with schizophrenia diagnosed by ICD-9 (WHO, 1978) in the context of the nursing outpatient of the Department of Psychiatry and Mental Health of a Health Unit in the North of Portugal were evaluated. All caregivers were assessed with the Zarit Burden Interview (Zarit & Zarit, 1983) and patients with the Barthel (Mahoney & Barthel, 1965) and Lawton (Lawton & Brody, 1969) Indexes.

Results: The caregivers sample had a mean age of 60.63 (SD=13.43) and the majority were females (86.7%), with 4 years of education (66.7%) and retired (50%). The mean age of the patients was 46.63 (SD=13.34), the majority being males (76.7%), without profession or retired (83.3%) and having primary school education (30.0%). The majority of the caregivers (90.0%) were relatives of the patients, and for the most part were parents (53.3%). Most of the caregivers presented high levels of burden in the Zarit scale (M=47.90; SD=13.15; range 30-74), 23.3% being moderate and 30.0% severe. The majority of the patients were independent in Basic Activities of Daily Living/BADL (86.7%) and in Instrumental Activities of Daily Living/IADL (66.7%).

A significant negative correlation was found between the total score of the Zarit scale and the global score of the Lawton index (r = .38, p = .038). No significant correlations were found between caregivers’ burden and their sociodemographic characteristics and the same variables of the patients.

Conclusions: The study allows concluding that the burden is a significant problem in the caregivers of schizophrenic patients. The results also suggest that caregivers of patients with more dependence have a higher burden.
La Emoción Expresada (EE) dirigida hacia los pacientes con trastorno mental grave, por ejemplo psicosis o trastornos de la conducta alimentaria, es un predictor de recaídas ampliamente estudiado. Sin embargo, poco se ha tenido en cuenta que las actitudes de la EE se asocian con ciclos de interacción bidireccionales y mutuamente influyentes entre los pacientes y sus familiares. Asimismo, pocas veces se ha preguntado directamente a los pacientes por cómo perciben esa EE por parte de sus familiares, a pesar de suponerse que les estresa y que por eso recaen. Por ello, es fundamental enfocar el estudio y el tratamiento de la EE hacia y desde una visión diédica, tanto en investigación como en intervención, e incluir la calidez de cara a una psicología más positiva (ninguna escala de EE, hasta las que presentamos, ha tenido en cuenta las emociones positivas anteriormente y empezamos a tener datos de su poder protector). Asf, en primer lugar, se presentarán dos nuevas escalas para la evaluación de la EE desde el punto de vista de los pacientes: la Escala Diédica Breve de EE (BDSEE) y la Escala de Estrés Percibido debido a la EE (PSEE). Ambas han demostrado ser válidas y fiables (se presentarán los resultados), han sido traducidas a diversos idiomas y están siendo usadas por diversos grupos punteros a nivel mundial. Además, han recibido el Premio Accsit Nicolás Seisdedos de Investigación Aplicada en Evaluación Psicológica 2012 de España e Iberoamérica. Y, en segundo lugar, se ampliarf el constructo de la EE hacia ciclos de comunicación útiles en el trabajo psicoterapéutico con los pacientes y sus familias, derivado de los resultados obtenidos en nuestras investigaciones.
In a first perspective, Family Therapy cannot be applied as such with families of psychotic patients or other severe psychopathologies. The difficulty comes from the fact that meeting the family often occurs in a context of crisis corresponding to a decompensation of the psychotic disorder and to the reactions of the patient's family and friends. The family's request is to be « relieved » of this situation which has been evolving for many years and a therapy can only be entered upon once this often intolerable situation has first been taken into account.

One of the characteristics of families of psychotic patients is a reduced capacity to anticipate. In these families time is interrupted by the pathology, the symptoms and the events. Working with the family in these difficult contexts has often an impact on the evolution of the crisis and also an impact on the hospitalisation, as has been corroborated by numerous international publications.
WPA-0082 ESTUDIO PRELIMINAR DE CARÁCTER EXPLORATORIO ACERCA DEL JUEGO Y LAS NUEVAS TECNOLOGÍAS EN NIÑOS DE 5 A 12 AÑOS.

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Objetivo: Este trabajo se encuadra dentro del Proyecto de investigación "El juego en el niño y las nuevas tecnologías en la actualidad" y corresponde a la primera etapa de la investigación en curso.

Metodología: Para recaudar datos de la muestra utilizamos en esta fase piloto una encuesta a padres construida en base a categorías conceptuales y de interés recolectadas de entrevistas a los mismos. En entrevista. Dicho instrumento está focalizado en la medición de datos sobre al tipo de juego tradicional y la relación tiempo y uso con respecto a las redes sociales y a las nuevas tecnologías.

A partir de los datos obtenidos presentaremos un avance preliminar de resultados.
WPA-0061 LA IMPORTANCIA DE LA CALIDEZ EN LA FAMILIA EN EL CONTEXTO DE UN TRASTORNO MENTAL GRAVE
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Se rescata la importancia del afecto positivo (calidez) en el contexto familiar, aspecto dejado de lado en la mayoría de las investigaciones basadas en el constructo de la Emoción Expresada (EE). Investigaciones preliminares comienzan a apuntar su poder protector, entre ellas las de Medina-Pradas y su equipo con familias con un miembro con esquizofrenia o un trastorno de la conducta alimentaria (TCA). Se presentarán y discutirán dichos resultados.

El hecho de que las emociones positivas no están incluidas en la definición de EE no significa que no sean importantes. Empezamos a saber bastante acerca de cómo la EE alta (es decir, crítica, hostilidad y/o sobreimplicación emocional) se desarrolla y actúa sobre el curso de diferentes enfermedades; sin embargo, se dispone sólo de datos preliminares acerca de cómo los aspectos positivos (calidez, fundamentalmente) actúan en la asociación entre la EE familiar y los trastornos psiquiátricos. Empiezan a asumirse los efectos de apoyo de las emociones positivas en el contexto de la EE, su condición de factores de protección—n de recaída, y su poder predictivo de mejora en los síntomas y el funcionamiento social. Por tanto, no sólo la EE baja (como la falta de emociones negativas) sería deseable en las familias, sino también la presencia de actitudes positivas y de apoyo hacia los pacientes.

Los modelos predominantes de la asociación EE-recaída conceptualizan la EE como una forma de estrés para los pacientes, fundamentalmente en base al modelo de vulnerabilidad-estrés. Tal vez sea el momento de centrarnos en los aspectos positivos e integrar los puntos de vista predominantes con modelos más actualizados sobre la base de la psicología positiva.
WPA-0198 STRENGTHENING THE FAMILY TIES
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Objective: To strengthen the familiesÕ protective function, making family ties stronger, to promote access and use of rights, to guarantee the rescue of citizenship for an improvement in quality of life.

Method: 10 monthly meetings with 208 puerperal women with children in the neonatal ICU and Pathological Nursery were held, to provide a refuge for the women as well as promote preventive type actions. The theme talks were done by the multidisciplinary and municipal team professionals and socio-educational themes were discussed using audio-visual resources with demonstration, simulation and dynamics on various themes such as: the importance of breastfeeding and self-care; Shantala; Mother-baby bond; Medication during breastfeeding; Family planning and Contraceptive Methods; Professional Training; the Speech Therapist as a facilitator in breastfeeding and Domestic Violence. We mentioned the importance of including the patientsÕ partners in the talk on Family Planning.

Results: We observed a greater proximity with the puerperal women, which helped the interaction with the team. We had reports on overcoming and greater social development through the activities planned. The mothers were able to widen their knowledge in different areas and apply the information in the Family context. We noticed that the themes covered during the socio-educational talks met the groupsÕ expectations.

Conclusion: The Project reached its main goal, which was to strengthen the Family ties.

DEPRESSIVE SYMPTOMS IN PREGNANCY: PREVALENCE AND CORRELATES IN WIVES OF DEPLOYED MILITARY SOLDIERS

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Background:
In Military usually soldiers are deployed at border areas and come home for few days after months so women had to bear all the problems alone. So even during pregnancy a lady had to bear the stress alone without any support. This study was designed to look for correlate of husband deployment and depression during pregnancy.

Aims:
To determine the prevalence and correlates of depressive symptoms during pregnancy among wives of deployed Military soldiers.

Subjects and Method:
The sample population comprised of pregnant ladies who were wives of deployed military soldiers reporting for ante natal checkup at Combined Military Hospital Kharian. Beck Depression Inventory (BDI) was used to record the presence and severity of depressive symptoms. Age, gestation, parity, planned or unplanned pregnancy, education, level of family income, tobacco smoking, Family history of depression, Infertility treatments, Previous pregnancy loss or complications ,partner support and history of abuse or trauma were correlated with depressive symptoms.

Results:
Out of 188, 41.5% had no depressive symptoms, 25.5% had mild,20.2% had moderate and 12.8% had severe depressive symptoms. Advancing age, family history of psychiatric Illness, partner abuse, low family income and education, lack of partner support, smoking, increasing parity and gestation age are all significantly related to presence of depressive symptoms.

Conclusion:
This study showed a high prevalence of depressive symptoms among wives of military soldiers during pregnancy. Special attention should be paid on elderly, multiparous and less educated ladies. Partner should avoid abuse and provide good support especially as the pregnancy advances.
WPA-0459 IMPLEMENTING THE COLLABORATIVE APPROACH IN COSTA RICA: INTEGRATING PSYCHIATRY AND PRIMARY CARE IN LOW AND MIDDLE INCOME COUNTRIES
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Introduction: The World Health Organization postulated that the treatment gap can be reduced by investing on primary care. The collaborative approach is a standardized methodology that has scientific evidence of effectiveness and cost-effectiveness in these populations.

Objective: To make a proposal about how to implement collaborative care in Costa Rica though a directed literature review and a critical appraisal of the current model.

Design: Literature review, analysis of the current model and implementation proposal.

Results: Costa Rica uses the reference model, which has less scientific support and probably increases the treatment gap.

Discussion and Recommendations: The collaborative care model would allow greater recognition of psychiatric comorbidity, improvement in management and treatment, increase of the cost-benefit balance, and probably a decrease in the treatment gap.

Conclusions: Most of the resources used in psychiatry should be delivered to the primary care setting. The collaborative care has proven to be the best treatment strategy for psychiatric comorbidity in this population. It is possible to establish this approach in Costa Rica because of the wide coverage in primary care. The application should be a conjunction of actions between the Ministry of Health, the Costa Rican Social Security System, and the national schools of medicine.
Forensic Psychiatry
AUTISM SPECTRUM DISORDER & MENTAL HEALTH PROBLEMS IN PRISONERS
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Objectives: This aim of the study was to determine the extent of ASD and co-occurring mental health problems among prisoners.

Methods: ASD traits were measured among 240 prisoners in a resettlement prison in London, UK using the 20-item Autism Quotient (AQ-20). Anxiety, depression and suicidality were assessed using the Mini International Neuropsychiatric Interview (MINI).

Results: There were 39 participants (16%) with an AQ-20 score ≥10; indicating significant autistic traits. Only eight of these had been previously assessed for or identified as having ASD. Mental health data were available for 37 ‘high autistic trait’ participants and another 101 prisoners with no or low ASD traits. There was a significant positive association between AQ-20 and suicidality scores (r=.29, p=0.001). Participants with ASD traits had significantly higher suicidality scores (means=15.1 vs. 5, p= 0.001) and chi-square analysis showed that they were more likely to have a high suicidality rating (27% vs. 8%, p=0.003) than those without ASD traits. Moreover, those with ASD were significantly more likely to be experiencing a current episode of depression (30% vs. 6%, p<0.001) or Generalised Anxiety Disorder (GAD) (27% vs. 11% p=0.019). There were significant positive associations between AQ-20 and current depression (r=.43, p<0.001) and current GAD symptoms (r=.254, p=0.003).

Conclusions: We identified high levels of unrecognised ASD traits among prisoners. The severity of ASD traits is a risk factor for suicidality and common mental health problems among prisoners.

Reference
PREVALENCE AND TREATMENT OF FROTTEURISM: A SYSTEMATIC LITERATURE REVIEW

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Objectives: This poster describes a systematic review of prevalence studies on frotteurism.

Methods: We searched the following databases for previously published, peer-reviewed studies that used suitable diagnostic methods in adult nonclinical samples: Ovid MEDLINE, PsycINFO, Pubmed, AccessMedicine, Cochrane Library, Books@Ovid, DynaMed, Micromedex, Science Direct, and SciVerse Scopus. We conducted multiple searches using the following terms: frotteu*, frottage, frotteurism, paraphilia, paraphilic, courtship disorder, prevalence, treatment, diagnosis, and chikan. In order to qualitatively evaluate the articles, we graded each article using a 6-point epidemiologic quality tool.

Results: We identified four prevalence studies, all of which were of limited methodological quality; limitations included small sample sizes, the use of local rather than national samples, the failure to apply DSM criteria, and the lack of assessment regarding the reliability of diagnostic tools. One small study, a statistical outlier, reported a prevalence of 35%. In the three other studies, the prevalence of frotteurism was 7.9%, 9.1%, and 9.7%. We found no studies addressing treatment that met our inclusion criteria.

Conclusion: Our findings reveal a need to develop more rigorous research on this topic.
A SYSTEMATIC LITERATURE REVIEW: THE PREVALENCE OF PHYSICIANS WHO ARE STALKED

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Objectives: Stalking is highly concerning as it has deleterious effects on victims. It has been suggested that physicians are particularly vulnerable to being stalked. Few studies have examined the prevalence of stalking of physicians or the consequences for physician victims. Our goal was to examine the prevalence of physicians who had been stalked and the associated consequences for victims.

Methods: We conducted multiple searches of PubMed and PsycINFO for articles in English from 1950 to 2013 using the terms stalker, stalking, aggression, assaults, patient, physician, resident, registrar, intern, and trainee. Reference lists of relevant articles were also searched. In order to evaluate the strength and weaknesses of each study, we developed and used a five-point evaluation tool to critically appraise articles.

Results: We found twelve prevalence studies on the stalking of physicians of which eight were national surveys and four were focused exclusively on stalking. The studies varied in their methodological quality with common limitations, including the lack of a national sample, the lack of construct validity of the survey tool and of the provision of a formal definition of stalking, and low response rates. Prevalence rates ranged from 2% to 25% although one study found a prevalence rate of 68.5%. Information on the physical and psychological consequences of having been stalked was also limited.

Conclusions: Although an important minority of physicians report having been stalked there remains a dearth of high quality studies on this topic area.
PSYCHOPATHOLOGICAL STUDY OF WOMEN REFERRED TO
AHVAZ FORENSIC CENTER DUE TO HOME VIOLENCE IN THE
SECOND SIX MONTHS, 2012/1390
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40 women were referred to Forensic center because of their husband’s violence and the violence was confirmed by forensic experts. Then their personality assessment was detected with MCI III. This study was done for two months on all the women referred due their husband’s violence except for those who didn’t accept to participate. The data was analyzed by the use of chi-square, MCNemar and T-test (alpha= 0.05). More than half of the participants suffered from personality disorder. The highest prevalence was for the depressive personality (%30), histrionic disorder (%25) and obsessive compulsive disorder (%22.5). 13 women didn’t have psychiatric disorders (%32.5), 20 women had just one psychiatric disorder (%50) and 7 had two kinds of psychiatric disorder (%17.5). Chi-square relation assessment shows that more than half of the participants were suffered (%27). Age prevalence assessment done by T-test shows that most of the participants were older than 30 and there is no correlation between age and the disorder (0.144). Statistical study of the relation job and disorders shows no correlation.
QUALITY IMPROVEMENT IN SECURE FORENSIC SETTINGS
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Objectives (119): The Quality Network for Forensic Mental Health Services (QNMHS) aims to facilitate quality improvement and change in forensic mental health settings through a supportive network and peer-review process. The network adopts a multi-disciplinary approach to quality improvement. A key component of our work is the sharing of best practice; by listening to and being led by frontline staff and patients. The network serves to identify areas for improvement through a culture of openness and enquiry; the model is one of engagement. Member services are expected to use the results of reviews to develop action plans to achieve year-on-year improvement. Participating services are also able to benchmark their practice against similar services and demonstrate the quality of care they provide.

Methods:
1. The process used by the QNMHS combines the clinical audit cycle with peer-reviews.
2. The process begins with a set of standards being developed in consultation with member units. Members then engage in a detailed service evaluation during the self-review phase.
3. This is followed by a period of peer-review visits to validate the data provided during the self-review.
4. After the peer-review stage, units are provided with a local report that compiles the data collected.
5. When all member units have completed the peer-review phase an annual report of the aggregated findings from all services is written, highlighting national themes and enabling services to benchmark themselves against other services.
6. The final stage of the process involves action planning and attendance at the Annual Forum.

Results: Currently, the medium secure network is in Cycle 8 while the low secure network is in Cycle 2. Over the last 4 medium secure cycles (4-7), overall compliance with standards has increased by 9% with varying degrees of improvement across all standard areas.

Conclusions: Our increasing membership and levels of engagement highlight the growing interest in improving the quality of services for this specialist patient group. The general trend of increased compliance with the standards suggests that services have an enhanced understanding of good practice through observing the work of others. This provides them with a platform to improve and attain standards.

References:
MENTAL DISORDERED OFFENDERS AND IMMIGRATION

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OBJECTIVES
Several studies have shown the relationship between mental illness and variables such as immigration and crime. This study aims to join both phenomena describing a sample of foreigners patients with mental health disorder, admitted in the Penitentiary Psychiatric Hospitalization Unit from Catalonia (PPHU -C) and compare it with a sample from Spain.

METHODS
Descriptive and comparative research among a local sample and a foreigner sample admitted to the PPHU -C between January 2004 and December 2012. 1096 admissions have been done, including 544 foreigners. We selected those who had been hospitalized at least a month. Therefore, the final sample on which the study was carried out is 566, 294 were from Spain and 272 were foreigners.

The study variables were country of origin, type of crime, legal status and mental disorder (according to DSM IV TR), extracted from the discharge report. The collection of information was made through medical record review and revision of procedural records Information System Prison de Catalunya (SIPC).

RESULTS
In the group of immigrants 44.6% were convicted or sentenced for the commission of a violent offence. The most prevalent was robbery with violence (14.3 %) followed by homicide (9.9%) and sexual assault (8.8%). 54.8 % of those who have committed violent offence had a psychotic disorder diagnosis.
In the control group, the 55.4% had committed a violent offence. A 15.4% committed homicide, 9.6% robbery with violence and 5.1 % injuries. A 39.4 % had a diagnosis of psychotic disorder.

CONCLUSIONS:
Violent offence is more prevalent in the Spanish population, even the type of violent offences are serious than in the foreigner sample. The presence of psychotic disorder in the immigrant sample is high, finding a large number of psychotic disorders not otherwise specified.
FEMALE HOMICIDE OFFENDERS: CHARACTERISTICS AND PSYCHIATRIC MORBIDITY
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Objectives: The objective of this study was to analyze underlying psychopathological, socio-demographic, and motivational factors of female homicide offenders.

Methods: All autopsy records from the greater area of Düsseldorf during the period of time from 2006 to 2011 were analyzed for female perpetrators of homicide victims. Data were obtained from coroner and prosecution files, including forensic psychiatric reports.

Results: The sample consisted of N=10 female homicide perpetrators (three neonaticides, two filicides, one killing of the foster daughter, two matricides, one spousal homicide, one killing of her abuser). All homicides occurred in the domestic context. In eight cases, the victims were dependent on the offender. All victims represented a weak target. Soft killing methods e.g. asphyxiation as cause of death prevailed. Two women were legally unaccountable and in two others, accountability was limited. Only one woman with the diagnosis of schizophrenia was found not guilty by reason of insanity. In the case of spouse revenge-filicide, the perpetrator suffered from a combined cluster A-type personality disorder (emotionally unstable, dissocial, paranoid). Four women showed cluster C-like personality traits according to DSM-5. Four types of motives could be distinguished: overburden, exploitation by the victim, revenge, psychotic delusions. Further characteristics were average intelligence, low social status and migration background.

Conclusions: All individuals killed family members who were dependent on the perpetrator and/or particularly vulnerable (e.g., infirm, drunk) by the time of the crime. Criminal irresponsibility and the presence of an axis I psychiatric disorder was the exception and occurred only in one case. Even though mental illness does not appear to be a key factor in the killings, offenders were facing most challenging social situation such as overburden and exploitation. This may have resulted in a sudden loss of coping mechanisms and occurrence of violent aggression.
SHARING THE BURDEN: ILLNESS PERCEPTIONS OF CARERS OF PATIENTS WITH SCHIZOPHRENIA IN A FORENSIC SETTING

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Objectives

In recent years there has been growing awareness of the importance of the perceptions that patients and carers have of illness and how this affects coping, distress, engagement and outcome (Moss-Morris et al, 2002). The perceptions of illness held by carers of patients with schizophrenia have been found to be linked to levels of expressed emotion, coping style and distress (Fortune et al, 2005; Rexhaj et al, 2013). There is limited research that considers carers views in forensic settings and the extent to which a history of offending behaviour might impact on perceptions of mental illness. This study investigates illness perceptions held by carers of patients with schizophrenia treated within the local forensic service.

Methods

A cross-sectional survey was used. Carers of patients with schizophrenia treated in forensic settings were sent the carer’s version of the Illness Perception Questionnaire for Schizophrenia (IPQS) (Lobban et al, 2005). The IPQS is a reliable and valid measure for assessing cognitive representations of mental health problems on the following subscales: illness identity, causes of illness, timeline acute/chronic, timeline cyclical, consequences, personal control, personal blame, treatment control, illness coherence, emotional representations of illness, personal consequences, personal control and personal blame.

Results

Data will be presented in narrative format highlighting the perceptions of illness held by carers of patients with schizophrenia in forensic settings.

Conclusions

Negative cognitive representations of schizophrenia amongst carers of forensic psychiatric patients appear to reflect the prejudices and stigmatising views held by wider society, of patients who are not just “mentally ill”, but also “violent” or “dangerous”. Carers play an important role in patients’ recovery. It is therefore argued that addressing negative illness perceptions, by ensuring that carers feel adequately supported and informed about the illness, treatment and prognosis, is essential for the effective management of patients in forensic settings.

References

ARE THEY TO BLAME? – IMPUTABILITY IN PERSONALITY DISORDERS

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Objectives: To Present a review of psychiatric forensic evaluation of legal responsibility in individuals with personality disorders.

Methods: A bibliographic review was completed in order to outline the difficulty of determining imputability in personality disorders, especially antisocial personality disorder.

Results: In terms of Forensic Psychiatry, Personality disorders are of enormous importance because of it’s association with a high rate of criminal cases particularly in antisocial personality disorder. Also, they are associated with altered emotions, impulses and consequently the attitudes and conduct, with severe impact on interpersonal relationships. The notion of imputability is defined as the capacity to recognize the legality of an action in a given situation and to act on this recognition. In cases of slight disturbance of personality, this ability seems to be almost always preserved, however in the antisocial personality disorder and psychopathy such evaluation may be more difficult to access, and in this cases be determined diminished imputability or nonimputability.

Conclusions.
Since long time, accessing the imputability of personality disorders, has been a matter full of complexity of great importance for Forensic Psychiatry, particularly when helping Justice to determine the most appropriate place for their rehabilitation.
PSICOSIS Y CRIMEN: A PROPÓSITO DE UN CASO CLÍNICO
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Objetivos: Exponer la importancia de realizar una correcta valoración de riesgo de los signos de psicosis que advierten sobre actos violentos, dado que un elevado porcentaje de crímenes son cometidos por pacientes psicóticos.

Material y métodos: Presentamos el caso clínico de una paciente de 75 años de edad, sin antecedentes penales, que ingresa en este centro por homicidio frustrado en la figura de su pareja con quien se encontraba de vacaciones. La paciente, natural de Inglaterra, realizaba seguimiento ambulatorio por deterioro cognitivo en el contexto de un cuadro ansioso-depresivo en su país de origen. Hasta el momento de los hechos, la paciente no había presentado conductas heteroagresivas.

Resultados: Durante la evolución psicobiográfica de la paciente, nunca se constató la existencia de síntomas psicóticos. Sin embargo, tras el episodio de agresión a su pareja, los informes psiquiátricos y forenses concluyeron en la existencia de una ideación delirante de tipo celotípico en probable relación con el abandono del tratamiento habitual de la paciente.

Conclusiones: Desde el punto de vista legal, se considera en estos casos, la eximente completa o incompleta, por lo que su imputabilidad se vería disminuida. Señalamos la importancia de las revisiones periódicas que permitan intervenciones en crisis en el caso de una recaída de la sintomatología psicótica puesto que, en estos pacientes, las conductas auto y heteroagresivas se dan con mayor frecuencia. En el caso de esta paciente, se consiguió el traslado a su país de origen a fin de cumplir la medida de seguridad correspondiente. La valoración de riesgo, en casos como este, estaría en una frontera difícil de prevenir.
A COMPARISON OF PATIENT’S AND STAFF’S VIEWS OF THE QUALITY IN FORENSIC PSYCHIATRIC IN-PATIENT CARE

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Objectives: The purpose of the present study was to describe and compare the quality of care among patients and staff at forensic psychiatric in-patient care units using the newly developed and psychometrically tested instruments Quality in Psychiatric Care - Forensic In-Patient (QPC-FIP) and Quality in Psychiatric Care - Forensic In-Patient Staff (QPC-FIPS).

Methods: The instruments are similar in that they are based on patients’ perception of quality of forensic psychiatric care, but different in that the items are worded to fit patients and staff, respectively. Each instrument consists of 34 items representing seven quality of forensic psychiatric care dimensions. Confirmatory factor analyses have confirmed the conceptual equivalence of these dimensions among patients and staff. A sample of 66 patients and 202 staff from 12 forensic wards in Sweden was included in the study.

Results: Using a hierarchical regression approach to control for demographic variable influences, it was found that patients perceived the quality of encounter, discharge, support, and secluded environment lower than staff whereas staff perceived the quality of secure environment lower than the patients. Perceived quality of participation and a forensic specific dimension were influenced by the individual’s sex only, with females perceiving the quality higher than males.

Conclusions: Overall the patients and staff view on the quality of care given was remarkably similar although the staff was somewhat more positive to the quality of care they provided, whereas the patients were more critical to the care they received. The FIP and FIPS share a common concept of quality of care and are based on the similar items. The combination of these instruments gives new possibilities to assess quality of forensic psychiatric care and to evaluate interventions aimed at improving it, which is important in management and the planning of the forensic care.
MENTAL DISORDERS AND NULLITY OF MARRIAGE: INDIAN PERSPECTIVE
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Marriage is still considered as a Sacrament in many Indian families. Though the sociologists view marriage as an Institution and the legal experts consider it as a contract, marriage is still centered around lot of religious rituals, rules and regulations in India.

Legally, there are two Questions arise with reference to Marriage:

1. Is the Marriage a valid one?
2. Is it Possible for the relationship to continue?

In India there is not a single law governing the legal aspects of marriage. Depending upon the community and social practices there are many Acts governing the legal aspects of marriage. They include Hind marriage Act 1955 (1976) for Hindus, Dissolution of Muslim Marriage Act 1939 for Muslim, Indian Divorce Act 1869 (2001) for Christians, Parsi Marriage and Divorce Act 1916 for parsis and the special marriage Act 1954 for anybody.

As per The Hindu law, which is followed by majority of Indians, a Marriage becomes Null and void, if the Individual, at the time of marriage is:
1. An idiot or lunatic.
2. is incapable of giving a valid consent because of his unsoundness of mind.
3. is unfit for marital life and for procreation due to mental illness.
4. Has been suffering from recurrent attacks of Insanity.

The ground for nullity of marriage with relevance to mental illness by other acts in India is discusses with.
RELACIÓN ENTRE ENFERMEDAD MENTAL Y DELITO EN MUJERES PRESAS
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Objetivos
El objetivo del estudio es evaluar en el contexto de la consulta de psiquiatría de un Centro Penitenciario de mujeres la relación existente entre los diferentes diagnósticos psiquiátricos y, tanto la reincidencia en los delitos como la conflictividad intrapenitenciaria.

Métodos
Se han recogido datos clínicos y penitenciarios de las internas que estaban en seguimiento activo por parte de psiquiatría, analizando el número de delitos cometidos desde los 18 años y las sanciones recibidas en el último año, relacionándolos con los diferentes diagnósticos psiquiátricos.

Resultados
De 261 internas del C. Penitenciario Brians 1, 94 están en seguimiento psiquiátrico (36%). La media de delitos cometidos por ellas es de 5.09 y la media de sanciones 4.86. En cuanto al eje I, las pacientes con más delitos y más sanciones eran aquéllas diagnosticadas de TDAH (8.35 delitos y 10.64 sanciones) seguidas de las que no presentaban diagnóstico en eje I, pero sí diagnóstico de Trastorno de Personalidad en eje II (7.62 delitos y 7.79 sanciones). En el extremo opuesto tenemos las pacientes con Trastornos Afectivos (2.71 delitos y 1.18 sanciones) y Trastornos Psicóticos (3.17 delitos y 0 sanciones).

En cuanto al Eje II, las pacientes más reincidentes eran las diagnosticadas de Trastorno Antisocial (10 delitos) y las más conflictivas eran las diagnosticadas de Trastorno de personalidad no especificado (9,78 sanciones) mientras que las pacientes sin diagnóstico en eje II eran las menos reincidentes (2.33 delitos) y menos conflictivas (0,91 sanciones)

Conclusiones
El TDAH y los Trastornos de Personalidad tienen una relación estrecha con la reincidencia delictiva y con las alteraciones de conducta dentro de la prisión, al contrario que los trastornos mentales más severos.

Es importante focalizar esfuerzos en el manejo de los trastornos mentales que causan con alteración del control de impulsos para evitar la conflictividad intrapenitenciaria y la reincidencia delictiva.
ANÁLISIS DE LA CONSULTA PSQUIÁTRICA DE UNA CÁRCEL DE MUJERES
O. Sanz-García, A. Muro
UHPP-C. Penitenciario Brians 1. Parc Sanitari Sant Joan de Déu, Barcelona, España

Objetivos
El objetivo del estudio es evaluar las diferencias que hay en la consulta de psiquiatría de un centro penitenciario de mujeres en función de los diferentes módulos.

Métodos
Se han recogido datos de las internas en seguimiento activo por parte de psiquiatría, analizando el número de psicofármacos que reciben así como las variaciones de éstos, en función de las características diferenciales de cada módulo.

Resultados
En el C. Penitenciario Brians 1 hay 2 módulos ordinarios para el internamiento de mujeres, en función de su estabilidad conductual (DU para las internas inestables y DO2 para las pacientes que se estabilizan) y otros 2 módulos de características especiales (Enfermería y DAE, que es una comunidad terapéutica para el manejo de pacientes toxicómanas). En total hay 261 internas, de las cuales 94 están en seguimiento psiquiátrico (36%). Este porcentaje varía desde el 21,43% hasta el 78,57% de las que están en Enfermería. La media de psicofármacos que toman es 2,8, oscilando entre 2,33 del DAE a 3,09 de DU. En cuanto a la variación del tratamiento en la última visita, en DINF y en DU han sido frecuentes las subidas (18,2 y 22,6%) y los cambios (36,4 y 20,8% respectivamente), en DO2 y DAE, los tratamientos se han mantenido estables (61,9 y 66,7%) o se han disminuido (28,6 y 22,2%).

Conclusiones
La prevalencia de mujeres que precisan de seguimiento psiquiátrico en las prisiones es muy elevada (36%). Existe una relación entre la estabilidad psicopatológica y la estabilidad conductual entre las mujeres presas.
TYPES OF CRIMES IN PEOPLE WITH DIAGNOSIS OF SCHIZOPHRENIA

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Summary
In public perception, schizophrenia is often associated with violence but substance abuse is a major determinant of violence whether it occurs in the context of a concurrent mental illness or not. Research supports the view that the mentally ill are more often victims than perpetrators of violence.

Objective
The main purpose is to describe the type of offences committed by patients diagnosed with schizophrenia and other psychosis who were admitted in our Forensic Psychiatric Unit over a one-year period.

Method
We performed a retrospective cohort study with a sample of 65 patients with the diagnosis of schizophrenia, schizotypal and delusional disorders admitted to our forensic psychiatric wards of the Catalonia Psychiatric Penitentiary Hospital from January 2013 to January 2014. Types of violent and non-violent offences were collected according to the sentence based on the Spanish Penal Code.

Results
Most patients with diagnosis of schizophrenia were convicted of a criminal offense involving violence (80%) but 87.5% of these have concomitant substance abuse problems.

Conclusions
The excess of violence found in association with schizophrenic disorders could possibly not be the result of the illness per se but of factors such as substance abuse, the patient’s premorbid personality, and social disadvantage.

References
THE RELATIONSHIP BETWEEN PSYCHOPATHY AND EXECUTIVE DYSFUNCTION
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Objectives: The main aim of the study was to assess the relationship between psychopathy and executive functions in prisoners who had been imprisoned for aggressive crimes.

Methods: 62 adult men aged between 20 and 63 took part in the study. The research was conducted at two Polish prisons: in Nowy Wiśnicz and in Cracow. We used the PC L-R scale by Robert Hare to assess the psychopathy profile. Wisconsin Card Sorting Test (WCST), Trail Making Test (TMT), Stroop Color and Word Test (SCWT) and Digit Span from the Wechsler Adult Intelligence Scale (WAIS-R (PL)) were employed to assess the executive functions.

Results: The results showed significant differences in executive functioning among the aggressive prisoners but only according to the specific profiles of their psychopathic personality. Executive dysfunction correlates only with highly impulsive-antisocial component of the psychopathy in contrast to the high interpersonal psychopathy component.

Conclusions: The study reached the conclusion that aggressive psychopaths can be divided into two separate groups with regard to executive functioning: psychopaths with the highly impulsive-antisocial profile whose behavior is impulsive, disorganized and does not follow a plan (dysexecutive syndrome), and psychopaths with a high interpersonal component whose behavior is planned, goal-oriented and highly adaptive to new situations. This latter group, which is free of problems with the executive function, poses a greater threat.
EVALUATION OF LONG-TERM MENTAL DISORDERS IN CASES OF ALLEGED TORTURE DURING DETENTION IN PRISON
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Objective: A number of changes to the constitution (to some laws) were made with referandum in Turkey in 2010. As a result, an opportunity to bring a law suit against responsibles emerged for people who claim to be tortured during their detention in prison 25-30 years ago. Prosecutors referred these cases to Council of Forensic Medicine to determine if any disease developed or not, related to torture.

Method: 200 males who underwent psychiatric evaluation after 1 January 2012 because of this subject constituted the study group (SG). Control group (CG) was formed by 50 males older than 45 years, which were sent to the same institution due to being exposed to physical assault or injury, but not torture. General Information Form, PTSD Checklist-Civilian Version (PCL-C) and temperament scale (TEMPS-A) were applied to both groups.

Results: Mean age of SG was 55.3 during the examination, 23.8 when they have entered into prison, and mean length of their stay in prison was 50.8 months. Mean age of CG was 55.1 during the examination, and their forensic event has happened 27.3 months ago mainly. PCL-C mean score was 31.4 in SG and 18.5 in CG (p<0.001). Depressive, cyclothymic, irritable and anxious subscale scores of TEMPS-A were high, but hyperthymic scores were low in SG. A psychiatric diagnosis was made in 37% of SG (6.2% was chronic post-traumatic stress disorder (PTSD), 7.5% PTSD in partial remission, 11.5% PTSD with soft symptoms, 3% PTSD in remission, 8.5% other disorders). One case was diagnosed as PTSD related to the event (2%) in CG, and 5 different disorders unrelated to the event.

Conclusion: Although many years have passed after traumatic events, traces of PTSD with different severity levels and many other disorders might be seen in 1/3 of people who were exposed to torture.
ANTIPSYCHOTIC TREATMENT FOR AGGRESSION IN PRISONERS WITH ANTISOCIAL PERSONALITY DISORDER - A REVIEW
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Objectives: Antipsychotics are reported to be a valuable therapeutic tool for the treatment of aggression in a large range of psychiatric disorders. Antisocial Personality Disorder (ASPD) is highly prevalent in prisoners and the treatment of aggression poses particular challenges in this population. We are conducting a systematic literature review in order to assess the advantages and limitations of the use of antipsychotics in the treatment of aggression in ASPD, aiming to confirm its indication in ASPD diagnosed prisoners.

Methods: A search in databases (PubMed, Medline, EMBASE, PsycINFO) using the following key-words: antisocial personality disorder, aggression, treatment, psychopathy, offenders, limited to English written papers. Exclusively original primary studies and double blind controlled trials will be included, and assessment of the quality of the studies will be performed. Articles identified by the initial search strategy are currently in evaluation independently by two authors, according to the following inclusion criteria: (1) adult population, (2) treatment with antipsychotics (3) use of measures to quantify and qualify aggression.

Results: Articles examining pharmacotherapy for ASPD are scarce, and only a few are randomized controlled trials using antipsychotics.

Conclusions: Articles reviewed so far point to the conclusion that antipsychotics are useful therapeutic tools in ASPD for the control of aggression particularly when comorbidity with axis I disorders is present. Nevertheless a finer characterization of aggression is need in order to permit the selection of the most appropriate antipsychotic drug profile.
CATECHOL-O-METHYLTRANSFERASE ERYTHROCYTE ACTIVITY IN PATIENTS WITH ANTISOCIAL PERSONALITY DISORDER AND IMPULSIVE AGGRESSION.

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Objectives: Antisocial Personality Disorder (ASPD) has a prevalence of 2-3% in the general population and of 50 to 75% in prisoner populations. This disorder is associated with poor outcomes and premature death. Impulsive aggression is an important and difficult to treat symptom of ASPD. It is hypothesized that changes in Catechol-O-Methyltransferase (COMT) activity are related to impulsive aggression. We will conduct a case control study in order to determine if COMT activity is different in ASPD patients with impulsive aggression.

Methods: We will compare COMT erythrocyte activity in three different groups according to the presence of impulsive aggression and ASPD. All individuals will be clinically characterized using: a standardized clinical psychiatric interview, European Addiction Severity Index, Mini International Neuropsychiatric Interview, Psychopathic Checklist – Revised, Historical Clinical Risk-Revised and Mini Mental State Examination. Aggression will be characterized using the Impulsive Premeditated Aggression Scale. Impulsivity will be measured with Barratt Impulsivity Scale-11.

Results: Patients with ASPD and manifesting impulsive aggression are expected to show a lower COMT erythrocyte activity when compared with ASPD patients without impulsive aggression.

Conclusions: COMT erythrocyte activity can be a biomarker of impulsive aggression in ASPD patients. We hope contribute to the identification of new therapeutic targets for ASPD.
ANALYSIS OF 110 CASES OF FORENSIC PSYCHIATRY EXPERT TESTIMONY IN AVEIRO, PORTUGAL.
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Forensic psychiatry is a sub-speciality of psychiatry which focuses on the interface of law and mental health. The main purpose of this study is to describe the current situation and features of forensic psychiatric identification in Aveiro, a city placed in the centre coastland region of Portugal.

The authors report their experience in Forensic Psychiatric by analyzing 110 cases of criminal behavior in which gender, age, educational qualifications, intelligence quotient and diagnosis were identify.

The two most common crimes were domestic violence (21%) and corporal injury (15.84%). 86% of all the crimes were committed by men. The average age was 40 years old. In 48% of the total cases the perpetrators had some degree of intellectual disability and 25% had history of alcohol abuse. 13% had psychotic features at the moment of the crime and 35% of the perpetrators were considered uninputable in the context of criminal irresponsibility.

Forensic mental health practice is an extraordinarily challenging endeavor fraught with multiple ethicolegal concerns. This study highlights the necessity of forensic psychiatric identification and the diversity and complexity of the cases.

References
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CRIMINAL LAW AND CRIMINOLOGY IN RELATION TO FORENSIC PSYCHIATRY
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Objectives
To establish a valuation ideological relationship of criminal law and the pragmatic use of the various schools of criminology in the context of forensic psychiatry.

Methods
The retrospective study of the various criminological theories applied to the context of criminal law and forensic psychiatry.

Results
Positivism in criminology considers: criminal contempt phenomena causing indifference, the facts are contrary to the norm, the rules learned by the subject’s childhood achieved by deterrent methods and the essence of the crime is I inflict transgress the common good.

The scientific origins of criminology is based on two authors, Darwin and Spencer, who take into account the evolution and development, which led to evolutionary psychology, which contributed to a criminological psychology.

The positive contribution of criminal law through the school of criminal sociology Ferri, objectified: the externality of the act, conduct, character and pathological criminal phenomenology.

The Italian school with Cesar Lombroso positive, affirming the applicability of the concept of crime based on innate tendencies that manifest in biological and psychological components.

German School Hamburg, manages to integrate criminal law and criminology, more pragmatically, leading to calls penalties and security measures, according to causality or insanity.

Conclusions
The criminal law with criminology appeal to forensic psychiatry to assess the degree of disease that involves the offense, either in patients with severe antisocial personality disorder and psychopathic traits perverse or those with severe psychotic mental illness by determining the offense.

References:
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THE EFFECTIVENESS OF MANDATORY TREATMENT: A 5-YEARS FOLLOW-UP STUDY
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Objectives
The purpose of the study is to follow up the recidivism rate to examine the long-term effectiveness of mandatory treatment for the male sexual offenders over the past 5 years.

Methods
This study employed secondary data analysis to investigate the characteristics, mandatory treatment records, and recidivism rate of the male sexual offenders after being discharged from the prison. The collaborated study sites included Kaohsiung Prison, Taichung Prison, and Taipei Prison. Descriptive statistics were conduct to characterize all characteristics. T-test and one-way ANOVA were performed to compare the variance in the reported coping domains based on the participants’ mandatory treatment and recidivism.

Result
At the year of 2013, 1002 sexual offender participants were followed up for 5 years excluding those displaced to other prison or dead joined in this study. Among these participants, 45.4% of them committed the various crimes repetitively and 9.1% of them were sexual recidivism. The analyzed data found (1) the current evaluating mechanism doesn’t tell the level of risky for the male sexual offender; (2) no significant difference between the number and length of mandatory treatment for the recidivism records; (3) the effectiveness of mandatory treatment without significant relationship with the risky of recidivism. That is to say, mandatory treatment has rare effect on the preventing recidivism.

Conclusion
To prevent sexual recidivism, mandatory treatment is a passive approach on criminals. We should strengthen the social control and decrease the criminal opportunities in the community. For the released sexual offenders, the practitioners either providing treatment in the prison or in the community should keep comprehensive and continuous monitoring on them. Furthermore, we should solid the security facilities in the community to prevent the victim.
THE RISK OF VIOLENT RECIDIVISM AMONG RELEASED PRISONERS WITH PRYCHOSIS: WHAT IS THE ROLE OF TREATMENTS IN PRISON ON REDUCTION OF FUTURE VIOLENCE?

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Objectives: Contemporary research revealed association of proximal psychotic symptoms to violence. We sought to investigate whether specific treatments in prison could affect that relationship.

Background: High rates of psychosis are observed in the prison population worldwide. The relationship between psychosis and violent recidivism is complex. The role of psychiatric treatment on that relationship is not fully explored.

Method: The Prisoner Cohort study was designed to identify predictors of reoffending among released prisoners in England and Wales. Adult offenders serving sentences for serious offences were assessed for current diagnosis of psychosis. Psychiatric treatment included psychotropic medication, consultation with mental health professional and treatments for comorbid drug and/or alcohol addiction.

Results: Overall, 116 (6.8%) prisoners fulfilled the diagnostic criteria for current schizophrenia and 50 (2.9%) for current drug induced psychosis. Prisoners diagnosed with schizophrenia or drug induced psychosis were more likely to receive treatment for their mental illness and for alcohol addiction than the non-psychotic prisoners. Our findings suggest that current diagnosis of schizophrenia is significantly associated with subsequent violent offending either before (OR= 1.77, 95% CI= 1.06 - 2.96, P= 0.030) or after (OR= 1.74, 95% CI= 1.02 – 2.97, P= 0.042) adjustment for treatment with medication. Further adjustment for treatments for substance addiction in prison explained the effect of psychosis on violent recidivism.

Conclusions: Current diagnosis of schizophrenia was associated with risk of violent reoffending following release from prison. Administration of psychotropic medication alone was not associated with risk reduction for subsequent violence. When further adjustments for treatments for substance addiction were made the effect on subsequent violence was fully explained.

This finding highlights challenges in treating prisoners with psychotic illness. We advocate that prisoners should be screened for psychotic symptoms while in prison and prior to release and appropriate treatment should be encouraged and frequently monitored.
PERFIL DOS PARRICIDAS DE HOSPITAL FORENSE BRASILEIRO
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Introdução: O parricídio representa 2 a 4% de todos os homicídios ocorridos nos Estados Unidos, Canadá e França; sendo elevadas as taxas de doença mental entre os parricidas. Fatores associados consistem em ser solteiro, do sexo masculino, possuir menos de 30 anos e estar desempregado. Geralmente o delito é cometido na casa da vítima, usando método doloroso. O diagnóstico mais comum é de Esquizofrenia, com sintomas psicóticos ativos na época do crime. Até o momento, poucos estudos foram realizados sobre a população de parricidas brasileiros.

Objetivo: O presente trabalho descreve os resultados da pesquisa realizada com a população parricida internada no Instituto Psiquiátrico Forense Maurício Cardoso (IPF); ressaltando variáveis sociodemográficas, psicopatológicas e criminológicas.

Métodos: Estudo transversal, descritivo. A população em estudo foi composta por todos os pacientes parricidas que cumpriram Medida de Segurança no IPF, no estado do Rio Grande do Sul, Brasil, durante o ano de 2012.

Resultados: 100% dos indivíduos eram do sexo masculino. O resultado das características sociodemográficas dessa população encontrou predomínio de indivíduos brancos (83,3%), com média de idade de 29,22 anos à época do delito, solteiros (94,4%), sem ocupação (77,8%) e com média de cinco anos de estudo. O diagnóstico mais prevalente foi o de Esquizofrenia (61,1%). A época do delito 88,2% dos agressores não recebia tratamento. As vítimas preferenciais foram os pais (61,1%), seguidos pelas mães (33,3%). Houve apenas um caso de homicídio de ambos genitores. A média de idade das vítimas foi 63,29 anos. Em 82,4% dos casos o local do crime foi a casa da vítima e do agressor, já que ambos viviam no mesmo local. O meio mais empregado foi objeto cortante (38,9%).

Conclusões: Os achados desta pesquisa fazem parte de um estudo mais amplo sobre avaliação de risco de violência e reafirmam os resultados de pesquisas prévias internacionais.
INCENDIARIOS
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Introducción: El concepto de fuego siempre ha atraído la atención del hombre. En la literatura abundan referencias a este término, que tanto puede representar poder y pasión como terror y destrucción. El incendio es un delito de fácil ejecución, pero de difícil investigación. La prevalencia de este delito es de 1,13%. La incidencia de este crimen está creciendo alrededor del mundo, provocando un impacto social importante por las pérdidas financieras, muertes, lesiones físicas y secuelas emocionales dejadas en sus víctimas. El comportamiento incendiario puede ser observado desde la infancia, siendo que cerca de la mitad de los individuos presos por incendios se encuentran en la adolescencia. El consumo de alcohol está asociado a la conducta incendiaria, en la mitad de individuos que cometieron tal delito motivados por venganza.

Objetivo: Revisar los estudios más recientes sobre el perfil de los incendiarios, las características diagnósticas, los factores de riesgo, la neurobiología, el tratamiento, la reincidencia y el pronóstico.

Método: Revisión de la literatura.

Desarrollo: En la revisión de la literatura se encuentran que los incendiarios son una categoría heterogénea de criminales. Se torna interesante el desarrollo de una clasificación para los mismos, considerando las características del agresor, la presencia de eventual enfermedad mental, los aspectos del crimen y las motivaciones.

Conclusión: Hasta el presente, la población de incendiarios estudiada es subrepresentada, pues apenas un pequeño porcentaje es enviado para evaluación diagnóstica y tratamiento. Se expone, así, una incongruencia entre los grandes daños emocionales y financieros, causadas por este delito, y la atención que él recibe de la comunidad científica.
FORENSIC-MEDICAL CHARACTERISTICS AND BPRS SCORES OF THE PERSONS ADMITTED FOR PSYCHIATRIC OBSERVATION AT COUNCIL OF FORENSIC MEDICINE
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Objective: According to the related law article, some perpetrators are hospitalized to Psychiatric Observation Unit of Council of Forensic Medicine. The aim is to clarify if these suspects were under the influence of a disease when they committed an offense. In this study we aimed to describe the features, crimes, Brief Psychiatric Rating Scale (BPRS-18) scores and forensic report results of the suspects which were hospitalized to observation unit.

Method: The cases who came in the first 5 months of 2013 included in the study. General Information Form was completed for all suspects and BPRS was applied in the first and last day of their hospitalization.

Results: 534 suspects were investigated during this interval. 93% was male and 7% was female. The rate of suspects who were equal or under 18 years old when the crime was committed was 9.7%. Mean age of suspects at the time of the crime was 34.1 and hospitalization for observation occurred 27.6 months after the crime because of juridical processes. The mean length of stay in observation was 5.6 days. Mostly committed crimes were 21% injuring, 19.5% murder, 15% sexual assault, 11.8% theft, 8.4% extortion/plunder. The mean scores of BPRS were 7.8±8.2 in the first day and 8.4±8.9 in the last day of their hospitalization (p=0.269). As the result of observation, 86.7% of suspects were decided to have “full criminal responsibility” and 13.3% as “criminal responsibility absent or diminished”.

Conclusion: Majority of suspects were young adults, aware of the crime that they committed and not under the influence of a psychiatric disease. Active psychotic symptoms were less frequent because more than two years have passed between the date of crime and the date of forensic observation. BPRS scores did not differ too much between the beginning and the end of observation.
UNDUE INFLUENCE. A TYPE OF ABUSE IN THE ELDERLY.

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OBJECTIVES:
To describe the characteristics of this type of mistreatment that often occurs in the elderly.

METHODS:
Description of two clinical cases.
The first one was attended at the outpatient consultation of the Geriatric Psychiatry Program. 86 year-old woman sent from the emergency unit of our hospital after a suicide attempt. The patient reported that she had established a trust relationship with a neighbor, giving her the codes to her bank accounts. Afterwards the neighbor has appropriated all her possessions.
The second case was attended in an Internal Medicine hospitalization unit. 79-year-old woman entered for acute exacerbation of Diabetes Mellitus. Consultation to the Psychogeriatric Program of the Psychiatry Liaison Unit was performed due to “verbalization of death thoughts in recent days”. This patient had established a trust relationship with a friend who moved her from her home, took charge of her finances and ended up profiting from them.

RESULTS:
To identify the type of abuse as undue influence we followed Blum’s definition and the vulnerability indicators in the Blum and Eth’s IDEAL (Isolation, Dependency, Emotional manipulation, Aquiescence and Loss) victim model. In both cases the above criteria were met.

CONCLUSIONS:
Elder abuse is a complex social and health problem with multiple barriers to their detection. Undue influence is the dynamic existing in a trust relationship where a dominant party uses its position of domain over the weaker one, often for financial gains. Victims usually feel ashamed and, to some extent, involved in their own deception. It is necessary to know this kind of abuse to be able to detect and correct it to the extent possible.

REFERENCE
In the life: a case of autonomy, exploitation, and undue influence in geriatric home care. Batra M. Care Manag J. 2013.
PREVALENCE OF PSYCHOTIC DISORDERS IN LONG TERM SENTENCED PRISONERS
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OBJECTIVE:
There has been consistent evidence that persons with mental illnesses are overrepresented in jails, and determining the extent of these higher rates is a first step to improved jail management and the development of alternatives to incarceration.
The aim of this study was to find out the prevalence of psychotic disorders in long term sentenced prisoner in Central Jail, Raipur, Chhattisgarh, India.

METHOD:
For the present study, long term was defined as “10 years or more”. Psychotic disorders was defined as “Schizophrenia, Scizoaffective disorder, Persistent delusional disorder, Acute and transient psychotic disorder and psychotic disorder not otherwise specified”. Medical records of all long term sentenced prisoners were reviewed. Subjects with history of Psychiatric evaluation were identified and were interviewed using the SCID to confirm the diagnosis.

RESULTS:
The total numbers of prisoners having a sentence of 10 or more years was 1104. (1062 male and 42 female). The prevalence of psychotic disorders was found to be 1.8%. Most common diagnosis was schizophrenia.

CONCLUSION:
Despite the rapidly increasing Prison populations in India, little is known about mental health status of Indian prisoners. Although rates of serious mental illnesses are reliably known in Western countries, it remains uncertain whether these findings are applicable to India and other developing countries. Findings of the present study are consistent with the findings of other studies showing high prevalence of mental disorders among prisoners. Greater mental health awareness and allocation of more resources are required to provide mental health services to prisoners. Further research is needed to find out the probable causes of this overrepresentation.
IN VOLUNTARY OUTPATIENT TREATMENT AND IMPUTABILITY IN SEVERE MENTAL ILLNESS: A CASE REPORT

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1 General Hospital of Ciudad Real

Objectives
The main objective is to evaluate involuntary outpatient treatment (IOT) in severe mental illness (SMI) for whom discontinuation of treatment carries a high risk of relapse and violence behaviours.

Another objective would be the evaluation of imputability and security of patients with SMI in non-psychiatric prisons.

Methods
We report a case.

Results
28 years-old patient with paranoid schizophrenia. The evolution is characterized by frequent withdrawals of treatments and aggressive episodes in the context of psychotic symptoms. After a prolonged admission, he leaves treatment. In the last 2 years, the psychotic symptoms persist, with injury delusions focused on his mother, although there were threats to neighbours, being necessary the intervention of police and social workers, and requests of help from the family.

In the last admission, he was lead by the police because he tried to murder his mother. He has entered for two months, and has reached a partial stabilization. After been transfer to another hospital without being asymptomatic, he is lead to a prison in preventive detention pending trial.

Conclusions
Obligatoriness in this patient of involuntary outpatient treatment would have controlled the aggressive episodes (repeated attempts murder), keeping psychotic symptoms controlled, improving the evolution and prognosis. We also considered the imputability, because the attempt was made in the context of the delusions and without capacity of judgment.
TITTLTE: STUDY OF PERSONALITY IN YOUNG PEOPLE IN
CONFLICT WITH THE CRIMINAL LAW

MIRIAN S. ORLANDO
MEMBER OF THE ARGENTINIAN LAW COURT

Background: This study was carried out with a group of young people, 100 in total, who
are in conflict with the criminal law. They usually are people who steal or commit other
crimes, but they are not in prison because of being considered underage for the Argentinian
Law. In the majority of cases, these young people belong to the antisocial part of society.

Aims: This study aims to characterize, first, the type of personality that engages in criminal
behavior. Secondly, establish the prevalence of the patterns investigated. Finally, carry out
the assessment of the case in order to infer a forecast that contributes to the scientific and
social community.

Methods: The results of a sample of 100 youth from the Juvenile Court in Buenos Aires
who were assessed with the Shedler-Westen Assessment Procedure-200 (SWAP) and
unstructured interviews are presented in this work. In cases in which it has been possible,
interviews were conducted following them.

Results: Application of DSM-IV criteria appeared to over-diagnose antisocial personality
disorder in young people in conflict with the criminal law. Q factor analysis with the
SWAP-200-A, showed the prevalence of the antisocial personality disorder in the group.
Factor T-Scores showed predictable associations with Psychopathic personality disorder.

Conclusions: From applied research methods is possible to infer the prevalence of
antisocial personality disorder in young people in conflict with the law. According to the
preponderance of the patterns investigated (level of education, drug abuse, environmental
conditions, family history, use of violence, etc.) these can be considered as predisposing
factors for antisocial personality disorder.
PREVALENCE OF HIGH FUNCTIONING AUTISTIC DISORDERS WITHIN MEDIUM SECURE FORENSIC PSYCHIATRIC UNITS IN ENGLAND
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Aims: To estimate the prevalence of High Functioning Autistic Disorders (HFA) amongst male inpatients on medium secure units (MSU). It is hypothesised that men with HFA will be over-represented in MSUs.

Background: Previous studies have suggested an increased prevalence of HFA within high secure units in England (at least 1.68%) (Hare et al, 1999), amongst female inpatients in Broadmoor hospital (Mills et al, 2006), amongst forensic referrals in Sweden (Siponmaa et al, 2001; Soderstrom et al, 2004) and to the Dangerous Severe Personality Disorders(DSPD) unit in HMP Whitmoor (Hawes, 2003).

Method: Male inpatients on 3 MSU wards were approached to participate in the study following ethical approval. Patients who met the inclusion criteria and consented were screened for HFA using the AQ and the EQ. Patients who scored above the cut-off were subject to diagnostic assessments.

Results: Out of a total of 46 patients, 16 were excluded because of not having capacity, being unwell, not being fluent or not being literate. Out of the remaining 30 patients, 15 patients (50%) consented to participate, and were screened for HFA. There were 3 patients with previously diagnosed Asperger’s Syndrome, suggesting a prevalence of 10%.

Conclusions: The results suggest that the prevalence of HFA is ten times the prevalence of Autism in the UK general population (Brugha et al, 2012), despite findings that the rate of conviction of people with Asperger's Syndrome was to be similar to those without (p=0.89)(Mouridsen et al, 2007).

The authors offer their views about why this is the case. This is the first study to our knowledge that has estimated the prevalence of HFA within MSUs in England.
OFFENDING BEHAVIORS AND MENTAL DISORDERS: PRESENTING THE FIRST ADOLESCENT FORENSIC PSYCHIATRIC SERVICE IN BELGIUM

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For a few years, severe mental disorders amongst juvenile offenders have been increasingly documented by scientific community. In 2002, the Belgian government decided to create specific settings for this population. Neither the juvenile detention centers nor the adolescent psychiatric services available at the time were able to manage severe psychiatric disorders nor extremely violent and aggressive behaviors. Therefore, in 2003, our department, a 14-bedded secure adolescent forensic psychiatric service, opened in the C.H.J. Titeca, Brussels (Belgium). In 2007, we added an 11 beds unit, a mobile team and secured housing. We would like to present how our department came to be and take the audience on our journey towards the development of what has become a multifaceted and interdisciplinary service.

On one hand, the methodology and the main paradigms used in the complex continuous process of construction will be presented as the main pitfalls. Creating such a structure to cater for the needs of adolescents legally responsible of delinquent behaviors and presenting schizophrenia spectrum disorders and/or major affective disorders has been a complex and new challenge as there were, to our knowledge, no similar offering available to guide us. The interaction with the Juvenile Court will be discussed.

On the other hand, we will present data (quantitative and qualitative) about the developmental process (early neglect and maltreatment, early conduct disorders or ADHD, academic problems, delinquent behaviors,...) and family antecedents. Data about psychopathological and behavioral problems and their evolution during the hospitalization will also be discussed. Finally, the services we have developed to support the young people when they leave our department will be considered.
INCENDIARIES AND MENTAL ILLNESS - A FORENSIC DATA BASE ANALYSIS
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Objectives: Clinical and social-demographic analysis of patients submitted to forensic examinations, in which the nature of the process was fire setting.

Methods: Retrospective study, between 1986 and 2011, from a sample of 92 incendiaries extracted from a total of 2834 forensics examinations, performed in two large general psychiatric hospitals.

Results: The results obtained from this study, concerned to incendiaries social-demographic characteristics, were globally similar to those described in the literature. The most prevalent diagnosis’s sample were: Mental Retardation (52,2%), Alcoholism (39,1%), Psychosis (17,4%), Epilepsy (12%) and Personality Disorders (9,8%). There were not found any diagnosis of Pyromania, considering the DSM-IV-TR criteria.

Conclusions: This study, performed in 92 forensic examinations, from a total of 2834 forensics examinations during 25 years, supports the previous knowledge concerned to the most frequent clinical and social-demographic characteristics of incendiaries with mental illness.
A SYSTEMATIC REVIEW OF THE PREVALENCE OF AUTISM WITHIN THE OFFENDER POPULATIONS
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Objectives
The diagnosis of Autistic Spectrum Disorders (ASD) within the offender populations (secure psychiatric units, prisons, and forensic referrals) is made difficult by the lack of familiarity or training in identifying and/or managing this condition (Dein and Woodbury-Smith, 2010). However older studies suggest an apparent over-representation of ASDs within High Secure Units in England (Scragg & Shah, 1994).

Our aim was to undertake a systematic review of the prevalence of ASDs within the offender populations (secure psychiatric units, prisons, and forensic referrals).

Method
We made use of the following search engines: CINAHL, BNI, Psychinfo, and Medline using the search terms - autism, ASD, Asperger’s, Asperger autistic, autistic spectrum disorder, offending, violent, forensic, secure, prison, violence, crime, and offence. We hand-searched the reference lists of the studies identified in this way. Further searches were undertaken using Google scholar and by contacting experts in the field. We included all the studies that sought to estimate the prevalence of ASD within the offender population using defined diagnostic criteria. We excluded any studies that did not meet the inclusion criteria, as well as those published in a foreign language.

Results
149 papers were identified using the search terms. Of these 101 were excluded after reading the titles leaving 48. A further 22 were removed after reviewing the abstracts, leaving 26 papers. Of these, 3 papers met the inclusion criteria. Further searches using Google scholar, and discussion with experts identified 7 studies.

Conclusion
In spite of a number of methodological issues with the studies identified, our review confirmed an over-representation of people with ASD within the offender populations. It would appear that a large number of those with ASD are being missed within the criminal justice system. This would inevitably lead to them being misunderstood, and possibly mismanaged.
PSYCHOPATHOLOGICAL ALTERATIONS IN NOT VOLUNTARY INTERNMENT
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OBJECTIVE: The determination of psychopathological alterations that have affected the ability of patients to govern themselves and make decisions with personal autonomy in the field of mental health, according to criteria and standards of competence.

METHOD: The analysis of a sample of patients who have pointed out non-voluntary hospitalization, according to the current legislation, at the Instituto de Investigaciones Neuropsiquiátricas Dr. López-Ibor in Madrid in 2013. We have evaluated the proportion of each of the diagnoses that have conditioned not voluntary internment, analyzing the clinical parameters that have defined the need for judicial authorization for each of them.

RESULTS: 70% of the non-voluntary patients had psychopathological findings suggestive of decrease of its trial capacity.

CONCLUSIONS: It is concluded that, in the non-voluntary hospitalizations, the medical specialist in Psychiatry prioritize its symptoms that affect the judgment of reality, therefore, to the understanding of his medical situation and possible treatment options, versus those who affect the ability to adopt and express a decision consistent with this understanding and with its own scale of values.
ANXIETY, DEPRESSION AND ASSOCIATED CO MORBIDITIES AMONG INSTITUTIONALIZED ELDERLY PRISON INMATES IN NIGERIA

Objective:
Significant level of mental health problems among elderly prisoners - Anxiety and Depressive disorders have been confirmed to co morbid with a wide range of physical health problems by various studies across the globe. Data on Nigeria is essentially unavailable. This study aimed to determine the prevalence and pattern of Generalized Anxiety Disorder and Major Depressive Disorder and their physical comorbidity among elderly inmates aged 50 years and above in Ogun State Prisons in Nigeria

Methods:
A cross sectional, descriptive study of eighty-five elderly inmates using a rater-administered questionnaire, clinical interviews with Generalized Anxiety and Major Depression modules of the structured clinical interview schedule for axis I DSM-IV Disorder (SCID) and Montgomery–Asberg Depression Rating Scale (MADRS) and Structured Interview for the Hamilton Anxiety Rating Scale (SIGHA) for Generalized Anxiety Disorder.

Results:
The mean age of the inmates was 58.65 years and 84.7% of them were married. Only 8.3% of them had post secondary education of any type. More than half (64.7%) of them committed violent crimes. The prevalence of Major Depressive Disorder and Generalized Anxiety Disorder was 24.7% and 3.5% respectively. More than two-fifth were receiving treatment for varying physical ailments (43.5%).
Inmates’ perceived condition of the prisons showed association with Major Depressive Disorder. whereas inmates’ perceived prison staff treatment differentiated inmates Diagnosed with Generalized Anxiety Disorder from those without the disorder. Receiving current medical care was the independent predictor of Major Depressive Disorder (OR 3.8).

Conclusion:
This study revealed high rates of physical and depressive disorders among the inmates. There is a need for modalities for prevention, detection and intervention for emotional and chronic physical ailments for this vulnerable group of inmates.
INTERACTIONS BETWEEN INDIVIDUALS WITH SCHIZOPHRENIA WHO HAVE COMMITTED SERIOUS ASSAULTIVE ACTS AND THEIR VICTIMS IN UZBEKISTAN

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Objectives
This article is devoted to the analysis of aggressive criminal behaviour in patients with schizophrenia in Uzbekistan. The aim was to identify the sociocultural characteristics of victims of serious assaultive acts committed by the patients with schizophrenia who have been found insane in regard to their offence.

Methods
The data were collected in 2010–2013 in the Tashkent High Security Psychiatric Hospital via face-to-face interviews and from forensic psychiatric examination statements.

Results
The sample consisted of 201 individuals: mean age = 36.7 years (SD = 9.91); 85.1% — male. The total number of victims was 255, 174 (68.2%) of them was relatives of offenders, 65 (25.5%) was acquaintances and 16 (6.3%) victims were strangers. It was established at the time of forensic psychiatric examinations that 50 (24.9%) victims of offenders had noticed delusional beliefs of their offenders about them long before assaultive acts and 71 (35.3%) offenders had interpersonal frictions with the victims.

Conclusions
Present analysis shows that family members were involved in two-thirds of the assaults committed by patients with schizophrenia. The findings clearly show that more than half of the subjects had positive psychotic symptoms or behavioral problems severe enough to be identified before committing assaultive act.
POST-TRAUMATIC STRESS REACTIONS FOLLOWING TRAFFIC ACCIDENTS

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Every year many people are involved in traffic accidents despite improvements in road conditions, vehicle safety measures and driver education. Many such victims develop post-traumatic stress symptoms that can become chronic.

Objectives: This work analyzes a sample of cases involving traffic accidents that were subjected to a forensic evaluation, on damage redress (Civil Law), thus intending to identify the circumstances of the accidents that could be related to a greater severity of psychic sequels and a higher degree of impairment and restriction arising therefrom. We also pretend to further evaluate the characteristics of victims.

Methods: Retrospective analyses of all forensic evaluations performed following traffic accidents between 2010 and 2013, were performed.

Results: Traffic accident circumstances interfere greatly in assessing the risks of developing psychiatry symptoms; victims characteristics such as gender, age and personality traits have also an important influence in the course of the psychiatric sequels.

Conclusions: Women are more likely to develop PTSD in response to a traumatic event, such as traffic accidents, than men. This enhanced risk is not explained by differences in the type of traumatic events.
SPECIALIZED FORENSIC COMMUNITY-BASED RESIDENTIAL FACILITIES FOR ADULTS WITH SEVERE MENTAL ILLNESS IN MONTREAL: CONSUMERS AND FACILITIES PROFILES

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Background/Objectives: Support and housing are essential components of community (re)integration for persons with severe mental illness involved with the justice system and/or at risk of violent behaviours. In Montreal, Canada, a network of specialized forensic residential facilities was created over a decade ago. This presentation objective is twofold: 1) to describe the demographic and clinical characteristics of the consumers who presented a demand to access those facilities; 2) to describe the network of forensic community-based residential facilities for adults with severe mental illness.

Methods: Consumers characteristics were taken from existing files and documents presented to the access committee. This project only covers the year 2011 (n = 71). Descriptive statistics were computed for consumers’ demographic (gender, age, civil and legal status, etc.) and clinical characteristics (diagnosis, violent behaviors, etc.). Residential orientations as well as reasons for refusal were documented. The facilities profiles were drawn from an existing database as well as interviews with the operators of those facilities.

Results: The specialized network include 143 places in 13 residential facilities (e.g. foster homes, shared apartments, group residences). Most facilities offer a 24 hours supervision. Skills training and programs vary between facilities. Most consumers had a diagnostic of schizophrenia or psychosis (81.7%) and risks related to drug or alcohol intake (71.4%). Consumers were predominantly men (84.5%), who committed various serious offences (e.g. homicide, aggravated assault, armed robbery). Only a few of the consumers (9.8%) were refused access whereas most were oriented towards group facilities.

Conclusion: Examples will be given to illustrate the obstacles encountered by adults with severe mental illness involved with the justice system and/or at risk of violent behaviours when trying to access community-based residential facilities. Overall, the network appears to be serving consumers who, because of their forensic involvement and complex needs, would not otherwise have been housed in the community.
PERSONALITY DISORDERS AND THEIR RELATIONSHIP TO VIOLENT CRIMES: IMPLICATIONS TO CRIMINAL LAW

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In this study we aimed to analyze the relationship between personality disorders (PD) and violent crimes, as well as verify the issues related to convicted offenders diagnosed with PD and their behavior during the time that they serve in prison. We found out a strong association between some types of PD and the criminal behavior. Offenders who were interned in custody psychiatric hospitals due to a security measure were also studied in many countries. The conclusion was that offenders with PD have the tendency of being more violent than the general prison population. In hospitals, they usually present difficulties to follow prescribed treatments and also no significant response to medication therapy management was observed. To reach those conclusions, a systematic review was done, considering papers published in scientific databases such as MedLine, Cochrane and Scopus, and grey literature was also reviewed. To Criminal Law, the major point of concern, considering those statements, is how to adequately treat offenders with PD, considering that there is no efficient medical treatment to this disorder and that individuals with PD hardly take some social or moral benefit from the experience of deprivation of liberty. In Brazil, the PD diagnostic can lead to a decrease in the quantum of the penalty of deprivation of liberty, because the understanding is that this pathology may cause a reduction in the offender’s criminal responsibility. In some countries, considering the high risk of recidivism, offenders with PD generally are sentenced to life in prison or even condemned to death. Those different kinds of criminal justice responses were analyzed and discussed considering how to conciliate the idea of promoting the offender’s rehabilitation with the state duty to protect the society.
CRITICAL TIME INTERVENTION FOR SEVERELY MENTALLY ILL RELEASED PRISONERS: A RANDOMISED CONTROL TRIAL

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Objectives: Transition between prison and community is characterised by drop out from mental health services. An initiative that aims to improve continuity of care and promote engagement, Critical Time Intervention (CTI), has been found to be feasible and effective in similar client groups and has potential in this transitional period.

Method: CTI is a time limited, comprehensive case management model targeted at the ‘critical time’ of transition from institution to community. It involves providing practical support to address a number of issues prior to and on release. A pilot randomised control trial (RCT) has been completed with the primary outcome of contact with services at six weeks post discharge and a longer term follow up recording wider variables such as hospital admission and contact with the criminal justice system.

Results: The pilot study found that a higher proportion of the CTI group were in contact with mental health services (73%) than those in treatment as usual (TAU; 50%) and in other outcomes, registration with a GP (87 v. 38%) and access to medication (80 v. 38%) were significantly higher in the CTI group than in TAU.

Conclusions: CTI is feasible in this group of clients and leads to increased contact with mental and physical health services. This talk will outline the results of the pilot study, initial findings from a larger RCT and will include discussion of the responsibilities of different agencies in the transition from prison to the community.
ACCOUNTABILITY AND SOCIAL RESPONSIBILITY

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From 1965 on Swedish criminal law does not demand accountability or imputability on part of an offender in order for him/her to be punishable. Certain natural-scientifically oriented ideas, about the causes of criminality and the proper ways of combating it, played an important part when the Swedish doctrine was formed. These ideas were put forward during the 1930’s and 40’s by a trendsetting forensic psychiatrist, Olof Kinberg (1873–1960).

Among the concepts that Kinberg wanted to do away with were: free will, responsibility, imputability, guilt and retaliation. His aim was to show that concepts like these (in their ordinary interpretation) belong to a worldview grounded on superstition: “…imputability is synonymous with indeterministic freedom of will, i.e. a fictitious philosophical concept lacking empirical basis.” (Kinberg 1935).

Somewhat paradoxically, this does not imply – according to Kinberg – that there is no responsibility. There is another sense in which everybody is in principle responsible for his/her acts. A term used by Kinberg for this sense is “social responsibility”. Therefore nobody is exempt from punishment. However, our reactions on crime should not be regarded as punishment in the traditional sense, but rather as society’s protective measures against further crime.

Kinberg’s ideas should be seen in the light of the moral philosophy and psychology of Axel Hägerström (1868–1939) who had a great influence on the Swedish intellectual climate at the time. Another but not so well known Swedish philosopher, Åke Petzäll (1901–57), helped promulgate Kinberg’s ideas. We will take our departure in a number of papers by Kinberg, Hägerström and Petzäll in order to explicate the concept of social responsibility. We will show how their ideas can contribute to recent discussions about responsibility and accountability. Finally, we will propose a concept of moral responsibility, based on a so-called “compatibilistic” theory of free choice.
WPA-0072 A NICE AUDIT; REVIEWING COMPLIANCE WITH THE UNITED KINGDOM NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) GUIDANCE IN SCHIZOPHRENIA

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Background
The National Audit of Schizophrenia is UK based initiative regarding compliance with National Schizophrenia guidance. It enables clinicians who treat people with schizophrenia to assess the quality of their care.

Aims
To re-audit a high secure forensic hospital’s compliance with UK National guidance. To build on information gained from a 2010 audit which had a low response rate and limited understanding of the findings of the data collected.

Method
Random sample of 1/3 of patients with schizophrenia obtained from data warehouse. Audit tool developed for previous audit was used to ensure continuity, however included a free text box to explain negative findings. One assessor reviewed all of case notes, rather than being the responsibility of each Responsible Clinician to increase response rate.

Results
The results showed that the majority of standards were met. However it was found that no patients had made advance directives.

Discussion
Results were presented to the Mental Illness Clinical Improvement Group and the Medical Advisory Committee meeting and discussed extensively. It was agreed that teams worked alongside patients to comply with their wishes and that there was evidence to support this within their care plans. Patients either complete consent forms for treatment if they have capacity, or are only treated after a Second Opinion Appointed Doctor approval. However, there was acknowledgement that this is not formalised in the form of advanced directives, and yet this may still be applicable in the high secure environment. The main hurdle was thought to be the paper based notes system which meant that documents were not always easily accessible. A computerised system is being implemented into the trust which will have an easily accessible area for advance directives, thus making it easier for staff and patients to provide humane care by formalising patients views regarding their treatment plans.
WPA-0029 TEMPORAL POLAR AND ANTERIOR CINGULATE CORTICAL THINNING IN VIOLENT PSYCHOPATH OFFENDERS

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The biological and environmental factors responsible for the development and maintenance of antisocial behaviour and psychopathy constitute the purpose of study of several researches. Psychopathy is formed by a confluence of personality characteristics including manipulation, shallow affect, callousness and lack of remorse, irresponsibility, impulsivity, aggression and loss of empathy. The aim of this research was to determine whether brain regions involved in emotional processing and behavioral show structural alterations in violent psychopathic criminals. Corticometric Iterative Vertex-based Estimation of Thickness (CIVET) was used for processing structural imaging Nuclear Magnetic Resonance T1, to detect associations between the thick cortical gray matter and total score psychopathy scale (PCL-R) on a full analysis of the cortex, in 97 violent offenders (29 classified as psychopaths and 68 classified as non psychopaths). It was found that psychopathy is associated with a highly significant decrease (FDR = 0,01) cortical thickness in the dorsal anterior cingulate cortex and the temporal pole, both cerebral regions located of the left hemisphere. These findings are consistent with different studies These results are consistent with other studies showing abnormal functioning in frontal and temporal regions in psychopathic subjects and support the hypothesis that outlines that impairments in brain regions as anterior cingulate regions and the temporal pole, could be contribute to poor empathic and emotional processing associated with psychopathic behaviour.
Illegal supply of drugs leads to criminal behavior.

The aim of this work is to present the psychiatric expertise results and variety of drug addict criminal acts, on convicts from the House of Correction in the city of NIS. As an instrument it is used the basic data analyze of 41 male drug addicts, that served their sentences in the period of January * June 2005.

From the total number of 41 addicts, 31(75.61%) of them were submitted to this expertise. 7(22.58%) of examined addicts were responsible at the moment of criminal act, 20(64.52%) of them were responsible in less extent (not considerably), and 4 (12.90%) of them were with considerably less responsibility. 28 (68.29%) of the total 41 addicts, did the criminal act under the drug influence, 4 (9.75%) of them were in abstinence and 9 (21.95%) addicts were the drug influence free. 16 (39.02%) addicts were condemned for the theft, 9 (21.95%) for the drug selling, 8 (19.51%) for robbery, 2 (4.71%) for murder, 2 (4.87%) for aggravated assault and battery, 2 (4.71%) for illegal arm holding and 1 (2.44%) was condemned for cheat.

It is interesting that 34 (82.92%) examined addicts have been using heroin, 29 (70.73%) addicts have been using alcohol at the same time, 32 (78.04%) addicts were returnees and 39 (95.12%) were from the urban environment. 31 (75.66%) addicted persons have the worker social origin and 26 (63.44%) of them posses secondary school education.

More than 2/3 of examined persons were undergone the psychiatric expertise, dominant number of them was with lesser (but not considerably) responsibility. The majority of them have committed some criminal act of theft and robbery, attempting to achieve money for drugs purchase. Also, the vast number of them was several times convicted for the same criminal act.
WPA-0122 NEUROBIOLOGY ANTISOCIAL BEHAVIOR
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Objectives: To propose a theoretical framework to explain neurobiological brain functioning in behavioral disorders. Describe the neuroanatomical structures involved and their functional correlates. Analyze current psychiatric clinical status of 30 patients with a diagnosis of Antisocial Personality Disorder who are deprived of their liberty in Argentine Federal Prison system. Develop conclusions that allow a better understanding and addressing antisocial behavior.

Methods: Review of the literature. Antisocial behavior description of a population of 30 patients with a diagnosis of Antisocial Personality Disorder under the regime Argentine Federal Penitentiary in interdisciplinary treatment of Mental Health, analyzing them as personal history, family personal history and pathological variables and contingent involved directly and indirectly affect the personality and behavior of each patient, biopsychosocial status and coping tools. Analysis of symptoms and signs found in correlation with the changes in the brain regions involved.

Conclusions: Orbital and prel’mbicascontrolan bark social behavior through functional complexes that are positive and negative values ??that stimulate and inhibit acts ; these values ??arise from genetically determined response patterns and learned during development and influenced by intervening variables that shape expression personality structure .

There are structural and functional alterations of the different areas of the brain involved in the structuring of personality and behavior. Knowledge of these changes and understanding their clinical and behavioral correlates allow better interpretation of them and the choice of tools containment and appropriate prevention approach.
Objective
To understand how creativity is associated with mental illness.

Methods
Study of case histories of people with great creativity and mental illness.

Results
Will show that it has been very long recognised that certain psychopathological states have positive benefits for the individual and indeed can be adaptive and helpful for society. It will focus on the extreme male brain and its relation to great creativity in the areas of science, engineering and mathematics. It would examine personality traits associated with great creativity including persistence, capacity to hyper focus, capacity for narrow focusing on detail. It will examine possible aetiological mechanisms.

Conclusions
It will show how there is a link between great creativity and mental illness.

References:
WPA-0233 ARE ALL JUVENILE SEX OFFENDERS THE SAME? A FORENSIC CLINICAL CASE
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Background: The heterogeneity of Juvenile Sex Offenders is often reported on literature. Assessment of sexual recidivism is habitually not easy because adolescent sex offenders have multiple psychosocial and behavioral characteristics, very different from each other.

Aims: to portray and discuss a forensic clinical case of 20 years-old young sexual offender who was referred for forensic psychiatric evaluation after repetitive acts of sexual abuse of his younger half-brother of 7.

Methods: Through a patient clinical file, forensic report and literature review, the authors analyze controversies in sexual recidivism assessment.

Results: The offender is a 20 years-old boy, with no previous legal or psychiatric history.
On the forensic evaluation he presented no psychopathological symptoms. He admitted his crime. He claimed he have been drinking before the actual offenses took place. He has no antisocial history of conduct problems. He denied being sexually abused during childhood. He showed difficulty in getting insight into his feelings and in reflecting on his offence behavior. He showed little empathy with his brother. He claimed he didn’t know why he did it. He declared his resolution to never repeat this behavior. Can he keep this resolution?

Conclusions: This clinical case illustrates that sexual recidivism examination in the juvenile sex offender’s population is a challenging task. It also emphasizes the importance of effective treatment multidisciplinary options that meets the psychosocial needs of these offenders in order to help them not to progress to more serious forms of adult sexual offending.
WPA-0332 SOCIAL FUNCTIONALITY AND INTERNALIZED STIGMATIZATION LEVELS OF FORENSIC PSYCHIATRIC PATIENTS

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Objective: The aim was to determine the internalized stigma and social functioning levels of the individuals who committed crime and had mental disorder and were treated in forensic psychiatry units of Mental Health and Illnesses Hospitals.

Method: This cross-sectional research was carried out between the dates of January and April 2013. It was planned to carry out the research in five hospitals having Forensic Psychiatry Unit in Turkey, but because of two hospital administrations’ disapproval, it was carried out in 3 hospitals. Of the patients treated in those three hospitals (N=109), totally 87 patients participated our research except the patients who had psychiatric symptoms at a level that they couldn’t participate (n=22). Data were collected by talking to the patients face to face. In the research, ‘Describtive Information Form’, ‘Internalized Stigma of Mental Illness Scale (ISMI)’ and ‘Social Functioning Scale (SFS)’ were used. In data evaluation, number-percentage distribution was done and the relationship between the variables was examined by t-test, variance analysis and correlation analysis.

Results: 94.3% of the patients were men and their average of age was 37.78±11.12. Patients ISMI and subscale average points were respectively found as $x_{\text{self-stigma}} = 70.95\pm12.01 (\text{max}:116); x_{\text{alienation}} = 14.33\pm3.58 (\text{max}:24); x_{\text{approvinglitteraljudgements}} = 16.90\pm3.85 (\text{max}:28); x_{\text{perceiveddiscrimination}} = 12.11\pm2.89 (\text{max}:24); x_{\text{socialwithdrawal}} = 14.34\pm3.61 (\text{max}:24)$ and $x_{\text{resistagainststigma}} = 13.26\pm2.03 (\text{max}:20)$. SFS subscale average points was found as $x_{\text{withdrawal}} = 10.44\pm2.48; x_{\text{interpersonalcommunication}} = 4.87\pm2.28; x_{\text{independenceperformance}} = 12.25\pm6.98; x_{\text{independencecompetence}} = 31.54\pm8.36; x_{\text{hobbies}} = 8.54\pm4.73; x_{\text{initialsocialactivity}} = 8.23\pm7.31$ and $x_{\text{job}} = 4.16\pm2.60$. It was determined that the more self-stigma scale average points increased, the more social functioning average points decreased ($P<.05$) and some socio-demographic variables (such as the patient’s situation of education, income and marital status, the place he lived longest, family type, working situation before staying at the hospital, and psychiatric diagnosis history in family) affected the average points of social functioning and self-stigma scale ($P<.05$).

Conclusion: It was determined that the patients treated in forensic psychiatric unit had self-stigma and social functioning levels at a medium level, the more their tendency of self-stigma increased the more their social functioning levels decreased and their self-stigma tendencies and social functioning levels were affected by some socio-demographic variables.
WPA-0263 POSTPONING INSANITY DEFENSE IN JUDICIAL INSTANCES AS AN EXPRESSION OF ALBANIAN SOCIETY STIGMA TOWARD MENTAL DISEASE

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Introduction
Among different forms of expressing stigma toward mental disease, there is an obvious hesitancy in raising insanity defense in judicial instances, when the person who perpetrated a punishable crime has a positive psychiatric anamnesis. The hesitancy comes out from families who are reluctant in accepting the mental disease of their relative, even when the history of disease is clear and florid.

Materials and methods
We studied the judicial itinerary of sixteen cases before a successful insanity defense was raised in court and upheld thereby as valid. Nine cases were male perpetrators, and seven cases were females. The middle age of the prosecuted persons was 44 years 5 months (from a minimum of 16 years to a maximum of 68 years). All cases had abundant psychiatric documentation, with a maximum of seven hospital admissions for two of them. Nevertheless, the question of mental ability and the insanity defense were raised from one to four months after the persons were put into custody (middle time delay of two months twenty three days from first detention).

Discussion
More than sixty percent of the psychiatric expertise were requested (9/14) and commissioned ex officio from the competent state attorney authority. Relatives and respective family attorneys raised the insanity defense in only 35% of the cases, and provided medical documentation within a minimum time delay from first detention that reached three weeks. In all but three cases the medical documentation was submitted after official request was made from judicial authorities.

Conclusion
There is a clear hesitation toward discussing psychiatric anamnesis and problems even in judicial instances, where such a topic would serve to mitigate the position of the sued person. This might be another proof of the societal stigma vis-à-vis the mental diseases and suffering patients.
BACKGROUND:
Foreign body ingestion is well recognized in pediatrics, surgery and emergency medicine. Less reported in the literature is the intentional ingestion of foreign objects within the context of a psychiatric illness. In the inmate population, this behavior is becoming a trend and is associated with a psychiatric illness.

METHODS:
A case of deliberate foreign body ingestion by an inmate in the absence of suicidal intent is discussed. The literature on inmate foreign body ingestion, identified by a PUBMED search, using the key words, foreign-body, ingestion, prisoners, is reviewed.

RESULTS:
Prisoners ingest foreign body objects for a variety of reasons. The patient reported here denied a history of suicide attempts prior to incarceration. We speculated that the trauma of being in prison as well as learned behavior from other prisoners might predispose these patients to act this way. It is interesting that although most inmates often have access to objects such as razor blades, which can be used for self-injury, they generally prefer to ingest them. Some of those patients prefer to wrap sharp objects in paper prior to ingestion suggesting that suicide is not the motive.

CONCLUSIONS:
This case illustrates that the motivation for ingestion of foreign bodies is diverse and not always an act of suicide. Further studies focusing on the specific type of trauma that may be etiological in self-injurious behavior are warranted.
Genetic Psychiatry
ASSOCIATION STUDY POLYMORPHISMS OF THE GLUTAMIC ACID RECEIPT GENE WITH SCHIZOPHRENIA

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OBJECTIVE:
The dysfunction of glutamatergic neurotransmission is one of the plausible hypotheses for the pathogenesis of schizophrenia. The GluR6 kainate receptor gene GRIK2 is located on chromosome 6q16.3-q21, a schizophrenia susceptibility region, as suggested by multiple linkage studies. The aim of this study is to clarify the contribution of four polymorphisms of the glutamate receptor ionotropic kainate 2 gene (GRIK2 or GLUR6) with schizophrenia.

METHODS:
After informed consent was obtained, 100 schizophrenia patients and 100 control subjects were enrolled in this study. All subjects were administered the Diagnostic Interview for Genetic Studies (DIGS) (National Institute of Mental Health-Molecular Genetics Initiative, 1992; Nurnberger et al., 1994) by a research assistant with extensive training in this interview. Blood samples were collected in anonymously identified 10-ml Vacutainer tubes (Becton Dickinson). DNA was prepared by a modified SDS/Proteinase K procedure (Gusells et al., 1979). We genotyped polymorphism rs1338165, rs728024, rs1408768, rs1335042 of the glutamate receptor ionotropic kainate 2 gene (GRIK2 or GLUR6) with the PCR-RFLP methods. The PCR products were digested by restricted enzyme.

RESULTS:
We observed no significant associations with the schizophrenia and polymorphism rs728024 (Chi-Square Test p-value 0.628135), rs1408768 (Chi-Square Test p-value 0.465334) and rs1335042 (Chi-Square Test p-value 0.448). However, there is a significant association between the polymorphism rs1338165 and the schizophrenia (Chi-Square Test P= 0.0449).

CONCLUSION:
We found there is not association with rs728024, rs1408768 and rs1335042. However the frequency of the polymorphism of rs1338165 was significantly increased in schizophrenia patients. This allelic association suggests that the functional polymorphism rs1338165 of the glutamate receptor ionotropic kainate 2 gene (GRIK2 or GLUR6) may play a role in susceptibility to schizophrenia. Further study with larger sample sizes is required.
Objective: Antipsychotic (AP) treatment-emergent extrapyramidal symptoms (EPS) are acute adverse reactions of APs. Recent studies showed that dyskinesia induced by L-Dopa in the treatment of Parkinson’s disease may be related to sensitized DRD1 signaling in the direct pathway which involves the activation of the mammalian target of rapamycin kinase (mTOR) pathway. The aim of the present study is to analyze gene–gene interactions in nine genes related to the mTOR pathway, in order to develop genetic predictors of the appearance of EPS.

Methods: 243 subjects (78 presenting EPS: 165 not) from three cohorts participated in the present study: Cohort 1, patients treated with risperidone, (n=114); Cohort 2, patients treated with APs other than risperidone (n=102); Cohort 3, AP-naïve patients with first-episode psychosis treated with risperidone, paliperidone or amisulpride, n=27. Selected Polymorphisms (rs7874234 (TSC1), rs13335638 (TSC2), rs2024627 (mTOR), rs1130214 (AKT1), rs456998 (FCHSD1), rs1801582 (PARK2), rs3737597 (DISC1), rs7211818 (Raptor) and rs1053639 (DDIT4)) were detected by real-time PCR. We analyzed gene–gene interactions by multifactor dimensionality reduction assay (MDR).

Results: In Cohort 1, we identified a four-way interaction, including the rs1130214 (AKT1), rs456998 (FCHSD1), rs7211818 (Raptor) and rs1053639 (DDIT4), that correctly predicted 97 of the 114 patients (85% accuracy). We validated the predictive power of the four-way interaction in Cohort 2 and in Cohort 3 with 86% and 88% accuracy respectively.

Conclusions: We develop and validate a powerful pharmacogenetic predictor of AP-induced EPS. For the first time, the mTOR pathway is related to EPS susceptibility and AP response. The inclusion of this predictor in routine clinical practice could have important benefits for clinicians, patients and the healthcare system as a whole.

References

Based on these findings, a patent has been applied for (EP13382027).
ROLE OF GAD2 AND HTR1B GENES IN EARLY-ONSET OBSESSIVE-COMPULSIVE DISORDER; RESULTS FROM TRANSMISSION DISEQUILIBRIUM STUDY.

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Objectives: One of the leading biological models of Obsessive-compulsive disorder (OCD) is the frontal-striatal-thalamic model¹. The present study undertakes an extensive exploration of the variability in genes related to the regulation of the frontal-striatal-thalamic system in a sample of early-onset OCD trios.

Methods: To this end, we genotyped 266 single nucleotide polymorphisms (SNPs) in 35 genes in 84 OCD probands and their parents. Finally 75 complete trios were included in the analysis. Analyses were completed with the transmission disequilibrium test (TDT), using the parentTDT option in order to include parents’ diagnoses in the analysis.

Results: 20 SNPs were overtransmitted from parents to early-onset OCD probands and presented nominal pointwise p<0.05 values. Three of these polymorphisms achieved p<2x10⁻⁴, the significant p-value after Bonferroni corrections: rs8190748 and rs992990 localized in GAD2 and rs2000292 in HTR1B. When we stratified our sample according to gender, different trends were observed between males and females. In males, SNP rs2000292 (HTR1B) showed the lowest p-value (p=0.0006), whereas the SNPs in GAD2 were only marginally significant (p=0.01). In contrast, in females HTR1B polymorphisms were not significant, whereas rs8190748 (GAD2) showed the lowest p-value (p=0.0006).

Conclusions: The results we report here are in agreement with several lines of evidence that indicate a role for the serotonin² and GABA³ pathways in the risk of early-onset OCD and with the gender differences in OCD pathophysiology reported elsewhere⁴. Our sample size limits the statistical power of the study. However, it should be noted that our sample comprised early-onset OCD patients, and so the sample represented a homogeneous clinical population⁵. Our results need to be replicated in studies with larger cohorts in order to confirm these associations.

References

This work has been accepted for publication in Genes, Brain and Behavior Journal.
INVESTIGATION OF DEPRESSED SUICIDE-ASSOCIATED ALLELES OF HTR1B IN MODULATING ITS EXPRESSION AND SEROTONERGIC SIGNALING: A PILOT STUDY USING LYMPHOBLASTOID CELL LINES

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Objectives: The perturbation of serotonergic pathway is thought to be associated with the vulnerability to Major Depressive Disorder (MDD) and depressed suicide. Several studies have indicated that the serotonin receptor gene, HTR1B, is correlated to aggressiveness and impulsivity; in addition, it is also linked to substance abuse and alcohol consumption.

Methods: We have previously conducted a pilot, population-based, gene-disease association test by which analyzing the two single nucleotide polymorphisms (SNPs) of HTR1B. After completed analyzing for the genotyping data from 789 participants, the rs6298-T allele and rs6296-rs6298 CT haplotype are suggested to be as two associated factors of depressed suicide; in addition, they are able to be implied to discriminate those who have higher suicidal risk from MDD patients. Thus, in final report of this research grant, we directly investigated that HTR1B mRNA expression in PBMCs that were prepared from different haplotype carriers of rs6296-6298. Second, the PBMCs were used to reprogram into iPS and further driven into dopaminergic neurons. These cells will be detected whether activation of PKA signaling or phosphorylation of CREB Ser133.

Results: The works corresponding to the first part in this grant also accomplished. Based on the statistic results from 95 MDD patients and 11 controls, haplotype CC patients were detected with a lower level of HTR1B mRNA expression compare to non-carriers (β = 3.609, p = 0.010, r² = 0.473). Also, patients who harbor haplotype GC were found to have a higher HTR1B mRNA level than their counterparts (β = -2.863, p = 0.016, r² = 0.346).

Conclusion: These results was in consistent with our previous findings on haplotype GC as a protective factor of depressed suicide from a population based association test. Nevertheless, further study is needed to confirm whether haplotype CC as a risk factor of depressed suicide.
GENETIC VARIATIONS OF AKT1 GENE IN RUSSIAN DEPRESIVE PATIENTS FROM SIBERIA.
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Objectives
The Akt1 is a intracellular signaling protein involved in neurotransmission of serotonin, dopamine and BDNF which makes it important in depression pathogenesis. The aim of this study was to investigate association of AKT1 gene polymorphism with depressive disorders.

Methods
Group of 107 patients with depressive disorders (54 with depressive episode (ICD-10: F32) and 53 with recurrent depressive disorder (ICD-10: F33)) and group of 103 control subjects were included in study. Two single nucleotide polymorphisms (SNP) rs1130214 and rs3730358 of AKT1 gene were genotyped. Statistical analysis was performed using SPSS software (v.20.0), significance was set at p<0.01. The Hardy-Weinberg equilibrium of genotyping frequencies was tested by the chi-square test. The chi-square test was used for between-group comparison of genotypes frequencies.

Results
Genotype distribution of AKT1 gene shown in table 1. Genotypes of rs1130214 SNP were in agreement with the Hardy-Weinberg equilibrium in groups of patients ($\chi^2=0.331$, $p=0.564$) and healthy donors ($\chi^2=0.190$, $p=0.662$). In the groups of controls ($\chi^2=0.116$, $p=0.733$) and patients ($\chi^2=0.057$, $p=0.801$) wasn't observed deviation from Hardy-Weinberg equilibrium for rs3730358 SNP. No difference in genotype frequencies of both SNP was found in groups ($p>0.01$).

Table 1. Genotype frequencies of AKT1 gene SNP rs1130214 and rs3730358 in groups of control and depressive patients.

<table>
<thead>
<tr>
<th>SNP</th>
<th>Genotype</th>
<th>Control group (n=103)</th>
<th>Patients with depressive disorders (n=107)</th>
<th>$\chi^2$, p</th>
</tr>
</thead>
<tbody>
<tr>
<td>rs1130214</td>
<td>AA</td>
<td>9.2</td>
<td>9.0</td>
<td>$\chi^2=0.190$, $p=0.662$</td>
</tr>
<tr>
<td></td>
<td>AC</td>
<td>45.0</td>
<td>38.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CC</td>
<td>45.8</td>
<td>52.4</td>
<td></td>
</tr>
<tr>
<td>rs3730358</td>
<td>AA</td>
<td>2.2</td>
<td>2.6</td>
<td>$\chi^2=0.058$, $p=0.841$</td>
</tr>
<tr>
<td></td>
<td>AG</td>
<td>28.3</td>
<td>28.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GG</td>
<td>69.5</td>
<td>68.6</td>
<td></td>
</tr>
</tbody>
</table>

Conclusions
Therefore in our study no association was found of two AKT1 gene polymorphism (rs1130214 and rs3730358) with depressive disorders.
STUDY OF ASSOCIATION OF SGK1 GENE POLYMORPHISMS WITH DEPRESSIVE DISORDERS

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Objectives. The gene serum- and glucocorticoid-induced kinase 1 (SGK1) is involved into regulation of multiple neuronal proteins playing an important role in pathophysiology of brain diseases. It is known that repeating stressful events are associated with depression development. Stress activates the hypothalamic-pituitary-adrenal system by increasing plasma levels of cortisol. Modern research shows the role of SGK1 in this mechanism, as well as proves the participation in the processes of neurogenesis in the hippocampus, identifying SGK1 as mediator effects of cortisol on neurogenesis and functioning of the glucocorticoid receptor. The aim of this study was to find an association of SGK1 gene polymorphisms rs1057293, rs1743939, rs1743940, rs9373085, rs1743964, rs1743966 with depressive disorders.

Methods. 218 patients with depressive disorders of the Russian population of Siberian region (Tomsk and Tomsk region) (F31-F33, ICD-10) in an age from 20 to 60 years were investigated. Control group was presented by 85 physically and mentally healthy donors of the same population. As a material for the study was used venous blood. Obtained from a blood used for DNA extraction. DNA was isolated by standard phenol-chloroform method. For genotyping was chosen real-time PCR based on Taq-man probes and TaqMan® SNP genotyping assay kits (Applied Biosystems, USA). Statistical analysis was performed using SPSS software, 20.0.

Results. We have determined the frequency of the gene polymorphisms SGK1 in patients with depressive disorders and healthy persons. Research findings don not confirm our hypothesis that SGK1 gene polymorphisms rs1057293, rs1743939, rs1743940, rs9373085, rs1743964, rs1743966 are associated with depressive disorders in Russian population of Siberian region. Possible reason could be in sufficiently large size of groups of patients and healthy donors, further studies needed.

This work has been completed under support of RFBR grant “12-04-01317-a The role of SGK1 and CLCNKB gene polymorphisms in the pathophysiology of mental disorders”. 
GENETIC VARIABILITY IN THE NEGR1 GENE MODULATES PERSONALITY DIMENSIONS IN EATING DISORDER PATIENTS

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OBJECTIVE: The NEGR1 gene (Neuronal Growth Regulator 1) is located in the brain playing a role in neuronal growth. NEGR1 has recently been associated with obesity and several psychiatric disorders. With this background, we have aimed to determine whether genetic variability in the NEGR1 gene locus may affect both anthropometric and/or psychopathological parameters in eating disorder (ED) patients.

METHODS: The study group consisted of 169 unrelated consecutive female patients with anorexia nervosa (AN, n=106) or bulimia nervosa (BN, n = 63) and 312 healthy subjects from the same area (Badajoz, Spain). Twenty-one tag- single nucleotide polymorphism (SNPs) in the gene locus were analyzed using Sequenom iPLEX-Gold. Psychological evaluation in the ED patients was performed with the SCL-90R and EDI-2 inventories.

RESULTS: None of the analyzed SNPs showed a significant association with the risk for AN or BN. With regard to anthropometric parameters, the rs12409966 SNP in the BN patients and rs10789322 and rs12740031 in the AN group were associated with higher weight and BMI, although significance was lost after correcting by multiple comparisons. Interestingly, five consecutive SNPs (rs10789322, rs12740031, rs6659202, rs591540 and rs3851882) in the BN patients were strongly associated with the scores of several scales of the EDI-2 questionnaire (Bonferroni-p<0.05). In this group, the haplotype study showed two blocks. Block 2, spanning 100,903 kb (pos. 72121585-72222487), was the region most strongly associated to these EDI-2 results (Beta:-26.96; r^2=0.18; Bonferroni-p<0.05, Figure 1). Finally, a sliding-window approach with 3 consecutive SNPs revealed several allele combinations inside the previously identified block that were associated with EDI-2 scores (Figure 1).

CONCLUSIONS: Variability in the NEGR1 gene locus contributes to personality dimensions displayed by ED patients.

Figure 1. Sliding-window approach for the case of combining 3 consecutive SNPs. Gene region corresponding to haplotype block 2 appears in grey color.
Objective: Intellectual Developmental Disorders (IDD) include many different neuro-psychiatric syndromes that have in common early onset cognitive impairments, deficits in adaptive functioning and high prevalence of psychiatric disorders. Nowadays more than 750 genetic causes of IDD have been identified, with increasing understanding of syndromic physical and mental expressions, but the relationship between genetic alterations, cognitive functions and psychiatric symptoms has been scarcely investigated.

To identify specific cognitive and psychopathological profiles in main genetic syndromes including IDD, and the role of specific cognitive dysfunctions as vulnerability factors in the development of a psychiatric disorder we developed a research project, named PSICOGEN.

Methods: a systematic mapping of the literature was performed on the basis of the following questions: “which specific cognitive dysfunctions are prevalent in different genetic syndromes including IDD?”, and “Which psychopathological aspects are prevalent in different genetic syndromes including IDD?” The articles were classified using the 5 grading of evidence of the Cochrane criteria for research. Afterwards, statistical analysis were performed to identify significant correlations between specific cognitive dysfunction and psychiatric disorders.

Results: the mean level of evidence was quite low (IV to V). A number of studies showed very different cognitive and psychopathological profiles in genetic syndromes with similar IQ impairment. Correlations analysis also provided interesting findings.

Conclusions: the understanding of the role of specific cognitive dysfunction in the aetiology of psychiatric disorder in people with IDD could favor an early identification and better definition of psychopathological features, and consequently implements appropriate treatment to enhance ability, autonomy, and above all quality of life.
PURINERGIC RECEPTOR POLYMORPHISM INTERACTS WITH CHILDHOOD ADVERSITY, INFLUENCING DEPRESSION AND ANXIETY SCORE

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Objectives: Purinergic receptor X7 (P2RX7) function was found to be associated with a wide variety of mental and somatic disorders including development of unipolar and bipolar depression.[1] Our study aimed to identify a link between P2RX7 polymorphism rs7958311 and depression or anxiety, as well as its possible interactions with life events.

Methods: Our patient sample included 2442 non-related subjects from Budapest and Manchester of Caucasian origin. Depression and anxiety was assessed by the Brief Symptom Inventory. Life events were divided to recent and childhood negative life experiences.

Results: Childhood maltreatment showed an interaction with the minor allele of the polymorphism, and influenced both depression and anxiety scores. The minor allele showed a protective function, but childhood maltreatment abolished this effect in the case of both anxiety and depression.

Conclusions: This particular polymorphism has been reported to reduce chronic pain sensitivity,[2] and in our study it showed a protective function against depression and anxiety. Chronic pain has already shown comorbidity with depression, and one possible link could be the P2RX7. However, the suppressing effect of childhood maltreatment reminds us of the importance of life events in the development of both anxiety and depression.

References:
GENETIC RISK FACTORS ASSOCIATED WITH THE NEUROTICISM TRAIT
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4 University of Manchester, UK

Objectives: The widely known Lesch study about the connection between 5-HTTLPR and anxiety related traits inspired many researchers to identify common polymorphisms associated with neuroticism. Since that time no consequently replicable findings were reported, and meta analyses concluded that 5-HTTLPR has a very little effect on neuroticism. GWA studies similarly yielded no positive findings furthermore, the results didn’t survive multiple testing. In our present study we aimed to summarize the possible underlying factors why the classical genetic approach failed to find significant modulator polymorphisms.


Results: Besides the serotonin, dopamine, and norepinephrine pathways and their related genes and polymorphisms, neuroplasticity and intracellular signaling pathways were found to be important modulators of the neuroticism trait. The heterogeneity of GWAS results suggests a cumulative effect of the polymorphisms, in interaction with each other. Moreover only one third of the estimated ~45% heritability based on pedigree data was explained by the examined common genetic variants.

Conclusions: GWA studies indicated that there is no exclusive association between the neuroticism trait and one, or a few common genetic variants. Several interaction were found to be determining on the effect of an individual polymorphism on the measured phenotype. Therefore a well established interaction model should be developed in the future to clarify the genetic modulators’ effect on distinct
PHARMACOGENETICS OF ANTIPSYCHOTIC-INDUCED METABOLIC SIDE EFFECTS: A LITERATURE REVIEW

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Objectives: To summarize the literature on the pharmacogenetics of metabolic side effects of second-generation antipsychotic (SGA) drugs, such as, weight gain, hyperprolactinemia, diabetes, hypercholesterolemia, etc, in patients with schizophrenia spectrum disorders.

Methods: Pubmed and Embase databases were searched for the terms: antipsychotics; metabolic side effects and pharmacogenetics. English, Portuguese and Spanish-language literature was included without restrictions of date nor type of publication. All abstracts of those articles were read and review articles and clinical studies were selected. Studies in which metabolic effects were not a relevant variable were excluded.

Results: 103 articles were found, out of which, 72: 58 reviews, 6 cohort studies, 7 case-control study and 1 Clinical Trial. In total, 3706 patients were included in the studies revised. Studies have yielded numerous candidate genes, such as the HTR2C and DRD2 genes for leptin. New susceptibility genes like CNR1, MDR1, ADRA1A and INSIG2 have been pointed out with the advancement of techniques for pharmacogenetic studies.

Conclusions: Genetic risk factors may play a major role in the manifestation of SGA-induced metabolic side effects. It is likely that the genetic susceptibility for SGA-induced metabolic side effects is polygenic, with each polymorphism accounting for a small contribution to the determination of the overall phenotype. Furthermore, genetic risk factors for metabolic side effects may differ from one antipsychotic drug to another. A better understanding of such risk factors may enable genetically tailored antipsychotic treatments.
COMMON SINGLE NUCLEOTIDE VARIANTS UNDERLYING DRUG ADDICTION: A REVIEW OF A DECADE OF RESEARCH

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Objectives. Drug related phenotypes are highly heritable and complex traits. Although it is known that, on average, genetic factors explain about 50% of the vulnerability to drug phenotypes; few specific risk- or protective-gene variants have been trustfully identified. In the last years, candidate gene (CGAS) and genome wide association studies (GWAS) have identified a huge amount of single nucleotide polymorphisms (SNPs) associated with drug use, abuse or dependence, mainly for alcohol and nicotine. Here we provide a review of the SNPs that have been most significantly associated with alcohol-, nicotine-, cocaine- and cannabis-related phenotypes in humans between the years 2000 and 2012.

Methods. We performed a review of the literature published in the PubMed/MEDLINE database. We only selected CGAS, GWAS, case- only studies published in peer-reviewed international scientific journal which provided significant association results between SNPs and drug phenotypes. As a result, 365 studies were finally included in this review. To find out the “TopSNPs” associated with drug phenotypes, we filtered the ones that were associated in five or more of the selected studies.

Results. SNPs in the alcohol metabolizing genes and in the CHRNA5-CHRNA3-CHRNB4 gene cluster, together with the Taq1A DRD2/ANKK1 polymorphism, are at the date the most established gene variants related to alcohol and nicotine consumption phenotypes. For cocaine and cannabis, very few SNPs have found to be repeatedly associated with any related phenotype and results are quite inconsistent.

Conclusions. Results of CGAS and GWAS have identified an important part of the genetic background that explains heritability of drug addiction and different drug-related phenotypes. Nevertheless, replication of association results is very low and most of the estimated heritable fraction remains missing. Future work should focus on the influence of the already known SNPs on causative pathways to drug addiction.
TRANSGENERATIONAL INHERITANCE IN PSYCHIATRY: FACT OR FICTION?

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3 Strasbourg University Hospital (CHRU,) Strasbourg, France

Objectives. Growing attention has been focused in recent years on the concept of transgenerational inheritance. Yet despite this, whether such a process is relevant to human diseases particularly psychiatric disorders remains an open question.

Methods. Available literature will be analyzed to delineate requirements for resolving the issue.

Results. Psychiatric disorders show complex inheritance, and epigenetic mechanisms have been proposed to help explain the observed deviations from classical models of transmission. One potentially relevant aspect of epigenetics concerns transgenerational mechanisms. Though epigenetic processes are dynamic, nonetheless certain epigenetic states might be inherited. However, what precisely is meant by ‘transgenerational’ remains vague. In particular, the required number of generations affected has been debated, opposing authors who include intergenerational effects (i.e. concerning parents and offspring) and those who only consider effects over multiple generations. In effect, transgenerational transmission can be inferred only if the phenotype is stably transmitted at least to the third generation.

Transgenerational transmission has been demonstrated in model systems (C. elegans, yeast.) In mammals, transgenerational transmission depends on the stability and resistance to reprogramming of epigenetic states. Indeed epigenetic marks are erased during development, followed by the establishment of new marks: for transgenerational epigenetic inheritance to occur, epigenetic marks must be resistant to both events. It has been suggested that imprinted genes meet such criteria. Nonetheless replicable transgenerational transmission has yet to be demonstrated in man. This includes the Överkalix study, in which variations in food supply (harvest records) during the early life of paternal grandparents was correlated with variations in mortality rate in the grandchildren. More recently a case-control GWAS using mother-child pairs was performed in autism, but lacked sufficient power. Further studies of transgenerational genetic effects in psychiatry will require novel designs and methodologies.

Conclusions. These unresolved issues will be discussed with particular reference to childhood autism.
Introduction and objectives: In the field of psychiatric genetics much effort has been made to identify 'vulnerability genes'. However, evidence is emerging that some of these genes (i.e. 5-HTTLPR s/s and s/l, DRD4 7 repeat allele) not only make individuals more 'vulnerable' to develop mental illness, but also more susceptible to benefit from a positive environment, suggesting to rename these genes to plasticity or susceptibility genes (PG). This study aims to review literature on interventions or environments that may benefit individuals with PG.

Methods: We conducted a search in PubMed and Google Scholar for interventions or environments that may benefit individuals with the polymorphisms 5-HTTLPR s/s or s/l and DRD4 7 repeat allele.

Results: In one study, an intervention aimed to reduce the externalizing behaviour proved effective only for children carrying the 7 repeat allele of DRD4. In other study, children with the same polymorphism benefited more from an instruction program for early literacy (through computer games), achieving literacy skills earlier than other children. Furthermore, we found two studies associating, respectively, maternal responsiveness with moral internalization and supportive parenting with positive affect in individuals with one or more short alleles of 5-HTTLPR gene. In addition, those homozygous for the 5-HTTLPR short allele appear to benefit more from cognitive behavioural therapy for anxiety disorders.

Conclusions: People with different genotypes differ in their response to environment. However, there are few studies investigating the potential that certain environments may have on certain individuals or correlating the effectiveness of interventions with different genotypes. There is growing evidence that some interventions benefit more or exclusively people with PG. Thus, we suggest that further studies are carried out in this field, so that more efficient interventions could be used to help every person achieve their potential and a state of complete mental well-being.
OXYTOCIN GENE MODULATES IMPULSIVE AGGRESSION AND ATTACHMENT

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Objectives – Oxytocin modulates impulsive aggression and attachment, which may be endophenotypes of genetic risk for disorders characterized by impulsive aggression and attachment deficits, like borderline personality disorder (BPD). BPD is highly heritable, but endophenotypes mediating genetic risk still need to be identified. We aimed to examine associations between haplotypes and single nucleotide polymorphisms (SNPs) of the oxytocin gene (OXT) and BPD diagnosis and core dimensions.

Methods - Subjects: 156 healthy controls (HCs), 181 patients with BPD, and 196 subjects with other personality disorders. We tested for an association between the haplotypes and SNPs and BPD diagnosis, and BPD core dimensions of impulsivity, aggression, attachment style, affect lability and empathy, controlling for potential confounding variables. Corrections for multiple comparisons were done using the Bonferroni method.

Results – Haplotype analyses. We identified for the first time a risk haplotype CT (rs877172 C, rs3761248 T), which was significantly associated with higher scores on the dimensions of aggression (BPAQ, F=4.023, df=2, p=0.019) and anxious attachment (ECRI, F=3.12, df=2, p=0.047); and a protective haplotype CC (rs877172 C, rs3761248 C), significantly associated with lower aggression (BPAQ, F=4.982, df=2, p=0.008) and impulsivity (BIS, F=4.0, df=2, p=0.021). SNP analyses. We found significant associations between impulsivity (BIS, F=3.2; df=2; p=0.042) and aggression (BPAQ, F=4.18; df=2; p=0.017) and the OXT SNPs rs3761248 and rs2740210 respectively.

Conclusions – The results support the involvement of the oxytocin system in modulating impulsivity, aggression, and attachment style, which may represent endophenotypes of genetic risk for disorders characterized by impulsive aggression and attachment deficits. The fact that we found associations between the OXT SNPs and haplotypes with dimensions, but not with categorical diagnoses, supports a dimensional conception of personality disorders as the product of genetically determined endophenotypes as postulated by the NIMH’s Research Domain Criteria (RDoC). These results need to be replicated in an independent sample.
HYPOTHALAMIC-PITUITARY-ADRENAL SYSTEM AND NEUROTROPHIC FACTORS IN CLOZAPINE RESPONSE: ASSOCIATION WITH FKBP5 AND NTRK2 GENES

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Objectives
Clozapine is an atypical antipsychotic known as being more effective than traditional antipsychotics for patients with poor response or resistance to treatment (Lieberman et al., 1994). Approximately 50% of patients who do not respond to typical antipsychotics benefits from clozapine (Reynolds GP, 2012). It has been demonstrated that atypical antypsychotics may suppress hypothalamic-pituitary-adrenal activity which could be one component to explain its therapeutic action (Walker et al., 2008). The aim of this study was to analyse genetic variability at FKBP5, NR3C1, BDNF and NTRK2 genes in clozapine response.

Methods
590 unrelated British Caucasian patients with a DSMIII-R diagnosis of schizophrenia were recruited in hospitals in London, Cambridge and Burnley (UK). Clinical response was retrospectively assessed based on medical notes using the GAS scales (Endicott et al., 1976). A 20-point improvement in GAS scores after a minimum of 3 months treatment was considered as cut-off for response (438 responders and 154 non-responders).

Genomic DNA was extracted from blood samples according to standard protocols. Several SNPs at the FKBP5 (rs1360780, rs3777747, rs17542466, rs2766533), NR3C1 (rs2963156, rs1837262, rs4634384, rs4912910), BDNF (rs11030076, rs11030096, rs6265, rs1552736) and NTRK2 (rs1619120, rs1778929, rs10465180, rs4388524) genes were genotyped using KASP™ technology by Design (LGC Genomics). Single marker analyses were performed using SPSSv18. Haplotype analyses were conducted using Haploview v.4.1 and the ‘R’ software (v.2.2.1).

Results
TT-homozygous of rs1360780-FKBP5 presented 2.11 times more risk of non-response than C-carriers (P=0.006). Regarding NTRK2 gene, TT-rs1778929 presented 1.7 times more risk of non-response than C-carriers (P=0.008), while CC-rs10465180 presented 2.15 times more risk of non-response than T-carriers (P=0.002). Haplotype analysis showed association for rs1360780-rs3777747-rs17542466-rs2766533 (FKBP5) and rs1778929-rs10465180 (NTRK2) haploblocks.

Conclusions
Genetic variability associated to FKBP5 and NTRK2 genes explains clinical response to clozapine. However, more studies are needed in order to clarify the involvement of these genes in clozapine response.
PERCEIVED STRESS, SCHEMAS, NEGATIVE AFFECT AND GENETICS VARIATIONS IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER

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Gene X environment interactions in depression has been studied in the context mainly of stress and genetic polymorphisms (Perea et al. 2012). In this study we add an additional variable such as the maladaptative schemas. To address this, we performed a case-control study, whose objective was to establish the relationship between depressive disorder and negative affect, perceived stress, maladaptive schemas and gene polymorphism in the promoter region of the serotonin transporter (STin2).

The sample consisted of 35 patients hospitalized in a psychiatric institution and diagnosed with major depression and 35 subjects from the general community, without diagnosis of mental disorder, not related by consanguinity to the case group and matched for sex, age and level education. All participants were interviewed with the MINI as inclusion criteria to the case control group. Additionally participants answered the State-Trait Depression Inventory (IDER), the State Trait Anxiety Inventory (STAI) and the Schemas Questionnaire YSQ.

Genetic markers showed no statistically significant differences between groups although a tendency towards the allele 10 was observed. Results indicated statistically significant differences between depressed patients and controls subjects when comparing medians by the U-Mann Whitney statistic (p<0.01) for negative affectivity, cognitive schemas and stressful events. The data supports the hypothesis of dimensionality in psychopathology and the tripartite model of anxiety and depression (Watson et al, 1988; Watson et al, 2011). The evaluation style of events (negative, unexpected and out of control) is associated with a negative attributional style (Abramson et al, 1989; Haefel & Vargas, 2011; Leitenberg et al, 2004).
WPA-0104 DISCREPANT RESTING-STATE BRAIN ACTIVITY IN GERIATRIC DEPRESSION AND DEPRESSED PARKINSON’S DISEASE: A RESTING-STATE FMRI STUDY

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Objective: To investigate the differences in resting-state brain activity of depressed Parkinson’s disease (DPD) and Geriatric depression (GD).

Methods: 19 DPD, 26 GD and 26 gender-, age-, and education-matched normal controls (NC) were recruited. Hamilton Depression Rating Scale (HDRS) was used to evaluate the depressive symptoms of DPD and GD patients. Unified Parkinson’s Disease Rating Scale ? (UPDRS?) and Hoehn-Yahr (H-Y) Scale were used to evaluate the motor symptoms and the severity of DPD patients respectively. Then regional homogeneity (ReHo) analysis was applied to explore the resting-state brain activity in all subjects. One-way analysis of covariance (ANCOVA) was performed to identify possible ReHo value differences among the three groups. Correlation analyses were also performed to investigate the relationship between depression or Parkinson severity and the ReHo value of the significant different brain regions.

Results: The result of One-way ANCOVA exhibited four significantly different brain areas (i.e. dorsolateral prefrontal cortex (DLPFC), precuneus (PCu) and supplementary motor area (SMA), and posterior cingulate cortex (PCC)). After post hoc analysis, we found that DPD subjects had decreased ReHo in the left SMA and increased ReHo in the rest three brain areas relative to both GD and NC ones. GD patients had decreased ReHo in the left DLPFC and increased ReHo in the right PCC relative to NC ones. Correlation analyses did not show any significant relevance between depression or Parkinson severity and the ReHo value of the significant different brain regions.

Conclusions: The abnormal resting-state brain activities, although not associated with the depression severity, are quite distinguishing between the DPD and the GD subjects. These discrepant resting-state brain activities between DPD and GD may be applied to identify the two diseases.
WPA-0105 LATE-ONSET DEPRESSION AND THE BDNF VAL66MET POLYMORPHISM INFLUENCE THE FUNCTIONAL CONNECTIVITY OF HIPPOCAMPUS: A RESTING-STATE FUNCTIONAL MRI STUDY

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Objective: To investigate the effect of Late-onset depression (LOD) and brain derived neurotrophic factor (BDNF) Val66Met on the hippocampal functional connectivity (FC).

Methods: 26 LOD subjects and 36 gender-, age-, and education-matched normal controls (NC) were recruited. The 62 participants were divided into four groups according to BDNF genotype. All subjects underwent resting state functional magnetic resonance imaging (R-fMRI). Bilateral hippocampal masks were manually traced on high-resolution 3D images as region of interest (ROI) to detect the hippocampal FC. Two-way analysis of covariance (ANCOVA) was performed to explore the main effects of disease and genotype and their interaction on the hippocampal FC. Spearman correlation was used to test the correlation between the FC and the neuropsychological data.

Results: LOD and BDNF Val66Met polymorphism both influence the FC between hippocampus and the occipital cortex. Moreover, LOD is also associated with FC between hippocampus and the orbit-frontal cortex (OFC) and insula, and BDNF Val66Met also influenced the FC between hippocampus and precuneus as well as cerebellum. The interaction of LOD and BDNF Val66Met polymorphism is primarily associated with the FC between hippocampus and the dorsal anterior cingulate cortex, the lateral prefrontal cortex and the angular gyrus. Only the effects of LOD were significantly associated with the neuropsychological data.

Conclusions: LOD, BDNF Val66Met polymorphism and their interaction are all associated with hippocampal FC, but with varying influence on the connective regions. Furthermore, the effects of LOD also have significantly correlations with the neuropsychological data.
WPA-0381 ANALYSIS OF SYNAPTIC VESICLE RELATED GENES SNAP25 AND STX1A IN ADULT ADHD


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BACKGROUND AND AIMS: Family and twin studies of ADHD suggest high heritability, with estimates up to 76%. The presynaptic system that stores dopamine may be an important neuronal system in ADHD, and is targeted by drugs such as dextroamphetamine. Synaptosomal associated protein 25 gene (SNAP25) and Syntaxin 1A (STX1A) are important components of the synaptic vesicle docking and exocytosis mechanism. Deletion of the SNAP25 gene in mice (coloboma) leads to a phenotype similar to ADHD and treatment with amphetamine reduces these symptoms in this model. SNAP25 has been associated previously with ADHD in children (Feng et al, 2005). We aimed to investigate common polymorphisms, three in SNAP25 and two in STX1A, for association with adult ADHD.

METHODS: The sample consisted of 86 triad families with an adult ADHD proband. Standard PCR-based TaqMan assays were used to determine genotypes. Transmission disequilibrium test as implemented in Haploview was used to determine association with adult ADHD.

RESULTS: Overtransmission of the C-allele of marker rs2293485 in STX1A was observed (p=0.0278). However, none of the other SNPs was associated in our study, after correction for multiple testing. In addition we analysed working memory scales and the marker rs3746544 in SNAP25 was associated with working memory (WAIS-WMI). Carriers of the TT-genotype were more impaired in WMI compared to other genotypes (102.2±14.5 vs 135.3±18.2; p=0.002).

CONCLUSIONS: We provide preliminary evidence that these two genes may have a role in the development of ADHD and its associated impairments. Given the function of these genes in neurotransmitter release, and in the action of amphetamine, the gene variants may help to predict whether an individual patient will be at risk for non-response and/or side effects to treatment. However, these results are preliminary and characterization of SNAP 25 and STX1A in larger samples is required.
Geriatric Psychiatry
VALIDATION OF THE GERIATRIC ANXIETY INVENTORY (GAI) IN AN INSTITUTIONALIZED ELDERLY SAMPLE
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Objectives
Anxiety symptoms are a prevalent complaint among institutionalized older people, and GAI is an appropriate scale to use with different samples, but validation is still not available for institutionalized elderly people. Our aim is to validate GAI with a sample of institutionalized elders.

Methods
We assessed six-hundred-and-eighty-one elders (76.2% female), mean age of 79.06 (SD = 8.00; range = 60-100), attending day care centers (59.5%), and nursing homes (40.4%) at Coimbra county. The majority had no/lower formal education (88.7%), a manual occupation (91.7%), and no partner (80.6%). Assessment included the GAI, the Geriatric Depression Scale/GDS and the M.I.N.I Plus/Mini International Neuropsychiatric Interview for anxiety diagnoses.

Results
Women, those without formal education, and those that had a manual occupation reported significantly higher scores.
Screeplot and Parallel Analysis revealed four components explaining 68.1% of the variance (KMO = 0.95; Bartlett's Test p < 0.001).
GAI internal consistency was excellent for total scale (α = 0.93). Concurrent validity was supported by significant correlations with GDS-30 (r = 0.74). Retest reliability with 2 years apart was fair (n = 123; r = 0.29). Using a cutoff score 13, the sensitivity was 100% and specificity 84.7% (AUC = 0.92).

Conclusions
Contrarily to original version, a four-component model fits the data fairly well. These findings suggest a cultural aspect on anxiety expression. Portuguese version of the GAI seems a reliable and valid instrument to use with institutionalized elderly.
VALIDATION OF A SURVEY OF DEPRESSION, BY THREE VERBALLY ASKED QUESTIONS (EPD-3PO), FOR THE DEPRESSION DETECTION IN ELDERLY PATIENTS
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Objective: To determine the diagnostic accuracy of a Survey of Depression, by Three Verbally Asked Questions (EPD-3PO), for screening for depression in elderly patients.

Participants and methods: Observational and cross-sectional criterion standard validation study. For the validation of a survey (EPD-3PO), administered by means of a personal interview, in 270 patients aged 65 years old or older. Applied by two Family Physician, of Havana City, Cuba. 270 consecutive elderly patients (50%) and at home (50%), not taking antidepressant drugs and capable psychically. Sensitivity, specificity, and likelihood ratios of the EPD-3PO, compared with the Yesavage Geriatric Depression Scale (GDS).

Results: The three screening questions showed a sensitivity and specificity of 96% (95% confidence interval, 94.03% to 98.83%) and 77% (71.91% to 82.30%), respectively. The likelihood ratio for a positive test was 4.21 and the likelihood ratio for a negative test was 0.05. Overall, 20.74% (56/270) of the patients screened positive for depression.

Conclusion: The results indicate that the EPD-3PO, for screening for depression in elderly patients, would detect most cases of depression in general practice, and offers an excellent sensibility and reasonable specificity. The EPD-3PO is a clinically useful instrument for the detection of major depression in elderly patients in primary care.
PSYCHOSOCIAL CARE IN OLD AGE IN DEVELOPING COUNTRIES
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The mental health scene in India has changed following independence and changes in last few decades are remarkable, as follows-

- Shift from “Custodial Care” to “Therapeutic” care. The pre independence approach was to set up ‘assylum’ which were custodial in nature. But now with advancement of treatment more attention is given on therapeutic care of the patients.
- Improvements of the treatment conditions in mental hospitals and training facilities for mental health professionals.
- Protection of the rights of persons with mental illness.
- Recommendation of the Bhore Committee to set up All India Institute of Mental Health in 1944 and since 1974, it has become National Institute of Mental Health & Neuroscience. At present NIMH has taken National Policy of Geniatric care.
- Protection of rights of mentally ill persons.
- The new Mental Health Act 1987.
- National Policy of Geriatric Care by NIMHANS

Due to advancement of treatment facilities and prevention of common infectious diseases, life expectancy has been increased in our country. The number of aged population is growing rapidly with increased need and expectancy of physical as well as mental health care of the aged population. The existing care of geriatric patients can be projected as CARE.

Community based long term care, consumer directed care, counselling service.
Advanced geriatric management of physical and mental disorders.
Rehabilitation –Psychosocial –Institutional based, Family based and Community based.
Educating family members and care givers.

The common psychiatric disorders which are seen during old age are –
- Obsessive Compulsive Disorder, -Loss of memory ( Dementia ), - Delusional Disorder, - Affective Disorder, - Generalized Anxiety Disorder, - Effects of Drugs and Alcoholism ( Substance Abuse Disorder)

Common Psycho – Social problems which are seen in old age are –
- Obsession. – Loneliness, -Dementia ( Difficulty in remembering ) , -Aloofness, -Grandiosity, - Emotional Problem, ‘Empty nest’ syndrome, Economic insecurity.

Movements towards long term community care

At the very old age due to physical disability and diseases the patients become totally dependant to others. Unfortunately sometimes they are neglected in home or hospital wards, nursing home too. ‘Hospice’ is a concept where dying patients are kept and cared. In India ancient provision was ‘Antarjali Yatra’. In ‘ Hospice’ there is absence of high technology but it provides emotional support to the patient as well as family members.

Care giver’s training and support is needed for chronic care management. Consumer Directed Care and collaborative partnership of community care for older adults are some new concepts for providing quality mental health care which will act as adding silver line to the dawn of Golden Age.
AMNESTIC SYNDROME ASSOCIATED WITH EPILEPTIFORM ACTIVITIES: A CASE REPORT

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OBJECTIVE: Epilepsy sometimes accompany with amnestic syndromes. Transient epileptic amnesia (TEA) is the most famous amnestic syndrome associated with temporal lobe epilepsy. TEA is characterized by the occurrence of episodes of transient amnesia, and often shows clear-cut response to anticonvulsant therapy. We present a case of amnestic syndrome in association with epileptiform activity, without episodes of transient amnesia.

METHOD: a case report

RESULTS: A 53-year-old woman had episodic memory problem for one and a half years. She went to a psychiatric hospital and underwent memory tests and electroencephalogram (EEG). Her EEG showed abnormal pattern. She was referred to our memory clinic for further examination. On admission, she scored 21/30 on the Mini-Mental State Examination (MMSE). Her EEG showed paroxysmal epileptiform activities of generalized delta wave burst with alpha waves background activity. The paroxysmal delta wave burst often persisted for about 10 minutes; a brain MRI demonstrated slight hippocampal atrophy. She had no history of epilepsy or transient amnestic syndrome. Anticonvulsant therapy with carbamazepine (CBZ) of 200mg/day was initiated. CBZ was increased to 400mg/day, which induced relief in abnormal EEG; however, she exhibited drowsiness. CBZ was tapered and valproate acid (VPA) of 150mg/day was initiated. The EEG abnormality and MMSE score were improved (30/30). In spite of clear improvement in EEG to CBZ and VPA, she persistently complained of memory problems in her daily life. The Rivermead Behavioral Memory Test score (7/8) suggested memory disturbance.

CONCLUSION: Moderate epileptiform abnormalities on EEG and clear response to anticonvulsant therapy suggested that amnestic syndrome in our patient is epileptic in origin. However, our patient was distinct from TEA, because our patient lacked apparent episodes of transient amnesia, which is a characterized feature of TEA. Our patient also has accelerated long-term forgetting and autobiographical memories impairment, which is often observed in patients with TEA.
DIFFICULTIES IN DIAGNOSIS AND TREATMENT OF LATE ONSET BIPOLAR DISORDER - CASE REPORT
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Introduction: Mania has been estimated to represent the cause of 4.6% to 18.5% of all geriatric psychiatric admissions and 10% of new-onset mania cases have been found to occur in individuals over the age of 50. Age of onset can have a significant impact on the nature and course of bipolar illness.

Objectives: Review the current literature of pharmacologic management of late-life bipolar disorder and discuss the differential diagnosis.

Methods: Case report and literature review.

Results: We describe a case of a 76-years-old female with elevated mood, verbosity, distractibility, irritability, inadequate social behavior, reduced requirement of sleep, increased physical activity, impulsive business investments. Several tests were made: analytical study, CT scan and neuropsychological evaluation, none with significant alterations. She was treated with an antipsychotic drug with improvement of symptoms.

Conclusion: There is a limited evidence base for treatment of bipolar disorder in the elderly and further controlled studies are needed. Current data suggest that valproate and lamotrigine may be better tolerated as mood stabilizers than lithium. Preliminary reports suggest a role for the use of atypical antipsychotic in older adults with bipolar disorder although potential benefit must be balanced against the potential risks of treatment. In treating elderly bipolar patients, one has to keep in mind that pharmacokinetic and pharmacodynamic changes that occur with ageing, associated with frequent concomitant medical illnesses and their treatments, are likely to increase the risk of adverse events and drug interactions.
CHALLENGES IN THE PSYCHOPHARMACOLOGICAL APPROACH OF FRONTO-TEMPORAL DEMENTIA - CASE REPORT

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Introduction: The clinical syndromes related to fronto-temporal lobar degeneration are the second most common cause of pre-senile primary dementia. There are three distinct clinical variants: behavioral-variant fronto-temporal dementia (BvFTD), semantic dementia and progressive non-fluent aphasia. BvFTD is characterized by a significant change in the patients personality and social behavior, and impaired executive function.

Objectives: Review the current literature on both the pharmacologic and nonpharmacologic management of fronto-temporal dementia.

Methods: Case report and literature review.

Results: We describe case of a 65-years-old male with hyperactivity, desinhibition, aggressive, stereotyped and persevering behaviors with continuous walking and changes in eating habits (hyperphagia). He also presented distractibility, poor speech with loss of spontaneity, an indifferent attitude, mental rigidity, inflexibility, and lack of insight for his condition. This condition developed within one year, with a change in his personality and the appearance of an inadequate social conduct, with an insidious onset and gradual progression. He has family history of dementia. Computerized Tomography scan shows lobar fronto-temporal atrophy. During hospitalization no drugs has had effect, apart from paroxetine (partial response).

Conclusion: Concerning therapy, several drugs were used without proved effect in controlling the symptoms, highlighting the difficulty in the psychopharmacological approach of this disorder. The selective serotonin reuptake inhibitors have shown some effect on behavior.
MANAGING INSOMNIA DISORDER IN LATE LIFE
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Objectives:
1. To discuss the prevalence, predisposing, precipitating and perpetuating causes of late life insomnia disorder
2. To discuss practical and evidenced-based nonpharmacological and pharmacological intervention for this disorder

Methods:
Review of current literature was conducted as to normal sleep physiology and pathological causes of insomnia disorder changes in the elderly and evidenced-based management

Results:
Sleep changes with normal aging are: increased latency, decrease in slow wave sleep and sleep efficiency, lower threshold for auditory awakening and increased frequency of awakenings. 50% of elderly have some form of insomnia disorder, more common in women than men. There are predisposing causes are related to cognitive and emotional hyperarousal, precipitating factors are associated with medical and psychiatric disorders as well as environmental causes and perpetuating factors are often due to poor sleep hygiene. Simple questions are used for assessment. Rarely a polysomnographic studies may be needed. Nonpharmacological interventions are: stimulus control, sleep hygiene, sleep restriction, relaxation training and helping individuals deal with cognitive distortions for example “I must sleep at least 8 hours” for optimal functioning. Patient should be assured that duration of sleep is adequate if there is no impairment of social or occupational functions during day time. Pharmacological interventions are with medications to decrease emotional and cognitive arousal and produce optimal sedation with minimal side effects

Conclusions:
Normal sleep physiological changes should be differentiated from insomnia disorder in the elderly. Interventions include managing arousal, cognitive distortions as well as medical and psychiatric and environmental causes. Sedatives and hypnotics with short half-life and with little or no residual effects during day time may be prescribed for a short period
THE ASSOCIATION BETWEEN FALLS AND PSYCHOTROPIC MEDICATIONS AMONG OLDER RESIDENTS IN THE KLANG VALLEY
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Objectives
The purpose of this study was to evaluate the association of psychotropic medications and falls and to assess the prescribing patterns of psychotropic medications in our local elderly population.

Methods
Individuals aged ≥60 years with a history of one or more injurious falls from the emergency room and outpatients departments at the University of Malaya Medical Centre. Control subjects with no falls were recruited from the local catchment area. Information about pattern of psychotropic usage was recorded and the appropriateness of prescribing was determined using the Beers’ criteria.

Results
129 participants (67 fallers; 62 non-fallers) were recruited into the study. Psychotropic medications were associated with an increased risk of falls (OR[95%CI]: 5.2[1.4-19.1]; p=0.007), and remained an independent risk factor following adjustment for confounders (adjusted OR[95%CI]: 4.83[1.13-20.68], p=0.03). Benzodiazepines were the most commonly prescribed psychotropic medication (47%). Inappropriate use could be demonstrated in 100% of patients prescribed psychotropic medications.

Conclusion
Psychotropic medications were associated with an increased risk of falls in our local elderly population. Inappropriate use of psychotropic medications could be demonstrated in all patients prescribed these medications. We therefore recommend that psychotropic medications should be used judiciously and patients should be carefully followed-up and monitored for risk of falls.
PREVALENCE OF PSYCHIATRIC SYMPTOMS AMONG GERIATRIC INPATIENTS: A COHORT STUDY
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Key-words: anxiety, depression, psychiatric disorder, elder inpatients

Objectives: psychiatric disorder (PD), depressive (DS) and anxiety symptoms (AS) have very high prevalence among elder inpatients (pts). The present study aimed to give a description of the psychopathology in pts admitted to a geriatric ward.

Methods: were enrolled 29 pts hospitalized in a geriatric ward. Pts received psychiatric counseling and psychodiagnostic exams in order to establish the presence of PD according to DSM-IIIR. They also performed Beck Depression Inventory (BDI) and Hamilton Anxiety Scale (HAM-A) to evaluate the entity of DS and AS.

Results: male pts were 19/29 (65,5%) with a median age of 72 years (20-95).
Pts were admitted for the following symptomatology: neurologic (9/29; 31%), respiratory (6/29; 20,7%), gastroenterological (6/29; 20,7%), cardiovascular (4/29; 13,8%), metabolic (1/29; 3,4%), traumatic event (1/29; 3,4%).
Despite of just 2/29 (6,8%) pts had a history of PD. After the psychiatric counseling in 17/29 (58,5%) pts was identified a PD, with the following diagnosis: Depressive Disorder (8/29; 27,6%), Personality Disorder (7/29; 24,1%), Generalized Anxiety Disorder (1/29; 3,4%) and Eating Disorder (1/29; 3,4%).
In all pts were present AS, 24/29 (82,8%) with mild and 5/29 (17,2%) with moderate grade. Almost a half of pts presented DP, 9/29 (31%) with mild and 2/29 (6,9%) with moderate grade.
The prevalence of DS and AS, had not differences related to gender, age, days of hospitalization or reason of admission.

Conclusion:
After the psychiatric assessment more than an half pts had a PD, but only 2/29 pts (6,8%) pts reported a psychiatric history.
The high prevalence of DS and AS in geriatric pts without a previous PD could suggest a considerable presence of undetected PD in geriatric population or an increase of these symptoms caused by hospitalization. More studies are required to clarify the nature of these findings.
PSYCHIATRIC MORBIDITY AMONG OLD PEOPLE FROM A CITY OF EASTERN NEPAL

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Background: The data on the prevalence of psychiatric problems of elderly people will raise overall concern for their well being.

Objective: To measure prevalence of psychiatric problem among old people

Methodology: All people 140 of age ≥ 60 years from and around ‘Urlabari’, a city in eastern Nepal, who were members of a local old-age committee, were enrolled. They attended a mental-health-camp and after informed written consent and authority approval, responses to the General Health Questionnaire (GHQ)-12 and demographic information were collected. The GHQ-12 score of 2 or more was adopted for ‘psychiatric caseness’ for analysis. However, people with scores ≥4 were assessed by a psychiatrist for further evaluation and management. Diagnoses were made according the International Classification of diseases and infirmity (ICD)-10.

Results: Majority (87%) of the subjects were in age groups of (61-70) and (71-80) years. 44% had stressors, common being: dispute with family, illness and death of close person. Many old people had health complaints, mainly physical and somatic. Mood and anxiety were other symptoms. 55 (39.29%) subjects had score of ≥ 2 i.e. ‘psychiatric caseness’ i.e. psychiatric illness prevalence and with 3 cutoff 26.43%. Among the subjects with ≥ 4 (23) assessed for psychiatric diagnosis, 21 (91.30%) had some ICD 10 diagnosis. Depression, adjustment and anxiety disorders were common diagnoses.

Conclusion: 25-40% of old people had current ‘psychiatric caseness’. Common mental disorders among elderly people are depression, adjustment and anxiety disorders.
TREATMENT OF DEPRESSION IN PARKINSON’S DISEASE:
REPORT OF A CASE
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Objectives.
Depression is one of the most frequently psychiatric diseases that appear in patients with Parkinson's disease. Basing on a case, we reviewed the relationship between these two clinical entities and most appropriate antidepressant drug treatment.

Methods.
We show the case of a 74 year-old man who has been suffering from Parkinson's disease during ten years. He had depressive symptoms since the beginning of his disease and poor response to treatment with inhibitors of serotonin reuptake. Finally, the main bibliographic references related to this case were analyzed.

Results.
Some studies show that SSRIs and dual acting via serotonergic neurotransmission system, are less efectivess and worse tolerated in the event of depression and associated parkinson.
The psychopharmacological and tolerability profile of agomelatine, provide a good treatment option in this case. Its effect on the release of dopamine and noradrenaline in the frontal cortex specifically, does not affect the extracellular levels of serotonin, nor has action on the nucleus accumbens.

Conclusions.
Treatment with agomelatine for depression, is effective and well tolerated alternative for Parkinson's disease, with absence of typical side effects such as upset stomach or tremor after stimulation of serotonergic receptors. It also improves the anhedonia through its 5-HT2C antagonistic effect.

References.
MANAGEMENT OF MULTIFACTORIAL INSOMNIA IN THE AGED: A CLINICAL CASE REPORT
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³ Centro de Salud Mental de Tudela (Navarra), Spain.
⁴ Hospital de Día Irubide, Pamplona (Navarra), Spain.

Objectives
Exhibition of alternative therapeutic approaches in the treatment of an insomnia case with a most likely multifactorial origin in a patient whose organic pathology contraindicated organic standard treatments.

Methods
We present the case of a 70 years old male patient sent because of conciliation and maintenance insomnia with an alternating pattern, and resistant to multiple treatments attempted on an outpatient basis, in the Liaison Psychiatry Service and in the Mental Health Center. Among the medical history point out: hepatic steatosis, hypertensive heart disease, dilated ascending aorta and acute right thalamic stroke with an atherothrombotic etiology five years earlier, which would be a contraindication to treatment with neuroleptics, as well as two episodes of spatial disorientation in familiar places. No other concomitant psychiatric disorders.

Results
After trying different combinations improvement was finally achieved with the combination of 200 mg / day of trazodone at 21 pm, 400 mg / day of gabapentin at 21 pm and 2 mg of clonazepam at bedtime. Initially this pattern only improved sleep maintenance insomnia, helping the patient to sleep up to 6 hours straight, but over the months it also made disappear conciliation insomnia.

We can not exclude insomnia as an early symptom of Parkinson’s disease in this case.

Conclusions.
Sleep disorders are highly prevalent among the aged adults, and in most situations have a difficult therapeutic approach.
The use of mood stabilizers such gabapentin may be a therapeutic drug to add to our arsenal option in such situations.
Ensure a high quality sleep, especially among this population, may improve the quality of not only functional but also cognitive and affective life.
INCIDENCE OF SUICIDE ATTEMPS IN ELDERLY
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Objectives
Suicide is one of the problems with the greatest impact on public health. Facts World Health Organization (WHO) show that more than one million people commit suicide every year in the world. Data from the National Statistics Institute regarding the year 2008 located in Spain to suicide as the leading cause of unnatural death, with 3,421 people dead (INE 2010). These impact are associated with high incidence of suicide in the elderly.
The incidence of suicide in old age is higher compared to other ages. This figure is determined by many factors, most of all are physical pathology and difficulties with family support.

Methods.
We analyzed data of incidence of suicide attempts in over 65 years in Spain, comparing important factors like living at home/retirement home, major medical illness, and psychiatric disorder. Illustration with cases admitted to acute inpatient psychiatry unit. Six cases were analyzed, men, all with concomitant somatic pathology, predominantly cardiovascular disease. All cases analyzed were living in a retirement home or going to live in a retirement home in the near future.

Results
Important association of physical illness with suicide attempts. All cases had short time living in retirement home. The pharmacological treatment were low-dose antidepressants. Half of them associating low-dose quetiapine for behavioral disorders associated with cognitive impairment.

Conclusions.
Lost family support can be considered today an important risk factor to suicide/suicide attempts in old people. Needing to evaluate anti-suicide guides in retirement homes.
PARANOID DELUSIONS IN PARKINSON’S DISEASE: A THERAPEUTIC CHALLENGE.

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Objectives: Delusions occur in about 5-10% of drug treated patients with Parkinson’s Disease (PD). Our aim is to report a case of acute paranoid delusions in a non-demented treated patient with PD.

Methods: Retrospective review of the clinical file.

Results: Our patient is a 69-year-old man, with no previous psychiatric history, diagnosed with PD 10 years ago. He was admitted to the inpatient psychiatric hospital for delusional thinking and aggressive behavior toward his family. He was convinced that his wife had betrayed him and was involved in a network of organs trafficking. He was anxious, fearing for his life. The psychotic symptoms began suddenly, two-weeks before his admission. He was euthymic, orientated, without any executive/cognitive impairment, and his Mini-Mental State Exam was normal. He had no visual hallucinations or other types of altered perception. Laboratorial analysis and brain magnetic resonance imaging were normal. Ropinirole and rasagiline were suspended at admission, and the dose of the combination of levodopa-carbidopa-entacapone was reduced, without worsening parkinsonism. As psychotic symptoms remained, antipsychotic treatment was started with clozapine (initially: 25 mg/day, increased gradually to 350 mg/day). We also started donepezil (increased gradually to 10 mg/day), with clinical improvement. He was discharged after 41 days, without psychotic symptoms.

Conclusions: Our case illustrates that delusions can be the only psychotic symptom in PD and that psychosis can occur in the absence of comorbid vulnerabilities (dementia, sleep disorder or depression). Treatment of PD-related psychosis is challenging. Only clozapine has a level I evidence to support its use, but it carries many black box warnings. Our clinical case supports that cholinesterase inhibitors may be useful, even in the absence of dementia. Since PD will be seen in ever greater numbers in our rapidly aging population, it is important to develop more specific therapies for PD-related psychosis.

References:
MILD COGNITIVE IMPAIRMENT, DEPRESSIVE SYMPTOMS IN ELDERLY LIVING IN COMMUNITY

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². De Sheng Men Wai Community Health Service Center, Beijing, P.R.China

Objectives China may have the largest number of elderly people with cognition impairments in the world. By 2012, there were 185 million people over 60 in China corresponding to 13.7% of the total population. Mild cognitive impairment (MCI) has been suggested as a term for a boundary area between normal aging and dementia. The aim of this study was to screen elderly living in the community for MCI, determine the areas of cognition affected, examine depressive symptoms, and associated factors.

Methods A cross-sectional descriptive study was conducted using the Montreal Cognitive Assessment (MoCA) and the Geriatric Depression Scale. The sample comprised 451 Chinese community dwellers aged 60 years or older (71.20±6.75 years old, 65.9% women, 78% 12 years of schooling).

Results 51.9% of elderly scored <26/30 on the MoCA, in keeping with mild cognitive impairment. Most impairments occurred for delayed recall, visual-spatial function, executive function, and abstraction. 13.3% of the elderly experienced mild depressive symptoms, while 4.7% of the participants have severe depressive symptoms. Depressive symptoms were negatively associated with level of cognitive status (r=-0.145, P=0.002). Logistic regression analysis showed that lower education level (OR 1.47, 95% CI: 1.02 to 2.15) and experience depressive symptoms (OR 1.82, 95% CI: 1.35 to 2.49) were predictors of mild cognition impairment (age and sex-adjusted).

Conclusions Mild cognition impairment is highly prevalent amongst Chinese elderly living in community. Education level, depressive symptoms are associated with the increase risk of cognitive decline. Routine assessment of cognitive function with adjustment of clinical management is indicated for this group of people.
ALCOHOL ADDICTION AND THE APPROACH IN OLDER PATIENT.

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². Universidad Autónoma de Nuevo León, Monterrey, Mexico.

Objectives: The main objective of this work is to discuss the growing problematic consume of alcohol in the elderly patients, and how the mental care providers can approaching this health and social problem, and also to discuss the most appropriates ways, for to make an impact in improving both, prognosis and adherence of treatment.

Methods: We revised and analyzed actual literature associated to with alcohol addiction in elderly patients, and discussed our own experiences with this mentioned group, in one youth addiction center. And we developed some suggestions about the most appropriated techniques and approaches for to meet this future challenge in the psychiatric practice.

Conclusions: Older adults are an underestimated and underdiagnosed in the consumption of alcohol and drugs referred population. Initial approaches focus on brief intervention and motivational interviewing to support the suspension or reduction of consumption, or to refer to specialized treatment.

This approach is ideal for treating older adults, hospitalization would be one option where the elderly were with other people your their age and where an activity program is focused according to their age, hobbies, social and psychological changes.

The physician or psychiatrist must ask questions about medical history and medication use for these, as well as diagnose psychiatric comorbidity to start handling.

Pharmacological approaches also have to adapt and focus on age, reducing the risks of adverse effects and interactions.

There are a variety of therapeutic alternatives in the treatment of substance dependence that have proven effective in the elderly withdrawal syndrome. Knowing and apply them individually, according to each patient's needs, can make the difference in prognosis.

References:

1 - Tanja C. Rothrauff, PhD Amanda J. Abraham, PhD et al. Substance Abuse Treatment for Older Adults in Private Centers, Substance Abuse, 2011, 32:7–15


USE OF RESTRAINT IN GERONTO PSYCHIATRY: A DESCRIPTIVE STUDY
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Faculty of medicine of Tunis, Tunisie
Mohamed Tahar Maamouri Hospital, Nabeul, Tunisia

Objectives
The aim of our work is to analyze the indication, the risks and modalities of restraint for ages subjects hospitalized in psychiatry.

Methods
A descriptive cross sectional epidemiological study was performed in two psychiatric services in which nurses were individually interviewed using semi structured questionnaire. Five topics were explored: indication and contexts, impact on the patient, caregivers-patient relationship, perspective on the practice and feeling of caregivers.

Results
Twenty nine nurses were recruited; they all had participated in experiments of restraint. The agitation and aggressiveness were the most frequent indication (75%), and the prevention of the fall for (35%). The emotional experience of nurses was predominantly negative type of frustration for (25%) and lack of feeling for (39%). 21% of the nurses declared that it’s essential to explain to the patient the modalities of the act before the restraint. 85% answered that they supervise systematically patients during restraint.

Conclusion
In our investigation we found that most frequent indication of restraint was to protect the patient and the environment but it must be made with caution and moderation to avoid complications.
DIFFERENTIAL DIAGNOSIS BETWEEN DEMENTIA AND DEPRESSION IN THE ELDERLY: A CASE REPORT.

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¹Psychiatry Department. Instituto de Investigación, Hospital 12 de Octubre, Madrid, Spain
²CIBERSAM. Spain.

Dementing processes may be misdiagnosed in elderly patients with depression. Common affective and cognitive symptoms and the blurred intersection between both syndromes make accurate diagnosis a difficult task for the clinician. We report a case of a 68-year-old woman who presents with psychomotor symptoms (oscillation between hypokinesia and psychomotor agitation), mutism and delusions in the previous 2 months. She is admitted to a Neurology Hospitalization Unit to rule out a rapidly progressive dementia. General brain atrophy and fronto-temporal hypoperfusion are found in neuroimaging tests, but no other signs supporting this diagnosis. She is finally admitted to our Psychiatry Hospitalization Unit and electroconvulsive therapy is administered due to her catatonic symptoms, with a favourable response. When symptoms subside she starts revealing intense anxiety and depressed mood and is finally diagnosed with Major Depressive Disorder with psychotic and catatonic features, which remits completely.

We review the literature regarding the differential diagnosis of dementia and depression in the elderly and the relationship between both clinical syndromes. Late-onset psychiatric disorders presenting with marked cognitive, behavioural or psychomotor symptoms may be difficult to distinguish from primary neurological disorders. Clinical and neuropsychological symptoms and structural and functional neuroimaging are key diagnostic elements, but it is sometimes treatment response what allows a definite diagnosis to be reached.

References
OBJECTIVE: To present the Portuguese Version of the TFI: translation and cultural adaptation, as well as internal consistency, test-retest reliability and construct validity in a sample of community dwelling elderly individuals.

METHODS: A cross-sectional study was designed using a non-probabilistic sample of 252 individuals aged 65 years and older. Translation and cultural adaptation were conducted according to the guidelines proposed by the International Society for Pharmacoeconomics and Outcomes Research. Preliminary studies were conducted in order to ensure face and content validity of the translated TFI. Internal consistency was assessed using the K-R 20 formula. Test-retest was examined by reassessing 74 participants two weeks after the first evaluation. Construct validity was done based on correlations between each TFI domain score (physical, psychological and social) and other measures (Body Mass Index/BMI, TUG test, hand strength, center of pressure/COP sway analysis, Mini Mental State Examination/MMSE, Geriatric Depression Scale/GDS-15, Geriatric Anxiety Inventory/GAI, and the Social Support Satisfaction Scale/SSSS).

RESULTS: Participants were mostly women (75.8%), with a mean age of 79.2 years (±7.3) and widowed (55.6%). Most of the participants (63.9%) received between one and four years of education. TFI internal consistency was good (K-R 20=0.78). Test-retest reliability for total score was also good (r=0.91), with Cohen’s kappa coefficients showing substantial agreement for most TFI items (ranging from 0.52 to 0.95). TFI physical and social domain correlated as expected with concurrent measures (BMI, TUG test, hand strength, COP sway and SSSS), while TFI psychological domain showed similar correlations with the latter physical and psychological (MMSE, GDS-15, GAI) tools.

CONCLUSIONS: The present findings provide encouraging evidence that the Portuguese version of the TFI is a valid and reliable measure for assessing frailty in the elderly. Further studies are required to test the TFI psychological domain’s convergent validity.
Objective

The Examen GérontoPsychomoteur (EGP) assesses psychomotor abilities of older people being a prerequisite of psychomotor therapy (Michel, Soppelsa & Albaret, 2010). The study purpose was to validate the EGP Portuguese version (P-EGP), for elderly populations and characterize the psychomotor profile of older people attended in institutional centers. Reliability and validity were already studied. The psychomotor profile involves 17 domains: static and dynamic balance, joint mobilizations, praxis, fine motor skills, body awareness, vigilance (alertness), perception, verbal and perceptive memory, time and space organization and communication. These domains will be related with parameters like age, gender, diagnostic, support needs, support system, medication, sports habits, therapeutic interventions and scholarity. It will also be related with cognitive, functional and socioeconomic data. We hypothesize that the sample majority will have moderate-severe psychomotor deficits, since these centers attend older people with high functional dependency.

Methods

This study’s design included validation and administration processes, following international guidelines including ethic approval and informed participant consent. The data collection started in 2012 and is planned to end in May 2014. All items were administered following the original protocol, adapted to Portuguese language. Cognitive, functional and socioeconomic statuses were also evaluated with MMSE, Barthel and Lawton Index and Graffar Index.

Results

Study results will be presented through a description of the 17 psychomotor domains in the people evaluated. We will also present the correlates between psychomotor domains and the cognitive, functional, socioeconomic, medical and personal items.

Conclusion

P-EGP appears to be an acceptable tool to use in elderly persons with and without dementia. We expect that our hypothesis will be confirmed. We will also address some psychomotor intervention aspects based on the results.
BENZODIACEPINES IN ELDERLY: OPPORTUNITY IN PRIMARY PREVENTION VERSUS POTENTIALLY INAPPROPRIATE MEDICATION.

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Objectives: To determine frequency of potentially inappropriate prescriptions of long term use of benzodiazepines in older adults consulting in a psychogeriatric section.

Methods: Study: descriptive, retrospective and cross-sectional. Sample: people older than 59 years old with admission at Psychogeriatric Section of Department of Psychiatry between June 2011 to January 2012. Methods: The psychogeriatrician conducted admission interview and diagnoses according to DSM-IV-TR/ICD-10 criteria. Long term use of benzodiazepines (LTB) is considered in this research those more than 24 months of continuous use. Tables with absolute (N) and relative (%) frequency of sample’s characteristics, use of benzodiazepines, diagnoses of mental disorders were prepared for the presentation of data.

Results:

<table>
<thead>
<tr>
<th>Demography</th>
<th>Total (Admissions)</th>
<th>LTB (&gt;24weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Absolute</td>
<td>61 50</td>
</tr>
<tr>
<td></td>
<td>Relative (%)</td>
<td>100 81,25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total (Admissions)</th>
<th>LTB (&gt;24weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feminine (F)</td>
<td>35 (57.37%)</td>
<td>27 (54%)</td>
</tr>
<tr>
<td>Masculine (M)</td>
<td>26 (42.63%)</td>
<td>23 (46%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Total (Admissions)</th>
<th>LTB (&gt;24weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69</td>
<td>17 (27.86%)</td>
<td>8 (16%)</td>
</tr>
<tr>
<td>70-79</td>
<td>25 (40.98%)</td>
<td>27 (54%)</td>
</tr>
<tr>
<td>over 80</td>
<td>19 (31.14%)</td>
<td>15 (30%)</td>
</tr>
</tbody>
</table>

Mood disorders such as major depressive disorder (N = 15, 31.04%), dysthymia and subsyndromal depression (N = 12, 23.28%) were the most common diagnoses (N = 27, 54.34%) of mental disorders in elderly with LTB. Secondary mild cognitive impairment, Alzheimer's dementia and mixed dementia (n = 23, 46.56%). Anxiety disorders such as generalized anxiety disorder, panic disorder, agoraphobia and anxiety disorder unspecified (N = 19, 38.80%) constitute the third group.

Conclusions: LTB of the elderly people sample was characterized by a very high prevalence, higher among males, increased to 70 years, use of long half-life benzodiazepines such as Clonazepam, and mainly diagnosis of mood and cognitive disorders. This research explicit the need to raise awareness among professionals about the risks of LTB as potentially inappropriate prescribing in elderly by Beers criteria as well as on the absence of prevention on adverse events of this drugs in elderly.
ESQUIZOFRENIA TARDÍA: A PROPÓSITO DE UN CASO
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**Objetivos** Un tema de gran controversia actualmente es la validez de la aplicación del diagnóstico de esquizofrenia en pacientes ancianos. Debido a esto se publicó un consenso de expertos en el año 2000. (1)(2) El objetivo es revisar a partir de un caso clínico las particularidades de esta entidad nosológica.

**Metodos** Descripción de un caso. Revisión de la bibliografía más relevante sobre el tema mediante búsqueda en PUBME, limitado a los estudios de mayor jerarquía científica.

**Resultados** Se describe la existencia de sintomatología psicótica compatible con esquizofrenia tardía y su manejo terapéutico con Terapia Electro Convulsiva y neurolépticos atípicos.

**Conclusiones.**
- Se plantea en ocasiones un controvertido diagnóstico diferencial entre distintos trastornos psiquiátricos, según los sistemas de diagnóstico al uso. Estos pacientes cumplirían criterios para esquizofrenia, ya que la existencia de ideas delirantes bizarras y las alucinaciones harían menos probable el diagnóstico de trastorno delirante. (1)
- Reflejar la preponderancia del sexo femenino asociada a déficit sensorial, menor incidencia de síntomas negativos y alteraciones formales del pensamiento en ausencia de trastornos cognitivos generalizados y progresivos de esta patología. (2)
- La eficacia clínica de la TEC en los ancianos ha sido ampliamente documentada, siendo de indicación, en situaciones de estado general crítico. (3)

**Bibliografía:**


ANTIDEPRESSANT TREATMENT AND RISK OF EMERGENCY ADMISSION IN MEDICAL UNITS IN PATIENTS 65 YEARS OR OLDER

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2 Hospital Monte Naranco. Hospital Universitario Central de Asturias, Oviedo, Spain.

Objective: To determine the impact of antidepressant treatment as independent protective factor for emergency hospitalization in people aged 65 and over.

Methods: All patients aged 65 and over, who required urgent attention for medical reasons at the Emergency Department of the Hospital Parc Taulí for the period between January and October 2012, were included in the study. From a total of 36176 medical emergencies attended in this period, 15791 (43.65%) of them corresponding to people aged 65 and over, of whom 25.93% were admitted. Sociodemographic variables, medical history, polypharmacy, cognitive pathology and toxic consumption were obtained. Likewise, the current psychopharmacological treatment was collected. Calculation of the necessary sample size was performed to obtain significant differences. A simple randomization was performed using the program R. Subsequently, a descriptive statistical analysis and parametric tests using SPSS version 21 program were conducted.

Results: 674 patients (53% women) were evaluated, with a mean age of 78.45 years (SD 7.93). Up to 27.6% of cases (71% women) were receiving antidepressant treatment. 83 individuals (24.6%) among the total number of admitted patients (337), and 103 cases (30.6%) among the patients who were not admitted, previously used antidepressant treatment. After a comparative analysis, the relationship between the previous use of antidepressant treatment and being admitted to hospital was not statistically significant in our global sample. However, this relationship was statistically significant among the group of sample aged 75 and over ($\chi^2=6.610$, fd=1, sig. 0.012).

Conclusions: Antidepressant treatment is associated with a decreased risk of hospital admission for urgent medical conditions in people aged 75 and over. This may be a protective factor against their admission at Emergency department and potentially may be a quality criterion to prevent complications in this population group.
A COMPARATIVE STUDY OF ADDITION THERAPY IN OLDER DEPRESSED PATIENTS WITH EXECUTIVE DYSFUNCTION.

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Objectives
The 'Depression Executive Dysfunction Syndrome' afflicts a considerable number of depressed elderly patients and may be resistant to conventional pharmacotherapy. We studied aripiprazole or bupropion as an adjunct to antidepressant treatment for episodes of depressive disorder occurring in older depressed patients (over 70 years old) with executive dysfunction.

Methods
The design was a 12-week, parallel-group, double-blind addition of aripiprazole or bupropion to ongoing antidepressant therapy. Patients continued their current antidepressant treatment (only one sertraline) at the same dose they were receiving when they entered the study. Executive functions were assessed with Controlled Oral Word Association Test and the Korean Stroop Color-Word Test and Trail Making Test part B. Depressive symptoms were measured by Korean Geriatric depression scale (K-GDS), Quick Inventory of Depressive Symptomatology-Self Report (QIDSSR).

Results
250 patients participated. A total of 182 patients completed the study. At endpoint (12 weeks), the mean change from baseline in QIDS-SR total score was -25.3 for patients treated with aripiprazole (n = 103) and -13.7 for patients with bupropion (n = 79). Abnormal Controlled oral word association test, abnormal Stroop Color-Word scores and were associated with an favorable response of geriatric depression to add-on treatment with aripiprazole.

Conclusions.
Improvement of frontal lobe dysfunction were found after supplementation of aripiprazole in geriatric depressive patients with executive dysfunction.
A CASE OF GERIATRIC MENTAL DISORDER, EXHIBITED LONG REFUSAL OF FOOD, DIFFERENTIATED FROM DEMENTIA IN THE COURSE OF DIAGNOSIS
S. Hidese
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Objectives Chronic refusal of food has been seen in depression phase of psychoneurosis, reactive depression, bipolar depression, and schizophrenia. This presentation elaborate psychopathology and psychiatric semiology of refusing food through an old age female patient with anorexia prolonged over one year.

Methods At the age of 54, hypophagia and insomnia have begun. She has been exhausted in care of her mother suffered from dementia. At X-11 year, she was admitted to general hospital A, complained "Be manipulated by robot." "Bomb is embedded in my body." Delusion of persecution disappeared with antipsychotics, but drug-induced parkinsonism easily occurred. After discharge, she re-admitted to hospital A at X-7 year, because dysphagia and anxiety recurred. At X-2 year, she admitted to psychiatric hospital B, complained "Hear footsteps." "Persued by man." as hallucinations. HDS-R was 13 points. At X years, she transferred to psychiatric hospital C, at the age of 67, with somatic complaints such as tremor, stomach pain, and palpitation.

Results Mild cortical brain atrophy was showed in MRI, and MMSE was 20 points. Solid meal eating became difficult at X+1 year. Other than ingestion of water and elemental jelly became impossible. Antidementia medicine, antidepressants, anxiolytics, herbal medicine were all invalid. MMSE improved to 24 points. Decreased accumulation, at myocardium in MIBG scintigraphy, at frontal lobe in brain SPECT imaging, were showed respectively. Dementia and parkinsonism were excluded in second opinion consultation at neurological clinic D. Malnutrition due to mental illness was suspected as a result.

Conclusions This case was presumed to be based on delusion associated with involutional melancholia. Genuine dementia, including dementia with Lewy bodies, was discriminated. Pseudodementia was considered instead. Diagnosis of late paraphrenia with cognitive dysfunction and minor brain organic change was estimated in conclusion. (285 words)
INTERCONSULTING PSYCHIATRY IN AGED PATIENTS: A DESCRIPTIVE STUDY

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²Hospital Universitario 12 de Octubre, Madrid (Spain)
³Hospital Universitario Vall d'Hebrón, Barcelona, Spain

Objectives:
To identify and describe the main causes and characteristics of psychogeriatric consultation at a General Hospital in Madrid.

Methods:
Evaluation of clinical data obtained from Medical Histories of 227 >65 years-old patients of a General Hospital attended by the psychogeriatric Unit during a year. Evaluation of sex, age, psychiatric diagnostic based on DSM IV criteria, comorbidity, previous medical and psychiatric treatment, further medical and psychiatric treatment, time of stay and service petitioner. Descriptive analysis with the SPSS program.

Results:
The most frequent cause of consultation based on the patient's medical opinion is "depressive mood" (41%), followed by "anxiety" (7%), and "confusional state" (6.6%). 41.2% had a previous history of psychiatric disorders. Cardio-circulatory disease was found to be the most frequent comorbid pathology (26%) followed by respiratory (13.1%) neurological and digestive problems (8.8 and 9.3% respectively). After completing the psychiatric assessment the most frequent diagnosis based on psychiatric criteria is "mixed type adaptative syndrome" (20.4%), followed by delirium (18.1%). 57.1% of patients were evaluated for <5 days, and only 2.2% for >30 days.

Discussion:
Phenomenon of aging of population and its economic and social effects has changed the different pathologies approach. Specialised teams in Psychogeriatry have lately appeared in many Psychiatry Services with an important role in consultation of other medical services. Identification of patients whose characteristics are homogeneous in some consultations could help us to improve the approach of these patients and use economic resources in a better way.

References:
TRAJECTORY OF DEPRESSION IMPROVEMENT WITH ELECTROCONVULSIVE THERAPY (ECT): PRELIMINARY DATA FROM PHASE I OF THE PRIDE STUDY

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Objectives
ECT is regarded as the fastest antidepressant treatment with remission rates of 60-70% after 2-3 weeks (6-9 ECT). What is less widely known is that substantial improvement in depressive symptoms can occur in the first week of treatment. We report change in depression ratings after the first 3 ECT from the Prolonging Remission in Depressed Elderly (PRIDE) study.

Methods
PRIDE is an NIMH-supported, multi-site study in which unipolar depressed geriatric patients receive ultrabrief pulse (UBP) right unilateral (RUL) ECT augmented by venlafaxine. Ratings are made at baseline and before each ECT the Hamilton Rating Scale for Depression 24-item (HRSD24), which assesses a full range of depressive symptoms. In the trial, response is defined as a decrease of ≥ 50% decrease of scores and remission as a score of ≥ 10 on 2 consecutive ratings.

Results
As of December 2013, 200 patients had entered Phase I of PRIDE. The mean baseline HRSD24 was 31.6 and the mean age was 70. Fifty-seven percent of patients met criteria for melancholia. After 1 ECT 11% of patients responded, after 2 ECT 29% responded, and after 3 ECT (one week) 42% responded. After 2 ECT, 9% of patients had remitted and after 3 ECT 19% had remitted.

Conclusions
ECT works quickly and reliably to decrease depression severity. A more benign form of ECT, UBP RUL ECT, has potent and rapid antidepressant effect. UBP RUL ECT may be a particularly good choice for geriatric depressed patients.
ECT IN THE ELDERLY - THE EXPERIENCE OF THE ELECTROCONVULSIVE UNIT AT MAGALHÃES LEMOS HOSPITAL
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Objectives: Electroconvulsive therapy (ECT) played for the past 75 years an important role in the treatment of various psychiatric and neuropsychiatric disorders and it is particularly relevant in patients with severe disease who develop resistance to psychopharmacological treatment. Despite being a safe and effective treatment there remains some controversy particularly with regard to the use of this technique in the elderly. Although in recent years there has been a growing interest of the scientific community on the use of ECT in patients over 65 years old, probably due to its favorable safety profile and tolerability, there are few data on the use of electroconvulsive therapy in this population in Portugal. This study aims to describe the clinical and socio-demographic characteristics of a population of patients over 65 who underwent electroconvulsive therapy in the HML electroconvulsive unit between 2006 and 2013.

Methods: The authors performed a retrospective analysis of a sample that comprised a total of 42 patients. The data relating to socio-demographics, clinical diagnosis, indications for ECT, standard treatment response and adverse effects were subsequently statistically analyzed using SPSS software.

Results/Conclusions: In the population over 65 years old ECT is used mainly in the treatment of serious diseases and those that respond poorly to psychopharmacological treatment. This treatment proved to be particularly safe and effective in this population. However, despite the fact that recent changes in the administration technique have decreased the risk of serious side effects, elderly patients continue to be particularly sensitive to cognitive side effects.
AGING WITH DOWN SYNDROME: A LONGITUDINAL EVALUATION OF COGNITION.

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Alzheimer’s disease often affects older adults with Down syndrome. Given the cognitive deficits related to intellectual disability, longitudinal comparisons of individual performance can be useful for evaluating cognitive decline and for diagnosing dementia.

Objective: Evaluate the combined use of the longitudinal assessment of the Cambridge Cognitive Examination (CAMCOG) and Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE).

Method: 21 individuals with Down syndrome over 35 years of age were randomly selected. Using the CAMCOG and the IQCODE, we evaluated subjects at baseline and over a two-year follow-up period. Diagnoses were made on the basis of ICD-10 and DSM-IV criteria.

Results: Two of the 21 subjects were diagnosed with Alzheimer’s disease. Excluding those two cases, we found that the mean rate of change in CAMCOG score was $-1.947$ (SD = 4.415), cognitive decline in agreement with the findings of studies in the general elderly population. Multivariate linear regression analysis of the CAMCOG scores and multivariate logistic regression of the IQCODE scores to identify associations between the remaining variables investigated revealed a direct correlation between cognitive decline and behavioral changes (CAMCOG, $\beta = -5.71$, 95\% CI: $-9.453$; $-1.976$, $P = 0.005$—IQCODE, $\beta = 2.708$, 95\% CI: 1.031; 218.300, $P = 0.047$). We also found that IQCODE scores worsened in parallel with behavioral changes in the presence of bereavement ($\beta = 3.584$, 95\% CI: 1.803; 18.678, $P = 0.019$).

Conclusions: The longitudinal comparison of the combined use of the CAMCOG and the IQCODE appears to enrich the analysis of cognitive decline in patients with Down syndrome. The concordance between the cognitive decline found in our sample and that reported in studies of the general population indicates that, although the rate of decline might be similar, such decline occurs earlier in individuals with Down syndrome than in the general population.
MUSICAL HALLUCINATIONS ("CUANDO SALÍ DE CUBA")
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OBJETIVES
The purpose of this work is to report an unusual case of musical hallucinations and review the literature available about this issue. Musical hallucinations are a kind of auditory hallucination lying on the borderline between psychiatry, neurology and otorhinolaryngology, which could be more complicated to treat correctly.

METHODS
Studies were identified by searching through Pubmed using “auditory hallucinations”, “musical hallucinations”, “temporal lobe” and “hypoacusis”. We present the case of an 81 years old patient with auditory musical hallucinations (always the same song “cuando salí de cuba”), with no evidence of prior psychiatric or neurological symptoms or family history. These symptoms were manifested for a year and, the last 3 months, she also started to hear imperative command verbal hallucinations. The electroencephalogram showed and epileptogenic region localized at the temporal lobe. She presented poor response to the commonly used drugs.

RESULTS
Analogenes and differences, pathophysiology and review of the literature are discussed. Many case reports have been published to the date, but is still missing an accepted common theory of musical hallucinations. They occur most frequently in females, over 60 years old and when there is a loss of hearing, but their pathophysiology has still to be unravelled.

CONCLUSIONS
Usually the patients with musical hallucinations are wrongly linked to mental disease. Is important to initially explain that are not necessarily a psychiatric nature and realize a complete differential diagnosis between psychiatry, neurology and otorhinolaryngology.

REFERENCES
CORRELATION BETWEEN THE REASONS FOR CONSULTATION AND DIAGNOSIS IN LIAISON PSYCHIATRY SERVICE IN ELDER PATIENTS
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Objectives
Search concordance between reasons of consultation and diagnoses made by the Liaison Psychiatry Service in patients aged sixty-five or more.

Material and methods
A retrospective analysis of consultations of one hundred patients aged sixty-five years or more admitted to any service, except for Geriatrics and evaluated by the Liaison Psychiatry Service from October 2012 to May 2013 was performed. A descriptive analysis of the sample was made, considering different variables.

Results
The mean age was 78.38 years (standard deviation 6.54) with 45 % male and 55 % female. We divide the complaints in different subtypes (affective psychosis, anxiety, cognitive impairment, etc.), being affective the most frequent (42%). The most common service which demanded consultation was Internal Medicine (65 %) and the diagnosis of delirium was the most repeated (17%). Concordance between causes and clinical judgment was of the 5%.

Discussion
Our case series is one of the most numerous. We found, as described in the literature, that elderly patients are a diagnostic challenge for health professionals. We excluded patients admitted to Geriatrics in order to carry out further studies, so we could compare results between different samples.
CAN DONEPEZIL INDUCE AN EPISODE OF PSYCHOTIC MANIA?
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Introduction: The incidence of secondary mania in geriatric population is low and there are few cases described in the literature about onset of symptoms of mania and anticholinesterase administration. The changes produced by donepezil on central cholinergic system may produce a secondary alteration of the noradrenergic and dopaminergic system as well as other neurochemical routes, and can cause symptoms of manic type, even in patients without a history of affective disorders. Here we report an 85-year old woman with a previous diagnosis of Alzheimer's disease, treated with donepezil who developed mania symptoms and subsequent literature analysis.

Methods: Literature sources were obtained through electronic search of articles reporting clinical cases suggesting a possible relationship between donepezil and episodes of psychotic mania. All of them were available through PubMed database and published during the last five years. We used the following keywords: Alzheimer's disease, Cholinesterase inhibitors, Donepezil and psychotic mania.

Results: There is only minimal literature in mania induced by donepezil. There are several cases reported, but there are not systematic studies exploring such suggested relationship.

Conclusion: In the case we describe the close temporal relationship between the initiation of treatment with donepezil and the onset of mania and rapid resolution of the symptoms when discontinued donepezil suggest a causal relationship.
LATE ONSET-DEPRESSION - A NEW TYPE OF DEPRESSION? CASE REPORT AND LITERATURE REVIEW
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Objectives

To describe a clinical case of late-onset depression, and make a revision of the literature taking into special account the recent findings.

Methods

Search in the PubMed/MedLine database with the following key words: “late-onset depression”.

Results:

Late life depression (LLD) refers to early-onset depression that manifests itself recurrently lifelong and late-onset depression that includes individuals whose first episode occurred later in life.

In late life, clinical manifestations of depression seem to have a different pattern. LLD is also associated with brain changes and neuropsychological findings independent of other neurodegenerative states. These differences are more explicit when late-onset depression is considered.

The motto of this work relates to a clinical case of a 72 years old man. He was referred to the psychiatric consultation by his General Practitioner for asthenia, adynamia, suicidal ideation and mnesic complaints. He has a personal history of dyslipidemia and hypertension. The symptoms started when he had to close his business due to financial difficulties. It has been observed sadness, hopelessness, initial insomnia, apathy, anhedonia, nonspecific somatic complaints and later, suicidal ideation. Initial MMSE score was 21/30 and the clock drawing test (CDT) score was 2/9. After 1,5 months of antidepressant treatment his clinical state had improved. MMSE was now 23/30, but CDT had the same score.

More investigation was performed to characterize the impairments that remain, and other diagnostic questions have been raised.

Conclusions:

Late-onset depression seems to have a different etiology. The role of vascular changes, particularly the amount of white matter hyperintensities observed on T2-weighted MRI and their location, appears to be important, apart from the hypothesis that this represents a prodromal state of a neurodegenerative process in progress. However, the late-onset depression seems to have different clinical, neuropsychological, neuroanatomical and prognosis characteristics of neurodegenerative processes.
MENTAL HEALTH IN LATE-LIFE
DATA FROM AN ITALIAN POPULATION-BASED STUDY
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Objectives
To describe the occurrence of both mental health disorders, psychiatric symptoms and suicidal ideation in a community-dwelling population aged 75+.

Methods
A sample of 462 older subjects was retrieved from the cohort of the Faenza Project1. All subject included were administered the Cambridge Mental Disorders of the Elderly Examination-Revised2, the Mini-Mental State Examination (MMSE) and the Scale for Suicide Ideation3. The Chi-square and the Student’s T Test for independent sample were used respectively to compare frequencies and means among groups.

Results
Dementia and Generalized Anxiety Disorder (GAD) occurred in almost one out of five participants (19.0%; CI: 15.0-23.0; 20.7% CI: 16.1-23.9; respectively). MDE was observed in 4.2% of the sample (CI: 2.4-6.0). CIND (operationally defined for a scores ≤1 standard deviation than the age-and education-adjusted mean MMSE)4 was present in 11.3% of the non-demented sample. Psychotic symptoms emerged in 7.2% of the sample (18 persons affected by dementia, 3 by MDE, 3 by GAD and 10 isolated). Last, 13.1% felt that living was not worthy (95% CI: 8.0-14.0) and 7.3% had suicidal thoughts (95% CI: 4.0-8.0).

Conclusion
In our population one mental disorder is diagnosable in one out of 3 community-dwelling elderly. GAD and dementia are the most common ones.

Reference
THE NEEDS OF OLDER PEOPLE IN RESIDENTIAL CARE AND THEIR RELATION TO COGNITIVE DEFICIT
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Objectives: Little is known about the needs of institutionalized individuals, many of whom suffer from dementia. Unmet needs are related to decreased quality of life, increased distress, disruptive behaviours and increased costs of care. The aims of this study were to identify the met and unmet needs of people living in residential care and analyse their relation to cognitive function.

Methods: A cross-sectional study was conducted with an institutionalized sample (≥50 years) recruited from three Portuguese residential homes. All permanent residents were eligible, however those with delirium, who were terminally ill or who refused to participate were not included. The Mini Mental State Examination (MMSE) was administered for cognitive assessment and needs by the Camberwell Assessment of Needs for the Elderly (CANE). Each resident and a respective staff member were interviewed to indicate the resident’s current needs.

Results: The final sample included 175 subjects with a mean age of 80.6(sd=10.1). The majority were female (90%), single (32%), with low education (86%, 0-4 years), institutionalized for 7(sd=11) years on average, and 58.7% presented cognitive deficit (MMSE). The average number of needs was 12.3(sd=3.5). The most frequent unmet needs were: Daytime activities (73.1%), Eyesight/Hearing (67.4%), Psychological distress (52.0%), Company (40.6%) and Memory (37.1%). A significant negative correlation between the MMSE score and the total of met (r_s=-0.425, p<0.001), unmet (r_s=-0.369, p<0.001) and global needs (r_s=-0.565, p<0.001) was found.

Conclusions: Needs that were more likely to be met were those of a basic nature. Needs for individualized activities, emotional and social needs, despite their importance were not receiving appropriate support in this sample. Individuals with cognitive deficit presented consistently more needs that those with normal cognition, requiring appropriate interventions.
BEHAVIOURAL/PSYCHOLOGICAL SYMPTOMS AND NEEDS OF OLDER PEOPLE IN RESIDENTIAL CARE
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Objectives: An accurate assessment of behavioural and psychological symptoms of dementia/BPSD and the assessment of needs are emerging as a fundamental basis for health and social policy definition and intervention. Both BPSD and unmet needs are related to increased costs of care and amenable to improvement through intervention. This is of particular relevance in institutional settings. The aim of this study was to analyze the relationship between BPSD and met and unmet needs in a sample of elderly institutionalized subjects.

Methods: A cross-sectional study was conducted with a sample of institutionalized subjects (≥ 50 years old) recruited from three Portuguese nursing homes. All permanent residents were eligible. However, subjects with delirium, or who were terminally ill, those who refused to participate or were unable to speak Portuguese were not included. Participants were assessed using the Neuropsychiatric Inventory/NPI for BPSD, and for needs with the Camberwell Assessment of Needs for the Elderly/CANE. Additionally all participants were screened for cognition and disability.

Results: The final sample included 166 subjects, the majority of whom were women (90%), widowed (51%), with a mean age of 80.9 (sd=10.2) and with low education (86% ≤ 4 years). Over half (64%) had been institutionalized for between 1 and 4 years. The most frequent neuropsychiatric domains identified were: Sleep/nighttime behaviour disorders (54%), Delusions (22%) and Depression/Dysphoria (19%). The most common unmet needs were: Daytime activities (73.1%), Eyesight/hearing (67.4%) and Psychological distress (52.0%). There was a significant correlation between the total score of NPI and unmet and global needs ($r_s=0.181$, $p<0.05$; $r_s=0.254$, $p<0.01$, respectively). No correlation with met needs was found.

Conclusions: In this sample more BPSDs were associated with higher unmet and global needs. This highlights the importance of an early assessment of these symptoms, focused on timely psychological and pharmacological interventions, in order to cover unmet needs.
DEPRESSION IN ELDERLY PATIENTS: A DESCRIPTIVE STUDY IN A BASIC HEALTH AREA
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OBJECTIVE: The aim of our study was to determine the typical profile of elderly patients in the psychogeriatric program of our basic health area in order to improve protocols and treatment and therefore therapeutic efficacy.

METHODS: A descriptive cross-sectional study. The sample included patients older than 65-years of age who were admitted for the first time to our clinic. We use for their evaluation, in addition to the formal clinical interview, a battery of screening tests and measurement: MMSE, CGI, EDA (Yesavage abbreviated), Barthel index, Lawton index and Hamilton scale for anxiety.

MAIN RESULTS: The patient profile is mainly a 70-years old woman, married, with few activities and social relationships outside the family, no psychiatric history of MDD and low educational level. Referral to mental health services was done overwhelmingly from primary care and anxiety as the main complaint. More detailed information will be provided at the meeting.

CONCLUSIONS: Based on data obtained from our study, better coordination between several professionals who care for our patients (primary and specialty care), using better evaluation measures for a correct diagnosis and treatment and thus get less psychiatrization of frequents symptoms of a growing population group in our society are required.
**DRUG USE HAS NO AGE LIMIT**

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**Objectives:** Substance use disorder is a growing phenomenon among older adults. This remains misidentified, under-diagnosed and poorly treated. Most common disorders are anxiolytic/hypnotic drugs and alcohol abuse or dependence. The use of illegal drugs is not as common in geriatric population but consumption is increasing. There are different elderly addicts: chronic drug users that get older, casual users that increase consumption due to life circumstances, non-addicted patients who begin regular consumption on later ages and elderly patients with medical pathology or psychopathological disorders that may develop a dependency in relation to the theory of self-medication. The present study aimed to describe an outpatient elderly population who seek treatment for drug issues in Vall Hebron Hospital.

**Methods:** Identify, evaluate and describe the results of a group of 111 elderly patients (between 55 and 78 years-old) who seek for treatment in our drug outpatient unit.

**Results:** 68% male and 32% female. Alcohol dependence criteria (79%), benzodiazepines (9%), cocaine (8%), opiates (12%), methadone (10%), cannabis (12%) and nicotine (64%). Out of the 111, 65 completed the evaluation process with the following data: alcohol consumers tend to maintain that consumption through their lifetime. Something similar happens with opiates (including methadone), were prevalence remains. Cannabis users often leave consumption as they get older. A late start in the use of anxiolytic and hypnotic drugs has been identified as well as a double peak of consumption (in young and older adults) of stimulants, mainly cocaine. Comorbidity was also assessed, highlighting mood disorders (51%) and anxiety disorders (17%). Cluster C predominating was also identified in this sample (10%).

**Conclusions:** Drug consumption among elders is not a rare occurrence that gets sometimes missed when exploring the patient. Its diagnostic and the disorder development are critical, since they can present psychopathological or medical complications secondary to it.
WPA-0114 VALIDATION OF A SURVEY OF DEPRESSION, BY THREE VERBALLY ASKED QUESTIONS (EPD-3PO), FOR THE DEPRESSION DETECTION IN ELDERLY PATIENTS

J.A. González Cáceres

Objective: To determine the diagnostic accuracy of a Survey of Depression, by Three Verbally Asked Questions (EPD-3PO), for screening for depression in elderly patients.

Design: Observational and cross-sectional criterion standard validation study. For the validation of a survey (EPD-3PO), administered by means of a personal interview, in 270 patients aged 65 years old or older. Applied by two Family Physician, of Havana City, Cuba.

Participants: 270 consecutive elderly patients (50%) and at home (50%), not taking antidepressant drugs and capable psychically.

Main outcome measures: Sensitivity, specificity, and likelihood ratios of the EPD-3PO, compared with the Yesavage Geriatric Depression Scale (GDS).

Results: The three screening questions showed a sensitivity and specificity of 96% (95% confidence interval, 94.03% to 98.83%) and 77% (71.91% to 82.30%), respectively. The likelihoodratio for a positive test was 4.21 and the likelihood ratio for a negative test was 0.05. Overall, 20.74% (56/270) of the patients screened positive for depression.

Conclusion: The results indicate that the EPD-3PO, for screening for depression in elderly patients, would detect most cases of depression in general practice, and offers an excellent sensibility and reasonable specificity.

The EPD-3PO is a clinically useful instrument for the detection of major depression in elderly patients in primary care.

Keywords: Primary care, depression, screening, diagnostic test, elderly patients, validity, reliability.

Head words: Screening for depression in elderly patients.
This article presents the results of a research carried out under the project: "Loneliness, depression and quality of life of vulnerable groups of the City of Portalegre". The data presented refers to the discussion of the biopsychosocial factors associated with health status, the phenomenon of depression and feelings of loneliness. The methodology was based on the collection of information through a questionnaire to 123 elderly residents in Portalegre historical area. The results indicate that the elderly perceive their health according to gender. Regarding the performance of activities of daily living we identified a high degree of autonomy in the elderly included in the sample. There is evidence that increasing age is associated with a progressive loss of autonomy. Regarding the existence of symptoms of depression were identified, especially among elderly women and a tendency to increase in symptoms associated with age.
Background and aims: The aim of this study was to build a structural model to explore the predictors of adjustment to aging (AtA) in a community-dwelling older population.

Methods: A community-dwelling sample of 1270 older adults aged between 75 and 102 years answered a questionnaire to determine socio-demographic (sex, age, professional and marital status, education, household, adult children, family's annual income, living setting and self-reported spirituality), lifestyle and health-related characteristics (perceived health, recent disease, medication and leisure). Several instruments were used to assert psychological variables, namely AtA, sense of coherence and subjective well-being. Structural equation modeling was used to explore a structural model of the self-reported AtA, encompassing all variables.

Results: Significant predictors are self-reported spirituality ($\beta = .816; p < .001$), perceived health ($\beta = .455; p < .001$), leisure ($\beta = .322; p < .001$), professional status ($\beta = .283; p < .001$), income ($\beta = .230; p = .035$), household ($\beta = -.208; p = .007$), sense of coherence ($\beta = -.202; p = .004$) and adult children ($\beta = .164; p = .011$). The variables explain respectively 60.6% of the variability of AtA.

Conclusions: Self-reported spirituality is the strongest predictor of AtA. This study emphasizes the need for deepening the variables that influence older adults' AtA, in particular perceived health and further lifestyle-related characteristics, as being relevant for promoting aging well in later life, within a salutogenic context for health care.

Keywords: Adjustment to aging; older adults; predictors; subjective well-being; sense of coherence; structural equation modeling
Objective: To identify the presence of Burnout Syndrome in health professionals of a Long-term Stay Institution for the Elderly, and the factors that influence their appearance.

Method: descriptive transversal study with the application of socio-demographic questionnaire, the Maslach Burnout Inventory (MBI), the Work Context Inventory (WCI) and the Beck Depression Inventory (BDI). Univariate analyses explored the relation of variables for inferential study.

Results: 171 professionals with an average age of 37.6 years, 84.8% female. 34% presented moderate to serious levels of burnout, 7.6% have moderate to serious depression and 61.8% see the work environment as influencing their labor health. For profession, the doctors reached high average scores (p<0.01) and, regarding shift, those who work for 08 hours have the highest results (p<0.01), being prone to the development of burnout. The non-recognition of the work carried out also predisposes the subjects to the development of burnout (p<0.01). The work context is another factor that interferes in burnout syndrome (p<0.01). There was no connection between the depression levels with the results obtained in the burnout syndrome scale.

Conclusion: Of all the variables looked at, shift, profession, work context and mainly, work recognition, have proven to be determinant in the production of burnout.

WPA-0177 PERCEPTION BY THE HEALTH TEAM OF A LONG-TERM STAY INSTITUTION FOR THE ELDERLY (LTSIE) OF THE WORK CONTEXT

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Objective: To verify how a work team of an LTSIE sees their work environment.

Method: descriptive transversal study with the application of socio-demographic questionnaire and the Work Context Inventory (WCI). Descriptive analyses explored the study’s variables.

Results: 171 professionals with an average age of 37.6 years, 84.8% female. 44.6% of the sample see the work environment as harmful to their laboral health. When we establish damage levels of this influence, we see that: 38.2% feel the interference lightly; 55.4% moderately and 6.4% at a serious level. 72.7% notice the frequency of Function Ambiguity; 96.6% see the Organizational Structure as harming the work environment; 97% feel harmed by the Quantitative Work Overload; the interference for 98.8% is from the Qualitative Work Overload; 83.8% see their Career Development being harmed in this work environment; and 88.7% feel the Interpersonal Relationships interfering in the work environment.

Conclusion: The uniqueness of the work context at LTSIE * which hence leads to constant contact with pain, suffering, abandonment and death and favors emotional bonds due to permanent contact with these patients * demands from the professionals an adequate ability to deal with the inherent situations in their work.

WPA-0346 PREDICTIVE ROLE OF COGNITION ON THE FUNCTIONAL ABILITY IN OLDER PEOPLE: THE ROLE OF DEPRESSIVE SYMPTOMS
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Background and aims: Research has shown that cognition is related to functionality in older people. Little is known about the role of depressive symptoms on this association with Portuguese elders. We want to analyze the mediator model of depressive symptoms in the relationship between cognition and functionality in older people.

Methods: We assessed 932 general community and institutionalized elderlies at Coimbra district, with a mean age 78.89 years (SD = 8.36), using the Montreal Cognitive Assessment/MoCA, the Geriatric Depressive Scale/GDS, and the Geriatric Functionality Scale/GFS. Mostly of them were women (77.8%), without a partner (76.6%), and with no/less than four years of formal education (82.5%).

Results: MoCA predicted functionality [F (1, 551) = 47.19; β = 0.58; p < 0.001], and the linear regression analysis showed that when the mediator was added in, the predictor Beta was reduced to 0.43, though still significant, suggesting the existence of a mediator effect of GDS. The Sobel test showed that this indirect effect was significant (z = -5.99, p < 0.001).

Conclusions: These results confirm the role that depressive symptoms play on the relationship between geriatric cognitive functioning and functionality, pinpointing the importance to target interventions to depression in elderly people.
Background & Aims: Develop and validate a new 20-item-7-minute functional ability screening scale (Geriatric Functionality Scale/GFS) for elderly.

Methods: A total of 383 subjects (general community and institutionalized elderlies) were classified as normal, mildly, moderately or severely functionally impaired based on functional symptoms related to the number of medical symptoms, and cognitive level.

Results: GFS was internally consistent (α = 0.91) and all of the corrected item-total correlations were above 0.3. The PCA, Monte Carlo analysis, and scree plot revealed a meaningful one-factor solution, explaining 57.1% of the total variance (Bartlett's p < 0.001; KMO = 0.94). Items loaded quite strongly (> 0.46), with the exception of two items (> 0.33). GFS correlated with the number of medical symptoms (r = −0.39; p < 0.001), and the cognitive level (r = 0.52 to 0.57). GFS significantly (p < 0.001) distinguished between community (M ± SD = 19.50 ± 2.26) and institutionalized elders (M ± SD = 12.12 ± 5.83).

Using a cutoff score of 13, the GFS had a sensitivity of 80% and a specificity of 40.2% to detect mildly impairment (AUC = 0.61). In the moderately group, the sensitivity was 74.4% and specificity 58.1% with a cutoff of 15 (AUC = 0.68). In the severely functionally impaired group, the sensitivity was 80.0% and a specificity 87.8% with a cutoff of 12 (AUC = 0.87).

Conclusion: The GFS represents a reliable and valid functional ability screening scale for elderly populations.
WPA-0382 SUICIDE ATTEMPT IN THE ELDERLY - EMERGENCY MANAGEMENT

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OBJECTIVES: To analyze the emergency management of the suicidal elderly patients. To suggest the improvements.

MATERIALS AND METHODS: Retrospective review of medical records of 67 people over 65 years old admitted in emergency service of University Hospital of Rennes for suicide attempt (SA) from 01.01.2011 to 31.12.2011.

RESULTS: 72 SA of elderly patients (4.4% of all SA), 5.9% relapsed in the year, 1.6% - twice. Twice less of psychiatric comorbidity in patients of over 75 years old. The methods used by them are more violent, more patients explain their actions than the patients of 65-74 years old.

DISCUSSION: The specific characteristics of SA are present in patients of over 75 years old. Their action is often caused by banal everyday problems and curable diseases. SA of patients of 65-74 years old have the same characteristics as in the young adult population.

We propose to call systematically a geriatric emergency mobile team for suicidal elderly patients dependent and with somatic comorbidities. The post emergency orientation should be towards the psycho-geriatric services.

CONCLUSION: SA made by patients of over 75 years old have some particularities. Their medical care in emergencies and after must be specific. Relapse prevention can be successful if all aspects of the person are taken into account from emergencies: psychiatric condition, somatic state, dependency, living conditions. The collaboration between psychiatrists and geriatricians is necessary.
WPA-0416 EXPLANATION OF LONELINESS IN THE ELDERLY AND COMPARISON WITH ERIKSON’S PSYCHOSOCIAL THEORY
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Background: Loneliness is universal, still very subjective feeling, natural to all human beings and a subjective experience of isolation. Many people may be ashamed of talking about it or admitting they feel lonely because they are afraid of being stigmatized. The purpose of this study was to explore the elderly experiences of loneliness and comparison with Erikson’s theory.

Methods: this study is a qualitative research with content analysis approach. The research population consisted twelve elderly, aged 68-85 years that lived in hamedan city. Sampling began purposefully and continued until data saturation. To collect data, interview was used which were tape recorded and transcribed immediately and data were analyzed by using content analysis method.

Results: 187 primary codes, 7 subcategories and 3 main categories were obtained in which, the 3 main categories consisted of Feelings of alienation, separation of favorite activities, fatigue and sadness and core category or shared meaning was regret with heavy.

Conclusion: Loneliness is common in older people and is associated with adverse health consequences both from a mental and physical health point of view. Therefore, appropriate intervention strategies to reduce isolation by using the Erikson’s psychosocial theory can improve elderly quality of life to achieve Ego integrity in the course of life.
Objective: To estimate the prevalence of BD and Late Onset (LO)BD in subjects 65 years and more in a random sampling of the general population.

Reports on the prevalence of Bipolar Disorder (BD) among the elderly (65 plus) vary across studies, because of differences in definition and the heterogeneity of BD clinical presentation. Another source of variation is study design with community studies underreporting prevalence if compared to studies of elderly people in clinical settings.

Method: The sample was collected in the Great Age study, a population-based study conducted in a random sampling of the elderly residents in Castellana, South East Italy. It includes 602 participants (57.14% males). BD diagnosis and classification in subtypes (BDI, BDII, BD nos) were assessed by a psychiatrist through the SCID interview. The pharmacological treatment Os was obtained from a standardized anamnestic interview.

Results: The prevalence of positive population for any DSM-VI disorder amounted to 20.76% (30.2% of females; 13.7% of males). The BD prevalence was 2.7% (3.4% of women; 2% of men; mean age at interview 70.44). The BDs were classified as BDI (1.49%); BDII (0.33%) and BD nos (0.83%). 12.5% of the BD had apparently new-onset (LOBD). Twenty-five percent were in clinical remission, whereas 62.5% presented mild to moderate manic or hypomanic symptoms and 12.5% depressive symptoms. Only 50% of all BD subjects were treated.

Conclusions: BD is more common than previously thought, many subjects BD are not treated. Community studies underline the inadequacy of both diagnosis and treatment in late life.
WPA-0353 VALIDATION OF THE GERIATRIC ANXIETY INVENTORY (GAI) IN AN INSTITUTIONALIZED ELDERLY SAMPLE

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Background: Anxiety symptoms are a prevalent complaint among institutionalized older people, and GAI is an appropriate scale to use with different samples, but validation is still not available for institutionalized elderly people.

Aims: Our aim is to validate GAI with a sample of institutionalized elderlies.

Methods: We assessed six-hundred-and-eighty-one elders (76.2% female), mean age of 79.06 (SD = 8.00; range = 60-100), attending day care centers (59.5%), and nursing homes (40.4%) at Coimbra county. The majority had no/lower formal education (88.7%), a manual occupation (91.7%), and no partner (80.6%). Assessment included the GAI, the Geriatric Depression Scale/GDS and the M.I.N.I Plus/Mini International Neuropsychiatric Interview for anxiety diagnoses.

Results: Women, those without formal education, and those that had a manual occupation reported significantly higher scores. Screeplot and Parallel Analysis revealed four components explaining 68.1% of the variance (KMO = 0.95; Bartlett's Test p < 0.001).

GAI internal consistency was excellent for total scale (α = 0.93). Concurrent validity was supported by significant correlations with GDS-30 (r = 0.74). Retest reliability with 2 years apart was fair (n = 123; r = 0.29). Using a cutoff score 13, the sensitivity was 100% and specificity 84.7% (AUC = 0.92).

Conclusions: Contrarily to original version, a four-component model fits the data fairly well. These findings suggest a cultural aspect on anxiety expression. Portuguese version of the GAI seems a reliable and valid instrument to use with institutionalized elderly
WPA-0383 MULTISENSORY STIMULATION IN THE MANAGEMENT OF NEURO-Psychiatric DISORDERS IN THE DEMENT PATIENTS

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OBJECTIVES: To assess the effectiveness of Multisensory Stimulation (MS) in the treatment of neuro-psychiatric disorders for the dement patients.

MATERIALS AND METHODS: We realized 5 sessions of MS of 15 minutes each on 25 patients with Alzheimer disease or other types of dementia. The psycho-behavioral symptoms were evaluated by NPI-ES (10) assessment before and after the treatment.

RESULTS: Average age of patients was 80 years old (65-93). There were 13 men and 12 women. Average MMS was 16/30 (6-26/30). NPI-ES (10) assessment before the MS was 35, after 27 points.

DISCUSSION: The MS is an efficient non-pharmacological treatment of psycho-behavioral disorders in dement patients. The NPI-ES assessment helps to objectify the symptoms and to follow their evolution. The MS is the most effective on aggression and anxiety. We also observed the decrease of irritability, mood instability and the aberrant motor behavior. 50% of patients improved their sleep. Women were more sensitive to this method than men.

CONCLUSION: Neuro-psychiatric disorders are frequent with dement patients. The pharmacological therapy is not recommended as first-line. The MS is an accessible and fast way to manage the serious psycho-behavioral symptoms. The NPI-ES assessment allows to measure the effectiveness of the treatment.
WPA-0391 THERAPEUTIC TOUCH TM IN A GERIATRIC PALLIATIVE CARE UNIT - A RETROSPECTIVE REVIEW
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Introduction
Complementary therapies are increasingly used in palliative care as an adjunct to the standard management of symptoms to achieve an overall well-being for patients with malignant and non-malignant terminal illnesses. A Therapeutic Touch Program was introduced to a geriatric Palliative Care Unit in October 2010. Two volunteer Therapeutic Touch Practitioners offer the therapy to patients who have given verbal consent.

Objective
To conduct a retrospective review of Therapeutic Touch services provided to patients in an in-patient geriatric palliative care unit to better understand the impact of the Therapeutic Touch Program on patient care.

Methods
A retrospective medical chart review was conducted on both patients who received Therapeutic Touch as well as a random selection of patients who did not receive Therapeutic Touch.

Client characteristics and the Therapeutic Touch Practitioners’ observations of the patient’s response were collected. Descriptive analyses were conducted on all variables.

Results
Patients who did not receive Therapeutic Touch tended to have lower admitting Palliative Performance Scale scores, shorter length of stay and were older.

Based on the responses provided by patients and observed by Therapeutic Touch practitioner the majority of patients receiving treatment achieved a state of relaxation or sleep.

Conclusions
The results of our chart review suggest beneficial effects for significant numbers of participants and deserve a more robust comparison study in future. Recommendations also include revising the program procedures to improve processes and documentation, and ensure all or most patients are offered the therapy.
History and Psychiatry
CHILDREN AND TEENAGERS IN THE PSYCHIATRIC HOSPITAL OF LEGANES 1852-1936

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Objective: To study the children under 18 hospitalized in the Psychiatric Hospital of Leganés between the years 1852-1936 and to analyze the assistance given.

Method: I checked 2314 Medical Records of patients hospitalized between the years 1852 and 1936, gathering socio-demographic and admission variables. For the statistical analysis I used the EPINFO 6.0 version. For the descriptive study I used the measures of central tendency (average, median, mode, percentile 25 and 75) dispersion and standard deviation for the quantitative variables and the measures of frequency and percentage for the qualitative ones.

Results: 73 patients under 18 were hospitalized between 1852 and 1936, the youngest was 8 years old; the group of age with a higher number of ingress was in the 15-17 age range. 66 % were boys and 34 % girls.

48 minors entered the category of poor, 10 boarder of 1st class, and 14 boarder of 2nd class. The family applied for the ingress of the patient in 86 % cases, and 14 % came from hospital or religious institutions.

The most usual diagnoses were: oligophrenia (imbecility, idiocy, idiotic, ignorance, mental simplicity, intellectual deficiency, oligophrenia and cretinism) in 25 cases, epilepsy (18), oligophrenia with epilepsy (9), mania (5), mental degeneration (4), dementia praecox (3), hysteria (3), monomania (1), syndrome of parkinson (sic) (1), circular mania (1) and 3 patients had no diagnosis.

Only 9 patients received an additional treatment in addition to the admission, using: hydrotherapy, tonic - stimulant, opiates, barbiturate - hypnotics.

The length of stay was from 5 days to 50 years. 45 patients died during their stay in the psychiatric hospital, the most frequent causes of death were neurological affections.

Conclusions: The lack of special institutions for mentally ill children, caused that these were joining the psychiatric hospitals, sharing the same dependences as adult patients. The most frequent diagnosis in the minors hospitalized in Leganes was oligophrenia on its own or associated with epilepsy, with a treatment exclusively of custody, and no psychological or educational treatment.
PATIENTS WITH MENTAL RETARDATION IN THE PSYCHIATRIC HOSPITAL OF LEGANÉS (1852-1936)
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Objetive: To study the patients with mental retardation in the psychiatric hospital of Leganés between 1852 and 1936.

Method: I checked 2314 medical records of patients hospitalized between 1852 and 1936, gathering socio-demographic and admission variables. For the statistical analysis I used the EPINFO 6.0 version. For the descriptive study I used the measure of central tendency (average, median, mode, percentile 25 and 75) and dispersion, the standard deviation for the quantitative variables, and frequency and percentage for the qualitative ones.

Results: Between 1852 and 1936, 152 patients were hospitalized with the diagnosis of idiocy and for other 39 it was its second diagnosis. On the whole, 191 patients suffered from idiocy. Between 1900 and 1936, 27 patients were diagnosed with oligophrenia. 32 patients had a second diagnosis associated with mental retardation.
Most of the patients (69%) were men, 84% were single and 60 % lived on benefit/charity. They were admitted between the ages of 11 and 72. 61 % were admitted because the family had applied for their admission. 80 % died during their stay in the hospital.
The average stay was 12 years, with a standard deviation of 13 years; the minimum stay was 15 days and the maximum 56 years. The median was 5 years, and the mode 466 days.
The only treatment was the admission for 94 % of the patients with mental retardation.

Conclusions: During the XIXth century and the first third of the XXth, idiocy and oligophrenia were considered incurable diseases. Most of the patients admitted with mental retardation were men, single, poor or living on benefit and remained in the hospital until their death. Their only treatment was hospitalization with no re-education.
MADNESS & CRIME. MURDER CASES FROM THE HISTORY OF FORENSIC PSYCHIATRY
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Objectives: In its forensic form, psychiatry can decide the fate, and even the life, of human beings: Since the late 18th century there have been historic murder cases in which forensic psychiatry has brought acquittal for the accused on grounds of diminished responsibility or insanity. The paper will examine the most important of these cases strictly in light of the historical sources: trial records and psychiatric reports that are still accessible to the researcher. The murder cases in question are taken from Germany (Woyzeck/Schmolling, 1780), Spain (Morillo, 1833), England (M’Naghten, 1843), and France (Papin sisters, 1933).

Methods: Historical-hermeneutic method; case studies.

Results: For centuries, murderers were condemned to death without asking further questions; only an aristocratic background or powerful influence, if anything, could save them from the gallows. That was the rule at least until the Age of Enlightenment. Psychiatry, however, taught society to distinguish between murder as an ‘act of evil’, committed in cold blood, with motive and plan, and murder as the result of mental disturbance. Mental disturbance could be curable; it did not conceal an invisible ‘evil’ that might at any moment break out again; so it was not imperative to eliminate that ‘evil’ by death sentence. Psychiatry, in this way, changed the course of jurisprudence.

Conclusions: History shows that forensic psychiatry can improve the record of criminal justice. In what areas is action necessary today?

References:
Original reports, expert opinions, and trial records relating to the Woyzeck/Schmolling, Morillo, M’Naghten and Papin cases.
A HISTORY OF THE GROWTH OF THE BIPOLAR II CONSTRUCT

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Objectives: This oral presentation has two primary objectives: a) to trace the origin of the contemporary criteria (DSM-III® and its iterations) of the Bipolar II construct; b) to highlight some conceptual problems in the context of its checkered contemporary history.

Methods: In this oral presentation/paper some of Ian Hacking’s ideas and methods are applied, sui generis, to the Bipolar II disorder category. In particular the “Historical ontology” framework, which has been applied with some success in historical studies concerning “Transient mental illness.”

Results: The Bipolar II disorder construct is an intriguing DSM-IV category/construct that comfortably piggybacks on the category manic-depressive psychosis. Tracing the recent history of this construct is complex; its birth is associated with the Unipolar/Bipolar dichotomy suggested more or less simultaneously by Jules Angst and by Carlo Perlis in 1966 and in two different publications. The fundamental dichotomy introduced by them, has partially hidden some of the limitations of the construct Bipolar II. Its recent history will be reviewed and some conclusions regarding the difficulties and limitations of this concept will be highlighted.

Conclusions: a) Hacking’s “Historical Ontology” methodology suggest that attempts to differentiate Bipolar I and Bipolar II disorders by severity will always risk misdiagnosis, coinciding with Gordon Parker’s state of the art conclusions; b) the emergence of the man-made Bipolar II construct appears to be one of the end products – an unintended consequence - of Nancy Andreasen’s “Death of phenomenology in America.”
At the first congress of Russian psychiatrists, psychiatrist P.P. Victorov delivered a report in which he defined the subject of clinical psychology as follows: "... we highlight clinical psychology, which is the study of states and changes of personality, as with various somatic and mental disorders, and with those abnormal body states, which are not being disease, cannot be at the same time named as health" (Materials of the Congress - St. Petersburg, 1887, pp. 953-1045).

Around at the same time the ideas of creating a clinical psychology as a separate discipline of psychology were heard in France and America. In 1896 L. Whitmer opened the first "Psychological clinic" at the University of Pennsylvania. In 1897 in Paris, the "Journal of Clinical and healing psychology" (December 1987-December 1991) began to be published, in the same year P. Janet used the term "clinical psychology", in the second volume of his work "Neuroses and obsessions".

The ideas of clinical psychology in all cases were formed in the line with upholding the integrity of the person (in opposition to associative psychology), integration into medicine of ideas of social psychology, inclusion of psychology in the actual practice of helping people, who seek the help of psychiatrists.

Introduction of psychology in psychiatric practice was held in many places of Russia at the same time in the late XIX century. From 1886 (election to Chair of Psychiatry Department, Dorpat University, now Tartu, Estonia) E.Krepelin conducted detailed psychological research. Until the end of the XIX century there were created experimental psychological laboratories in hospitals of Kazan (1885, Kazan Psychiatric Hospital, prof. V.M. Bekhterev), St. Petersburg (1885, 3rd Psychiatric Hospital, prof. V.F. Chizh) and Moscow (1889, Psychiatric clinic of the Imperial Moscow University, prof. AY Kozhevnikov).
FROM THE ICE PICK TO STEREOTACTIC SURGERY

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From the search inside the complex biography of the case of a patient, as well as finding similarities with other operations such as the psychosurgery made to Rosemary Kennedy, we get into a journey that lead us from the early beginning to the present psychosurgery, from its origins, successes and failures as well as their current status. Neuroanatomical features including biosocial psychopathological are considered. A journey to the future from the beginnings of psychosurgery, with its lights and shadows, until now.

At the end we will discover how much psychiatry has been developed during the last 30 years, and how this pioneers discovered a way of treatment that is still being used in some specific indications, like severe OCD.

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This investigation has as fundamental objective to show the circumstances in which the Central American Association of Psychiatry (ACAP) was created in 1951, in Mexico, during the work of the first Congress of the Latin America Psychiatry Association (APAL). For a better comprehension of the topic, the facts from the events that went away generating, in this sense, were framed after the Worldwide Congress of Paris of 1950.

Key Words: Psychiatry, Central America, History.
50TH ANNIVERSARY OF THE DEATH OF FRANZ LUDWIG
BERTHOLD KIHN: REMEMBER, AVERT, PREVENT

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Objectives: An exhibition at the Art Museum in Erlangen in the Fall of 2013 presented the bronze bust of Berthold Kihn as the “Head of an Academician”. As the beginning and final point of Kihn’s scientific career, the Department of Psychiatry and Psychotherapy at Erlangen University wants to call to mind his crimes as a psychiatrist under National Socialism. This is intended to prevent an inappropriate euphemistic memorial culture.

Methods: Relevant archive material, primary and secondary literature were evaluated.

Results: Kihn was active as Assistent and Senior Physician at the Psychiatric and Neurological Hospital of the Friedrich-Alexander-University of Erlangen from 1932 to 1936. As Director of the State Hospital Stadtroda (Thüringen), he established a three-step system of enforced institutionalization and pushed for work therapy of schizophrenics. Kihn became the Director of the Psychiatric and Neurological Hospital of the Friedrich-Schiller-University of Jena on 01.01.1939. As a T4-Expert, he selected psychiatric patients to be murdered under the T4-action. Kihn participated in drafting a “Euthanasia Law” wherein inter alia the inclusion of demented peoples’ situation as “life unworthy of life” was planned. Although Kihn’s involvement in the murder of mentally-ill people was known in Jena, there was no legal consequence. Kihn returned to Erlangen as a “Soviet Zone refugee”, where a Denazification Court considered him a “hanger-on.” Kihn was reintegrated in the academic faculty and headed a private clinic. Kihn held regular lectures during the Lindauer Psychotherapy Weeks. A letter to the editor in response to an article in the magazine “Der Spiegel” raised serious incriminations against Kihn. On 21.01.1963, the State’s Attorney Nuremberg-Furth dropped the criminal procedure against Kihn due to a lack of proof of punishable guilt.

Conclusions: The history of psychiatry showed low selectivity of the term “Euthanasia“ and requires prevention of psychiatric receptiveness for the current debate on assisted suicide.
O RENASCER DE RILHAFOLLES! AUTOR: MIGUEL BOMBARDA
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**Objectivos:**
- Identificar os desafios com os quais Miguel Bombarda se deparou quando assume a direcção do Hospital de Rilhafoles.
- Identificar as reformas propostas.

**Metodologia:** Interpretação de fontes, nomeadamente relatórios publicados na revista *Medicina Contemporânea* entre 1893 e 1910.

**Resultados:** Miguel Bombarda, no seu primeiro relatório, datado de 1893, protagoniza um levantamento exaustivo das necessidades da instituição cuja direcção recentemente assumiu. Usando um tom pautado pela crítica dá-nos conta da situação deplorável, em que os alienados eram mantidos em Rilhafoles. Apesar das muitas resistências encontradas, vai promover uma série de reformas ao nível das instalações, da mentalidade dos funcionários, das condições sanitárias e de higiene, dos cuidados hoteleiros, do ensino da Psiquiatria bem como na implementação de planos terapêuticos adequados.

É durante a sua direcção que assistimos à construção do denominado edifício em forma de poste telefónico, do pavilhão de segurança (recentemente reconhecido, juntamente com o balneário D. Maria II, como conjunto de interesse público), outro edifício com quatro enfermarias, reconstrução do balneário bem como a edificação de espaços ajardinados, alamedas e telheiros, criando condições para que os doentes pudessem circular pelo hospital, respeitando inclusivé a separação entre sexos.

Foi responsável pela implementação de uma nova filosofia, assente numa relação mais tolerante para com o doente, consubstanciada na redução dos meios coercivos utilizados. A arbitrariedade com que estes eram usados é disciplinada cabendo apenas ao médico encetar tais medidas. No entanto, em situações excepcionais o enfermeiro podia também fazer uso de tais meios dando posteriormente conhecimento do sucedido ao médico num prazo máximo de 24h.

Face à falta de formação de muitos funcionários vai promover o ensino de enfermeiros e ajudantes bem como a realização de cursos livres de psiquiatria.

**Conclusão:** À um século atrás Miguel Bombarda revolucionou a assistência psiquiátrica na principal instituição de alienados em Portugal.
The traumas received in mass accidents, such as genocide, remain in mentality forever, since it is connected to life threat and influence family system during 3-4 generations. Traumas, affecting the bases of life and received in situations of mass accidents, last not only in memory of the individual and his relatives, but also as phenomena during national identification. Settled, firm adherence of the individual to concepts and rules, in the beginning, being just an imitation of ancestors, gradually passes in the layer of unconscious (G.Tard, 1996). G.Lebon asserts that we bear the weight of mistakes of our ancestors and we receive the award for their virtue. There is known the phenomenon of blocking, encapsulation of a psychological trauma - reliably blocked and switched - off neuronal connection protects from recurrence of events (Toitch, Chutzenberg). Experiencing vital threat, threat to basic needs, the man for certain becomes another and "introduces" something in the family system, that, sometimes, invisibly influences his ability to live.

The research of a role of the trans-generational factor of influence of the genocide trauma in formation of the vital script of the Armenian people will allow us significally expand theoretical representations about laws of transferring of the traumatic script and its consequences from generation to generation, to determine a role of previous generations in the scripts of present generation, and also to designate the most typical trans-generational factors, having the greatest influence on process of formation and on contents of the script and an opportunity for its solution.

Despite the fact that mental and psychological trauma are considered particularly tragic and harmful, they can be quite a personal favor, it can express more personal focus on the successful adaptation and positioning in society, both in rational and emotional spheres.
HISTORY OF POST-TRAUMATIC DISORDERS RESEARCH AT THE FACULTY OF MEDICINE AT THE JAGIELLONIAN UNIVERSITY IN KRAKÓW

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Objectives: The aim of the presentation is to give an overview of the almost hundred-year history of research into post-traumatic disorders, which was conducted at first in the Clinic for Nervous and Mental Diseases at the Jagiellonian University and later on in other units.

Methods: Review of publications concerning post-traumatic disorders written by authors from Clinic for Nervous and Mental Diseases at the Jagiellonian University and later on in other units.

Results: The first publications come from the World War I period. The next publications dating from the period after World War II and concerning people who were victims of the political persecutions are also discussed. The most recent research focuses on people who were persecuted by the communist regime and on the second generation of survivors of the war. The presentation also mentions the long legacy of the special issues of the journal Przegląd lekarski, which were twice nominated for the Nobel Peace Prize for their publications about the after-effects of political persecutions.

Conclusions: Medical Faculty of Jagiellonian University has an important contribution in past and contemporary research into post-traumatic disorders.
PERSISTENT PSYCHIATRIC STEREOTYPES OF BLACK AMERICANS
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Objectives: To uncover historical stereotypes that influence modern-day psychiatric diagnosis and treatment of black Americans.

Methods: MEDLINE and specialized medical databases of old collections were searched with relevant key words (Negro, colored, race, black, or African American and insanity, dementia praecox, schizophrenia, unsoundness, melancholia, manic-depression, mania, bipolar, depression). Specific journals, such as the American Journal of Psychiatry from 1844, and the Journal of Nervous and Mental Disease from 1874, were available online and were searched using the same keywords. Bibliographies from the resulting articles were reviewed as well.

Results: A number of 19th century clinical stereotypes, with respect to psychotic and mood disorders in black Americans, were found to persist in the 21st century psychiatric literature: 1) Susceptibility to greater number and severity of psychotic symptoms; 2) Relative immunity from clinical depression; 3) Lack of self control leading to behavioral excess; and 4) Need for less or inferior treatment.

Conclusions: Although the language and rationale used to explain scientific findings have changed over time, psychiatric stereotypes of black Americans have been remarkably consistent over the last 150 years, raising practical consequences and concerns: 1) the danger of misdiagnosis in black patients, 2) an excess of coercive intervention in the lives of black Americans, and 3) widespread mistrust of psychiatry by black communities.
THE TOLEDO MENTAL HOSPITAL DURING THE SPANISH CIVIL WAR (1936-1939)

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Objectives: This work examines the Toledo Mental Hospital (Spain) and its patient population movement during the Spanish Civil War.

Methods: Documents (letters, notifications, etc.) mainly located at the Provincial Council Archives of Toledo were analyzed following traditional historiography methods, as well as social history of medicine and institutional history methods.

Results: The Toledo Mental Hospital was founded at the end of the 15th century as a religious institution and it was declared a Provincial Council Institution in 1843. It presented problems of patients’ overpopulation and facility shortage, as suffered by other state institutions at that time. During the first months of the Civil War a vast number of mentally ill patients (mainly male) were first evacuated to Guadalajara, then to Consuegra. Although part of the staff disappeared at the beginning of the war, these patient movements allowed the institution to continue functioning, and also to receive patients during the following years from the Francoist side of Madrid province. Furthermore, the hospital attended as well no mentally ill patients and shelter evacuated people, as happened in other state institutions. When the war was over, the patients evacuated to Consuegra were taken back, causing an overcrowding that required the hiring of non qualified staff (mainly religious members or mutilated soldiers).

Conclusions: The civil war altered the institution activity as well as the staff and patients profile, breaking some of the psychiatric reforms that had started to be implemented before the war.
THE PSYCHOTRAUMATIC ELEMENTS OF ARMENIAN IDENTITY
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Introduction, Objective:
This presentation is about various aspects of Armenian Identity. Based on current theories of Identity we examine general and historical aspects of Armenian Identity. What makes us unique and what are the common factors between ourselves?

Methods:
As an illustration of Identity we used two different materials: historic Maps of Armenia as well as churches from Western and eastern Armenia. We tried to explain the Identity formation from various types: Ego or Personal, Social, Professional, National, Cultural, Positive / negative, Minority, Race, Gender and sexual and multicultural...

Results and Conclusions: In our focus are the following subtitles: Soviet era and Armenians during the last 100 years, Diaspora Armenians and Armenian Identity, Karabagh movement and re-established Armenian Identity and Independence. How stress and trauma are influencing Identity: Identity as source for conflict, Disappointment in self-image, Emotional reactivity. Formation of National Identity via Influential Factors: personal and social Identity relation, ethnocentrism and economic circumstances of the nation.
THE PINEAL GLAND AND THE ETIOLOGY OF MENTAL DISORDERS: A HISTORICAL TOUR


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Objectives: From the historical perspective, numerous authors have linked the origin of some mental disorders with physical abnormalities and functional alterations in the pineal gland. This relationship is due to the role attributed to the pineal gland, from the Classical Antiquity, brokerage between the materials and the spiritual world in humans.

Methods: We have reviewed the role of pineal gland in historical treatises and the current scientific literature on this topic.

Results: The pineal organ was seen initially as a valve structure regulating the flow of animal spirits through the ventricular system (Herophilus of Chalcedon). This hypothesis was strengthened in the Middle Ages and the Renaissance (Berengario, Fernel, Harvey), in the framework of the theory of the three cells of the brain, when it was even called the “appendix of thought” (Fracastorius). The pineal gland was also related to the legend of the “stone of folly” (see paintings of the Flemish School). But the most relevant psychopathological role arrived with Descartes, who proposed that it was the seat of the human soul and controlled communications between the physical body and its surroundings, including passions or emotions. After a period of decline during which it was considered as a mere vestigial remnant of evolution, the link between the pineal gland and psychiatric disorders it was definitively highlighted in the 20th century. In the first half of the century, glandular extracts (called “epiglandol”) was used therapeutically in subjects with mental deficiency. Finally, the team of Lerner discovered in 1958 the melatonin, the main hormone of the pineal gland.

Conclusions: The discovery of melatonin and its physiological effects reawakened interest in the relationship between the pineal gland and mental disorders, fundamentally affective and sleep disorders (and even psychotic disorders), culminating in the development of new pharmacological agents acting through melatonergic receptors.
WOULD THE CHILDREN DESCRIBED BY LEO KANNER’S 1943 CLASSIC PAPER AUTISTIC DISTURBANCES OF AFFECTIVE CONTACT MEET THE DSM-5 DIAGNOSTIC CRITERIA?

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More than eighty years have passed since Leo Kanner published the paper Autistic Disturbances of Affective Contact where he describes 11 cases of infantile autism, being the first to describe a series of such cases. In this paper Kanner outlines the behaviour pattern, present from early life, of these children.

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition, DSM-5, was published on May 2013, as an update to the American Psychiatry Association’s classification and diagnostic tool. Notable changes were introduced particularly in what concerns autism, as Asperger disorder, childhood disintegrative disorder and pervasive developmental disorder were dropped as a distinct classification and are now part of the autism spectrum disorder.

Objectives: Evaluate if the children described by Leo Kanner meet the DSM 5 criteria.

Methods: Using the DSM-5 criteria we reviewed Kanner’s case reports to conclude if they would fulfil the criteria.

Results: The eleven patients met diagnostic criteria. In what concerns the severity specifiers, for A criteria, social communication, the 11 were included in level 3, “requiring very substantial support”, the most severe; for B criteria specifiers, restricted and repetitive behaviours, 2 patients were included in level 2, “requiring substantial support”, and the remaining 9 in level 3. Concerning the other specifiers with the description given we were only able to conclude that 2 of them didn’t have an intellectual impairment, not being able to classify the remaining in what concerns intellectual impairment due to lack of information; and that 6 had an accompanying language impairment, 4 did not have and 1 had insufficient information.

Conclusions: All patients reported meet the DSM-5 criteria for the diagnostic of autism spectrum disorder. As expected the 11 cases of infantile autism described by Kanner correspond to cases considered by the DSM-5 specifiers as having a high severity.
CERVANTES IN FREUD’S EYES: AN EPISTOLARY REVIEW
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Objectives: In the last period of his life Sigmund Freud recognized the great attraction that he felt for the work of Miguel de Cervantes. We have studied this relationship.

Methods: We have analyzed all the written correspondence of Freud published to date looking for references to Cervantes or his writings.

Results: The attraction of Freud by Cervantine texts appears in the letter signed in Vienna –dated on May 7, 1923- to Luis López-Ballesteros Torres, the translator of his scientific work to Castilian. In that text, Freud said: “Siendo yo un joven estudiante, el deseo de leer el inmortal D. Quixote e[n] el original cervantino, me llevó a aprender, sin maestros, la bella [lengua] castellana” (sic). However, the most of his biographers (Peter Gay or Ernest Jones), and recently Louis Breger, never made in their works any reference to the Spanish language, especially in relation to the numerous international contacts made during the first third of the twentieth century. Despite his passion for Cervantes, the quotes about his texts are rare in the vast scientific production of Freud. In fact, Freud's references to Cervantes sources and characters come mostly from his voluminous correspondence. There are two very revealing epistolary collections about this topic: First, his letters to Martha Bernays -collected during the period 1882-1886 (Letters to the Bride, 1973)-, that can be viewed as a classical; and, in second place, a collection of more recent publication (Youth Letters, 1992).

Conclusions: In this work we will devote more attention to the second set of letters, especially the correspondence, in Castilian, with his schoolmate Eduard Silberstein, with whom Freud founded a sort of secret literary society called "Castilian Academy" or "Spanish Academy", and they communicated using as login the names of canine characters of Cervantes' Exemplary Novel The Colloquy of the Dogs.
SANITAGO RAMÓN Y CAJAL: A NEUROBIOLOGIST IN THE FIELD OF PSYCHIATRY
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Objectives: The neuron doctrine postulated by Santiago Ramón y Cajal (1852-1934) constitutes the cornerstone of the current Neuroscience. However the contributions of Cajal in the field of Psychiatry are scarcely known.

Methods: According to a bibliometric study carried out by our group, only a 1.7% of the global scientific publications of Cajal deal specifically with this sphere, on a sample of 353 scientific documents. We have studied these 6 publications (9 if we consider its international versions). To this output, we should add 3 manuscripts, not published, and lost during the Spanish Civil War, and 4 forewords to books. This complete collection of works shows the Cajal’s interest in psychiatric topics.

Results: The first contact of Cajal with these subjects took place through experimental study of the hypnotic suggestion. Cajal interpreted this phenomenon as an aberrant failure of the cerebral machinery. With the years, Cajal studied the biological aspects related with the sleep and dream. Cajal also took care of the study of the histophysiological mechanisms of the higher mental functions (thought, intelligence, memory, perception, etc.), according to the scientific currents of the time: Cajal proposed to the pyramidal cells of the cerebral cortex, to that it denominated “psychic cells”, as the candidates to seat the substrate of these superior psychological functions; he raised, following the psychological currents of the associationism, its “law of avalanche conduction”; and he speculated with the possibility of a phenomenon of neuron plasticity in relation to the learning processes. Finally, he dedicated some publications to the description of the histopathological alterations of the brains of schizophrenic patients.

Conclusions: Following a detailed review of the scientific production of Cajal, we have found that the number of publications related, directly or tangentially, to Psychiatry is quite high and exceeds that of many prestigious psychiatrists of his time.
Unconscious mind concepts from their historical and practical perspectives could arrive to the results that psychotherapy and psychological healing of our modern world had its origin with the discovery of magnetic sleep in 1784. Magnetic sleep or artificially induced somnambulism, revealed new possibilities of mental activity not available to the conscious mind. The development of a procedure for inducing magnetic sleep using the techniques of animal magnetism, made it possible to access, explore and theorized new structures of the mind. The psychological healing based on psychodynamics model was able to merge. The magnetic sleep allowed the evolution of a new psycho-structural paradigm; the alternate-consciousness paradigm that opened up the possibility of an intra- psychic causes of mental disorders, influences of unconscious mental activity as the source of infinity thoughts or impulses of the mind.

Objectives:
1. To allow the audience to review the historical evolution of the philosophical and scientific concepts of the Unconscious Mind that brought the modern psychotherapy.
2. To focus on the ways of the major concepts and techniques facilitated psychotherapeutically manage of patients.
3. To show some techniques that help in the learning and practical use of psychotherapy.

Method: The method was developed within the reviewing the historical and literatures concepts of the unconscious mind and the presenter’s knowledge, practice and experience with hypnotherapy.

Result: Historical and scientific evidence sustained that the animal magnetism was the predecessor of the healing psychotherapy.

Conclusion: The historical evolution of the unconscious mind from the animal magnetism allowed the possibilities of alternate-consciousness paradigm, that help in the better understanding of the dissociative disorders among other theories of the unconscious mind before Freud.

References:
MELANCHOLIA: FEAR AND SORROW OR PARTIAL INSANITY?
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Objectives: To do a revision on the Melancholia concept along History of Psychiatry.

Methods: We did a bibliography search with the term "Melancholia" in the Pubmed and Library of the Faculty of Medicine, Lisbon University. We also used works of the main authors known in the field of History of Mental Symptoms.

Results: Melancholia had many different meanings along History. It was used as a concept for affective states, like fear or sadness, and as a concept for thought disturbances, like obsessions. During Hipocrates time, was mainly used for affective states. After Pinel, Melancholia was uses again for thought disorders, delusions and overvalued ideias. On the corner between XIX and XX centuries, it was used again for affective states, returning to the original meaning.

Conclusions: Melancholia is a concept which has changed through time, with different psychopathological meanings. Nowadays, has returned to be used for affective states as in the Ancient Psychiatry.
SHIMODA’S THEORY OF STATOTHYMIA REVIEWED FROM THE PRESENT STANDBOINT

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The concept of statothymia, as proposed by a Japanese Psychiatrist M. Shimoda (1885-1978), is considered a homogenous personality with punctuality and enthusiasm. Based on his original report, however, statothymia could have various interpersonal patterns. For example, its proper relationship with social norms is similar to some patients with high functioning pervasive developmental disorder (HFPDD) that are not very flexible and become enthusiastic for objects. If statothymia encompasses patients with HFPDD, it might explain why they could become recalcitrant individuals. Thus, his work should generate a discussion of the relationship between statothymia and HFPDD.

According to the pathogenic mechanism of manic-depressive illness observed by Shimoda, a manic episode is caused by derailment of energy to autonomic excitement while a depressive episode is a result of inhibition of energy discharge to avoid further exhaustion. His supposition of excitement prior to development of major mood disorders preceded the recent hypothesis of primacy of mania proposed by Koukopoulos et al., leading to a comprehensive understanding of clinical pictures of major mood disorders.

In conclusion, the theory of statothymia that placed great value on “abnormal continuation of affective excitement” should inspire future studies on mood disorders.

References:
DIARY OF A MADMAN – DE CLÉRAMBAULT SYNDROME REVISITED

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Objectives: Gäetan Gatian de Clérambault described in 1921 a syndrome he termed “psychose passionelle” and that later became known as De Clérambault Syndrome or Erotomania. Occurring more frequently in young women, this syndrome consists of a specific delusion in which the patient believes that a man, who is generally of higher social status, is intensely in love with her/him. De Clérambault believed that the delusion evolved from a fundamental assumption which he regarded as the essential basis of the whole syndrome: that is the patient’s love object who loves the most or who alone loves.

The incidence of erotomania is not known, but it may affect as much of 0.3% of the population. It is considered a rare nosological entity, poorly described in the literature. The female patients predominate in clinical samples and few cases have been described in men.

This work aims to describe the clinical case of a 55 year old patient who was admitted to a psychiatric hospital for behavioral changes in the context of an elaborated delusional process involving his female boss, whom he believed was in love with him for several months.

Methods: a detailed report of the clinical case was made as well as a literature review on the concept of “erotomania” and “Syndrome de Clérambault”.

Results: description of the clinical case.

Conclusions: This case report emphasizes that De Clérambault Syndrome remains an important nosological psychiatric entity with uncertain prognosis. Although it is less common in male patients, this disease should be approached with particular caution in these patients since they offer a higher risk of development of violent behavior towards the object of the delusional process.
At the end of XIX century, Venezuela was having a great moment in arts and science, with people well known around the world. During this golden era people were known as exotic, eccentric and witch doctor. These persons were believed by the ignorant people who had the need to believe, desperate did not trust reality. The merchant of illusion were lucky enough to be backed by powerful people. So that’s why at the end of XIX century a fascinating figure emerge with mystery and magic and he practically arrived to the top: Telmo Romero.
DR. RAÚL GONZÁLEZ ENRÍQUEZ AND THE ESTABLISHMENT OF THE LATIN AMERICA PSYCHIATRIC ASSOCIATION (APAL)

EL Dr. RAÚL GONZÁLEZ ENRÍQUEZ Y LA FUNDACIÓN DE LA ASOCIACIÓN PSIQUIÁTRICA DE AMÉRICA LATINA (APAL)

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Asociación Psiquiátrica Mexicana, A. C.

El I Congreso Mundial de Psiquiatría celebrado en la ciudad de París del 18 al 27 de septiembre de 1950 resultó ser paradigmático; no sólo en lo que concierne a los cambios que se empezaron a generar en la terapéutica psiquiátrica, pues hay que recordar que, precisamente, el Presidente de dicho Congreso: Jean Delay, dos años más tarde daría a conocer los efectos antipsicóticos de las fenotiazinas y acuñó el término neuroléptico, con lo que dio inició a la llamada última revolución psiquiátrica; sino también en la organización de las sociedades interesadas en la Salud Mental.

En París, el mexicano Raúl González Enríquez (1906-1952), a moción suya, se creó la Asociación Psiquiátrica de América Latina (APAL), y al año siguiente (1951), teniendo dos sedes: la ciudad de México y Jalapa, Veracruz, entre el 8 y 11 de diciembre se llevó a cabo el I Congreso de la APAL, maliciosamente desenado en los anales de la Historia de la psiquiatría. Acudieron un total de 13 países, de los cuales 4 eran Centroamericanos y 2 del Caribe. A la vez durante éste, se creó la Asociación Psiquiátrica de Centroamérica y Panamá (APCAP), ahora Asociación Centroamericana de Psiquiatría (ACAP), a instancias del destacado alienista hondureño Ramón Alcerro-Castro.

En el desarrollo del presente trabajo, bajo un contexto histórico adecuado, cuidando en todo momento la fidelidad de las fuentes de información, se hace un recuento de lo acontecido en París, en México-Jalapa, los pormenores del primer congreso, así como la lamentable muerte del Dr. González Enríquez que dio pie a que sus detractores se apropiaran posteriormente de esfuerzos ajenos, dejándolo en el olvido, circunstancia que a partir de ahora pretendemos reivindicar.
A HISTORY OF HOMOSEXUALITY – JOURNEY FROM BEING “CRIME AGAINST NATURE” TO AN ACCEPTED SUBCUTURE OF THE SOCIETY

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Objectives: The poster had attempted to explore the historical aspects of the journey of homosexuality in the realms of psychiatry.

Methods: Literature search was carried out looking at the evolution of homosexuality into and out of the DSM and ICD classification systems.

Results: Homosexuality is the desire to have sexual relations, either in fantasy or in fact, with members of one’s own sex rather than a member of the opposite sex. Until the nineteenth century, same-sex sexual activity has been referred to as unnatural acts, crimes against nature, sodomy and buggery. It was widely condemned and several laws were enacted to prohibit its practise and punish individuals engaging in such behaviour. During the nineteenth and early twentieth centuries, ground breaking work by forensic writers, psychologists and physicians attempted to change this notion. They were successful to some extent. But it was mainly in the late twentieth century, especially after the Stonewall riots in 1969, that work was done to portray homosexuality as an accepted subculture of the society.

Conclusions: This poster describes this gradual process of change and also the process of change and acceptance by the psychiatric and medical community.
ORIGINS OF PSYCHOSIS: ORGANICITY OR DEGENERATION?

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Objectives:
Many efforts are made in modern psychiatry to summarise the orientation of fundamental research towards future discoveries in the genetic field. However, the evidence remain unclear on how these discoveries correlate to clinical psychiatry. This presentation tries to stress the difficulties to link up organicity and clinical observation, regarding the past of psychiatry and the schemes of major discoveries in our field over the past 200 years.

Methods:
Psychiatry remains a peculiar kind of medicine but sometimes tries to speak with scientific terms and schemes common to all medical specialties. We will refer to ancient and classical French psychiatric literature to compare the way major discoveries interact with the creation of new clinical entities.

Results:
We will study how psychiatry is influenced by its major organic discoveries (arachnoiditis in general paresis by Antoine Laurent Jessé Bayle in 1822; trisomy 21 in Down syndrome by Jérôme Lejeune in 1959) and how the clinical field is therefore revisited and later reorganised around new theories for a modernised psychiatry (from Degeneration by Benedict-Augustin Morel in 1860 to modern genetic paradigm of mental disorders). These modernised theories are compatible to scientific vision of each era but may however present similarities over decades and centuries. When a new theory is issued, new terms are required. They come from the same need of naming what the psychiatrist experiences during observation.

Conclusions:
Do discoveries inevitably lead to déjà-vu, and each time again splitting psychiatrists, those fascinated by nature behind theory, and those by the way humans represent and name this new reality? By studying structural similarities between great discoveries, can psychiatry be more modern by learning from the past?

References:
St. Dymphna is the patron of people suffering from mental disorders. Far for being an abstract reality, her devotion has been linked with a very concrete practice which started around 800 years ago, in Gheel, Belgium, 50 km from Antwerpen. St. Dymphna is supposed to have lived in the seventh century in Ireland, from where she fled, escaping from her father, the king. He suffered from mental illness after the death of his wife, the queen, and began to desire the daughter because of the strong resemblance she bore to her mother. He followed her to Gheel and when she refused to fulfill his desire he killed her. The remains of St. Dymphna were later put into a silver reliquary and placed in the Gheel church named in her honour. From the half of the thirteen century, an infirmary was established where people suffering from mental disorders could find care and support. During the day the 'patients' were free to go around the town and were fully accepted by the common people, who involved them in many social and working activities. Frequent pilgrimages of individuals suffering from mental illness were organized from all Europe and the citizens were accustomed to give hospitality to them in their homes. This hospitality could transform itself in a true 'adoption' and in a permanent inclusion of the 'patients' in the family. This practice has been persistent through the centuries and, even with different forms, it is still operating now. Implications will be drawn with regards to the possible contribution of Gheel principles of care to the current psychiatric system.
Background and aims: Starting from a local study about one state public psychiatric hospital who was opened in 1959 in Toén-Ourense-SPAIN, belonging to the PANAP during the years of activity of the organization (1955-1974), we try to expose and explain the historical and sociopolitical evolution of PANAP through the story of Ourense's (and Galicia's) psychiatric assistance in a concrete period: second period of Franco’s Dictatorship (1959-1975). We analyze several issues as the number, localization of the hospitals, medical assistance and also the scientific and teaching activities who were developed by the PANAP in Galicia and in the rest of Spain during the years of existence.

Methods: Survey on hospital library and archives in Toén and in Archivo de Galicia (Santiago de Compostela); bibliography review.

Results and Conclusion: The PANAP was the most important public psychiatric organization in Spanish psychiatry during Franco dictatorship although it was an manicomial organization that did not cover adequately the necessities of public psychiatric assistance. The hospital of Toén in Ourense was one if the prototypical hospital of these years, dedicated only to male inpatients, with a neuropsychiatric and labourtherapy orientation only for men but with an interesting scientific production dedicated to psychopathology and phenomenology, mainly published by his medical director Manuel Cabaleiro Góñis.

References:


SIMON LORDA, D., Locura, medicina, sociedad: Ourense (1875-1975), Ourense, Xunta de Galicia, 2005
WPA-0471 EXTREME FASTING, RELIGION AND PSYCHIATRY IN GALICIA (NORTHWEST OF SPAIN) AND NORTHERN PORTUGAL IN XIX AND XX CENTURY

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We make a review about some cases describe in scientific and popular literature about extrema fasting with popular devotion (inedie?) in Galicia and Northern Portugal along XIX XX century.

Method: review of bibliography; local investigation.

Conclusions:
- Some of the cases described in literature in northern Portugal and northwest Spain (Galicia) are very similair, and they have similiar with extreme fasting are linked with catholicism and popular culture.
- There is a symbiosis between official and popular religion. Some of the diagnosis were hysteria, psicoses, anorexia, inedie.

References:
- Bynum CW: Holy feast, and holy fast.
- De Pina Cabral, Joao: Filhos de Adao, filhos de Eva. Lisboa: dom Quixote.
HIV and Psychiatry
PREDICTION OF HIV INFECTION BASED ON PERSONALITY, SENSATION SEEKING AND COPYING STYLE
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Objectives: There is a growing body of literature that focus on the relationship between the psychological factors and the Acquired human immunodeficiency virus (HIV). The aim of this research was prediction of HIV infection based on personality traits, sensation seeking and coping style.

Methods: 100 Participants (50 HIV+ addict and 50 normal) were selected randomly according to stratified sampling method among clients in the Center of Control and Prevention of Behavior Disorders in Tabriz. The normal group and the HIV positive addicted patients were matched according to age and educational level. Data collection were done through NEO Personality Inventory (short form), Lazarus and Folkman coping style Inventory and Zuckerman sensation seeking scale form V (SSS). Forward Stepwise Logistic Regression has been used to analyze the collected data.

Results: Results have shown statistically significant difference between HIV positive patients and the control group in terms of personality traits (neuroticism, extraversion, openness and conscientiousness), coping styles (emotional- focused coping and problem solving coping) and Sensation seeking score .Results of regression analysis has also shown that among factors like personality traits, sensation seeking and coping styles, only sensation seeking and the personality trait of Neuroticism were significantly predicted the HIV infection vulnerability.

Conclusion: According to the importance of personality factors in HIV infection, provision of psychological training programs prevent these diseases among vulnerable.

Key words: personality traits, sensation seeking, coping style, addiction, HIV
IS THERE ANY RELATIONSHIP BETWEEN ADHERENCE TO ANTIRETROVIRAL THERAPY AND ATTENTION IMPAIRMENT?


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Introduction and objectives
Several studies in recent years have shown that an impaired cognitive function confers a higher risk of poor adherence to antiretroviral therapy (ART). The aim of this study is to analyze the relationship between capacity of attention and ART compliance.

Methods
This study is a cross-sectional case-control study. ‘Cases’ are considered adult patients with poor adherence to antiretroviral therapy (as defined by all following: SMAQ rating scale, less than 90% compliance with the intakes verified by the Hospital’s Pharmacy and their regular psysician impression). ‘Controls’ are defined as those patients with similar characteristics but with good adherence. Capacity of attention was evaluated with ‘D2 Test’. Linear Regression was employed as statistical analysis.

Results
44 patients (31 controls and 13 cases) were analyzed. D2 Total Score mean achieved by controls was 378.42 (CI95% 345.01 – 411.83), versus 285.08 (CI95% 200.87 – 369.29) obtained by cases. A statistical signification was found between Case/Control variable and D2 Total Score (0.09 signification). The condition of control – adjusting for age, gender, race and follow-up years - increases D2 Total Score in 104.472 points (CI95% 27.215 – 181.728).

Conclusion
A relationship between poorer adherence to ART and impaired attention capacity was found, with independence from age, gender, race and follow-up years.

References
DIFFERENCES IN PSYCHOPATHOLOGY AMONG HIV THERAPY ADHERENT AND NON-ADHERENT PATIENTS

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Objectives: To compare the prevalence of mental illness (excluding substance misuse) among patients followed up in HIV consultations of Ramon y Cajal Hospital, who are receiving antiretroviral therapy (ART) from the Hospital Pharmacy.

Methods: We designed a case-control survey. Cases were defined as missing at least 10% intakes in the last year (reported by Hospital Pharmacy) and self-reported non-adherence by Simplified Medication Adherence Questionnaire (SMAQ). Controls were defined as accomplishing at least last 95% intakes in the last year (reported by Hospital Pharmacy), and self-reported adherence by SMAQ. Patients with adherences between 90%-95% were declined to simplify the analysis (adherence’s consequences considered uncertain).

We investigated 40 control-patients and 16 case-patients. Psychopathology was assessed using Mini-International Neuropsychiatric Interview. Other demographic measures were also collected and assessed: gender, age, viral load, LTCD4, infection via, hepatitis C virus (HCV) co-infection, follow-up years, treatment years and diagnosed previous mental illness.

Variables were analysed using SPSS v17 and p=0.05 level of significance.

Results: Cases presented higher rates of depressive symptoms (43% vs 5.5%, p<0.000), social phobia (25% vs 5%, p=0.032), and psychotic symptoms (18% vs 2.5%, p=0.036). Viral load was higher (p<0.000) and LTCD4 lower (p<0.000) among cases. HCV co-infection was more prevalent among cases (50% vs 27.5%, p=0.025). No differences were found regarding gender, age, infection via, follow-up years, treatment years, nor previous mental illness diagnosis.

Conclusions: The prevalence of mental illness (excluding substance misuse) is higher among ART non-adherent patients, compared to ART adherent patients. The relationship between mental illness and treatment interruption remains uncertain, nonetheless it appears to exist.

References:
DOES ALCOHOL CONSUMPTION INFLUENCE ADHERENCE TO ANTIRETROVIRAL THERAPY?
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Introduction and objectives. Several studies have shown in recent years that alcohol consumption negatively affects adherence to antiretroviral therapy. However, very few of them performed a parallel analysis of other substances intake. Our aim was to assess the influence of alcohol consumption influences on antiretroviral therapy compliance among HIV+ patients after adjusting for other substance dependence (cocaine, heroin, methadone, opiates and/or cannabis).

Methods. We performed a cross-sectional case-control study. We recruited patients with poor adherence to antiretroviral therapy (as defined by SMAQ rating scale and less than 90% compliance with the intakes objectified by the Hospital’s Pharmacy). Control cases were defined as those patients with similar characteristics but with good adherence. Statistical analysis was performed by using a binary logistic regression model.

Results. 55 samples were analyzed, 16 of them were patient cases and 39 controls. 56.25% of the cases presented alcohol abuse or dependence, compared to 25.64% of the controls. The average alcohol consumption was 4.31 SDUs/day (95% CI 2.22-6.41) in the case group and 2.08 SDUs/day (95% CI 1.21-2.95) in the control group. After adjusting for age, gender, follow-up years, race and other substance dependence, subjects without criteria of alcohol dependence or abuse multiplied their chance of adherence by 5.99 (95% CI 1.12-32.26). Likewise, alcohol consumption increased the risk of non-adherence by 1.3 (95% CI 1.028-1.644) for each SDU/day.

Conclusions. Alcohol consumption is related to poorer adherence to antiretroviral therapy regardless of the use of other substances. Furthermore, this risk increases with statistical significance as does the daily consumption of alcohol, which is also independent of the use of other substances.

References.
EMOTIONAL AND BEHAVIOURAL SYMPTOMS OF DISTRESS IN ADOLESCENTS LIVING WITH HIV IN NAMIBIA: A CASE-CONTROL DESIGN
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Little research has examined the impact of HIV-status and its associated challenges on the mental wellbeing of adolescents, particularly in sub-Saharan Africa, where 90% of the world's HIV positive children live. Studies with adults living with HIV suggest that mental health problems delay the initiation of antiretroviral therapy and cause decreased levels of adherence once treatment starts. This study explored whether adolescents living with HIV in Namibia showed increased mental health problems compared to a control group. It also examined the role of context specific risk and protective factors on their mental health.

Ninety fully disclosed adolescents with vertically acquired HIV were interviewed at a State Hospital between July and December 2013, using a standardised questionnaire and compared to a randomly selected matched community comparison group (n=163). Interviews assessed emotional and behavioural symptoms of distress and risk factors including socio-economic status, social support, orphan status and stigma experiences. Data were analysed with t-tests, chi-sq, ANOVAs and regression.

The groups were matched for age, gender and socio-economic background. The HIV group had a mean age of 14.5 with 51.2% females. There were significantly more orphans in the HIV group (p<.001), with only 36% still having both parents living. Although ALHIV reported more symptoms of distress, the differences were not significant. Orphan status was associated with the level of distress, with orphans showing significantly more distress than non-orphans irrespective of HIV status (p<.05). In the HIV group, the level of stigma experienced as well as the level deprivation (food security) was significantly associated with symptoms of distress, whereas ALHIV with increased perceived social support reported fewer symptoms. These findings provide support for interventions focused on lessening the negative effects associated with orphanhood, and further suggest that stigma reduction efforts within adolescent social contexts could have a positive effect on mental wellbeing.
UTILITY OF THE MONTREAL COGNITIVE ASSESSMENT (MOCA) FOR SCREENING FOR HIV-ASSOCIATED NEUROCOGNITIVE DISORDER (HAND) AND ITS FEASIBLE APPLICATION: A STUDY FROM THE KOREAN NEUROAIDS PROJECT

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Objectives: The Montreal Cognitive Assessment (MoCA) has an application possibility to the neurocognitive impairment of HIV-infected patients. We aimed to know whether MoCA is useful in detecting HIV-associated neurocognitive disorder (HAND) and what subsets of MoCA actually differentiate HAND from the cognitive normal in Korean HIV populations.

Methods: A total of 200 HIV-infected patients were enrolled, of whom 194 completed the socio-demographical, clinical, and neuropsychological assessments in two university hospitals. All patients with HAND were relevant for asymptomatic neurocognitive impairment or mild neurocognitive disorder, confirmed by the comprehensive neuropsychological battery. We compared MoCA and its subscales between subjects with and without HAND. Statistics for measuring diagnostic accuracy were also performed.

Results: Among cognitive domains assessed by MoCA, attention, delayed recall, and a part of executive function (Trail Making B) were significantly different between subjects with and without HAND. MoCA and its selected items (attention, delayed recall, and Trail Making B) show a same diagnostic accuracy for HAND.

Conclusions: MoCA was useful in screening for HAND in our Korean sample. Some subsets of MoCA could be also used in HAND screening. Future research should investigate more various application of MoCA to identify HAND.
Psychiatric morbidity among HIV-infected children and adolescents in a resource-poor Kenyan urban community

Objectives

The course of HIV/AIDS in children has been transformed from an acute to a chronic one with the advent of Anti-Retroviral Therapy.

Methods

The aim of this study was to determine the prevalence and pattern of psychiatric morbidity in HIV-infected children and adolescents between 6 and 18 years of age and the relationship between their socio-demographic factors, immune suppression and psychiatric morbidity. The study was conducted at a paediatric HIV clinic in Nairobi, between February and April 2010. One hundred and sixty-two HIV-infected children and adolescents aged between 6 and 18 years and their guardians were interviewed.

Results

Seventy-nine (48.8%) of the study participants were found to have psychiatric morbidity. The most prevalent Diagnostic Statistical Manual, 4th Edition TR psychiatric disorders were: Major depression (17.8%), Social phobia (12.8%), Oppositional Defiant Disorder (12.1%) and Attention Deficit Hyperactivity Disorder (12.1%). Twenty-five per cent of the study participants had more than one psychiatric disorder.

Conclusions

The prevalence of psychiatric morbidity in HIV-infected children is higher than that found in children in the general population. There is therefore a need to integrate psychiatric services into the routine care of HIV-infected children.
SEXUAL DYSFUNCTIONS IN TUNISIANS LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS

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Objective: More than 30 years after the onset of the human immunodeficiency virus (HIV) epidemic, there is no information on the prevalence of psychiatric disorders among persons living with HIV in Tunisia. We sought to estimate the prevalence of depression and to examine its relationship with HIV-related stigma, self esteem and a range of demographic, social, physical and health characteristics.

Methods: Face-to-face interviews were conducted between June 2012 and January 2013 with patients treated at the departments of infectious diseases at the Rabta Hospital of Tunis and Farhat Hached Hospital of Sousse. The Hamilton Depression Rating Scale was used to explore depression, the 10 items abbreviated form of HIV-stigma scale of Berger to evaluate HIV related-stigma and the Rosenberg self esteem scale to assess self esteem.

Results: We included 76 patients, 44 men and 32 women, with a mean age of 39.9 years. Among this sample, 67.1% of patients were depressed. Near 28.9% of patients scored for minor depression while 38.2% scored for major depression. Depression was related to low self esteem (p=0.001), stigma (p=0.009), past opportunistic infections or cancer (p<0.0001) and viral load (p=0.02). Depression was also inversely related to social support as patients participating in the Tunisian AIDS Organization had lower levels of depression (p=0.01).

Conclusions: Interventions targeting mental health concerns in people with HIV and particularly depression should focus on improving medical care of the infection as well as improving people’s self esteem and social support and intensifying efforts of fight against stigma.
THE COMORBITY OF AIDS DEMENTIA COMPLEX AND DEPRESSION
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INTRODUCTION: The diagnosis of AIDS dementia complex as the debut of HIV infection is rare, but implies a poor prognosis. Initial symptoms are apathy, memory lapses and psychomotor retardation, having the diagnosis facing a depressive disorder, thus masking the diagnostic HIV.

OBJECTIVES: Emphasize the need to include HIV in the differential diagnosis of patients with depressive short evolution symptoms.

METHODS: We report a case of a 41 year old male without previous psychiatric history. Came to the emergency room of our Hospital with major depressive symptoms a month and a half of evolution consisting of: depressed mood with anhedonia, fatigue and hypobulia, self care abandonment and hyporexia with 10kg weight loss, presented a state of malnutrition in the blood tests. Finally show the results of the literature review on psychiatric symptoms in AIDS dementia complex.

RESULTS: Initially our patient created diagnostic doubts with possible depressive disorder being treated with Lorazepam and Citalopram. He was finally diagnosed with AIDS dementia complex after a major neurological deterioration and making additional appropriate testing. The results of our review shows that comorbid depression is common with HIV disease beyond its association with HIV dementia, and effective treatment of HIV-infected Individuals is hindered by depression. The risk of major depression also increases with progression of the HIV infection, as observed in our patient.

CONCLUSION: Our case illustrates the importance of including HIV infection in the differential diagnosis of patients with short evolution depressive symptoms, thereby avoiding a late diagnostic and with the consequent negative impact on the prognosis diagnosis.
THE IMPORTANCE OF CONTROLLING PSYCHOTIC PATIENTS WITH HIV

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Published rates of HIV infection among psychiatric patients are 3.1% to 23.9%, at least eight times higher than general population (Nebhinan et al. 2013).

The clinical importance of insight is determined by evolutionary factors of mental diseases. Psychosis insight deficit has been connected with a higher risk of anger and impulsiveness, toxic abuse and a lower treatment adherence. In conclusion, these patients suffer from a worse clinical prognosis (Uruchurtu, 2013).

This case study is about a 31 years old man diagnosed with Schizophrenia six years ago and with HIV four years ago. At the beginning of last year, the patient was hospitalized in the Acute Psychiatry Hospital Unit because of decompensation. Two years after diagnosis of HIV, he left both medical treatments and since then he was arrested several times because of public scandal. Furthermore, he had been practicing high risk sexual activity in form of unprotected sex with multiple or casual partners as he had no awareness of his disease. In addition to this, he made a delusional interpretation about HIV (known as VIH in Spanish), his interpretation was Immortal human life (Vida Immortal Humana). He was in the hospital for a month and in that period of time; he started medical treatment and psychotherapy work which led to a good stabilization and awareness of both illness. At the moment, one year after this episode, the patient is still stable, taking both medications regularly and followed up by his psychiatry in the Mental Health team.

In conclusion, it is very important that psychotic patients with HIV receive a good follow up during life, as decompensation can affect the patients’ health in two ways psychosis and HIV, with the implicit consequences that this carries (Uruchurtu, 2013).
INTERFACE BETWEEN SEXUALITY AND MENTAL HEALTH
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Objective: Analyze the interface between sexuality and mental health in health practices.
Method: Literature Review.
Results: Nowadays, health practices, both in the field of mental health, as in sexuality, do not give due attention to sexual and reproductive health and mental health of users of health services, the individual practice of both areas (sexuality and mental health) goes against the grain of a comprehensive health care. The literature review identified: gradual increase in research on the area; violence approach under several perspectives; relevance given the sexuality of psychiatric patients; paucity of consistent epidemiological studies; absence of sex education information; gap on sexuality information, etc. Among the main challenges met the need for joint management areas of education and health work and build new public health strategies to understand sexuality as an intrinsic dimension to the individual's health enabling comprehensive care.
Conclusions: In order to avoid anachronistic, ineffective and iatrogenic pratices, caused by the deficit in training and development of human resources for health, the training of health professionals in the area of sexuality and mental health is what is needed. Continuing education is the best proposal for changing practices and interdisciplinarity is required. This discussion concerns the whole field of knowledge that seeks to problematize the interface between sexuality and mental health in the midst of contemporary society and understand the practice of this individual as a social actor, builder senses to his life from his personal experiences. Thus, the relevance of the study is to provide tools for ethical reflection on the importance of articulating such fields and thus potentiate their actions in the area of public health.
VULNERABILITY OF PATIENTS WITH MENTAL DISORDER TO HIV/AIDS: JUSTIFYING PREVENTION.

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Objective: To evaluate the vulnerability of Persons with Mental Disorder (PMD) to HIV/AIDS.

Method: Literature Review.

Results: Numerous studies emphasize the analysis of the psychological suffering of those sick with HIV, however, there are few studies on PMD and their vulnerability to HIV/AIDS. The PMD experience various situations of vulnerability, present sexual risk behavior and sexually transmitted infection rates higher than the general population, such as increased morbidity and mortality from chronic diseases. They did not correctly identify the risk level and this lack of perception of vulnerability to HIV/AIDS hinders the adoption of preventive behaviors. Moreover, few institutions have programs to prevent HIV/AIDS and new mental health services almost no room for apprehension of sexual and reproductive experiments.

Conclusions: Understanding sexuality as an intrinsic dimension to the individual's health allows for comprehensive care. Know the issues involved in sexuality PMD is essential to building an effective prevention strategy that respects individual choices and dialogue with social contexts. Prevention of HIV/AIDS depends on increasing outreach to populations at increased risk, such as PMD. Improve knowledge about HIV/AIDS in this population is paramount to change risk behaviors, prevention and spread effectively include them in public health strategies. The PMD need specific policies to promote sexual health and disease prevention, sexuality requires more attention. Problematize about this theme supports the management of health policy, allowing practices to rethink and redesign the ways of care. Prevention strategies in this area should consider the societal values present in psychiatric reform and dialogue with users about the perspective of the experience of sexuality as effective exercise of human rights, because living sexuality is fundamental to quality of life.
DEPRESSION AND RELATED FACTORS IN TUNISIANS LIVING WITH HIV
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OBJECTIVE:
More than 30 years after the onset of the human immunodeficiency virus (HIV) epidemic, there is no information on the prevalence of psychiatric disorders among persons living with HIV in Tunisia. We sought to estimate the prevalence of depression and to examine its relationship with HIV-related stigma, self esteem and a range of demographic, social, physical and health characteristics.

METHODS:
Face-to-face interviews were conducted between June 2012 and January 2013 with patients treated at the departments of infectious diseases at the Rabta Hospital of Tunis and Farhat Hached Hospital of Sousse. The Hamilton Depression Rating Scale was used to explore depression, the 10 items abbreviated form of HIV-stigma scale of Berger to evaluate HIV related-stigma and the Rosenberg self esteem scale to assess self esteem.

RESULTS:
We included 76 patients, 44 men and 32 women, with a mean age of 39.9 years. Among this sample, 67.1% of patients were depressed. Near 28.9% of patients scored for minor depression while 38.2% scored for major depression. Depression was related to low self esteem (p=0.001), stigma (p=0.009), past opportunistic infections or cancer (p<0.0001) and viral load (p=0.02). Depression was also inversely related to social support as patients participating in the Tunisian AIDS Organization had lower levels of depression (p=0.01).

CONCLUSIONS:
Interventions targeting mental health concerns in people with HIV and particularly depression should focus on improving medical care of the infection as well as improving people’s self esteem and social support and intensifying efforts of fight against stigma.
IMMUNOLOGICAL CORRELATES OF BEHAVIORAL PROBLEMS IN SCHOOL-AGED CHILDREN LIVING WITH HIV IN KAYUNGA, UGANDA

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Objectives: It is widely recognized that the Human Immunodeficiency Virus (HIV) affects the neurocognitive function of children, including their behavior. Our aim was to identify immunological correlates of behavioral problems among children living with HIV in Uganda.

Methods: A randomized control trial is being implemented in Kayunga, Uganda among children living with HIV. The BRIEF questionnaire and the CBCL were used to evaluate neurodevelopmental problems, including behavior. For this abstract, simple and multiple linear regression models were constructed to identify baseline immunological correlates of behavioral problems.

Results: 144 children living with HIV (50% male) with a mean age of 8.9 years (Standard Deviation (SD)= 1.9 years) were included for analysis. 82 children were on highly active anti-retroviral therapy (HAART). Mean CD4 cell counts were 144 cells μL (100), CD4 cell activation 5.7% (SD=5.1), CD8 cell activation was 17.5% (11.2) and 60 children (14.7%) had a viral load of <4000 copies/mL. In our adjusted models for the BRIEF score, viral load (β=14x10^-6 (-4.12 x10^-6 -23.8x10^-6)) on the Behavioral Regulation Index (BRI) and age (β=0.96 (-1.79 - 0.12)) on the Metacognition Index (MI); and for the CBCL, gender (β=3.88 (0.95 -6.81)) on the Internalizing Problems Scale and on the Total Problems Scale (β=3.36 (0.58-6.13)) and CD8 activation (β=0.16 (0.03-0.28)) on the Externalizing Problems Scale were associated with poorer behavioral outcomes.

Conclusions: Higher scores (worst behavioral outcomes) appear to be associated with higher viral load for the BRI and to older children in the MI. Higher scores for the total CBCL were associated with being a girl and to having higher CD8 activation percentage. Complete neurodevelopmental assessments should include commonly used immunological parameters to identify levels that result in acceptable behavioral outcomes.
ART THERAPY WITH HIV+/AIDS PATIENTS
REPORT ON A TEN-YEAR EXPERIENCE
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The art therapy workshop for HIV+/AIDS patients is an on-going project which has now celebrated its tenth anniversary. Patients treated at different public and private health institutions find, in the workshop, a safe place in which to explore their feelings, confront their fears and share with the other members of the group how they deal with the virus, thus, profiting from each other’s experiences.

The objectives of the workshop are: 1) to explore healthy behaviours and self-care, 2) to reinforce self-esteem, 3) to foster a sense of play, 4) to build a sense of dignity and empowerment by fighting stigmatization, and 5) to manage psychological symptoms.

The methodology of the project is 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. Also, qualitative research allows for a wider view on the subject since it applies tools such as: a) questionnaires, b) discourse analysis and patient observation recorded in the transcripts from the art therapy session, and c) content analysis provided by the review of the images produced by each patient at each session, paying close attention to changes in the symbolic representation.

The results reflect the degree in which the patients have managed to achieve their personal goals over the years, a projection in time that seemed to be beyond reach at the beginning of their journey through images. This could include changing jobs without fear of discrimination and building new relationships. All these experiences have been shared and celebrated with the group and with the coordinator.

The conclusions of the project reveal the establishment of a strong network of peers, managing to take significant steps in their lives and keeping in touch with each other’s developments over these ten years.
A CROSSSECTIONAL STUDY OF ADAPTATION, COPING AND QUALITY OF LIFE IN THE HIV SEROPOSITIVE CASES

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Present study was planned to assess the Quality of life and coping in sero-positive cases.

Objectives. The study aimed to evaluate quality of life and coping mechanisms in HIV seropositive cases. Further it attempted to correlate quality of life and immunological recovery using CD4 count.

Methods: 182 patients with HIV sero-positive status on HAART for at least 3 months formed a study group. Individuals with a past history of mental illness / head injury / dementia and comorbid psychiatric disorder were excluded. The cases with co-existing opportunistic infections and malignancy were also excluded. CD4 count was done using the Flow Cytometry. Scales pertaining to Coping, Quality of Life and Personality factors were also applied. Data was analyzed with the help of SPSS 21. ANOVA and Kruskal-wallis test was done.

Results: The CD4 count was 200-500 /micro L in 69%, 16.5% had below 200 /micro L and the rest 14.3% had the count above 500 / per micro L. The treatment profile of patients found 85.2% of patients on ART. Scores on Personality profile revealed Neuroticism, Extraversion, Openness to Experiences and Conscientiousness in average category. Scores on Agreeableness are in low category. Coping Resources fall within normal range. Domains of Quality of Life Scale namely Physical health, feelings and emotions, Pain and Sleep had higher mean score revealing better quality of life, Quality of life compromised was in the domain of appetite and food intake daily activities, cognitive functions and social support.

Conclusion: Findings revealed significant association between CD4 count and quality of life. Personality was found to be having average parameters excepting on agreeableness. Enhancement of quality of life in HIV sero-positive cases can be done by promoting adherence to ART and adapting healthy coping strategies.
WPA-0186 FUNCTIONS AND PROCESSES OF SLIDING FROM THE AFFECTIVE DISORDERS TO SUICIDE IN PEOPLE WITH HIV MAINTAIN IN DETENTION

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The demands of justice and social pressures on the judiciary reduce more and more the flexibility of lawyers in the management of sanctions inflicted to the authors of infringements and offences. These pressures, tending to confront the judges with the duty of sanction very often push them to consider incarceration even when the authors are in the grip of serious diseases. No matter if, some conditions are incompatible with incarceration. Our experience has enabled us to raise the way in which affective disorders appear in these patients, causing slips towards suicidal behaviours. It becomes important from this point to examine not only the meaning of these suicidal behaviours, but also how this shift occurs (from the affective disorders to the suicide especially in the case of a patient jailed with HIV syndrome), and the dimension of the somatic pathology.

Aim: The aim of this study is to consider alternatives to incarceration and how to care for patients with somatic pathology incarcerated so that they do not slip to the point of suicidal behaviours.

Method: This project is primarily based on a psychopathological repository psychoanalytically oriented. We considered throughout our project to focus observation and clinical interviews.

Population: patients imprisoned followed in psychiatry

Result: in progress

Conclusion: It seemed that imprisonment, because of the stress and the exigencies of adaptation that it induces, imposes to the patient held the use of other psychic resources. When these resources are lacking by what exhausted in the management of somatic pathology, or then strongly reduced, the prison shock may extend, thus transforming itself into syndrome of emotional disorder, with a risky of sliding towards suicidal behaviours. This act takes direction of euthanasia, even more when the patient feels condemned by a disease such as the HIV.

Keywords: disorder mood, suicide, comorbidity; detention; somatic syndrome of HIV
**WPA-0225 PSYCHOACTIVE SUBSTANCE USE AND RISKY SEXUAL BEHAVIOR AMONG STUDENTS OF UNIVERSITY OF MAIDUGURI, - NIGERIA, 2009**

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**Introduction:**

Drug abuse shown to increase transmission of sexually transmitted diseases. Proportion of Nigerians with HIV/AIDS increased from 1.8% in 1991 to 4.6% in 2008 and hospital records indicated use of psychoactive substances have increased among students in universities. We set out to determine prevalence and socio-demographic correlates of psychoactive substance use and risky sexual behavior among students.

**Methods:**

We did a cross sectional study among students of University of Maiduguri. We stratified sample by year of study and department. We interviewed students about demographics, drug use and risky sexual behaviors. Data was analyzed using SPSS version 11.0, and chi-square was used to compare categorical variables.

**Results:**

Among 200 students surveyed (males: 140; females: 60), psychoactive substance use was reported by 112 (56%). Alcohol use was commonest (39%) followed by tobacco (24%) and opiates (6.2%). Male students were more likely to use psychoactive substances (82 (86%) versus 13 (14%); p< 0.05). Nearly half (49%) have had a sexual experience of which 36 (38%) were with multiple sexual partners. Males were more likely to be sexually active (79% versus 14%; p<0.001). Condom use during last sexual experience was 39% and alcohol use immediately preceding last sexual experience was by 12% of the students. Students who were using psychoactive substances were more likely to practice risky sexual behaviors (68 (72%) versus 27 (28%); p<0.001).

**Conclusion:**

This study showed likely association between psychoactive substance use and risky sexual behaviors among students and underscores importance of integrating drug abuse prevention with that of HIV/AIDS.
WPA-0425 THE DELINQUENT ACTIVITY OF HIV-POSITIVE INJECTING DRUG USERS IN BELARUS

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The aim of the study is to identify factors influencing adherence to therapy in HIV-positive injecting drug users (IDUs).

Material and methods. We conducted a prospective cohort study using anonymous survey for injection drug users living in Brest, Gomel, Grodno areas of Belarus and Minsk. The selection criteria for participants and the main questionnaire were identical: the participants of the survey were diagnosed with opioid dependence syndrome and had the experience of drug injection during the past month. All examined subjects have signed the informed consent before taking part in anonymous survey. To conduct a survey we used the structured questionnaire basing on the results of clinical and psychopathological study of HIV-positive IDUs and HIV-negative IDUs).

Results. 213 IDUs have been interviewed, their average age was 32.74 years (SD = 5.71). 73.7% of VPU were male and 26.3% were women. As noted by 64.6% of respondents, the cause of conviction were crimes of drug trafficking, 14.6% reported mercenary and material crimes, 5.2% - violent acts, crimes against the person, 4.2% - other. In most cases, crimes were committed repeatedly. In most cases the crimes were committed in a state of severe morbid craving for drug, or in the state of drug intoxication. The average age of the first delinquency was 15.9 ± 0.51 years. Illegal activity among IDUs impacts negatively on their adherence to treatment.

Conclusions. The method of anonymous survey is informative for the assessment of factors influencing adherence to therapy.
WPA-0453 PREVALENCE OF DEPRESSION AND SUICIDAL IDEATION IN HIV-AIDS PATIENTS OF THE KANYE SEVENTH DAY ADVENTIST HOSPITAL, BOTSWANA, AFRICA

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Objectives. To determine the prevalence of depression and suicidal ideation, in HIV/AIDS patients from Kanye Seventh-day Adventist Hospital, Botswana. To compare the sociodemographic data with the prevalence of depression in the people involved in this study.

Design. It is a cross sectional descriptive randomized trial.

Setting. This study was made in Kanye, Seventh Day Adventist Hospital, in Botswana Africa, in October-December 2009.

Subjects. The population of this study was 200 HIV/AIDS patients, who attended either to the IDCC or OPD.

Outcome measures. The instruments were: the medical records, a Beck Depression Inventory (BDI) and a socio demographic questionnaire. The computer program is the SPSS for windows. The association among the categorical variables accomplish intervening the statistical test χ², with one significance in ≤ 0,05.

Results It was found that 79,5% (n=159) of the HIV-AIDS patients were depressed. 38,5% (n=77) had suicidal ideation. It was found that there was an association between the depression and the existence of depressed relatives (p=0,047).

Conclusions There is a high prevalence of depression and suicidal ideation among the HIV-AIDS patients.

Key Words HIV/AIDS, depression, suicidal ideation.
Human Development
AGE-RELATED DECLINE IN COGNITIVE FUNCTIONS AFTER ADJUSTMENT FOR EDUCATION LEVEL

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Objectives: Cognitive functions are closely related to clinical convalescence in psychiatric patients. Neuropsychological findings have reported normal aging induce decline of cognitive abilities which showed difference slope according to cognitive domain. The purpose of this study was to control the effects of education on cognitive decline during normal aging.

Methods: Participants in this study were normative sample of Korean Wechsler Adult Intelligence Scale-IV (K-WAIS-IV; n=1228). Participants were divided into 12 age groups ranging from 16 to 69 years. The K-WAIS-IV has retained 15 subtests; Similarities, Vocabulary, Information, Comprehension, Block Design, Matrix Reasoning, Visual Puzzles, Figure Weights, Picture Completion, Symbol Search, Coding, Cancellation. We performed multivariate analysis of covariance (MANCOVA) to characterize the patterns of raw score change on K-WAIS-IV subtests across age groupings and education level.

Results: The effect of age group for raw subtest score was statistical significant ($V=0.93$, $F(165, 13321)=7.46$, $p<.001$, partial $\eta^2=.09$). The effect of year of education for raw subtest score was also statistical significant ($V=0.35$, $F(15, 1201)=43.35$, $p<.001$, partial $\eta^2=.35$). In subtest level, age-related Verbal Comprehension subtests and Arithmetic declines were reduced significantly after adjustment for year of education, however the other subtests were not markedly reduce decline slope.

Conclusions: The finding represents discrete effect of age and education across cognitive domain. When patient’s cognitive functions were declined, clinician may consider not a single relationship between age-related cognitive decline and education, but different patterns may be found, depending upon the specific cognitive domain.
PSYCHOLOGICAL AND EDUCATIONAL CORRELATES OF INSTITUTIONALIZED UPBRINGING AMONG CZECH ADOLESCENTS
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The objective of the present research that has been inspired by the ideas and research of the late professor Matějček (e.g., Matějček, Bubleová, & Kovářík, 1995) was to focus on the differences on psycho-educational variables between two samples of Czech adolescents: (1) early adolescent students that have been growing up due to their families’ gross neglect or abuse since their early childhood in institutions (n = 75) and (2) adolescents growing up in intact families (n = 81). The data were collected from the students themselves, from their peers and class teachers, and from their medical records. The results supported the notion that having been deprived of attachment connections in the institutional settings may have an impact on the self-esteem, diligence, or concentration of the youths. In addition, having been growing up in institutional settings negatively influences the students’ school achievements as well as their social standings. The study suggests that there is still a need for further improvement in care for children and adolescents who are removed from their biological families. Finally, it was observed that teachers’ judgments of the institutionally-raised students tended to be inaccurate and the implications of these findings are discussed.
CHILE: SUICIDE RATE IN RELATION TO HUMAN DEVELOPMENT INDEX (HDI)
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Introduction: Suicide rate in Chile show mild but significant upward trend, especially in the last seven years. Similar rates to reflect changes in the developed of the Chilean society. Various factors are associated with suicide risk, some concerning with living conditions of a society. On this matter, the UN developed an index that assesses aspects of life in different societies. The Human Development Index (HDI), the statistical index developed by UNDP (United Nations Development Programme), it summarizes three areas using an indicator for each: firstly health life expectancy, secondly education (literacy level) and finally income (GDP per capita). According to this, Chile is among countries with high human development.

Objectives: Analyze relationship between HDI and suicide rate in Santiago of Chile from 2000 to 2010.

Methods: The method considered an analysis of (The) suicide rates (between) 2000 to 2008 in different areas of Santiago.
The data were analyzed against HDI methodology.
The database used came from officials source such as the Statistics Department of the Ministry of Health of Chile regarding (with) suicide deaths recorded in the study period. The data evaluation is finally performed by SPSS Stadistics.

Results: Overall suicide rates in these communes remain inversely related to HDI ($r = 0.34$), not being significant. However, the correlation in men is significant with $r = 0.67$, and women have a correlation coefficient $r = -0.02$.

Conclusions: The suggested relationship between suicide rate and HDI may be another indicator of the effect of environmental variables on the presence of psychopathology in the population. Although it can not establish causation because suicidal people , it can be found a social detriment due to mental illness.

References.
Report 2013 of Human Development Index in Chile, the United Nations Program for Development (UNDP).


ANALYSIS OF UNIVERSITY STUDENTS’ HUMOR STYLES AND GENERAL MENTAL HEALTH

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Objectives: Humor has potential beneficial effects on physical and psychosocial health and well-being. The aim of the study is to determine humor styles and general mental health of university students.

Methods: This descriptive study was conducted in Ankara, Turkey in 2013. Totally 430 Vocational School of Health Sciences students accepted to participate in the study. Humor styles questionnaire (HSQ) and general health questionnaire (GHQ 12) were applied to the students with a descriptive form. Humor were grouped into two dimensions, adaptive and maladaptive. Adaptive humor refers to humors that are beneficial to psychological well-being. It includes affiliative humor and self-enhancing humor. Maladaptive humor includes aggressive and self-defecting humor. Besides these analysis, with GHQ12 current mental health was measured.

Data were analyzed by SPSS 17.0. Descriptive and Pearson test were used for the analysis.

Results: Students’ mean age was 21.01±2.26, 64.5% of them were women and most of them have moderate socio-economic status (61.9%) and non-smoking (63.8%). Humor styles questionnaire have four dimensions (min 7, max 56). The students mean scores for the subscales are; Affiliative humor means 39.63±8.18, self enhancing humor means 33.64±9.44, aggressive humor means 23.29±7.67 and self-defecting humor means 26.51±7.87. Most of the students’ GHQ scores have found as moderate risk (20.6%), 27.1% have found to have high risk. There was a low negative significant correlation between the students’ self enhancing humor and general health risk.

Conclusions: According to the results of this study, it has found that students have positive humor. Nearly half of them have low risk for the psychiatric disorders. If they have self enhancing humor they have low risk for the psychiatric disorders.
AN ASSESSMENT OF INNATE EMOTIONAL STATES: PROPOSITION FOR FOUR INNATE EMOTIONAL STATES
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Objectives: For a long time most observers had believed that newborns were endowed with two emotions of distress and contentment till Lewis in 1994 had suggested the presence of third emotional state of ‘Interest.’ However, if these three were the innate emotional states, the question arises as to what is their representation in disease states, especially in mood disorders? If distress was equivalent to depression and contentment to elation what is the independent status of Interest? If the disorder of Interest has been associated with the case of schizophrenia, then does it also not raise the query that is schizophrenia also a disorder of mood?

The main theme of objections to psychiatry a century earlier, which has been clearly highlighted by the present author in his book, ‘Schizophrenia – A Myth,’ had been that it had no scientific basis, and today, even after hundred years of research, is it not that though we have drafted various tenements of the mind but the interlinking of those tenements is missing? We try to explain each and every disease process or psychological tenement by different mechanism – as if there was a different virus for each disease process. Until and unless that interlinking is there, that is, the human mind is taken as a whole, which functions by a single mechanism of action, true progress cannot be achieved in understanding the biological basis of psychiatric disorders. In other words, we are still far from understanding the physiology of psychological functions.

Conclusions: To give some new direction, the present article proposes a new schema of innate emotional states and the physiology of human mind which functions by a single mechanism of action. The hypothesis is based upon observations gained from patients of mood disorders – a case prototype being discussed in another article.
MONOZYGOTIC TWINS REARED APART... A REVIEW ON THE PERSONALITY
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Objectives
The main purpose of the "Minnesota Study of Twins Reared Apart" (MISTRA) was to muster as many pairs of monozygotic twins reared apart as possible, in order to evaluate their degrees of similarity. The study was designed at a time when family influence was believed to assume the main role in personality structuring, rather than the genetic influence. However, it resulted in surprisingly strong evidence favoring the heritability of different traits.

Here we intended to review and discuss the literature based on studies of twins raised in different environments, conducted after de "MISTRA". The main objective was to infer about the relative weight of genetic and environmental influences over personality structuring.

Methods
PubMed database was searched for "twin studies", "twin reared apart", "genes" and "environment".

Results
Studies over this matter conducted after the "MISTRA" revealed sparse. However, results and conclusions were overall syntonic with it.

Conclusions
Nature's influence over personality structuring hasn't suffer impugnment over the past few years. However, valorization of the strong heritability of most personality traits assumed preponderance in understanding this phenomenon. Generically the similarities between homozygotic twins reared apart are seen as the result of genetic influence and their differences as the result of environmental influences.

Genes and environment are currently considered as playing equal parts. Studies intending to conclude about their relative weight will necessarily have to be drawn on twins reared apart, task of a quite demanding degree.
OBJECT USE IN AUTISM AND IN TYPICAL DEVELOPMENT. A LONGITUDINAL STUDY
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Following Kanner (1943) autism was supposed to present impairment in interpersonal relations but not in the use of objects. However, if we consider that objects are manifestations of culture and the social world, and they are very much part of human interactions, we could expect impairment both in the proper and the novel, creative use of objects (Williams, Costall, and Reddy, 1999). Objects offer us a variety of action possibilities (affordances) and conventional (proper) and nonconventional (flexible, idiosyncretic) object use are both important part of development. In this study we aimed at exploring differences and similarities of object use by autistic and typically developing children.

Six children living with autism and six typically developing children and their mothers participated in the study. Sets of objects were offered for manipulation and play in a semi-structured dyadic situation by the parent, in the homes of the families. Objects and the situations invited the children for exploration, pretend play and imitation of actions by the mother. Interactions have been recorded on video and the data were analysed by Noldus Observer XT 8.0 and SPSS for Windows Evaluation Version 20.0 program softwares.

Our results showed more exploration and less object pretend play, along with reduced creative object use and imitation by children living with autism, compared to typically developing children. Although these differences seems to be significant, further studies are needed to verify these results and explore characteristics object use in autism and typical development.
In the last few decades, mother’s psychological state during pregnancy and puerperium has been a focus of concern for health care services. Considering the relevance and the limited literature related to the risks that maternal mental conditions may pose to children’s development, the present longitudinal study aimed at evaluating maternal anxiety and depression from pregnancy to the six postpartum months, and its relationship with children’s development. Eighty five mothers answered the Beck Depression Inventory (BDI) and The State - Trait Anxiety Inventory (STAI) in the third pregnancy trimester and at six months postpartum, when children’s neuropsycomotor development was evaluated by the Denver II Test. The data showed that 38.6% presented signs of anxiety and 21.7% signs of depression. During puerperium there was a significant decrease in levels of anxiety (p<0.004) but not of depression. There was no significant association between the neuropsycomotor development of the child at six months and maternal symptoms of anxiety, in pregnancy and puerperium. However, signs of depression during pregnancy were associated to risk related to personal social development of the child (p=0.03), and depression in puerperium was related to risks related to adaptive development at six months (p=0.017). These results confirm the relation between depression, both in pregnancy and puerperium, with risks for the child’s development. The insignificant decrease of depression in puerperium is an alert for possible chronic depression, and the need for on going consultations during pregnancy; diagnostic, and early interventions, with the goal to prevent future development delays of the child.
Topic 27

Human Sexuality
DELAYED EJACULATION AND BUPROPION, A CASE REPORT
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Objectives
To explore the clinical characteristics of a patient with delayed ejaculation and to report his response to bupropion.

Methods
Case report

Results
A 34 years old man suffering from delayed ejaculation was referred from Clinical Psychology Service, to the Psychiatric consultation after ruling a psychological origin. He was a cheerful and communicative person. He had no previous psychiatric or psychological history. No medical illness, quit smoking one month ago and denied other drugs consumption. He had a degree in Agricultural Engineer and was working as a gardener.

The main concern of the patient is that “no one clarified the source of his problem, the Urologist did not found an organic cause and the Psychologist did not consider any appropriate psychological intervention”. The delayed ejaculation was causing him serious problems: “I would like to maintain a normal relationship, without need an hour of intercourse to reach the orgasm”.

During the exploration he showed good rapport and insight. Low mood, slight apathy and hopelessness. Occasional anxiety. Correct speech focused on his current situation. Expressed properly his fantasies and needs in the sexual sphere. No paraphilias. He was feeling worried and guilty because of his sexual dysfunction. Daily masturbation as a way to "test himself" and relieve tension. Denied insomnia.

We perform a PubMed search in order to make a psychopathological and pharmacological approach based on the latest evidence. After discussing with the patient, the lack of scientific evidence in the treatment of delayed ejaculation, we decided by consensus to start treatment with bupropion-SR 150mg per day and evaluate response.

After 4 weeks of follow up, the patient related an improvement in his symptoms with a good tolerability.

Conclusions
The clinical characteristics of the patient are similar to those reported in the literature and the treatment with bupropion seems an effective option.

Bibliography.
HYPERSEXUAL DISORDER: TO BE OR NOT TO BE
C. Chiclana1,2

Objectives: assess the presence of Hypersexual Disorder (HD) using the diagnostic criteria proposed by the DSM-V work group and the comorbidity on Axis I.

Methods: review of medical history with diagnostic criteria for HD in the last 603 outpatients

Results: eighty seven patients (14,4%), consulted for excessive sexual behavior. Sixty one (86,8% males) met criteria for HD. The most frequent behaviors observed were use of pornography and masturbation (85,2%), only masturbation (13,1%), sexual behavior with consenting adults (5%) or all behaviors (18%). Dysfunctional areas secondary to HD referred by patients was personal distress (100%), couple (24,6%), work (23%), family (19,7%) and social problems (18%). Most of them (82%) had comorbidity on Axis I. The most frequent ADHD (29,5%) and Depressive Disorder (16,3%). Ninety patients (89,5% males) should present “pure hypersexuality” (3,1%).

Conclusions: in our sample we found a high demand about “excessive sexual behavior” and also a very high prevalence of HD. In our clinical centre we do a first interview with a sexual behavior interview without taboos. It facilities the explanation of sexual problems without shame, guilty or fear to be stigmatized. It would be considered that HD is not an independent diagnosis but symptomatology about other disorders. However there is a subgroup without axis I pathology and it is needed more research about the etiology and neurobiological basis of this behavior. Anyway people with this problem needs specific treatment programs to improve quality of life.
WHAT ARE THE NOXAS OF SEXUAL DISORDERS IN SCHIZOPHRENIC PATIENTS? MULTICENTRIC EXPLORATORY STUDY

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Objectives To identify the relevance of individual variables as well as the recognition of clusters of these variables, in the dimension of sexuality in schizophrenic patients. The variables examined are type of anti-psychotic (typical and atypical), adherence to Primary Care and Psychiatry (including bidirectional communication difficulties) outpatient consultation, adherence to antipsychotic, presence of syndrome metabolic and elevated serum prolactin. We intend to analyze the correlations between these variables and impact on psychosexual relationships and in sexual response.

Methods The authors are conducting an exploratory study with a cross-sectional nature, which is taking place in the first half of 2014. This one includes 4 Departments of Psychiatry, with a Portuguese sample. The target population is 100 adults, diagnosed with schizophrenia by DSM IV-TR. A convenience sample, with representation from both sexes is being used. The authors have protocolled a extended semi-structured clinical interview with benchmarking of socio-demographic data and major medical history. It also aims to evaluate adherence to the Primary Care and Psychiatric outpatient consultations. Metabolic syndrome and elevated prolactin are being screened. We resort to PRSexDQ, PANSS and MARS to quantify some items.

Results The study is being carried out, so that the final data will be presented at the exhibition of the final work.

Conclusions Authors expect the most favorable pattern in the sexual sphere with atypical antipsychotic. Furthermore, we hypothesise that if global clinical stability (ie, clinical psychotic psychopathology) is not secured, a translation will occur through a decline in overall functionality. On the other hand, social status (in contrast to married) those who do not have a fixed sexual partner will report more difficulties in identifying the extent to which the illness and its treatments are influencing them in the experience of sexuality.
FEMININE SEXUALITY
MOROCCAN’S WOMAN KNOWLEDGE
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The sexuality has an important impact on the mental health, the social functioning and the quality of life of the woman. A good knowledge of its own body and the importance of the preliminary allow an awareness of erogenous zones, and to know all the resources which lead to the pleasure, to reach a satisfaction of the emotional, psychological and physical needs.

**Objectives:** estimate the theoretical knowledge concerning the feminine sexuality in a population of Moroccan women, to emphasize their perception and their knowledge in this domain.

**Methodology:** a investigation with 100 women of 20 and more years old, all socioeconomic and educational levels. Use of an anonymous auto-questionnaire containing items relative to the anatomy of the body of the woman, to the preliminary, to the attitude of the woman during the sexual intercourse, and to the feminine orgasm.

**Résults:** in Morocco, country of Arab culture - berbéro-Muslim, the sexuality is submitted to Cultural, ethical, psychological and social, biological factor. In our study 88 % of the women considered that the knowledge of the feminine genital anatomy is essential for the sexual self-fulfillment. Erogenous zones could be not genital parts of the body for 82 %. In our study 48 % of women know the role of the clitoris in the sexual pleasure, 20 % have already heard about the G, and only 8 % were able to know how to place it. Concerning the erogenous character of the G-spot, meadows of 87 % of our investigated ignore this role. 46 % think that the woman must be active during the sexual intercourse. In our study only 7 % declared to know that there are 2 types of orgasms at the woman "clitoral and vaginal".

**Conclusion:** it is very clear that the taboo remains heavy, the lack of information, and a sex education focusing on the "hashouma" (mixture of shame and prohibition), however, the majority of the investigated are for a sex education while respecting the cultural and religious values of our country.
SEXUALIDADE DOS ESTUDANTES E ENSINO CLÍNICO EM ENFERMAGEM

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A sexualidade inclui manifestações biológicas, psicossociais e culturais, através das quais os indivíduos se expressem como homens e mulheres. Elemento básico da personalidade, é um modo de ser, de se manifestar, de comunicar com os outros, de sentir, de expressar e de viver o amor humano.

Objetivos: Conhecer os contributos de contexto escolar e diferentes dimensões de ensino/aprendizagem (estágio clínico, relações grupais, relação com os professores, disciplinas e recursos pedagógicos/científicos da escola sobre sexualidade), enquanto condições favorecedoras da promoção de conhecimentos científicos na área da sexualidade e do desenvolvimento e construção da identidade e intimidade dos estudantes de enfermagem.


Resultados: Constatou-se que em ambas as escolas o estágio contribuiu para maior desinibição dos estudantes na relação íntima com o corpo do doente e proporcionou experiências de partilha em grupos de pares. No entanto, verificou-se em ambas as escolas uma lacuna na forma como é abordada a sexualidade pelos professores, que continua a ser leccionada apenas numa vertente clínica.

Conclusões: Mediante os resultados, considera-se pertinente uma restruturação e uniformização dos curricula de enfermagem, objectivando, na área da sexualidade, um processo de ensino/ aprendizagem mais humanizado e partilhado.

Palavras-chave: Sexualidade; Contexto Escolar; Estudantes de Enfermagem
Immunology and Psychiatry
ELECTROCONVULSIVE THERAPY FOR CATATONIA IN JUVENILE NEUROPSYCHIATRIC LUPUS

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Neuropsychiatric manifestations are serious and frequent complications of Systemic lupus erythematosus (SLE). Catatonia associated with SLE has been rarely reported, especially in children, it can present at any time in the natural course of SLE. Here we present a case of a 14-year-old patient encountered in consultation-liaison psychiatry who presented catatonia associated with SLE. Her catatonia was refractory to the treatment with pulse methylprednisolone, intravenous cyclophosphamide and rituximab. The patient responded to a combined therapy of electroconvulsive therapy and benzodiazepines. The present case suggests that although rarely reported, catatonia seen in the background of SLE should be promptly identified and treated to reduce the morbidity.
EARLY-LIFE EPSTEIN BARR VIRUS INFECTION, CHILDHOOD IQ AND PSYCHOTIC EXPERIENCES IN ADOLESCENCE: A PROSPECTIVE SEROLOGICAL STUDY

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Objective: Early-life infection is associated with risk of adult psychotic illness. Cross-sectional studies have reported increased prevalence of Epstein Barr virus (EBV), a member of the herpes family in schizophrenia; also, a possible role of herpes virus in cognitive dysfunction in schizophrenia and healthy controls. Using data from the general population-based Avon Longitudinal Study of Parents and Children (ALSPAC) birth cohort, we report a longitudinal study of the association between early-life exposure to EBV, childhood IQ and risk of psychotic experiences (PE) in early adolescence.

Methods: Serum IgG antibodies to EBV were measured at age 4 years in a representative subsample of the cohort (N=530). The assessments for IQ at age 9 years and PE at age 13 years were attended by 392 and 366 of these individuals, respectively. Logistic regression calculated odds ratios (OR) for PE in the EBV-exposed compared with the unexposed individuals. Mean IQ scores were compared between these exposure groups; mediating effects of IQ on the EBV-PE association was examined. Potential confounders included age, gender, ethnicity, social class, household crowding, and depression at the time of assessment of PE.

Results: About 25% of the sample was exposed to EBV at age 4 years. EBV exposure was associated with a five-fold risk of PE; OR for definite PE 5.37 (95% CI 1.71-16.87), which remained significant after adjusting for POTENTIAL confounders. EBV-exposed individuals performed worse on all measures of IQ; mean difference in full-scale IQ between EBV-exposed and unexposed groups was 4.55 (95% CI 0.88-8.23); however, this was explained by socio-demographic differences.

Conclusions: Early-life exposure to EBV is associated with the increased risk of PE in early adolescence; an association not mediated by IQ. Thus, CNS alterations arising from early-life infections that lead to an increased risk of psychotic outcomes may be independent of childhood cognitive deficit as captured by IQ test. Scientific endeavour to unravel the mechanisms underlying the link between psychosis and early-life infection should, therefore, consider alternative pathways possibly immune and genetic.
A STUDY OF PRO- AND ANTI-INFLAMMATORY IMMUNE MARKERS IN ACUTE PSYCHOSIS AND THEIR RELATION TO STRESS AND CLINICAL STATUS
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Objectives: Acute and transient psychotic disorders (ATPD) have been related to biological and psychological stress. Stress is known to affect immune and endocrine function. Immunological profiles and illness severity have been studied in schizophrenia and affective disorders but not ATPD. Our study thus aimed to look at levels of pro- and anti-inflammatory cytokines in ATPD and explore their association with stress, Hypothalamic-Pituitary-Adrenal Axis activity and disease severity.

Methods: Patients with a diagnosis of ATPD (ICD-10 DCR) were included after informed consent. Baseline socio-demographic and clinical data was recorded. Patients were rated on Brief Psychiatric Rating Scale (BPRS) and Serum IL – 6, TNF – α, TGF – β and Cortisol (8AM and 1PM) were measured at baseline and follow up (between 4-12 weeks). Social Readjustment Scale was also applied at baseline as a measure of recent stress.

Results: Forty one in-patients with ATPD were recruited. The baseline levels of IL–6 (p<0.001), TNF–α (p=0.006) and TGF–β (p=0.025) were elevated compared to normative data from our centre. The follow up levels of IL–6 (p=0.003) and TNF–α (p=0.004) were also elevated. Comparing baseline to follow-up, there were significant differences in the levels of TNF – α (increase, p=0.020) and TGF – β (decrease, p=0.004). Cortisol levels were within the reference range. No significant correlations between laboratory parameters and stress or BPRS scores were noted.

Conclusions: There was a generalized immune activation in drug-naive patients with ATPD, but the pro-inflammatory response outlasted the anti-inflammatory response at follow-up. This unique immune pattern of ATPD may highlight purported biological differences from schizophrenia and affective psychoses, warranting further research.
ANTINEURONAL ANTIBODIES IN PATIENTS WITH BIPOLAR DISORDER
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Objectives
The immune system is thought to play an important role in the pathophysiology of psychiatric conditions according to many authors. Autoimmunity in particular could be a key factor accounting for the emergence of bipolar disorders. Some autoimmune antibodies, called Anti-Nuclear Neuronal Antibodies (ANNA), target the nucleus of central nervous system cells and have been associated in the literature with several psychiatric conditions.
The objective of this study was to assess the prevalence of ANNA in patients with bipolar disorder compared with a matched control group.

Methods
Cross-sectional study including all patients with bipolar disorder who were admitted in psychiatry department during a period of 2 months. The control group consisted of 41 healthy subjects. ANNA were detected using Indirect Immunofluorescence (IFI).

Results
Sixteen patients were included. Sex-ratio was 1.66. Patients had an average age of 38.9 years and an average illness duration of 12.5 years. Number of hospitalizations was 6.6 times on average. All patients were on mood stabilizers. In thirteen of them (81%), mood stabilizer was associated with an antipsychotic medication.
ANNA were detected in 5 patients serums (31.5%) and in no serum from the control healthy group, with a statistically significant difference (p=0.049).
In this study, the presence of these antibodies was not associated with clinical or epidemiologic features.

Conclusions
In this study, ANNA antibodies were significantly more prevalent in patients with bipolar disorder as compared to a control group. This finding supports the hypothesis of an involvement of autoimmunity in the pathogenesis of bipolar disorders.
MANIC AND PSYCHOTIC FEATURES IN A LIMBIC ENCEPHALITIS. SEARCHING FOR UNDERLYING NEUROPATHOGENESIS OF PSYCHOSIS.

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Objectives: There could be an underlying neuroinmunological mechanism that could explain the pathogenic basis of psychotic illness. In this case report we try to illustrate how a limbic encephalitis and a paraneoplastic syndrome manifested as manic symptoms or schizophrenia-like syndrome. These manifestations are pretty common amongst certain tumors such as microcytic cancer or ovarian teratoma.

Methods: Case report. A 49 years old woman suffering from microcytic tumor (diagnosed three months before). She was admitted to hospital because of bizarre and paranoid behaviour preceded by seizures. No previous story of psychotic or bipolar affective disorder was reported. She displayed typical manifestations of a manic episode together with episodic visual and auditory hallucinations and paranoid delusional ideas. The patient was initially treated with high dose of typical antipsychotic medication such as Haloperidol, Clorpromazine and also Olanzapine; observing non or minimal sedative response to them, and no control of psychotic features.

Results: CT Scan did not show any relevant issue, parahypocampal atrophy and hypercaptation in T2 and FLAIR appeared in MRI Scan suggesting a limbic encephalitis. Pleocitosis in CSL and NMDA antibodies were also present.

A daily administration of a medium dose of Asenapine was enough to control psychotic manifestations in a short period of time.

Conclusions: This case illustrates how glutamategic pathway could be involved in psychotic manifestations. It seems that NMDA antibodies block rather than activate the NMDA receptors initiating a cascade of neurochemical processes that end up in a disregulation of dopamine pathway with both neurological and psychiatric manifestations. At the same time conventional antipsychotic drugs (D2 blockers) do not seem to be enough to control clinical manifestations. Drugs with a multireceptorial profile and acting upon glutamatergic pathway seems to be more effective to control these symptoms.
HIGH IMMUNOGLOBULIN A LEVELS MEDIATE THE ASSOCIATION BETWEEN HIGH ANGER EXPRESSION ANGER AND LOW SOMATIC SYMPTOMS IN INTIMATE PARTNER VIOLENCE PERPETRATORS

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Aggressive behavior and immune activity are shown to be positively associated in perpetrators of intimate partner violence (IPV). In line with this, it was hypothesized that high levels of salivary immunoglobulin A (sIgA) were related to low incidence of disease and susceptibility to upper infectious diseases such as respiratory infections. This study tested the potential mediating effect of baseline sIgA levels on the relationship between anger expression and respiratory and gastro-intestinal symptoms in IPV perpetrators and non-violent controls. The sample consisted of IPV perpetrators and controls. Anger expression abuse was measured by STAXI-2 and somatic symptoms by the ESS-R. Moreover, a saliva samples was collected (for assessing sIgA levels). A high anger expression was associated with low respiratory and gastro-intestinal symptoms only in the case of IPV perpetrators but not in controls, being this association mediated by high sIgA levels. For this reason, we hypothesized that in IPV perpetrators the use of violence against partners could benefit their psychological well-being – through immunological modifications such as mucosal immunity changes expressed by the sIgA - and so be rewarding for them. In conclusion, this research may provide a wider explanation of why IPV perpetrators use violence against their partners.
AUTOIMMUNITY IN EARLY-ONSET DEMENTIAS
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Objectives: Immune mechanisms have long been implicated in the pathogenesis of dementias. The authors intend to review the literature on the subject of auto-immunity in dementias occurring before the age of 65.

Methods: PubMed and PsycInfo search, using the following keywords: “dementia”, “early-onset”, autoimmune”. Relevant references in the selected articles were analysed afterwards.

Results: Apart from the more common dementias and other neuropsychiatric syndromes described for neurolupus and Sjögren’s, a wide range of typical and atypical autoimmune syndromes have been associated with the development of dementias at an early age. The presentation is often markedly different from that of the neurodegenerative or vascular dementias. More often, there is a subacute onset and accompanying neurological signs. Several autoimmune disorders previously thought not to have neurological involvement, such as localized scleroderma, can in fact be related to psychiatric syndromes, including dementia. Moreover, a wide range of autoimmune disorders which specifically target neurones, without systemic involvement, are a major focus of recent interest, such as NMDAR (N-methyl-D-aspartate receptor) encephalopathy and encephalopathy with VGKC (Voltage gated potassium channel antibodies) antibodies, sometimes associated with paraneoplastic syndromes. Several neurone-specific auto-antibodies, like anti-Hu, anti-Ma2, anti-AMPAR (α-amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid receptor) and others have been described.

Conclusions: As these conditions, when timely diagnosed, can respond to immunosupression, it is of paramount importance to bear this possibility in mind when dementia appears in young people, especially when they have a history of any kind of autoimmune disease. It has been proposed that a trial of immunotherapy should be attempted whenever there is a subacute onset, a fluctuating course, tremor, headache or an inflammatory CSF, even in the absence of a known autoimmune disease.

References:


ABNORMALITIES IN CYTOKINES IN DIFFERENT STAGES OF PSYCHOSIS AND PSYCHOPATHOLOGICAL IMPLICATIONS

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Objectives: Psychosis is associated with immune system dysfunction, cytokines imbalance included. The aim of the present study was to determine any aberrance associated with cytokines levels in various stages in psychosis, from prodrome up to established schizophrenia (SCZ).

Methods: Four groups were involved representing drug naïve or minimally treated patients with First Episode Psychosis (FEP, n:28), established SCZ (n:17), At Risk for Psychosis (ARP, n:9), and healthy controls (HC, n:23). All subjects were age matched males. T helper -1 and T helper -2 types cytokines, Interleukin (IL)- 1 β, IL-2, IL-5, IL-6, IL-8, IL-12, IL-4, IL-10, Interferon (IFN)- γ, Tumor Necrosis Factor (TNF)-a and TNF-β, were measured in serum. Psychopathological parameters were additionally determined with the fivefactorial edition of PANSS.

Results: In the FEP group, TNF-a and IL-4 were significantly higher compared with the HC group, (p=0.031 and p= 0.008, respectively). The FEP group also showed a trend for higher IL-2 and IFN-γ (p=0.081 and p= 0.065, respectively). After comparing with the HC, the SCZ group demonstrated significantly lower IL-2 levels (p=0.042) and the ARP group significantly lower IL-4(p=0.017). All the prementioned cytokines plus IL-12 were significantly higher in the FEP group compared with the SCZ. The ARP group showed an intermediate level of IL-2, IFN-γ, TNF-a between FEP and HC. Within the SCZ group IL-4 significantly negatively correlated with negative symptoms, IL-10 and IL-4 with positive symptoms, IL-4 with cognitive symptoms, IFN-γ and IL-4 with excitement, IL-10 and IL-12 with depressive symptoms.

Conclusion: The significant differences of several Th1 and Th2 cytokines between HC and subjects being at various stage of the psychotic trajectory and the significant correlations between symptoms levels with cytokines levels in chronicity suggest an imbalance of immunoregulation in psychosis evolution.

References
ANTITHYROID ANTIBODIES IN PATIENTS WITH BIPOLAR DISORDER AND SCHIZOPHRENIA

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Objectives: It is believed that thyroid autoimmunity could be involved in the pathogenesis of major psychoses. This study aimed to determine the frequency of antithyroid antibodies in schizophrenia and bipolar disorder.

Methods: Serum thyroglobulin level and antithyroglobulin antibodies were looked for in clinically stabilized outpatients with diagnosis of schizophrenia (n=31) or bipolar disorder (n=24) according to DSM IV TR criteria.

Results: Antithyroglobulin antibodies were detected in 16 % (n=5) of patient with schizophrenia and in none of those with bipolar disorder. Mean thyroglobulin level was normal. It was 15,91 ng/ml in patients with schizophrenia and 15,67 ng/ in patients with bipolar disorders. The presence of antithyroglobulin antibodies in patients with schizophrenia was not associated with atypical antipsychotic treatment nor personal or family history of thyroid disease.

Conclusions: Unlike previous reports we didn’t find thyroid disorder in bipolar patients. Presence of antithyroglobulin antibodies in schizophrenic patients suggests that psychiatric effects of autoimmune thyroiditis would not be limited to affective disorders.
CLINICAL IMPLICATIONS OF SCREENING FOR NMDAR ANTIBODIES IN FIRST EPISODE PSYCHOSIS.

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Objectives:

Anti-NMDAR encephalitis may be implicated in ~8-10% of psychotic presentations. While patients with florid NMDA R-Ab encephalitis classically display initial psychotic symptoms and subsequent neurological deterioration, mild forms of the disorder could potentially occur with psychiatric features alone. CSF for NMDAR-Ab, EEG and MRI brain can aid diagnosis.

We hypothesised that patients with N-Methyl-D-Aspartate receptor (NMDAR) encephalitis are presenting to our psychiatry services as typical first episode of psychosis (FEP). We aimed to screen a prospective sample of patients from this population for NMDAR-antibodies (Ab) to investigate the prevalence in this group.

Methods:

Following an agreed care pathway between Psychiatry and Neurology and ethical approval, 50 sequential participants with FEP were interviewed using SCID to obtain a DSM-IV diagnosis and underwent serum screening. NMDAR-Ab were identified by a cell based assay using co-transfected Human Embryonic Kidney (HEK) cells. Positive cases were reviewed by Neurology for further investigations+/- immunotherapy.

Results:

Of 50 participants, 32 were male, age mean (SD) 32 (15) years. 24 were inpatients. SCID diagnosis were made in 49 cases. 4/50 (8%) were identified as being NMDAR-Ab positive. Positive cases were older, 50 (14) years & all admitted as inpatients. Case 1 was female with a 1 week history of paranoia and collapse. EEG suggested altered bilateral cerebral dysfunction. Subsequent CSF positive for NMDAR-Ab. Immunotherapy treatment commenced. The remaining cases (n=3) were male. MRI brain and EEG were unremarkable. CSF testing negative in 1 case and refused in others. All showed clinical improvement following standard psychiatric care.

Discussion:

Our findings support current estimates as to NMDAR-Ab prevalence in FEP. Increased awareness has lead to rapid treatment of florid cases in our service. Additional NMDAR-Ab cases that made clinical improvements with standard psychiatric care are being closely monitored with repeated serum NMDAR-Ab and neurocognitive testing for any evidence of decline.
LEVELS OF INTERLEUKIN-6 AND TUMOR NECROSIS FACTOR-ALPHA IN PATIENTS WITH SCHIZOPHRENIA: A POTENTIAL ASSOCIATION WITH THERAPY

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Objectives: The aim of the current study was to investigate the difference in serum levels of Interleukin-6 (IL-6) and Tumor Necrosis Factor-alpha (TNF-α) in patients with schizophrenia (SCH) treated for the acute episode of illness (first/second generation of antipsychotics, mood stabilizers, anxiolytics, anticholinergics).

Methods: We measured serum levels of IL-6 and TNF-α in acute exacerbation of illness and in remission, in 43 patients with SCH. The serum levels were measured by enzyme-linked immunosorbent assay (ELISA). All patients fulfilled DSM-IV criteria for SCH.

Results: TNF-α levels, as well as IL-6 levels in patients in exacerbation and in remission did not statistically differ depending on applied antipsychotic therapy. Higher frequency of increased TNF-α was observed only in remission, in those who received antipsychotic and mood stabilizers. There was no statistically significant difference between levels of cytokines in patients treated with anxiolytics or anticholinergics and those who did not receive the same therapy.

Conclusions: The influence of antipsychotics on cytokines levels has been previously reported. However, the effect of other psychotropic drugs such as mood stabilizers, anxiolytics and anticholinergic, used in treatment of SCH as adjunct therapy, has not been explored sufficiently. Our results support favourable effect of augmentation by mood stabilizers in schizophrenic patients. Further investigations should elucidate whether TNF-α might be a vulnerable parameter, with dual function, especially in the context of various pharmacotherapeutical options.
DECREASED EXPRESSION OF HEME OXYGENASE (HO-1) MAY CONTRIBUTE TO THE RISK OF DEPRESSION IN PATIENTS WITH HYPERTENSION.

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Objectives
Epidemiologic studies confirm increased risk for depression in hypertensive patients. Depression and hypertension share common etiopathology including increased oxidative stress and inflammation which suggest, that pathways and processes related to oxidative stress and inflammation might be related to high susceptibility of hypertensive patients to develop depression¹,².

Therefore the aim of this study was to compare antioxidant status of the patients with hypertension, and patients with depression, as well as patients with hypertension and with comorbid depression, and also healthy control subjects to determine the relationship between parameters that we measured and the risk for depression as well as its severity.

Methods
The blood was collected from patients with hypertension (Group I, N=20), patients with depression (Group II, N=18), patients with hypertension and with comorbid depression (Group III, N=16) and from healthy controls (Group IV, N=20). Parameters of interest were measured spectrophotometrically and with ELISA technique.

Results
In this study we observed significantly increased activity of GR, significantly decreased activity of SOD-1, significantly decreased concentration of HO-1, significantly increased concentration of GSH, significantly increased concentration of H₂O₂, significantly increased concentration of MDA in the groups of hypertensive patients, patients with depression, patients with hypertension and with comorbid depression, as compared with healthy controls. HO-1 was significantly correlated with the risk of depression in hypertensive patients such as decreased concentration of the enzyme increased the risk for depression. Moreover, decreasing activity of heme oxygenase was accompanied by increased severity of depression.

Conclusions
Our observation of decreased activity of HO-1 in depression suggest significant role of this enzyme in maintaining the brain functions under the conditions of oxidative stress and inflammation. Having identified heme oxygnase as a plausible factor related to depressive symptoms in hypertensive patients it may be possible to develop better therapeutic and diagnostic strategies for prevention of complications from central nervous system in hypertensive patients.

References:
ANALYSIS OF PSYCHOEMOTIONAL FUNCTIONING AND COGNITIVE DYSFUNCTIONS IN PATIENTS WITH ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE – PRELIMINARY RESULTS

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Psychiatric symptoms of anxiety, depression and cognitive dysfunction often occur in patients suffering from somatic conditions such as asthma and chronic obstructive pulmonary disease (COPD) which constitute a major and growing public health problem. In the present study we therefore aimed at analyzing depressive symptoms as well as symptoms of anxiety and cognitive problems in patients with mild to moderate asthma and COPD. 59 participants—17 with asthma, 24 with COPD and 18 healthy controls were enrolled. Depressiveness was assessed with the Beck Depression Inventory (BDI); anxiety symptoms were measured with the State-Trait Anxiety Inventory Part 1 and 2, and cognitive function levels were estimated with the Trail Making Test Part A and B. A score above the threshold indicative for depression was found by 33% (n=8) of COPD patients, 29% (n=5) of asthma patients compared to 0.05% (n = 1) of the control group. Clinically relevant anxiety levels were found in 42% (n=10) of the COPD group, 41% (n=7) of the asthma patients and 17% (n=3) of the controls. Patients with COPD performed significantly worse on the TMT than other groups. Psychoemotional state and cognitive functions were found to be correlated with exposure to tobacco smoke (measured in pack-years) and airway obstruction (measured with FEV1). In conclusion, patients with mild to moderate asthma and COPD exhibit significantly higher levels of depressive and anxiety symptoms as well as cognitive dysfunctions than controls. The prevalence of these symptoms is related to the amount of exposure to tobacco smoke and the severity of airflow obstruction.
DEPRESSING SIDE OF CANDIDA OVERGROWTH. A CASE STUDY AND LITERATURE REVIEW

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Objectives: Depression may be associated with candidiasis in the body. Candida lessens body’s ability to manage stress and to manage immune system and that can result in chronic pain, chronic illness and chronic fatigue. Depression is more subversive and it’s not commonly linked to Candida overgrowth. The aim of this study was to analyze a medical case of depressed patient suffering from candidiasis symptoms and integrate the findings with the current best evidence from the field of biological psychiatry, explaining the relevance of that case.

Methods: The case of 35 years woman chronically treated for depression based on medical history records and self-reports.

Results: The patient was undergoing chronic antidepressant treatment for depression for 6 years since 2007. Since 2011 the most prevalent behavioral and emotional symptoms were chronic fatigue, irritability, mood swings, inability to concentrate, poor memory and increasing mental fogginess. The other symptoms included dizziness, gas/bloating, indigestion, receding gums, low blood sugar, dry skin & itching, PMS symptoms and vaginal yeast infections. These symptoms indicated candidiasis. The patient scored <180 in candidiasis self-assessment test (Dr. Crook’s, The Yeast Connection Handbook), which indicated that yeast-connected health problems were almost certainly present.

Conclusions: The case is used here mostly to draw the attention of academics and medical professional to the problem of candidiasis in depressed patients, to consider fungal infection as a potential cause of secondary depression (diagnosis of depression), but also as a side effect of antidepressant treatment. The spectrum of behavioral and emotional symptoms of candidiasis make it plausible that the infection is not easily recognized in patients with depression and the antidepressant medication is used to treat the symptoms. Importantly, the candida overgrowth cause leaky gut and is a serious burden to immune system and also affects endocrine systems and neurotransmitters, all of which have been implicated in depression, as supported by the substantial body of scientific evidence.
A POPULATION-BASED LONGITUDINAL STUDY OF CHILDHOOD SERUM INTERLEUKIN-6 AND C-REACTIVE PROTEIN AS PREDICTORS OF DEPRESSION AND PSYCHOSIS IN YOUNG ADULTHOOD

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Background and aims: A potential role of early-life infection and inflammation in the aetiology of schizophrenia is supported by clinical epidemiological, experimental healthy volunteer and animal model research. Recently, cytokine mediated communication between the immune system and the brain has been implicated in the pathophysiology of both schizophrenia and depression. This is supported by meta-analyses reporting increased serum interleukin (IL) 6 and C-reactive protein (CRP) in first episode psychosis, acute psychotic relapse and depression. However, due to their cross-sectional design these studies cannot ascertain whether increased IL-6/CRP is a cause or consequence of illness. Longitudinal studies of systemic inflammatory markers and subsequent risk of psychosis are lacking, and those of depression are limited in number with inconsistent results. In a longitudinal design we predicted that higher levels of systemic inflammatory markers (IL-6 and CRP) in childhood would increase the risks of developing psychosis and depression in the future.

Methods: We used data from approximately 4500 individuals from the general population-based Avon Longitudinal Study of Parents and Children (ALSPAC) birth cohort. IL-6 and CRP was measured in non-fasting serum samples obtained at age 9 years. The outcomes of psychotic experiences and psychotic disorder were measured by the face-to-face semi-structured psychotic-like symptoms interview (PLIKSi) at age 18 years. Depression was measured in two ways: a clinical interview and a questionnaire so as to allow internal replication. The sample was divided into thirds according to tertiles of the IL-6 and CRP distributions in all individuals with these measures at age 9 years. We used logistic regression to calculate the odds ratios (ORs) and 95% confidence intervals (CI) for developing psychiatric outcomes at age 18 years among individuals in the middle and top, compared with the bottom third of inflammatory marker distribution at age 9 years. Linearity of association was tested by inspection of the OR over the thirds of the inflammatory marker distribution. Regression models were adjusted for age, sex, body mass index, ethnicity, social class, past psychological and behavioural problem, and maternal post-natal depression.

Results: At age 18 years, 101 participants reported psychotic experiences (4.0%), 35 met the criteria for psychotic disorder (1.4%), and 423 met the criteria for depression (17.2%) (all based on clinical interviews). Participants in the top third of IL-6 values compared with the bottom third at age 9 years were more likely to develop psychotic experiences at age 18 years (adjusted OR 1.81 (95% CI 1.01 to 3.28). The risks of psychotic disorder and of depression at age 18 years were also increased with higher IL-6 at baseline; adjusted OR 2.40 (95% CI 0.87 to 6.62) and 1.55 (95% CI 1.13 to 2.14), respectively. In addition, the associations between serum IL-6 at age 9 years and the risks of psychotic experiences and depression at age 18 years were consistent with a dose-response relationship. The results remained virtually unchanged using the questionnaire measure of depression.

Conclusions: Higher levels of the systemic inflammatory marker IL-6 in childhood is associated with the risk of subsequent psychosis and depression. Processes in the inflammatory pathway may be therapeutic targets for these disorders. Inflammation might explain the high comorbidity between cardiovascular disease, diabetes, schizophrenia and depression.
Impulse – Control Disorders
PREDICTIVE FACTORS OF PROBLEMATIC INTERNET USE AMONG TURKISH UNIVERSITY STUDENTS

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Aim: The objective of this study is to investigate some factors related with the problematic internet use among university students.

Methods: The data collected from 555 university students (male: 214, female: 341). Online Cognition Scale (OCS), General Self-Efficacy Scale, Brief Symptom Inventory, Liebowitz Social Anxiety Scale Fear subscale, Demographic and General Information Form which contain internet using behaviors were used for data collection. In statistical analyses, multiple linear regression with step-wise was used 5 times. OCS and subscales were taken as the dependent variables in the analyses.

Results: It was found that Online Cognition, Diminished Impuls Control, Loneliness/Depression scores predicted Self-Efficacy score, gender, the time of the day the most often internet use by 17.6%, 16.8%, and 14%; respectively. Distraction score related with gender, Self-Efficacy score, frequency of internet use by 15.2%. Social Comfort score significantly predicted gender, the time of the day the most often internet use, and Self-Efficacy and Brief Symptom Inventory scores by 15.9%.

Conclusion: This study results indicate that the low level of self-efficacy, male gender, online at night, having psychiatric symptoms and every day internet use had more risk factors for problematic internet use in university students. Identification of the risk factors contribute to internet addiction will lead to earlier intervention and prevention. Preventive efforts should increase self-efficacy efforts, problem solving skills, cope with emotions and social interactions.
IMPULSIVITY IN BIPOLAR AND OBSESSIVE COMPULSIVE DISORDER
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Objectives: BiPolar Disorder (BPD) is commonly associated with increased impulsivity, particularly during manic and depressed episodes; impulsivity also remains elevated during euthymic phases of BPD, suggesting that it is a trait-like characteristic. Impulsivity is related to mechanisms and consequences of affective symptoms. Specific Impuls Control Disorders (ICD) share clinical, phenomenological and biological features with Obsessive Compulsive Disorder (OCD) that have suggested that these disorders might be categorized together. The relationship between impulsivity and OCD according to clinical and research findings is not clear and remained as inconsistent. OCD is considered as mainly ‘cognitive’ disorder and BPD is known as mainly ‘mood’ disorder; both of OCD and BPD are related with impulsivity. BPD and OCD are different psychiatric disorders and they would be related to impulsivity through different patterns because of the underlying different psychopathology. We compare impulsivity rate and profile of patients with BPD and OCD.

Methods: The study was carried out in Sakarya University Training and Research Hospital Psychiatry Department. 64 patients (female 30; male 34) with diagnoses of Bipolar Mood Disorder, interepisode and 82 patients with OCD (female 65; male 17) were included in study. The subjects were evaluated by using the Turkish version of the Barratt Impulsiveness Scale (BIS-11A).

Results: There were no difference between groups of OCD and BP patients on subscales (non-planning, attention, motor and total) of BIS scale.

Conclusion: Impulsivity scores of BPD and OCD patients did not show any different pattern. Impulsivity seems to be independent from mood component of BPD and cognitive component of OCD as a trait. Impulsivity features of BPD and OCD needs to be more search.
THE CHILDREN AND ADOLESCENT TRICHOTILOMANIA: COMORBIDITY AND TREATMENT APPROACH.

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Objectives:
To summarize what is known already about Trichotillomania (TTM) and its comorbidity, and create a greater knowledge about the relative and combined efficacy of potential interventions for TTM in youth.

Methods:
Systematic literature review in UpToDate and Pubmed and 5 case reports from Hospital 12 de Octubre in Madrid in 3 to 15 years old children who met DSM IV criteria for TTM.

Case Reports and results:
Five case reports which had symptoms compatible with TTM. None of them had important impairment in social or academic skills but significant emotional repercussion. The majority reported tension before pulling and gratification/relief immediately after pulling and presented comorbid anxiety. Just adolescents needed additional pharmacological treatment with Risperidone and Fluoxetine because of depressive symptoms or impulsivity. One of them left the follow up with spontaneous improvement while others keep it up to this time.

Conclusions:
Trichotillomania (TTM) is an impulse control disorder characterized by chronic hair-pulling, distress, and physical, emotional and functional impairment that affects college-aged individuals. A multiple modal approach that includes behavioral, pharmacologic, and other therapies may be the best strategy. It was observed that few children and adolescents were either much improved after intervention. Moderate impairment in social and academic functioning was reported. Anxiety and depressive symptoms were the most common comorbid psychopathology. There have been no controlled treatment trials in child and adolescent populations. Controlled studies of single modalities and combined treatment approaches are clearly needed.

References:
IMPULSE CONTROL DISORDER DUE TO HYPOTHALAMIC HAMARTOMA – A CASE REPORT
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Objective: The authors intend to report a clinical case of a patient with rage attacks who was diagnosed with Hypothalamic Hamarthoma (HH), and to make a review of psychiatric symptoms in this disorder.

Methods: Literature review through Pubmed and report of a clinical case.

Results: Patient aged 39 years old with a 10-year history of epilepsy, under levetiracetam 1000mg id, was referred to Psychiatry consult due to episodic rage attacks with physical violence. During the diagnostic investigation, the patient made a Magnetic Resonance Imaging which detected a 1 centimeter non pedunculated HH in the III ventricle. The patient Mental State Examination was positive for mild cognitive decline and impulse control disorder with immediate regret and insight. The latter disorder was stabilized with quetiapine 300mg SR bid and antiepileptic therapy.

Discussion and Conclusion: HH is a non-neoplastic nodule resembling the normal gray matter of the hypothalamus. It is usually recognized by its characteristic “gelastic seizures” and central-type precocious puberty. However, the detection of HH in institutionalized people with anti-social and violent behavior has laid some attention in its psychiatric manifestations. The behavioural abnormalities have not been specifically studied but typical or atypical antipsychotics plus antiepileptic drugs have a favorable impact. However, aggressiveness is in most cases medically intractable and even with surgery, it can persist at a minor degree.
OBJECTIVE: Analyze the characteristics of a sample of patients with intellectual disability who are admitted in a short term inpatient unit.

METODS: Study of a series of 9 adult men and women with mild or moderate intellectual disability, admitted in the Short Term Inpatient Unit in our hospital during the year 2013. We analyzed the sociodemographic profile the reason for admission, symptoms, diagnose and destination after discharge.

RESULTS: The sample was composed predominantly of women (2/3) with a mean age of 37.6 years. Nobody worked and only the 44.4% went to a occupational center. Regarding the reason to go to emergency: 66.6% presented behavioral disorders, 22.2% had active suicidal ideation and 22.2% had psychotic symptoms. Some patients had comorbid disorders: mainly psychotic symptoms 4/9 (shared psychosis disorder and acute psychotic symptoms) and depressive symptoms in 2/9. Destination after discharge: 6/9 went back home, 3/9 were derived to a residential center.

CONCLUSIONS: Although the incidence of psychiatric admissions is low in this sample, the main reason to go to inquiry in emergency is because of behavioral disorders (aggressiveness, impulsivity, and low tolerance to frustration), all these in the context of cognitive and maturational limitations secondary to intellectual disability. The duration of the hospitalizations are short and for containment, because of families are the ones that assume the care of the patient, and only are derived to residential centers when they halt in their management or care capacity.
ONIOMANIA OR COMPULSIVE BUYING
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Introduction: Shopping addiction is defined as the chronic buying of unnecessary or unwanted items, causing important psychological, social, employment and financial problems. There is controversy regarding its classification due to the similarities with the obsessive-compulsive disorder, substance use disorder, impulse control disorder or affective disorders. Recent studies show a potential increase in the incidence of compulsive buyers over the past years. Since there is no standardized treatment for the disorder, studying and getting to know the therapeutic advances seems to be of interest.

Objective: In view of the potential increased incidence of compulsive buyers, we are seeking to learn which information is available to date on this phenomenon and therapeutic advances.

Methodology: literature review in PubMed (1987-2014) with the following terms "Shopping addiction", "compulsive buying disorder", "compulsive shopping", "pathological buying", "addictive buying" AND "treatment". 241 articles were reviewed.

Results: Although neurobiological, genetic and sociocultural mechanisms have been proposed, the etiology of the disorder remains unknown. A number of studies agree that the most successful treatment option is the cognitive behavioral therapy. Recent studies have explored the treatment effectiveness with antidepressants, opioid antagonists, mood stabilizers and atypical antipsychotics.

Conclusions: Studies on the etiology of the disorder need to be continued taking a neuropsychiatric approach for the potential development of specific treatments and prevention strategies. Revised data suggest that pharmacological treatments may be effective, with the serotonin reuptake inhibitors being the antidepressants achieving greater positive results. However, it seems necessary to promote future research on the effectiveness of pharmacological treatments versus psychotherapeutic interventions and the possible effects of their combined use.
NEUROPSYCHOLOGICAL ASPECTS AND EXECUTIVE FUNCTIONS IN A GROUP OF PATIENTS WITH A DIAGNOSIS OF PATHOLOGICAL GAMBLING

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Objective
Analysis the neuropsychological functioning in a group of patients with a diagnosis of pathological gambling that initiate treatment in a specific unit of compulsive gambling.

Method
Participants: 20 patients with diagnosis of pathological gambling. Material and procedures: Stroop test, test of sustained attention CPT, Wisconsin card sorting test, test digits in order direct and inverse of the WAIS-III-R and Tower of London. After the clinical interview and start of treatment in the gambling unit takes place a Neuropsychological evaluation of the patient, with a duration of 2 hours approximately. Subsequently corrected and graded tests and results are analyzed.

Results
The more unfavorable scores considering the sample of patients as a group, have appeared in the test of CPT sustained attention and in the Tower of London. 33.4% of patients shows a profile clinical Neuropsychological comparing their scores with the mean of the policy group to which they belong (unusually fast reaction times in different tests, greater number of perseverations test CPT, greater number of movements in the Tower of London, etc.). The 66.6% of patients would be within the average of their normative group, however, of this broader group, a 46.6% has also markedly rapid reaction times also.

Conclusions
A high percentage of the participants of our study have a less favourable outcomes in impulsivity, which appears high and ability to keep the attention of a continuous mode on a same task. Know neuropsychological aspects of patients with pathological gambling can give us information about the difficulties and specific areas to work so as to facilitate the diagnosis and differentiate from other diseases associated or similar in some respects.
CLINICAL ASPECTS, PERSONALITY TRAITS AND GAMING BEHAVIOUR IN A GROUP OF PATIENTS IN TREATMENT IN A UNIT OF PATHOLOGICAL GAMBLING.

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Objective
Describe sample of the last 30 patients starting treatment in a unit of gambling addiction and know the prevalence with which have other psychiatric disorders as well as the possible correlation with the type of gaming behaviour.

Method
Participants: 30 patients (27 men and 3 women) in treatment in a unit of pathological gambling. Material and procedures: clinical interview, clinical history of the patients and protocol of different aspects related to the conduct of the game, SCID-I and SCID-II structured clinical interview. Evaluation of the patient by means of interview. Analysis of the data collected during the evaluation.

Results
The type of game more frequent that it appears are the slot machines (in 20 of the participants), being fewer frequent other types of game, which appears in 10 of the cases (33.4 %). In 8 of the cases it appears comorbilidad associate (26.7 %), being in this group where there is major frequency of relapses and more impede of control. In two of 8 patients Parkinson's diagnosis appears and the conduct of game starting after a pharmacological treatment.

Conclusions
We can say that a new pattern of gaming behaviour is seeing. Younger is observed an increased frequency of game online while slot machines addiction occurs in older people. It seems that the gravity of the conduct of the game is in relation to a personality profile more prone to introduce other addictions and a greater impulsivity, as well as a greater psychiatric comorbidity. To less comorbidity seems to have better grip and greater assistance to group therapy maintenance and maintenance of behavior of not play.
WPA-0111 FISIOPATOLOGIA DEL TOC, DISFUNCION DE LA MEMORIA DE TRABAJO
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Los elementos claves dentro de la sintomatología del TOC, corresponden en su orden:
1.- La idea obsesiva 2.- la lucha ansiosa tendiente a desplazar la ideación patológica
3.- La descarga compulsiva 4.- El cese o disminución de la ansiedad a través del acto compulsivo
5.- El retorno de la ideación obsesiva. Entre el ítem 4º y 5º, consideramos indispensable incluir el ítem psicopatológico denominado invalidación de lo acaecido, que impide al paciente tener la certeza de haber validado todo el proceso previo (duda obsesiva). Esto es, existe un defecto en el funcionamiento de la memoria de trabajo, lo que impide al paciente proyectarse hacia el futuro con la convicción de haber realizado en forma completa su actividad mental o física, por lo que queda atrapado en el acto repetitivo que caracteriza a la descripción clínica del trastorno obsesivo.

Creemos que este representa el punto clave, ya que no se produce en el paciente la constancia de haber realizado y completado su actividad patológica, por el fallo de sus mecanismos de memoria. Con frecuencia en la descripción clínica del trastorno se omite el ítem correspondiente al fenómeno de invalidación de lo acaecido, que abre la puerta a la repetición del cuadro patológico.
Learning Disorders
DYSLEXIA MISDIAGNOSED AS ADHD, CONDUCT DISORDER WITH DEPRESSION IN CHILDREN OR ADOLESCENT DEPRESSION. IMPLICATIONS FOR TREATMENT

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Methods: Case studies.

Results: Dyslexia in school aged children may be presenting with behaviour disturbances likely to be wrongly classified under over diagnostic categories like Attention Deficit Disorder with Hyperactivity, Conduct Disorder with Depression and Adolescent Depression. Children with high IQ and Obsessive Compulsive Personality traits may be prone to hide and deny their learning disorder. They tend to avoid confrontation to the problem by reacting with unusual and unexpected agitation and noisy behaviour when asked to read in the classroom or at home. Because, unlike the antique times, too much importance is, nowadays, given in children and adolescent education to written mass exams (easy to correct) and less is devoted to emotional oral expression like in drama. Avoidance may be especially a main problem because it is counterproductive and helps the learning problem to remain chronic. School bullying by peers or other siblings may bring feelings of shame. High expectancies from the child or adolescent (the desire to be perfect) or from the parents, especially when they have a university background, may produce anxiety symptoms and school refusal behaviour. Punishment for not complying with school demands, failure to pass exams is confronting the child or adolescent with distress, sadness, and learned helplessness. Ineffective treatment approach with potentially severe side effects may be unhelpful and even deleterious to health. Interestingly, many successful businessmen do not have a formal educational background in prestigious and expansive universities and too many excellent business school students cannot even strive in the real world and create their own firm (if they do not have the opportunity to be recruited in a private or public administration). Cases vignettes.

Conclusions: Dyslexia is often underdiagnosed in clinical practice.
IS AN ASD A RISK FACTOR FOR PSYCHIATRIC COMORBIDITY IN ADULTS WITH INTELLECTUAL DEVELOPMENTAL DISORDERS? A LITERATURE REVIEW

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Objectives: The presence of an Autism Spectrum Disorder (ASD) in people with Intellectual Developmental Disorder (IDD) is higher than in the general population. The present study is aimed to investigate the psychiatric comorbidity in adults with ASD and IDD, and to define if this co-occurrence ASD increases the psychopathological vulnerability and the prevalence of further mental health problems.

Methods: A systematic mapping of the literature was carried out on the basis of the following search question: “Is the presence of an ASD a vulnerability factor for the development of further psychiatric disorders in adults with intellectual disability?” The search was conducted using PubMed and ScienceDirect. The key words were: psychiatric comorbidity, psychiatric disorders, autism, ASD, Pervasive Developmental Disorder (PDD), intellectual disability, mental retardation, learning disability, adults. Articles were selected for capability to answer the reference question. A total of 27 papers were identified.

Results: Most of the studies show that ASD is an important vulnerability factor for psychiatric comorbidity in adults with IDD. Only few studies show that the difference between adults with ASD and adults with only IDD are not statistically significant, but for the presence of challenging behavior, which resulted to be higher in those with co-occurrent ASD. In the co-occurrence of ASD and IDD, psychotic, mood, and anxiety disorders are most frequent conditions. Obsessive Compulsive Disorder and problems behavior were also very frequent. Some studies show that epilepsy is a further vulnerability factor for psychiatric comorbidity in people with ASD and IDD.

Conclusion: Results are controversial, and this area requires further studies. To prevent, to early, and to manage mental health problems associated to this co-occurrence, the identification of specific vulnerability factors and the production of specific assessment tools should be encouraged.

References:
UTILITY OF THE DRAW-A-MAN TEST IN IDENTIFYING CHILDREN WITH DIFFICULTY OF WRITTEN EXPRESSION IN JAPAN

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3. Shizuoka University, Shizuoka, Japan

Objectives
Drawing a human figure is widely used for clinical and research purposes in Japan as an index of an intellectual development of children up to 9 years old. This study examined the utility of the Draw-A-Man test (DAM) in identifying children in low primary school grades who have difficulty of written expression in Japan.

Methods
The subjects were 220 second graders (114 boys, 106 girls, average age 8 years) enrolled in regular classes at 2 primary schools in Aichi Prefecture, Japan. Each class took the DAM and the Hiragana, Katakana, and Kanji Word Dictation portion of the Screening Test of Reading and Writing for Japanese Primary School Children (STRAW). Children who scored less than 1.5 SD of the STRAW reference data were placed in the writing difficulty groups. There were 36 children who had difficulty writing hiragana, 37 who had difficulty with katakana, 44 who had difficulty with kanji, and 12 who had difficulty with all of the character types.

Results
The DAM was evaluated using categorical factor analysis with the factors comprising 4 subscales (body, eyes, ears and nose, neck) for which scores were calculated. Pearson correlation coefficients were calculated between scores for the STRAW, DAM-IQ, and each DAM subscale. STRAW score was found to have a significant positive correlation with DAM-IQ, body, and neck scores. The DAM-IQ and subscale scores were compared between the writing difficulty groups and the regular group using a t-test. The hiragana group exhibited significantly lower scores for DAM-IQ, body, and neck. The all-character-type group exhibited significantly lower neck scores.

Conclusions
These results suggest that the DAM may be useful in identifying Japanese primary school second graders who have difficulty writing hiragana and all of the character types.
MENTAL HEALTH IN SMITH MAGENIS SYNDROME
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Objectives
Smith Magenis Syndrome (SMS) is a genetic disorder affecting 1:25,000 people many of whom have mild intellectual disability. The case series describes the mental health difficulties associated with the syndrome.

Method
The presentation is a case series of five adults with SMS living in the community who have mental health difficulties and describes their presentations and management with reference to the relevant literature.

Results
Five adults in the age range of 18 to 40 years. Two have severe level of intellectual disability and three are in the mild range. The mental disorders affecting them include mood disorders and neurodevelopmental disorders. Psychotic disorders were not evident in the adults. All adults used psychotropic medication to manage behavioural difficulties and mental illnesses. All adults had a history of admission to in-patient services and detention under mental health legislation because of their extreme level of behaviour.

Conclusions
Smith Magenis Syndrome has a definitive behavioural phenotype associated with mental disorders and neurodevelopmental disorders that lead to involvement in mental health services because of their severe behaviour. The aetiology of the behaviour is not always clearly related to mental illness because of the difficulty in diagnosing mental illness in people with SMS where behaviour can over-shadow the signs of mental illness. The low prevalence of SMS and therefore knowledge of the syndrome in the community can lead to their needs not being identified. More education of clinicians to help expand their knowledge of the syndrome could have a profound impact on treatment and the quality of life of adults with Smith Magenis Syndrome.
WPA-0016 WHAT IS THE BEST AVAILABLE EVIDENCE FOR USING HOMEOPATHY IN PATIENTS WITH INTELLECTUAL DISABILITIES?

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Objective: To provide a summary of the best available evidence for and against the use of Homeopathy for patients with Intellectual disabilities.

Methods: Systematic literature searches were conducted through February 2012 to July 2012 in AMED, CINHAL, BNI, EMBASE, MEDLINE, PSYCHINFO and GOOGLE SCHOLAR.
The quality of trials were assessed by the Oxford quality scoring system (Known as Jadad score) as well as subjective review by two reviewers (good versus poor)

Findings: Ten studies met our inclusion criteria and were considered for critical appraisal.
The largest body of evidence pertained to the use of homeopathy in the treatment of ADHD, which is a common illness in the Intellectual disabled population. There is heterogeneity in the quality of trials but overall our findings suggest some potential for using homeopathy in ADHD. There were two good quality studies concerning the use of homeopathy for speech difficulties which do not suggest any promising effect for homeopathy. Surprisingly there was only one trial concerning the use of homeopathy in autistic spectrum disorder. This is of a poor quality and unable to provide any recommendation.

Discussion: Overall, the currently available evidence is neither conclusive nor comprehensive enough to give us a clear picture of the use of homeopathy in patients with Intellectual disabilities. There are large gaps in the body of evidence concerning the role of homeopathy in the treatment of common disorders in Intellectual disability, such as convulsion, autism, challenging behaviour or developmental arrest in childhood. However homeopaths have claimed the effectiveness of homeopathy in treating some of the above disorders by providing lower levels of evidence e.g. case presentation, case series and observational studies but a few well designed clinical trials in each field are required to provide reasonable recommendations for the use of homeopathy in treating patients with Intellectual disabilities.
Asperger Syndrome (AS) may be difficult to distinguish from psychosis in the schizophrenia spectrum (PSS), as the two conditions share core features.

**Aim:** The aim of this paper is to identify symptoms which are useful in the differential diagnostic process, and which symptoms cause confusion in the assessment.

**Methods:** Twelve patients, consecutively referred to a specialised psychiatric inpatient unit for re-diagnostic assessment, were recruited in a three-year period. The patients were systematically assessed for both AS and for psychotic disorder in the schizophrenia spectrum.

**Results:** Symptoms that caused misdiagnosis in the present sample were especially idiosyncratic speech taken for delusions (or the reverse), dysfunction related to self-care, task solving and relationships, and social impairment taken for negative symptoms (or the reverse). Useful areas were symptom onset, symptoms of disorganised speech, occurrence of hallucinations, and occurrence of relapses. The latter contributed to diagnostic clarity related to PSS only.

**Conclusion:** Patients with both AS and PSS may show severe symptoms which usually are difficult to distinguish. When both AS and PSS is suspected in severely impaired adult patients, comprehensive assessment including both AS and PSS is required. Symptoms that may differentiate PSS from AS are age of onset, presence of hallucinations, presence of disorganised speech and behaviour, and occurrence of relapses. Confusing symptoms include bizarre behaviour and general dysfunction, social impairments, and idiosyncratic opinions in persons with AS, which may be mistaken for delusions (or the reverse).
WPA-0411 FUNCTIONAL CORRELATION BETWEEN MORPHINE AND MEDIAL PREFRONTAL CORTEX ALPHA2 ADRENERGIC SYSTEM IN PASSIVE AVOIDANCE LEARNING IN RATS.

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The medial prefrontal cortex (mPFC) is a brain area crucial for memory, attention, and decision making. It has been shown that α2-adrenoceptors play a powerful role in regulating the memory and attention functions in this region. Since many studies demonstrated the impairment effect of morphine on memory through mPFC, we aimed to investigate the existence of possible interaction between α2-adrenoceptors of the mPFC and morphine induced amnesia in passive avoidance learning in rats. Animals were bilaterally implanted with chronic cannulas in the mPFC, trained in the step-through type passive avoidance task, and tested 24 h after training, step-through latencies were measured. Our data indicate that post training i.p. administration of morphine (2.5, 5 and 7.5 mg/kg) dose-dependently reduced the step-through latency, showing an amnesic effect. Post-training intra-mPFC administration of yohimbine (an α2-adrenergic antagonist 0.125, 0.25 and 0.5 µg/rat) and clonidine (an α2-adrenergic agonist, 0.001, 0.01 and 0.2 µg/rat), dose dependently impaired memory retrieval. Furthermore, post training intra-mPFC microinjection of ineffective doses of yohimbine or clonidine significantly reversed the inhibitory effect of morphine on memory retrieval. These results suggest that α2-adrenoreceptors of the mPFC may play an important role in morphine-induced amnesia.
Literature and Mental Health
ANNA KARENINA’S CLINICAL AUTOPSY
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Objectives
Review psychopathology present in the work of L. Tolstoy "Anna Karenina" (AK), in
order to identify phenomenologically the suicidal behavior of AK from the current
nosological perspective.

Methods
The book A.K. edited by Alba Minus (April 2013 edition), which was awarded for the
best translation from Russian to Spanish, was read and analyzed by a multidisciplinary
working team.
The team met with weekly sessions of one hour for three months in order to identify the
psychopathological elements using the nosological criteria according to DSM-IV TR.

Results
We discovered from the suicide of Anna the story of her life. She was married to
Karenin within an arranged marriage of Russian high society of the nineteenth century.
Conventional life until she fell in love with officer Vronsky. At which she chose to
break the socially accepted for women schemes. Throughout the work, premorbid
personality traits of borderline and histrionic type constitute a vulnerability to addictive
behaviors were found in AK. In the postpartum of her second child, she starts with
opioid consumption keeping it as a form of dependence. Slowly a change in behavior
appears allowing explain and understand the completed suicide of AK

Conclusions
Axis I: Opiate dependence
Axis II: Borderline and histrionic personality traits
Axis III: no alteration
Axis IV: A problematic primary supporting group
Axis V: EEAG: 61

References
de los Trastornos Mentales DSM-IV-TR. Barcelona: Masson
MADNESS IN CERVANTINE TEXTS (I): ALONSO QUIJANO AND DON QUIXOTE
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Objectives: The novel Don Quixote (1605) has been frequently approached from the psychopathological perspective to obtain a psychiatric diagnosis of its main character, Alonso Quijano. In the present work, we intend to carry out a synthetic and revisionist approach to much that it has been written on the possible mental disorder of Alonso Quijano, always in the time context in which the novel was written.

Methods: We have analyzed the evolution of psychiatric diagnostic performed by outstanding figures in the history of psychiatry since the eighteenth century.

Results: Philippe Pinel, one of the founders of "scientific psychiatry", uses Don Quixote in 1801 to clinically illustrate the monomania, characterized by the development of obsessive and delusional ideas. His disciple, Jean Etienne Esquirol, suggested the diagnosis of folie raisonnante, a subtype of mania without intellectual deficit. Most of the Don Quixote pathobiographers have agreed, at least in initial stages, the diagnosis of monomania with intellectual, of aggrandizement and erotomania components (Emili Pi i Molist), although, from the Kraepelian postulates, the diagnosis evolve into a paranoid disorder. Among the Spanish authors, José Goyanes Capdevila, following Kretschmer proposals, diagnosed Don Quixote disorder as delusions of interpretation or paranoia. With the advent of DSM, the madness of Alonso Quijano might fit into the diagnostic criteria of "delusional disorder": delusions of grandeur, although in minority conjunction with ideas of persecution (the use of the "charmers" is always present), defense or chaste eroticism. Finally, Francisco Alonso-Fernandez fits Alonso Quijano madness within the group of affective disorders, and specifically within the diagnostic criteria for bipolar disorder (the melancholy overtones of the title "Knight of the Sorrowful Countenance" is more than obvious).

Conclusions: Cervantes possibly implemented the use of the insanity of Alonso Quijano as a literary strategy to exert a veiled criticism of a society that was elusive.
MADNESS IN CERVANTINE TEXTS (II): THE “OTHER” MADMEN OF CERVANTES

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Objectives: The literary device to madness by Miguel de Cervantes (1547-1616) is not limited to the characterization of its universal character, Alonso Quijano (Don Quixote, 1605), but it is a tool used frequently throughout his work, which identifies the vision of the Spanish late Renaissance society in relation to the insane.

Methods: We have analyzed all Cervantine texts, studying cases of characters considered as lunatics or insane.

Results: In Don Quixote many crazy stories are narrated: Cardenio, the “Roto” (zoanthropy or seizure type minor, with obvious phenomena of absence), Basilio (reactive depressive episode as a result of a love rejection), Anselmo, the “Rico” (neurotic depression). Also Sancho Panza himself, with Alonso Quijano, could be diagnosed of folie à deux. Under current psychiatric nosology (DSM-IV) arguably Alonso Quijano meets criteria of delusional disorder and Sancho Panza shared psychotic disorder, subtype folie imposée or induced delusional disorder. In the two short stories of crazy, the Fool of Seville and the Fool of Cordoba, is reliably reflect the psychiatric models of the time, as an object of social derision and abuse, and to respond to a possible diagnosis of residual psychotic disorders, so called "innocent crazy". Finally, the crazy character is used in the Exemplary Novels (1613), as The Jealous Extremaduran (pathological jealousy), or the The Lictentiate of Glass (automorphosis partial delirium or prototypical case of hysteria where a reasoning judgment remains; another example of "crazy lucid", in line with the Erasmians postulates).

Conclusions: In the works of Cervantes, the figure of the alienated is usually quite normal. Through this recourse, Cervantes could possibly pursue an activity of social criticism unthinkable from the adventures of sane characters.
THE CERVANTES SOURCES IN PSYCHOPATHOLOGY


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Objectives: The figure of the madman is a constant in the works of Miguel de Cervantes (1547-1616). This literary characterization of mental insanity, as a literary strategy for social criticism, is provided with clinical connotations that suggest that Cervantes had some significant knowledge of psychopathology. This knowledge could come from their family and friends, and their special interest in the alienated patients (there are documented several visits to the Seville Hospital de Inocentes).

Methods: We have reviewed all Cervantine literature the principal scientific and philosophical texts on medicine of the mind from the time of Cervantes and the current scientific literature on this topic.

Results: We propose that Cervantes also managed several scientific treatises related to medicine of the mind, emerging discipline during the late Renaissance Spain. One of these works was located in his private library and has been widely discussed as a source of inspiration for the writer in the psychopathological characterization of Alonso Quijano: *The Examination of Mens Wits* (1575) by Juan Huarte de San Juan (1529-1588). Similarly, the clinical description of the protagonist of the Exemplary Novel *The Licentiate of Glass* (1613) seems obtained of the medical treatise *Dignotio et cura affectuum melancholicorum* (1569) by Alfonso de Santa Cruz (?-1577). Finally, it has been postulated the influence of humanistic approaches advocated by Erasmus of Rotterdam (1446-1536) in *Moriae encomium* (1509) at the Cervantes literary construction.

Conclusions: In this work, we discuss the possible use of these three treatises as a medical source of Cervantes psychopathological constructs.
Mass Media and Mental Health
"JOSEP CARRERAS, YOU'RE MY LIFE!" - A CELEBRITY WORSHIP SYNDROME

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Objectives: Celebrity worship syndrome (CWS) is an obsessive-addictive disorder in which a person becomes overly involved with the details of a celebrity's personal life. The degree of devotion to celebrities can range from a simple crush to the deluded belief that they have a special relationship with the star that does not exist. The authors intend to present a case of a patient with CWS and review current concepts related to this topic.

Methods: The clinic process was reviewed and we did a research with the following key words: CWS, delusional disorder, erotomaniac and stalking.

Results: The authors describe the clinical case of a 53 year old patient, single, graduated in Law, that in 1994 fell in love with the singer Josep Carreras after seeing him on television. Since then, she presents a progressive social isolation, believing in a conspiracy aiming to separate her from her love; extinction of any kind of social activity beyond multiple daily entries in social networks in order to draw the attention to the singer; acquires debts to attend concerts of the singer throughout the world; and resigned from her employment to devote all her time to the relationship with the singer. Multiple pharmacological approaches have been tried without any adherence from the patient as she lacks morbid conscience.

Conclusions: Stalking describes a behavioural problem, not a psychiatric classification per se. Several authors have reflected on the diagnostic assessment of stalkers, and generally made a distinction between psychotic stalkers and stalkers with severe personality pathology. Erotomaniac or otherwise psychotic stalkers will prove to be extraordinarily resistant to treatment. Primary prevention should receive more attention in one particular subset of stalking cases.
Harnessing the Power of Mass Media for Mental Health Awareness and Early Intervention

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Mental health and illnesses are a problem worldwide but each culture differs in its perception of the problem. Similarly, the available infrastructure and facilities for treatment and rehabilitation may vary widely within a country, especially in India with its diverse cultures, socio economic status and systems of medicine apart from socio cultural background. Yet, there are many similarities in the Asian part of the world, specially SAARC region including India.

The media response to the challenge of awareness about mental health and illnesses must encompass local informal means of mass communication (word of mouth; opinion of leaders and doctors; folklore; street plays etc.) to tools of information technology at small level (local newspapers, magazines and radio; cable operators etc.) to National and International level (National Newspapers; National channels of Radio and Television; Satellite channels; Internet etc.). Each of these medias serves a purpose as well as target populations and is a piece in the larger picture of successfully integrating awareness, early intervention and management of mental health issues for a stigma free society.

Mental health now is in news all the time and psychiatrists are being called upon to interact with the media. Handling Mass-Media is an art and we all need to utilize the tools available to us to bring about awareness in the population to go beyond treatment as well as to foster treatment and demystify myths. The need is for us to be proactive and look for ways and opportunities to create awareness. It requires communication skills as well as understanding various medias to be able to harness them. The presentation would be based on the experience of the presenters for television series: Mind Matters, Mindwatch, Mind Your Mind on the National Channel of Indian Television, Doordarshan, Radio and National Newspapers.
A WEB PROJECT EXPERIENCE ABOUT ONLINE INFORMATION FOR VICTIMS OF SEXUAL ASSAULT

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Introduction and objectives
Stereotypes about sexual aggressions, linked with cultural tags, influence victims to not report crimes, preventing access to adequate health care and legal advice. Although effects of gender conceptualizing a violation (female and male), sexual aggressions are justified in certain contexts by our society. This can make harder the recovery from trauma because victims do not dare to tell the tale.

As Internet takes more importance in our lives, it should be essential to have resources with quality information online. However, access to quality information is difficult if you search in Spanish about how to act after having been sexually assaulted. Using the Google search engine and typing “me han violado” (which means: “I have been raped”), it was only found pornography or biased reporting, with few results from reliable sources.

Methods

Results
Since the launching, the web has received 118,623 visits. Of them, 59,374 visitors came through search engines. In relation to the request for help, the section “Overcoming aggression or sexual abuse” received 5,304 visits.

There were 308 comments on the blog, of which 71 constituted direct support requests. We also received 16 e-mails asking for help after suffering rape. From all of them, only 7 people had previously received assistance in the circuit of Mental Health (91% were unaware of the possibility of access to the Mental Health resources of the National Health System).

Conclusions
- There are few online resources with quality information for men and women victims of sexual aggression.
- This information deficit could be a poor prognostic factor for victims.
- The availability of aid resources through Internet could facilitate access to quality advice. Thus, would reduce psychological injury that the experience of a sexual assault can make.
EXPLORING PUBLIC PERCEPTION AND AWARENESS SURROUNDING ANIMAL HOARDING: AN ANALYSIS OF YOUTUBE VIEWERS’ RESPONSES

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Objectives: As hoarding disorders have been included as a new diagnostic broad category in the current (5th) revision of the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013), we wanted to explore the public perception of one of its variants: animal hoarding. The systematic analysis of the video-sharing website Youtube has been already used to assess the public perception of a variety of problems, including non-suicidal self-injury and epilepsy. A study was designed to examine viewers’ comment responses of animal hoarding Youtube videos to investigate the public perception and awareness of that disorder.

Methods: We systematically sampled the video-sharing website Youtube and collected the 48 most viewed videos on animal hoarding. For each video the 10 most recent comments from different viewers were selected. Videos and comments were coded for different characteristics, such as case severity derived from video images, and emotional themes and perceived awareness derived from the comments.

Results: Four hundred and seventy-nine comments were analysed. Only 10% of comments showed awareness of mental disorder and only 2% regarded animal hoarding as a public health issue. The hoarder was the main target of the comments (48%). Most of these comments (58%) expressed a negative perception and feelings about the hoarder, like revulsion and indignation. A correlation was found between the severity of the video and two emotional themes expressed by viewers: drama (r= 0.5675; p= 0.0237) and sympathy (r= -0.5012; p= 0.0408).

Conclusions: These results suggest low awareness of animal hoarding as a mental disorder or as a public health issue. The hoarder is perceived negatively and not as a mental health care target. This lack of public awareness may impair early detection and prevention of animal hoarding cases. These findings suggest there is a need for strategies to increase public awareness of animal hoarding.

References:
TELEVISION VIEWING AND DEMORALISATION SYNDROME IN THE ELDERLY IN THREE EUROPEAN COUNTRIES, RESULTS FROM THE EU-MENTDIS_65+ STUDY

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Objectives Television (TV) viewing is one of the most widespread ways of spending leisure time. There is a growing evidence of a negative association between TV and physical and mental health. The demoralisation syndrome has so far been associated with severe physical illnesses. However, it could be an important problem also in the elderly. This study aimed at evaluating the association between time spent watching TV and the level of demoralisation within the general 65-84 years population in three countries (Italy, Germany, Switzerland).

Methods Within the MentDis_ICF65+ study (Andreas, Haerter et al. 2013), a subsample of 1383 subjects aged 65-84 years has been evaluated by the Demoralization Scale (DS) by Kissane (Kissane, Wein et al. 2004) and the International Physical Activity Questionnaire (IPAQ) (Craig, Marshall et al. 2003) for physical activity evaluation. Time spent watching TV was assessed through a self-report instrument.

Results Demoralization average score was 24.31 (SD 9.08), 41.5% watched more than 2 hours of TV per day on average. The ANOVA showed a significant difference in terms of demoralization between people watching TV for more (25.39 (SD 9.76)) or less than 2 hours (23.54 (SD 8.49), p<0.001). Various socio-demographic variables (gender, level of education, financial situation etc), and other variables such as physical activity levels, showed a statistically significant association with the DS score. A stepwise multiple regression was applied controlling for possible covariates: the association between TV viewing time and demoralisation score (p<0.001) was confirmed.

Conclusions The findings showed low levels of demoralization in the general elderly population. Higher demoralization scores appear to be associated with longer TV viewing. This result should be taken into account in future research and when designing programs for a more active and healthier ageing.

References
CHARACTERISTICS OF ADOLESCENTS USING MOBILE PHONE-BASED SOCIAL NETWORKING PLATFORMS IN SOWETO, SOUTH AFRICA

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Objectives: 91% of South African adolescents have mobile phone access. Mobile phones allow access to social networking platforms. We investigated predictors of social network use among adolescents in Soweto, South Africa.

Methods: This analysis forms part of the Botsha Bophelo Adolescent Health Study (BBAHS), an interviewer-administered, cross-sectional survey of 830 adolescents aged 14-19 years. Variables analysed include: socio-demographics, mobile phone access, social networking use, alcohol use and sexual risk behaviours. Chi-Square and logistic regression with adjusted Odds Ratio (AOR) were used to test associations.

Results: Of 830 participants, 494(60%) used social networking platforms and 396/494(87%) accessed platforms through mobile phones. The most commonly used platforms were Mxit(46%) and Facebook(34%). Among social network users, 60% were female, 54% were 18-19 years old, 53% had IsiZulu as their home language, 89% lived in formal housing, 70% used alcohol in the past 6 months, 58% were sexually active, and 27% had more than one sexual partnership. Adolescents receiving money from parents (AOR:6.67, CI:1.44-29.04) or others (AOR:5.20, CI:1.11-24.32), using mobile phones for 2-4 hours (AOR:2.72, CI:1.69-4.39) or >5 hours (AOR:6.23, CI: 3.90-9.92) daily or who had more than one sexual partnership (AOR:2.52, CI:1.33-4.77) were more likely to use mobile social networking platforms. Those with high food insecurity (AOR:0.60, CI:0.38-0.94) were less likely to use these platforms. Gender analysis showed that among females there was a relationship between social networking use and alcohol use in the past 6 months (AOR:1.92, CI:1.09-3.39), and females who were food insecure were less likely to use the platforms (AOR:0.40, CI:0.22-0.74).

Conclusions: More than 60% of adolescents living in the low income, urban community of Soweto used social networking platforms. Usage was prevalent among adolescents engaging in risky behaviours. Mobile phone-based social networking platforms pose an accessible and low-cost opportunity to intervene in adolescent health issues including risky sexual behaviours and alcohol use.

Key words: mobile phone; adolescent health; alcohol use; mhealth; social networking
STIGMA AND SCHIZOPHRENIA IN PORTUGUESE NEWSPAPPERS

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Objectives
Schizophrenia is a severe psychiatric disorder frequently misunderstood by society, which relates it to several negative concepts. Newspapers have widespread influence over society. On the one hand, it reflects perceptions and opinions held in the society but, on the hand, it contributes to disseminate information and influence individual perceptions and opinions. The present study aims to evaluate the reference to schizophrenia in Portuguese newspapers. We firstly performed a content analysis and secondly we explored the metaphorical use of the word schizophrenia, in order to understand implicit meanings attributed to schizophrenia.

Methods
We analysed the 3 generalist newspaper with highest circulation, from 2007 to 2013. All news including the term “schizophrenia” and related words were included. We systematically collected data regarding each included news, such as lexical category, context, type of involvement if criminal news, presence of expert opinion, general connotation, source, area of reporting and literal vs metaphorical reference. Quantitative analysis was used to summarize this data. Metaphorical use of the term “schizophrenia” was separately assessed, through qualitative analysis. The whole paragraph including the term “schizophrenia” was analysed to determine implicit meanings attributed to that term.

Results
Data was collected and analysis is currently being performed, precluding results presentation in the moment.
Measurement Instruments in Psychiatric Care
NON-STANDARD CULTURALLY-SHAPED STRESS RESPONSES IN KYRGYZ REPUBLIC VERSUS STANDARD ASSESSMENT TOOLS
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The Civil unrests in 2005 and 2010, as well as recurrent interethnic tensions in the South of the Kyrgyz Republic have attracted many researchers interested in traumatic stress to the region. Specialists have used diagnostic instruments measuring traumatic stress (which have been carefully translated though the back-to-back translation procedures into Kyrgyz and Uzbek languages), in particular, the Civilian Version of the Mississippi Scale for Combat-Related PTSD for adults, revealed a surprisingly high level of traumatic stress among young educated adults.

A qualitative study, having begun in 2010, indicated a number of specific culturally-shaped responses to stress. These culture-specific responses are not measurable, at least with the known Western instruments, regardless of the language used in the tools. Results obtained with the use of the Civilian Version of the Mississippi Scale for Combat-Related PTSD for adults and UCLA PTSD Reaction Index for children lack validity and are not relevant for the realities of the rural population in the Kyrgyz Republic. These unexpectedly high levels of traumatic stress among educated young adults can be explained by their prior exposure to various types of information about the supposed symptoms of PTSD and their tendency to attribute their mental states to PTSD.

This work describes culturally-shaped stress responses, based on more than 2,000 observations, and discusses a number of factors, including national character of the Kyrgyz people.
CONVERGENT, DISCRIMINANT AND DIVERGENT VALIDITY OF MEASURES FOR DISCRIMINATION AND RACISM IN COLOMBIAN MEDICAL STUDENTS
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Objective: To estimate the convergent, discriminant and divergent validity of measures of discrimination and racism among Colombian medical students.

Method: A validation study was designed. A total of 315 students participated, aged between 18 and 30 years old (M=20.2, DE=1.9), 59.7% women, and 60.3% racially mixed people. Students completed Major Discrimination Scale (MDS), Everyday Discrimination Scale (EDS), Overall Experiences of Discrimination Scale (O-EDS), Worry about Experiences of Discrimination Scale (W-EDS), Genetically Based Racism Scale (GBRS), and a brief version of Modern Racism Scale (B-MRS). Spearman (r_s) correlations were computed to test the validities. Convergent validity was accepted for correlations higher than 0.600; and for discriminant and divergent validity, correlations lower than 0.300.

Results: Scores showed skewed distribution for MDS, EDS, O-EDS, and W-EDS (Shapiro‐Francia test, p<0,001). Correlations were low (r_s between -0.066 and 0.297). Internal consistency was for MDS (α=0.77); EDS, (α=0.83); O-EDS, (α=0.88); W-EDS, (α=0.81); GBRS (α=0.81), and BMRS, (α=0.64).

Conclusions: These measures for discrimination and racism quantify different constructs. For health research purpose, choice should be based on needs of kind of measurement, population, association or impact.

References:
SUBJECTIVE HEALTH CONDITIONS IN INVOLUNTARILY ADMITTED PATIENTS WITH ACUTE SCHIZOPHRENIA

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Background: Psychiatric professionals need to closely monitor the recovery process of schizophrenia. We thought that an executable scale of self-rated health condition was more than necessary for involuntarily admitted patients with acute schizophrenia.

Aims: To develop a new Brief Scale of Self-Rated Health Condition with Acute Schizophrenia (BsHAS) and to examine its reliability, validity and correlation to psychiatric symptoms.

Methods: We examined the reliability and validity of the BsHAS consisting of four items (physical health condition, mood, interpersonal fatigue and interest) for 199 inpatients with acute schizophrenia and compared subjective health conditions as assessed by the BsHAS with their objective psychiatric symptoms.

Results: Cronbach’s α coefficient was 0.79, indicating that the reliability of the scale was sufficient. These four items chosen from the previous studies were approved by an expert panel, which suggested that the scale has content validity. The BsHAS total score was significantly improved at discharge. However, the effect size was only -0.24. Especially, improvement was not recognized in the interpersonal fatigue item. These findings suggest that some patients were discharged without realizing the improvement of their health condition. No obvious relation was recognized between the patients' health condition as assessed by the BsHAS and their objective psychiatric symptoms.

Conclusions: Most patients might not recover from their own interpersonal fatigue at discharge. Psychiatric inpatient care should target these subjective health conditions as well as objective psychiatric symptoms.

References
VALIDATION OF THE ITALIAN VERSION OF THE MENTAL HEALTH CLUSTERING TOOL (MHCT)
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Objectives:
The aim of this pilot study was to validate the Italian version of the Mental Health Clustering Tool (MHCT). The MHCT is an outcome measure developed in partnership between the Department of Health, the Royal College of Psychiatrists and the Care Pathways and Packages Project. It supports providers in allocating mental health service users in cluster intended to be used as national currency for Payment by Results; it also measures health and social care outcomes.

Methods:
MHCT was translated and reviewed by our group of researchers. All the raters had previously been trained to the use of the instrument. Ten comprehensive case vignettes reporting different routine clinical scenarios were independently rated by means of the MHCT by 11 senior psychiatrists of our research group. Concordance was assessed by calculating the composite percentage of agreement for each item.

Results:
Amongst the 18 items of the MHCT the highest concordance was found on the following items: non-accidental self-injury (94%) and overactive aggressive behaviour (92%). A good concordance was found also for the MHCT item: historical self-harm (87%). Overall, we found an excellent agreement in rating scores at either the items of the HoNOS and the 6 additional items of the MHCT.

Conclusions:
Despite the small sample of case vignettes, these preliminary observations suggest that the MHCT is a reliable and valid outcome tool. Moreover, compared to HoNOS, it provides relevant retrospective information.

References:
Wing, J. K. et al.. Health of the Nation Outcome Scales (HoNOS). British Journal of Psychiatry. 1999;174 (5);432-434.


Lora A et al.. The Italian version of HoNOS, a scale for evaluating the outcome and the severity in mental health services. Epidemiologia e Psichiatria Sociale. 2001;10:198-204.
The construct of body image is multidimensional in nature. Traditionally researchers distinguish between two components of body image namely, perceptual body-size distortion and the attitudinal or affective element. The Multidimensional Body-Self Relations Questionnaire (MBSRQ-AS-34;Cash, 2000) is one of the most complete inventories to assess self-attitudinal aspects of the body-image construct.

OBJECTIVE: To analyze the factor structure of the MBSRQ-AS-34 in a Spanish sample.

METHOD: The sample was composed by 898 individuals from general population without mental disorder. The 69.3% were women (622) with a mean age of 24.34 years old (SD=5.67), range 15-46. The Body Mass Index was M=22.44 (SD=3.06; range: 17.02-34.60). Participants completed the MBSRQ AS-34.

RESULTS: Confirmatory Factor Analysis was carried out in order to test the original factor structure (Cash, 2000). Following the Hu and Bentler (1999) recommendations for model fit criteria, indexes showed a very satisfactory model fit with the original 5 factors proposed by Cash: Appearance Evaluation, Appearance Orientation, Overweight Preoccupation, Self-Classified Weight, and the Body Areas Satisfaction Scale. $\chi^2 (517)=2022.32;\ p<.0001;\ CFI=.095;\ RMSEA=.057$.

CONCLUSIONS: The original factor structure was confirmed in the Spanish version of MBSRQ-AS-34. In previous studies, using Exploratory Factor Analysis, the original structure in the Spanish version of the MBSRQ-69 and MBSRQ-34 was not replicated. More studies with Spanish samples are needed to replicate our results and find out whether cultural factors are influencing differences in the MBSRQ factor structure. Study supported by MICINN (PSI2010-18340 & PSI2009-10957) & PROMETEO/2013/066
ASSESSMENT OF ATTENTION SWITCH ACROSS THE RANGE OF ID: FIRST RESULTS OF A NEW EMPIRIC TOOL

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Objective: The measurement of IQ, which often represents the only assessment undertaken with people with IDD, seems to fail in capturing individual differences of cognitive function. Methods and tools to provide individuals profiles of specific cognitive functions for all level of ID are not available yet, although specific cognitive profiles might allow the implementation of systematic planning of personalized clinical interventions.

The aim of our study is to create a new tool, named AST (Attention Switch Task), to evaluate attention switch across the range of IDD.

Methods: AST was based on the subtest attention switch of the Cambridge Neuropsychological Test Automated Battery (CANTAB). The AST is composed by two tasks, addressing “position”, and “direction” of the stimulus, and differs from the CANTAB for target stimulus, instructions, and “direction” task.

We established 5 scoring categories for the completion of the task: within 5 (4 points), 15 (3 points), 30 (2 points), 30-60 (1 point), after 60 seconds (0 points). This type of scoring will provide both answer accuracy and correct answer speed measures. To define the reference group scores we administered the AST to a control sample composed by 70 neuro-typical participants. AST was finally administered to 20 participants with moderate to severe IDD consecutively chosen among those attending residential facilities in Florence, Italy.

Results: data seems to indicate good efficacy in evaluating attention switch across the range of IDD.

Conclusions: The AST seems to be the first tool for assessment of attention switch in people with IDD. These preliminary results seem to confirm that it is possible to identify major differences in people with similar IQ.
DEVELOPMENT AND VALIDATION OF A PREDICTION ALGORITHM FOR RECURRENCE OF MAJOR DEPRESSION

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Objectives: To develop and validate a prognostic model for predicting recurrence of major depression using data from a population-based, nationally representative cohort.

Methods: Wave 1 and wave 2 longitudinal data from the US National Epidemiological Survey on Alcohol and Related Condition. Participants with a major depressive disorder at baseline and who had visited health professionals for depression were included in this analysis. Mental disorders were assessed based on the DSM-IV criteria. For this study, we included the wave 1 (baseline) participants who reported current or lifetime major depressive episode. We included eligible participants from South and West region in the training data (n = 1,518). Eligible participants from Northeast and Mid-West region were kept in validation data (n = 1,195).

Results: With the training data, a prediction model with 19 unique factors had a C statistics of 0.7504 and excellent calibration. The model had a C statistics of 0.7195 in external validation data (n = 1195) and 0.7365 in combined data. The algorithm calibrated very well in validation data. In the combined data, the 3-year observed and predicted risk of recurrence was 25.40% and 25.34%, respectively.

Conclusions: The developed prediction model for recurrence of major depression has acceptable discrimination and excellent calibration and is feasible to be used by physicians. The prognostic model may assist physicians and patients in quantifying the probability of recurrence so that physicians can develop specific treatment plans for those who are at high risk of recurrence, leading to personalized treatment and better use of resources.
STRUCTURED INVENTORY OF MALINGERED SYMPTOMATOLOGY (SIMS) IN PSYCHIATRIC HOSPITALIZATION

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Objectives: Study suspected malinger in an Acute Inpatient Psychiatric.

Methods: In this descriptive screening study, Structured Inventory of Malingered Symptomatology (SIMS) was used to detect the suspect of psychopathological and neuropsychological symptoms simulation. Our sample was composed of 100 patients aged between 18 and 65, who had appropriate educational level and cognitive and clinical status to allow them to complete the questionnaire. They were enrolled from the incomes in the Acute Inpatient Psychiatric Unit of Complejo Asistencial de Ávila from July 2012 to complete n=100. SIMS doesn't discriminate between full or partial simulation complex, overstatement of symptoms and factitious disorders. Also, various data of interest were collected by physicians: socioeconomic and employment status, educational level, diagnosis, personality and possible malinger reason.

Results: Over the whole studied sample was found that: 55% were suspected of malinger, most of them being between 48 and 57 years old and 54.55% being males. 30% were unemployed. 60% had family motives, 60% economic and 34.55% judicial ones. The predominant symptoms were suicidal ideation, followed by psychotic ones. The 45.45% was cluster B. An inverse relationship between educational level and malinger was found.

Conclusions: Given the high rates of suspected malinger in the study sample, we should perhaps consider the possibility of systematize the malingering study.

References:
THE CARDIFF ANOMALOUS PERCEPTUAL SCALE A SPANISH TRANSLATE AND VALIDATION.

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Objectives: Interest in the presence of anomalous perceptions in the general population has increased greatly over recent years alongside developments in the dimensional model of the psychosis. The present study tested and validated a Spanish version of the Cardiff Anomalous Perceptions Scale (CAPS), one of the key measures used in general population and clinical research.

Methods: 324 participants from the general population completed a verified Spanish translation of the CAPS, the 21-item Peter et al Delusions Inventory, the Revised Launay-Slade Hallucinations Scale and the reduced Oxford-Liverpool Inventory of Feelings and Experiences (O-LIFE).

Results: The results indicate the Spanish version of the CAPS has good internal consistency and test-retest reliability. Analysis of the relationship to other scales indicate evidence of good convergent and divergent validity and the exploratory and confirmatory analyses on the CAPS items produced three consistent factors.

Conclusions. The Spanish version of the CAPS is a valid and reliable psychometric measure of the anomalous perceptual experiences in the general population.

References:
THE USE OF SCALES AS A COMPLEMENTARY METHOD DIAGNOSIS
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The functional deterioration is observed in the majority of the patients with schizophrenia and much importance is given in this diagnosis when a retrospective analysis is carried out on the history of this disease. The value scales have been an important key at the time of detecting deteriorating elements, being these very useful as a screening tool and hence a development control.

The objective is to demonstrate the good management of the use of the scales of which we have available and in this way can value the functionality of the psychotic patients as well as its evolution.

Therefore, we was carried retrospective study the last year with the 82 patients of our CSM with schizophrenia diagnosis, all treated with antipsychotics. The Sample was divided into two groups of 41 patients, those of which besides the medication had been evaluated and followed by means of scales and the other in which they only took medication, with standard pursuit.

When choosing the medication, the degree of functionality measured by means of the use of the scales confirmed a 65% an initial better response to the antipsychotics paliperidone, that in cases where it is not used scales, that initially showed an improvement of 40%.

The ease of use of scales as well as its great utility should help to promote its routine use to be able to obtain an improvement of the function of the patient and, to optimize the long-term prognosis for patients.

References:
A ENTERTAINMENT SYSTEM WITH COGNITIVE ABILITY EVALUATION FOR ELDER BASED ON INTERACTIVE MOTION SENSING TECHNIQUES

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Objectives: This study develop an PC-based system of interactive motion-sensing games for cognitive abilities evaluation. The cognitive function might be improved with the interaction procedure and the player's performance would be recorded for evaluation. This system are not only as the entertainment device but also can assist with the cognitive ability detection and follow up the treatment of cognitive impairment.

Methods: This study adopted Kinect motion-sensing peripheral and PC-based Microsoft software developing tools to develop an interactive motion-sensing game. The player control and interact with the game through a natural user interface using gestures. The cognitive functions including orientation, memory, executive function and language, etc. The performance of the player in the playing history would be recorded and analyzed for cognitive ability evaluation. In additional, the proposed system includes the functions of identity identification by using image processing techniques and historical database of users playing.

Results: The current system includes six games for detecting the different cognitive ability. Under IRB approval, the pilot experiment enrolled 5 subjects (5 older people with age ranging from 60~78 years) for system testing during seven weeks and each program took 10 minutes once a week. The response scores of subjects only with a mean of 6.6 ± 2.85 in the first week and a higher mean of 29.4 ± 23.80 in the last week. The linear regression analysis was implemented for evaluation. The results shows the trend of positive improvement of cognitive ability.

Conclusions: The study focused on the design and development of interactive body-sensing game with cognitive ability detection for elder people. The design of games and experiments still is ongoing. The proposed system is very interesting to the elders in the institute of healthcare.
PHENOMENOLOGY OF MOOD DISORDERS IN INTELLECTUAL DEVELOPMENTAL DISORDERS: THE SPAID-U PROJECT

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Objectives: SPAID (Psychiatric Instrument for the Intellectually Disabled Adult) is an Italian tool package for psychiatric diagnosis in people with Intellectual Developmental Disorders (IDD). It includes a “G” form for general screening and a set of scales for precise diagnosis in main diagnostic area. The present study aimed at showing first findings on the psychometric properties of the scale for mood disorders SPAID-U.

Methods: 60 adults with mild to profound IDD who consecutively attended the rehabilitative and clinical services of San Sebastiano Foundation (Florence, Italy), were administered with the SPAID-U. A proportion of them was also assessed for mood disorders through the Italian adaptation of the Matson’s Diagnostic Assessment for the Severely Handicapped (DASH-II). The study of inter-rater reliability was carried out through a special session, in which evaluators with different professional background separately assigned scores on a clinical case presented by an educator who was unaware of the purpose of his presentation. Scores were entered into a SPSS database and statistically elaborated.

Results: The psychometric properties of the SPAID-U were good. SPAID-U showed good convergent construct validity to the DASH subscales for mania and depression. It also showed high internal consistency (Cronbach α > 0.7) and high inter-rater reliability (Cohen’s K > 0.7).

Most relevant reliability issues were found for the items related to depressed mood, diminished pleasure, guilt feelings and flight of ideas.

Around 20% of the sample was found to have a cluster of psychopathological symptoms satisfying the diagnostic criteria for depression or bipolar and related disorders.

Conclusions: SPAID-U, the last born instrument within the SPAID system, seems to be a valid, rapid and easy-to-use diagnostic tool for mood disorders across the range of IDD.
PREVALENCE OF PSYCHOPATHOLOGICAL FEATURES IN INTELLECTUAL DIABILITY: THE ITALIAN SPAID-G MULTICENTRIC STUDY
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Objectives
Despite increasing awareness of high prevalence of psychiatric disorders in people with Intellectual Disability (ID) and the need to develop specific treatment strategies, diagnostic tools are few and scarcely used in daily practice. SPAID-G (Psychiatric Instrument for the Intellectually Disabled Adult-General version) is the first Italian tool for carrying out psychiatric diagnostic orientations in adults with ID. It was designed to be easy and quick tool for daily practice of the personnel working with IDD. The present study was aimed at evaluating psychometric and psychodiagnostic characteristics of the SPAID-G and at supplying new data on the prevalence rate of psychiatric disorders in a multicentric Italian sample of people with IDD living in different settings.

Methods
The SPAID-G was consecutively administered to more than 800 persons with ID attending residential, rehabilitative, or clinical services across Italy. A part of the sample was also assessed for psychopathology through the use of DASH-II, PDD-MRS and clinically diagnosed in accordance to DSM-IV-TR and DSM-5 criteria.

Results
SPAID internal consistency, inter-rater reliability, and concordance with DASH-II and PDD-MRS resulted to be good.
Around 40% of the sample was assessed to have a cluster of psychopathological symptoms that could be consistent with a psychiatric diagnosis. Autism, impulse control disorder, and dramatic personality disorder resulted to be the most frequent over threshold scores.

Conclusions
The SPAID-G seems to be a valid and cost-effective screening tool for the psychiatric assessment within the Italian population with IDD. Through its wide use, Autism spectrum, impulse control, and dramatic personality disorders were identified as the most prevalent psychiatric disorders.

References
PSYCHOMETRIC PROPERTIES OF THE DEPRESSION ANXIETY STRESS SCALE 21 ITEMS IN A GREEK SAMPLE

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Objectives: to measure the psychometric properties of the short form with 21 items of the validated Depression Anxiety Stress Scale (DASS) in order to create a short, easy to use and valid measurement, for primary care and during treatment assessment in patients with anxiety or depression disorders.

Methods: Translation was performed using the multiple forward and backward translation protocol. STAI state questionnaire for anxiety along with BDI test for depression were also administered with the 42 items DASS to measure the construct validity of DASS-21.

Results: 537 adults participated, 178 (33.6%) male, 349 (64.6%) female. 17- 67 years old (M=29.8±11.5). The total scale of the DASS-21 had a coefficient alpha of .93. Subscale coefficient alphas also were high $\alpha_{\text{depression}} = .83$, $\alpha_{\text{anxiety}} = .81$ and $\alpha_{\text{stress}} = .89$. Principal Component Analysis revealed the presence of 3 factors explaining 56.6% of the total variance with factor loadings similar to the original test. Mean score for stress was 5.6±4.7, for anxiety 3.1 ±3.5 and for depression 3.7± 4.7. Depression scale were significantly correlated with BDI (r=.69 p<.001). Anxiety and stress scale correlated with STAI State(r=.63 and r=.61 p<.001) respectively. Each scale correlated significant with the 14 items scale $r_{\text{depression}}=.98$, $r_{\text{anxiety}}=.97$ and $r_{\text{stress}}=.97$.

Conclusions: The results of the current validation study suggest that the Greek version of the DASS-21 is both reliable and valid with psychometric properties close to those of the 42 items questionnaire. It is much easier and time saving for use in clinical settings as well as in primary care and can help both psychiatrics and psychologists in everyday evaluation of their patients.
ADVERSE LIFE EVENTS AND PSYCHIATRIC DISORDERS
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Objective:
To determine the prevalence and type of recent Adverse Life Events (ALE) in a sample of
patients who attend an initial clinic appointment in the Mental Health Center (MHC).
To examine the association between recent ALE exposure and Psychiatric disorders.

Method:
The subjects were 227 patients who were evaluated in an initial clinic appointment with the
LTE-Q (List of Threatening Experiences) and PDSQ (Psychiatric Diagnostic Screening
Questionnaire) scale that is a self report instrument designed to screen for the DSM-IV.

Results:
Fifty- two percent of the participants reported in the previous six months, at least one ALE.
The most prevalent ALE were interpersonal difficulties (31.1%), work issues and financial
difficulties (30%).
Significant associations were found between the exposure to one or more ALE, the
punctuation of PDSQ (r=0.328; p<0.01), the punctuation of the subscales MDD (Major
Depressive Disorder) , GAD (Generalized Anxiety Disorder), ALC (Alcohol Dependence)
(p<0.01) and the degree of opinion involvement and the total punctuation of the PDSQ
(r=0.333; p<0.01).

Conclusions:
Adverse Life Events play an important role in the psychopathology of adults. This study
suggests that ALE can precipitate psychiatric disorders such as MDD, GAD and ALC.

References
1. Sali R, Roohafza H, Sadeghi M, Andalib E, Shavandi H, Sarrafzadegan N. Validation of the
revised stressful life event questionnaire using a hybrid model of genetic algorithm and artificial
Western Psychological Services.
CAN A SELF-REPORT INSTRUMENT PREDICT THE FUNCTIONALITY OF PATIENTS?
I. Garmendia 1, A. Torrejon 1, P. Sabater 1, M. Zandio 1
1 Complejo Hospitalario de Navarra, Pamplona, Navarra, Spain

Objective:
To study the association between the different psychiatric disorders detected through The PDSQ, and the level of disability detected with WHODAS scale in a sample of patients who attend an initial clinic appointment in the Mental Health Center.

Method:
The subjects were 227 patients who were evaluated in an initial clinic appointment with The WHO Disability Assessment Schedule (WHODAS) and PDSQ (Psychiatric Diagnostic Screening Questionnaire) that is a self-report instrument designed to screen for the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; American Psychiatric Association).

Results:
We found a significant correlation between global rate PDSQ and total grade of disability measured with WHODAS (r=0.277; p<0.01), and we also also found correlation with the subscales: Major Depressive Disorder (r=0.370; p<0.01), Posttraumatic Stress Disorder (r=0.211; p<0.01), Panic Disorder (r=0.271; p<0.01), Psychosis (r=0.138; p<0.05) and Agoraphobia (0.195, p<0.01).

Conclusions
This study supports that PDSQ scale could guide us in predicting patient functionality.

References
DOES THE ECONOMIC RECESSION AFFECT THE ATTENDANCE OF PATIENTS TO A MENTAL HEALTH CENTRE?
A. Torrejon 1, P. Sabater 1, I. Garmendia 1, M. Zandio 1
1 Complejo Hospitalario de Navarra, Pamplona, Navarra, Spain

Objective:
To describe socio-demographic, clinical and functional characteristics of a group of individuals who attend an initial clinic appointment in the Mental Health Center.

Method:
227 subjects were evaluated by a group of psychiatrists in an initial clinic appointment with The Mini-International Neuropsychiatric Interview (M.I.N.I.), PDSQ (Psychiatric Diagnostic Screening Questionnaire) that is a self-reported instrument designed to screen for The DSM-IV, LTE-Q scale (List of Threatening Experiences) and SAPAS (Standardised Assessment of Personality).

Results:
54.6% of the sample were women. The average age was 41.3 years (±14.74). 11% of the sample didn’t have any school studies. 47.1% had a job. 54.6% had psychiatric family history. The most frequent CIE-10 diagnose were Social Problems (Z codes) (19.4%), Depressive Episodes (14.5%) and Adaptive Disorder (14.1%). Most frequent MINI diagnose was Major Depressive Episode (29.1%). 52% had suffered at least one adverse life event in the previous 6 months. The SAPAS average was 3.93 (±1.6).

Conclusions:
This study suggests that the typical patient profile corresponds to a woman with an adverse life events and repercussion at the affective level.

References:
USE OF SCALES IN DEPRESSION PATIENTS IN CLINICAL PRACTICE IN ARGENTINA

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2. Universidad de Buenos Aires, Buenos Aires, Argentina

Introduction
Depression is one of the leading causes of disability worldwide, ranking first in the region of the Americas, according to the World Health Organization. It is also a treatable cause of suffering and death notwithstanding which, identification and treatment will continue to be a challenge in clinical practice and a severe problem for global public health, that does not always work out favorably.

Objectives
The main objective of this study was to investigate in Argentina, the frequency with which mental health professionals use scales to assess depressive patients. Furthermore, to determine some reasons that constrain such behavior.

Methods
Between July and September 2012 a national survey conducted by mail was conducted. Professionals who had left their data in previous events organized by the Argentina Association of Psychiatrists, were invited to participate in the survey. A total of 65 cities across the country, 243 subjects. Of these, 76.9% were physicians, 15.7% psychologists and the remainder in other professions.

Results
93% of respondents develop their practice primarily on an outpatient basis, 89.3% said they attend predominantly adult patients (19-64 years). 43.6% said they preferred self administered scales when used.
Of the total respondents, only 8.7% said they always used scales to assess depressive patients. The reasons recorded by most respondents, for which no scales were used: the lack of time and the belief that no help in clinical practice.

Conclusions.
Despite the suggestions of treatment guidelines for depression, about the use of scales in order to optimize the evaluation of depressive disorders, this does not seem to be the usual behavior in clinical practice.
As shown by the survey, either in our country seem to be the normal behavior of clinicians.
Objectives: Assess the treatment being done at the Day Hospital during a year’s time by using both the HoNOS and the Global Assessment of functioning Scales (GAF).

Methods: A retrospective study is done by using the patients who have been treated at the Psychiatric Day Hospital throughout 2012. The patients are given a treatment which includes: Mindfulness-based stress reduction therapy, family interventions, group therapy and lastly pharmacological treatment. As a form of measurement, the GAF (DSM-IV) and the HoNOS scales are used and assess: behavioral problems, cognitive problems, clinical and social problems. It is applied before the treatment and at the moment of discharge.

Results: The typical patient is usually female between the ages of 26 and 45 and is diagnosed with affective disorder. In the HoNOS scale, the mean score obtained in the pre-test is 26.9 over the total of 48 being that 61.2% of the patients are between the scores of 26 and 35. The mean in the post-test is 11.34 over 48 being that 70.39% is between 6 and 15. In reference to the GAF, when patients are admitted, 88.6% of them are between the scores of 31 and 40. At the moment of discharge, 77.7% of patients are between 51 and 60.

Conclusions: The patients who are undergoing treatment at the Day Hospital show an improvement in the subscales of the HoNOS scale and the GAF showing both social and clinical improvement. The multidisciplinary treatment at the Day Hospital manages to clinically stabilize the patients with a better adjustment of family and social functioning and therefore making an easier reintegration into society.
SEMI-STRUCTURED INSTRUMENT FOR THE MEASUREMENT OF DIRECT COSTS OF MENTAL HEALTH SERVICES IN BRAZIL: INTER-RATER RELIABILITY AND APPLICABILITY AMONG PEOPLE WITH SEVERE MENTAL DISORDERS

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¹Center of Economic Mental Health, Universidade Federal de São Paulo, Brazil
²Universidade Federal de São Paulo São Paulo, Brazil

INTRODUCTION AND OBJECTIVES: The shifting of hospital based-mental health care to community-based model has introduced a challenge for financial resources allocation in Brazil. Community mental health services were implemented but information on mental health services use and direct costs were not available. The Client Sociodemographic and Service Receipt Inventory (CSSRI) is an instrument developed in United Kingdom to assess direct costs and health service use, especially among people with mental disorders. The aim of this study was to translate, to adapt and to test inter-rater reliability and applicability on a sample of people with severe mental disorders in Brazil.

METHODS: The Inventário Sociodemográfico de Utilização e Custos de Serviços (ISDUCS), the Brazilian version of the CSSRI, was translated to Portuguese and adapted to Brazil’s public health system. It consists of six sections: sociodemographic information, accommodation, employment and income, medication and services use. Inter-rater reliability was assessed in a convenience sample of 30 patients with mental health disorders living in residential services in São Paulo City, Brazil, by two independent mental health researchers. Inter-rater reliability was calculated by using Kappa coefficient.

RESULTS: The sample was on average 50 years, consisting of 60% females, 18% illiterates and 51.6% with primary education; 45% with severe psychiatric symptoms, with a mean length of psychiatric hospitalization of 10 years on average. Kappa coefficient was 1.0 for the majority of items and none was lesser than 0.8. Some items were considered most difficult to answer by residents: information about education level, about the name of their medication in regular use, about which health professional consultations they had attended in the previous month and whether they were received disability or social benefits. These difficulties were correlated with severity of psychiatric symptoms.

CONCLUSION: The ISDUCS was reliable and useful instrument to estimate direct costs and mental health services use in Brazil.
MEASURING ENGAGEMENT WITH MENTAL HEALTH SERVICES
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Engagement is often stated as important in effective psychiatric treatment and guides widely cited reports, however, it is rarely defined as a concept and is measured with a range of diverse methods. The term engagement has been used to describe a number of ways in which patients interact with mental health services but there is a growing consensus that the definition should be focused around three broad areas: contact with services, content of those contacts and behaviour and efforts for change that are made outside of contacts. Many studies that aim to examine engagement use only contact with mental health services and this does not reflect the complexity of the term. A number of psychometric measures for engagement have been developed and these clinician or patient rated measures represents advancement in research and clinical practice in this area. It may be possible to measure engagement using proxy outcomes or less sophisticated measures but the limitations of these approaches should be acknowledged and studies should only draw conclusions that are appropriate to the method they have used. In this talk, issues surrounding the concept of engagement, its measurement and its application to a group of patients during the transition from prison to the community will be discussed.
A NEW COGNITIVE MEASURE OF SOCIAL ANXIETY DISORDER
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Introduction: The social anxiety disorder (SAD) is one of the most prevalent anxiety disorders currently. Can be defined by an excessive fear or anxiety when facing social situations, that can be performance, observation or interaction situations. One of the most common symptoms experienced by persons is the fear of being negatively evaluated and is present in all social situations. They usually last around 16 years and there are low treatment demand. The underdiagnosis is another common feature of social anxiety.

Objectives: The objective of the research was the development of a cognitive scale able to track the symptoms of social anxiety disorder in adults.

Methods: Construction of items, the review by judges and semantic evaluation was performed. The items were constructed according to the cognitive perspective proposed by Beck with contributions of Clark, Wells, Rapee and Heimberg.

Results: In total 35 items were constructed that addressed the most common social situations and cognitive symptoms experienced by the persons. After construction, the next step was semantic evaluation to see whether people understood what has been written and if there would be no confusion with the used terms. Suggestions were made by the 20 participants who responded to the items. These suggestions were discussed by the authors and implemented in accordance with the theoretical background. From this stage we proceeded to review by judges who are experts in the field of psychological assessment and cognitive theory. It was held by four psychology researchers to consider the appropriateness of the items to the theory that supports them. All items were considered favorable and composed the final version of the instrument.

Conclusions: We conclude that the results give support to the continuation of the process of validation of the scale.
WPA-0398 THE USE OF THE 12 ITEM WHODAS IN A COMMUNITY CORRECTIONAL TREATMENT CENTER

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Background/Aims: The World Health Organization Disability Assessment Scale (WHODAS) is suggested as a measure of impairment in the recently published DSM-5, but not many data are available about its use in treatment settings. This study looked at the use of the WHODAS in a community correctional treatment facility.

Method: 41 (24 male; 28 white, 13 black) former inmates, age 39.2+/–11.3, with psychiatric and addiction diagnoses were treated with psycho- and pharmacotherapy. The 12 item WHODAS was completed by the patients during the initial evaluation and repeated an average of 11.3+/–2.4 weeks later. The Clinical Global Impression-Severity Scale (CGI-S) was completed at the same time by the psychiatrist, independently of the WHODAS.

Results: The patients showed significant co-morbidity: substance use disorders (n=41), depressive disorders (n=18), ADHD (n=12), bipolar disorders (n=7), PTSD (n=7), schizophrenia (n=4), other anxiety disorders (n=9), adjustment disorders (n=3), neurocognitive disorder (n=2), past psychiatric hospitalizations (n=24), past inpatient rehabilitations (n=28), past traumatic brain injury (n=14), past sexual/physical abuse (n=10), hepatitis C (n=16).

At initial assessment, the CGI-S and WHODAS were highly correlated (R=0.57, p<0.0001). During treatment, the CGI-S improved with 31% from 3.6+/–1.0 to 2.5+/–1.1. The WHODAS improved with 20% from 25.0+/–7.2 to 20.0+/–7.2. The change in CGI-S was correlated with the change in WHODAS (R=0.40, p=0.009).

Conclusion: The WHODAS appears sensitive to clinical improvement related to short-term treatment of a highly co-morbid dual diagnosis population.
Mental Health, Economics and Services Research
THE IMPACT OF PAY-FOR-PERFORMANCE PROGRAM ON HEALTH SERVICE UTILIZATION OF SCHIZOPHRENIA IN TAIWAN

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Objectives: Schizophrenia is a severe, chronic, and costly illness that adversely impacts patients' lives and health care payer budgets. Since 2010, Bureau of National Health Insurance (BNHI) of Taiwan started to implement integrated health care model through pay-for-performance program for Schizophrenia. However, there was still lack of systematic evaluation regarding the effect of health policy. The aim of this study is to examine the overall health service utilization and expenses according to current pay-for-performance (P4P) program for Schizophrenia.

Methods: This study represents a nationwide population-based natural experiment with a 2-year follow-up period under a compulsory universal health insurance program in Taiwan since 2010. This study utilizes data from the National Health Insurance (NHI) database in Taiwan for the period of January 2010 to December 2012. Our sample includes 34,637 P4P patients and 70,834 non-P4P patients. Propensity score matching methods were used to match P4P and Non-P4P patients (1:1) given their demographic and clinical characteristics including comorbidities. Matched patients’ health service utilization and cost data were analysed.

Results: Comparing to the non-P4P patients, P4P patients had more outpatient visits due to Schizophrenia-related as well as total visits. More Schizophrenia-related emergency visits and hospitalizations, but less total hospitalization and total emergency visits were also found in P4P patients. Costs data showed consistent results with utilization.

Conclusions: According to the results mentioned above, outpatient utilization and costs were generally higher in P4P patients. In emergency visits and hospitalization, P4P patients had more Schizophrenia-related medical service utilization and costs, but less total medical utilization and costs was found. It may be associated to better alliance between professional and patient and less medical comorbidities or complications in P4P patients. Further studied on outcomes and qualities was needed to evaluate the effectiveness of the intervention.
ORGANIZATIONAL BARRIERS TO THE IMPLEMENTATION OF A RECOVERY ORIENTED PRACTICE IN PSYCHIATRIC INPATIENT SETTINGS
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OBJECTIVES
It has become an objective of the mental health care services in Denmark, as well as in several other western countries, that all mental health treatment and care must be based on a recovery oriented practice.

Different initiatives have been launched in order to implement this. However, the implementation in inpatient settings seems to be more difficult than expected. Research show that staffs continues the use of traditional practices and attitudes towards mental health patients, and different research literature suggests that the difficulties may be rooted in the organizational structures of the inpatient units.

The aim of this PhD study is to investigate key organizational structures in two psychiatric inpatient wards in a Danish context from the perspective of what defines a recovery oriented practice, and identify possible organizational barriers for the implementation of a recovery oriented mental health care in inpatient unit.

METHODS
The study consists of a triangulation of two qualitative methods:

1) Participant observation
2) Interviews

The participant observation takes place in two inpatient units; a closed acute unit, and an open acute unit. The aim is to identify dominating structures in the everyday practice.

Fourteen members of the field will be interviewed. The interviews will be based on a semi-structured approach, aimed to capture the ways of which staffs in psychiatric inpatient units understand the meaning of the procedures, and routines of their work.

The data will be analysed using systematic text condensation, to find prominent themes in the data.

RESULTS
There are no results at this moment.

CONCLUSIONS
Results from the study are expected to give important insight and knowledge about key elements in the organizational structures in psychiatric inpatient setting, which may cause difficulties in the implementation of a recovery oriented practice.
BUSINESS PROCESSES MANAGEMENT IN CHILDREN’S MENTAL
HEALTH ATTENTION

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2. Athenea Solutions, Barcelona, Spain

Objectives:
Hospital Sant Rafael introduced Business Processes Management in 2010. Due to this, in
2013 the process of “Children's mental health” was implemented. Business Process Management seeks to strengthen the culture of excellence and to obtain several benefits including the following: standardized hospital activity, greater involvement of professionals, flattening the organization, patient orientation, facilitating continuous improvement and improving overall efficiency.

Methods:
A multidisciplinary team was formed, and their first step was to define the mission of the Process: “Attend, diagnose and treat mental disorders that affect children from 0 to 18 and their families in a personalized and efficient way ensuring the accessibility, coordination and continuity of care among the different resources in the area”.
The process was divided in subprocesses:
- Reception and planning.
- Clinical intervention.
- Primary health care attention.
- Patient discharge.
For each subprocess a responsible called “Process owner” and a working group was established.
A methodology for continuous improvement was settled based in the following steps:
- Process analysis through brainstorming and creativity techniques.
- Definition of the projects with A3 Problem Solving.
- Implementation and monitoring of the Annual Plan.

Results:
9 improvement areas have been defined for 2013:
- Lower the absenteeism rate.
- Digitalize all the clinical reports.
- Establish phone attention schedules.
- Define for each disorder an initial “therapy pack”.
- Submit satisfaction surveys.
- Define discharge reasons.
- Register training sessions conducted in primary health care.
- Perform discharge reports.
- Encourage parents to participate in groups.

Conclusions:
- This model has facilitated the consolidation of a group responsible to monitor their processes and to improve them continuously.
- It represents a new way of working, more methodological and open.
- The continuous improvement methodology has empowered professionals in process improvement, and has developed innovative solutions based on quality and efficiency.
CLINICAL DIFFERENCES IN PATIENTS ADMITTED TO ACUTE DAY HOSPITAL FROM COMMUNITY VERSUS INWARD UNITS
Vázquez-Bourgon J1,2, Rodríguez-Rodríguez P1, Gómez-Ruiz E1, Hoyuela Zatón F1, Sánchez García M1, Artal J1, Crespo-Facorro B1,2.
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2CIBERSAM, Spain

Objectives
Intensive treatment in partial hospitalization units may represent an efficient alternative to traditional inward hospitalization. Therefore the clinical objectives of this therapeutic resource comprehend being an alternative to complete hospitalization and reducing duration of stays in inward units.
We aimed to study the adequacy of the recently implemented Acute Psychiatric Partial Hospitalization Unit, to the above proposed functions.

Methods
We evaluated the patients admitted to the unit from February 2011 to January 2013, using BPRS-E, CDI and HoNOS scales at admission and discharge. Patients were grouped according to the reference unit (community versus inward). Statistical analysis were carried out using the software package SPSS.

Results
We found differences in clinical severity between groups at admission, thus patients admitted from community resources showed statistically significant higher scores in BPRS-E (p=0.020), CGI (p=0.011), and HoNOS (p=0.013), compared to those admitted from the inward unit.
Despite of this we found no significant difference between groups in the “cause of discharge” (improvement versus worsening/abandonment) and both groups showed similar clinical severity at discharge.

Conclusions
This descriptive naturalistic study show the utility of acute partial hospitalization as an alternative to traditional acute psychiatric units for patients suffering from acute and severe psychiatric disorders.

References


EFFECTS OF A PROGRAMME OF INTERVENTION ON THE EARLY PHASES OF PSYCHOSIS: TARGETING THE PATIENT SATISFACTION.

T. Moreno 1, P. Gil 1, I. Bazozabal 1, MA Meaza 1, JM. Rodriguez 1, M. Lopez 1, P. Caballero 1, E. Abajo 1, L. Garcia 1, V. Sanmartin 1, V. Guillén 1,2.

1. Bizkaia Mental Health Network, Osakidetza Health Service; Spain.

Bizkaia Mental Health Network focuses on the patient attendance towards recovery, rehabilitation, empowering and resilience promotion. Specific program has been designed for early intervention on first episodes psychosis (FEB) (Treatment Program of First Episodes in Psychosis Lehenak), which is based on internationally validated previous programs.

Regardless of awareness of illness, satisfaction with the care received affects the prognosis, specifically in the FEP. Dissatisfaction promotes treatment dropout facilitating relapses and rehospitalisations. Recently an specific instrument to measure in psychotic patients have been developed, Verona Service Satisfaction Scale (VSSS).

Objective: Measure satisfaction with the care received by patients with FEP treated at the LEHENAK assistance program, implemented at the very onset of the illness.

Methods: a observational study to measure the satisfaction with Verona Service Satisfaction Scale (VSSS) of all patients diagnosed with a first episode of psychosis in Bizkaia within the first year of the illness.

Results: The survey was given to 203 patients of whom 160 responded, that is a 78.8%. The overall service satisfaction rating was 4.07, which means a perception of a generally satisfactory attendance. This measure is comparable with that obtained by other specific assistance programs for psychotic patients.

Measures of competence and professional behavior rated an average of 4.18. Eighty four per cent of the patients scored between 4 (satisfied globally) and 5 (excellent). The overall rating of the information dimension was 3.89. The 74.05% scored between 4 and 5. The overall rating of the accessibility dimension was 3.89. The 67.1% scored between 4 (satisfied globally) and 5 (excellent): The overall rating of the efficacy dimension was 4.00. The 77.26% scored an impression of the service received between 4 and 5.

Conclusions: The available evidence highlights that an early multi-modal psychotherapeutic intervention focused in relapse prevention in FEP patients, can have a positive impact on patient’s satisfaction.
ECONOMIC OUTCOMES IN SCHIZOPHRENIA. THE ROLE OF LONG-ACTING INJECTABLE ANTIPSYCHOTICS IN READMISSIONS
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Objetives: New antipsychotics improve perceived quality of life in schizophrenia (Awad et al, 2013). Long-acting injectable (LAI) antipsychotics reduce relapses and readmissions, because the more frequent cause of relapses in schizophrenia is poor adherence to oral medication (Attard et al, 2013), and LAI are an effective tool to improve treatment adherence (Kaplan et al, 2013). Poor adherence is not only a clinical problem but an economic one, due to its relation to repetitive hospital admissions and persistence of symptomatology.
We want to observe if the use of paliperidone LAI has changed the rate of readmissions in our psychiatric hospitalization unit and what kind of economic implications could be derived.

Methods: We have studied data about 107 patients in treatment with antipsychotics admitted to our unit during six months, 37 of them were treated with paliperidone LAI. Sociodemografic variables, course illness, treatment and number of admissions were compared in both groups. Costs were estimated in both groups using the mean daily cost per day of a psychiatric stay in our country.

Results: 60.70% were male, mean age: 39.65 yrs., S.D.: 12.27. 54.20% were diagnosed of schizophrenia and 48.27 % of these patients were treated with paliperidone LAI. This last group has a readmissions rate of 0.7, statistically different from the 1.34 of the other group (statistic t; p = 0.026, t=-2.2, 98.7 l.g.). Admissions length was similar between groups and we found no significant differences in other variables, as age, sex, diagnoses or use of other drugs.

Conclusions: We have estimated the saving in terms of readmissions to be sensibly higher (up to 129.480,31€) in the group of paliperidone LAI in contrast to the other group. We calculated the theoretical saving if the other group was under paliperidone LAI treatment and the readmissions rate had been reduced to a similar one.
PATTERN USE OF ORAL ATYPICAL ANTIPSYCHOTICS IN THE LAST 6 YEARS IN A CATALAN HEALTH REGION

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1. INAD Parc de Salut Mar, Barcelona, Spain.
2. Servei Català de la Salut, Barcelona, Spain.

Objetives:
To evaluate patterns of outpatient oral atypical antipsychotics use in a catalan health region during last 6 years.

Methods:
We analyze the antipsychotic active drug outpatient prescription data from the ICS (Institut Català de la Salut) of the last 6 years (2008-2013).
The geographic region includes Barcelonès Nord, Baix Maresme and Maresme Central, a region with 15 municipalities, with 37 basic health area and an annual average population of 702,494 people.

Results:
A progressive increase in the trend of prescribing quetiapine and aripiprazole is observed and also a slight increase of clozapine. Other drugs remain their drug prescription pattern along this period, except for paliperidone, who showed a significant increase from his marketing, until 2010. No changes are observed since then.
Olanzapine, quetiapine and risperidone, represent more than 75% of the total prescription of this group of drugs.

Conclusions
It will be necessary to do investigations targeted to understand factors that influence changes in prescribing patterns of atypical antipsychotics. Despite various molecules are available with the same indication, there is a notable difference with 3 of these percentages from total prescriptions. One of the possible explanations could be the increasing use into others pathologies, both as new indications as off-label use.
LONG-ACTING ANTIPSYCHOTICS IN THE LAST 6 YEARS IN A CATALAN HEALTH REGION

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2. Servei Català de la Salut, Barcelona, Spain.

Objectives
To describe the evolution of long-acting antipsychotics (LAI) outpatient prescription and their costs in a catalan health region during last 6 years.

Methods
We analized the LAI outpatient prescriptions during the last 6 years (2008-2013). The LAI evaluated were risperidone, paliperidone, flufenazine, zuclopentixol and pipotiazine. Data was collected from the “Institut Català de la Salut (ICS)”, a national health institution. The geographic region includes Barcelonès Nord, Baix Maresme and Maresme Central, a region with 15 municipalities, with 37 basic health areas and an annual average population of 702,494 people.

Results

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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</thead>
<tbody>
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<td>RISPERIDONE LAI</td>
<td>1,497,631</td>
<td>1,592,942</td>
<td>1,845,893</td>
<td>1,971,467</td>
<td>1,509,502</td>
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<td>PALIPERIDONE LAI</td>
<td>---</td>
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<td>---</td>
<td>43,814</td>
<td>788,076</td>
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<td>ZUCLOPENTIXOL DEPOT</td>
<td>25,903</td>
<td>25,400</td>
<td>25,664</td>
<td>27,192</td>
<td>24,359</td>
<td>26,118</td>
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<td>FLUFENAZINE DEPOT</td>
<td>9,027</td>
<td>8,645</td>
<td>8,386</td>
<td>8,288</td>
<td>7,917</td>
<td>7,851</td>
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<td>PIPOTIAZINE DEPOT</td>
<td>1,039</td>
<td>1,209</td>
<td>1,052</td>
<td>985</td>
<td>501</td>
<td>853</td>
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<tr>
<td>TOTAL ANNUAL SPENDING (€)</td>
<td>1,533,600</td>
<td>1,628,196</td>
<td>1,880,995</td>
<td>2,051,746</td>
<td>2,051,746</td>
<td>2,404,683</td>
</tr>
</tbody>
</table>

The LAI first generation antipsychotic (flufenazine, zuclopentixol and pipotiazine) prescription pattern has remained stable during the last 6 years. LAI risperidone prescription increased until 2011. Since then a progressive decrease in its prescription is observed after LAI paliperidone marketing. During the last 6 years a 58.2% increase in second generation LAI spending has occurred. A 3.2% decrease has been observed in first-generation LAI.

Conclusions.
During the studied period a progressive increase in LAI has been observed mainly due to the second generation ones. Paliperidone LAI emergence in 2011 produces a change in the prescription pattern of the second-generation LAIs but doesn’t affect the first-generation LAI use.
ANTIPSYCHOTICS PATTERN USE IN THE LAST 6 YEARS IN A CATALAN HEALTH REGION
J. Martí 1, R. Sánchez 1, J. Peláez 2, C. Castillo 1, M. Campillo 1
1. INAD Parc de Salut Mar, Barcelona, Spain.
2. Servei Català de la Salut, Barcelona, Spain.

Objectives
To describe the evolution of antipsychotics outpatient prescription and pharmaceutical costs in a catalan health region during last 6 years.

Methods
We studied the antipsychotics outpatient prescription during the last 6 years (2008-2013). Data was collected from the “Institut Català de la Salut (ICS)”, a national health institution. We divided antipsychotics in 4 subgroups depending on their tipicity and administration form. First/second generation antipsychotics (FGAs/SGAs), and oral/long acting injection (LAI)
The geographic region includes Barcelonès Nord, Baix Maresme and Maresme Central, a region with 15 municipalities, with 37 basic health areas and an annual average population of 702.494 people.

Results

<table>
<thead>
<tr>
<th></th>
<th>Oral FGAs</th>
<th>LAI FGAs</th>
<th>Oral SGAs</th>
<th>LAI SGAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean annual prescriptions</td>
<td>53.156</td>
<td>8.916</td>
<td>101.649</td>
<td>9.700</td>
</tr>
<tr>
<td>Mean annual spend (€)</td>
<td>133.116</td>
<td>35.065</td>
<td>6.254.613</td>
<td>1.936.531</td>
</tr>
<tr>
<td>Mean spend per prescription (€/p)</td>
<td>2’5</td>
<td>3’9</td>
<td>61’5</td>
<td>199’6</td>
</tr>
</tbody>
</table>

Taking into account the spending between 2008-2013, we observed a 33’2% decrease in oral FGAs, 18’6% in oral SGAs and 3’2% in FGA-LAI. SGA-LAI is the only group that makes the spending increase in 58’2%.
The annual average spending was 8.359.324 €/year; with a mean of 11’90€/person/year.

Conclusions
Despite the availability of LAI in the studied region, their use remains low (around 10%) compared with oral presentations (31% FGA and 59% SGA).
The 98% pharmaceutical spending in antipsychotics is due to SGAs.
TYPES OF ADHERENCE TO PSYCHOSOCIAL TREATMENT: STRATEGIES TO PREDICT, MEASURE AND INTERVENE

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Introduction: Non-adherence to psychosocial and behavioral treatment is a significant public health problem that presents a barrier to recovery and effective treatment. An estimated 20-70% of individuals who initiate psychosocial mental health services discontinue treatment prior to the clinicians’ recommendation. Empirically supported, evidence-based stand alone or adjunctive psychosocial interventions treat an increasingly wide range of mental health conditions; however, a core underlying assumption of most, if not all, interventions is that clients will fully and actively engage in the treatment protocol. While the influence of medication adherence has been more fully investigated, psychosocial treatment adherence has received less scientific attention.

Objectives: Study aims include: (1) conceptualize and categorize psychosocial treatment adherence, (2) examine predictors that influence adherence to psychosocial treatments, (3) identify treatment response patterns that relate to adherence, (4) summarize measures of adherence, and (5) describe existing interventions to enhance psychosocial treatment adherence.

Methods: Peer-reviewed publications on psychosocial and behavioral treatment adherence were searched using Medline and PsycINFO electronic databases between 1980 and 2013.

Results/Conclusions: It is crucial that clinicians and researchers systematically consider the role of adherence in their intervention protocols, including: (1) identifying and assessing barriers that may place clients at higher risk for non-adherence; (2) measuring multiple forms of adherence in their work; (3) addressing identified barriers with their clients; (4) considering factors within their practice or approach that can be modified to reduce barriers to adherence; and (5) adding adjunctive adherence strategies or interventions to prospectively promote psychosocial treatment adherence.
PREDICTORS OF READMISSION IN A LARGE PSYCHIATRIC HOSPITAL IN GUANGZHOU CHINA
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Objectives In china, most patients are involuntarily admitted by their families resulting in relatively long lengths of stay (LOS), and lower readmission rates than in developed countries. But virtually no studies have evaluated potential risk factors for readmission in China, especially LOS, which may decline with implementation of a new law in 2013 restricting involuntary psychiatric admissions.

Methods A retrospective observational study was conducted using data from Guangzhou Psychiatric Hospital (GPH), one of the largest psychiatric hospitals in China. We used Cox regression models to evaluate the relationship between age, gender, marital status, employment state, relationship with the primary caregiver, insurance coverage, index LOS and the number of previous admissions to post-discharge readmission risk.

Results From January 1, 2011 and December 31, 2012, 2,673 patients were discharged with ICD-10 psychiatric diagnoses with an average LOS of 62.2 (sd =50.6) days, among whom, 357 patients (13.4%) were readmitted within 1 year. The number of previous hospitalizations was the only significant predictors of higher risk of readmission with no significant relationship for LOS, diagnosis and insurance status.

Conclusions. Shorter LOS was not associated with increased readmission risk partially allaying concerns that decreased LOS may increase the readmission rate after the implementation of the new Chinese mental health law in May 2013.
TESTING ROUTINE OUTCOME MEASUREMENT IN OUTPATIENT CARE IN Satakunta Hospital District, Finland

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3University of Helsinki, Finland

Objective: Health-Related Quality of Life has been considered suitable for outcome measurements in chronic illnesses. Usually, in routine clinical care outcomes are not measured in a standardized manner. Feasibility of collecting routinely data on health gains during treatment was assessed during an outpatient-service development project.

Methods: Patients contacting the outpatient services for the first time ever or for the first time in three years, were asked to fill in scales during their first visit. The scales were sent by mail three months, one year and two years after the first visit. The instruments used were AUDIT-5, BDI-21 and 15D. 15D is a generic scale developed for purposes of estimating health-related quality of life. It has been widely used in Finland in general population and patient populations including psychiatric patients. Previous studies have defined a population standard (0.9402 out of a score of 1) for 15D assessments and a universal cut-point (change of 0.03) for clinically significant change.

Results: The use of routine-based outcome measurement has been feasible in routine outpatient care. Altogether, 1108 patients have undergone the first measurement point, 698 the second assessment point and 571 the third assessment point. At the first assessment the mean 15D score was 0.743, at three months 0.783 and at one year 0.797. The difference between first and third assessment well exceeded the cutpoint of clinically significant recovery (0.054). Scores increased especially concerning anxiety and depression, but considerably less regarding sleep. Most (74%) of the recovery was attained during the first three months. In an adjusted regression analysis recovery was significantly associated to the person giving the treatment and initial score.

Conclusion: Routine measurement of health gains is feasible within the context of public psychiatric services. Measurement implied also need for development of insomnia treatment.
PARTNERSHIP AMONG MULTI-SECTORS OF GOVERNMENTAL AND PRIVATE STAKEHOLDERS TO IMPLEMENT SOCIAL COOPERATIVES: PROMISING ALTERNATIVE FOR ENABLING DRUG USERS IN WORK ACTIVITIES

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2. Affiliated Professor and Coordinator of Center of Economic Mental Health, Universidade Federal de Sao Paulo, Brazil

Objective: The aim of this study was to describe inter sectoral collaborative actions for planning and implementing an Artisan Bakery cooperative as an intervention for psychosocial rehabilitation of people with drug addiction in a Psychosocial Care Center for Alcohol and Drugs in Sao Paulo State, Brazil.

Method: This was a descriptive study of actions and policies implemented to build the cooperative artisan bakery by health and no-health governmental stakeholders (Mayor, State and Federal levels) in collaboration with private sector for the period from July 2012 to February 2014. This cooperative was based in Solidarity Economy principles in where the third sector uses economic activity in solidarity with disadvantaged groups of people for the promotion of social justice. This approach might be considered as an alternative for work and social inclusion of people with drug and alcohol addiction.

Results: The Ministry of Health has funded the project with US$7,500,00, the Ministry of Labour and Social Security was responsible for promoting technical advisory support for building Social Cooperatives, the Secretary of Social Action of Mayor of Rio Claro city gave professional oven and technical advisory services in Solidarity Economy, the Secretary of Health of Mayor of Rio Claro city provided human resources for therapeutic monitoring and technical assistance in bakery, the Social Solidarity Fund of the State of Sao Paulo offered training in artisan bakery for the mental health technicians and the Consul® company gave household appliances and training in business management for workers of the cooperative through its social responsibility program.

Conclusion: The partnership among multi-governmental and with private sectors has shown to be feasible and a promising alternative for the implementation and sustaining of new modalities of intervention enabling the engagement of people with drug or alcohol addiction in productive activities such as working, especially for low-and-middle income countries.
DIRECT COSTS OF RESIDENTIAL SERVICES IN SAO PAULO CITY, BRAZIL: WHY COSTS MATTER?

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Shifting hospital model care to community health care has shown benefits to quality of life, human rights and recovery of deinstitutionalised people with mental disorders. However, costs related with residential services remain challenging in terms of planning services and resource allocation. In Brazil, two-thirds (6,000) of institutionalized psychiatric patients live in Sao Paulo State hospitals and there is a need of creating at least 750 new residential services.

Objective: To estimate direct costs of residential services in Sao Paulo city and to verify how costs could be optimised.

Method: Twenty full-staffed homes comprising 160 deinstitutionalised patients from psychiatric hospitals were evaluated in terms of direct costs under public health provider perspective, for the year 2011. Resident clinical and psychosocial profiles were assessed as well as their costs to health system. Client Sociodemographic and Service Receipt Inventory, Brazilian version was used to assess services use and their costs.

Results: Direct costs per month of residential services varied from R$28448,00 to R$33620,00. Direct costs were due in 62% by human resources, 11% by rent, 9% by food, 7% by overhead, 7% by house consumables (electricity, repair, water, etc) and 4% by transportation. Costs varied according to geographic region of staffed-homes and to the length of time they were opened. House maintenance and transportation were underutilised though costs were fixed through monthly contract of hiring cars and repair services. Residential costs corresponded to 89% of the total costs (accommodation plus treatment and services use). Annual costs per capita were on average 2.1 times higher than the Brazilian per capita income. Almost 30% of the sample had mild or none psychiatric symptoms and good skills to live in non-staffed homes.

Conclusion: Direct costs might be optimised if it is taken into account houses geographic region, transportation and house maintenance needs and residents level of autonomy and mental status.
IMPROVING HEALTH OUTCOMES FOR PATIENTS WITH SERIOUS MENTAL ILLNESS THROUGH INTEGRATING PHYSICAL AND MENTAL HEALTH CARE: A CASE STUDY
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The Ohio State University. USA

Objectives: Patients with serious mental illness (SMI) have poor access to physical health care and reduced life expectancy. In the U.S., attention has focused on integrated care (IC) models to foster improved physical health (PH) and mental health (MH) care for SMI patients. Missouri is a leader among states in developing successful IC. We conducted a case study to assess the implementation and operation of the Missouri IC system.

Methods: We used qualitative methods to conduct phone interviews (60 to 90 minutes) with selected clinic managers, providers, and administrators. We also gathered utilization and outcome data from reports and analyses. The interviews covered a range of topics pertaining to system design, implementation and operation.

Results: The Missouri IC system is highly innovative. Over a 7-year period starting in 2005, the state created an IC network of 27 MH clinics and 26 PH clinics, including 5 public hospitals. Grants were offered to these PH and MH clinics to form organizational pairs to provide IC. The state implemented a data system to track service utilization and health outcomes. Over time, trust was built up between the PH and MH treatment communities and stakeholder groups—a key ingredient of success. Training was provided to improve the ability of MH clinics to track service use, screenings and outcomes. The IC system PH providers treated approximately 15,600 SMI patients, while the MH providers treated 16,000 adults and 2,400 children. Outcomes improved from baseline: overall costs declined by 16%, with pharmacy and hospital costs decreasing by 23% and 7%, respectively. Psychiatric hospitalizations decreased by 52%, and legal involvement declined by 68%.

Conclusions: Missouri has demonstrated it is possible to implement an IC system that provides improved PH and MH care to patients with SMI, ultimately leading to improved health outcomes.
THE NEW MENTAL HEALTH STRATEGY FOR SPAIN

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2. Chairman, Service of Psychiatry B, Gregorio Marañoñ General Hospital, Madrid. Spain
3. Chairman, Department of Psychology, Basque Country University, Donostia- San Sebastián. Spain

The Strategy is based on the content of the Declaration of Helsinki Mental Health, sponsored by the European Regional Office of the WHO and was signed by Spain in 2005. The Strategy adopts therefore an integrated approach that combines the promotion of mental health, prevention of mental disorders, diagnosis and treatment of patients, inter-and intra-institutional coordination, as well as measures to promote employment and social inclusion of people with these disorders. The Strategy provides a support text for coordination across the country plans and programs to promote mental health programs prevention and diagnostics, therapeutic and rehabilitative appropriate enough to conduct a comprehensive and continuous care of people with mental disorders. The Strategy also includes among its aims to promote research in mental health and create tools to assess the progress of knowledge in this field and progress and setbacks detected in its development. The Strategy has been developed by experts of all disciplines in mental health, coordinated by Dr. Manuel Gómez- Beneyto until 2013, and it took part Technical Ministries of Health of the Autonomous Communities and the Ministry of Health. For its development takes into account the actions and plans carried out both in Spain and in the European Union and WHO. Nowadays, after assuming the role of scientific coordinators, we have given it a brand new impulse so as to achieve concrete goals and innovation in topics such as ADHD, Autism, Stigma, Borderline personality disorder, Eating Disorders, Chronic diseases, coordination with Primary Care, and so on. We want these conclusions to be helpfully implemented in each one of the 17 Spanish Autonomous Communities, respecting their competencies. In other words, we would like to generalise some very good examples of practices in Mental Health care throughout the Spanish territory. Moreover, we ought to contribute to a better European Joint Action in Mental Health. The few conclusions we already have are not supported by strong data, since we have just finished recruiting the experts for the Strategy, whom have answered with a valuable and warm support and compromise.
WPA-0025 DEVELOPING AND PSYCHOMETRIC TESTING THE" HEALTH ASSESSMENT "TOOL FOR FAMILY MEMBERS’ CAREGIVER OF PATIENT WITH CHRONIC MENTAL ILL.  
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2Nursing, Tarbiat Modares University, Tehran, Iran  

Introduction: Sever and chronic mental illness is stressful, not only for patients, but also for family members. The caregivers' health Assessment requires the application of a valid instrument that provided based on their experiences about the health concept. Therefore This study aims to explain the concept of health from the experience of family member's caregiver of chronic mental ill patients and developing and psychometric testing the" health assessment "tool for family members' caregiver of patient with chronic mental ill.  

Methods: This study was a mixed research that conducted in two phases. In the first phase, hermeneutic phenomenology described by van Manen and open interviews were applied to explore the meaning of health phenomenon from the experience of fourteen family member's caregiver of chronic mental ill patients in a Farshchian psychiatric center in Hamedan city. Primary questionnaire was created by using the results of Qualitative research in the first phase. In the next phase, evaluated Psychometric process includes face and content validity in both qualitative and quantitative method. Also construct validity and reliability with internal consistency and test-retest were evaluated.  

Results: Five themes identified in this study were as, Health and personal life, Psychological health, need for supportive interventions, Social interaction and coping. In The psychometric process primary tool with 88 evaluated of Face validity was established for the questionnaire by 15 FMCBD and the content validity was approved by 15 experts included qualitative and quantitative aspects (CVR&CVI&IS). After this stage Item number was reduced to 76 items. Structure validity assessed by exploratory factor analysis with 400 sample size. The result showed that questionnaire item reduction to 56 items and contains 7 factors including Health and personal life, Psychological health, Social interaction, Family functional, supportive interventions, Physical health and ability of coping. The internal consistency (Cronbach's alpha) was 96. Test-retest reliability of the questionnaire with interval time of two weeks was 0.87(p < 0.001).  

Conclusion: family caregiver's health assessment questionnaire with 56 items helping to determine family caregiver's health in different settings such as clinical settings, homes and research environments by health care providers.
Current clinical and research work points to considerable overlap between psychiatric conditions formerly believed to be categorically separate. This is particularly so in Forensic Psychiatry. Both at a phenotype level and at a genetic level these overlaps are evident. This workshop will focus on the overlaps and problems with diagnosis in Autism and Schizophrenia, as well as Personality Disorder. It will also focus on callous-lack of empathy a new specifier in DSM V. The Autism, Schizophrenia and Personality Disorder was dealt in a new book by the presenter of this workshop (Fitzgerald 2012). The presenter has a special interest in this topic for the past twelve years (Fitzgerald 2001, 2003, 2004, 2005, 2007 and 2012).

**Objective:**
To examine the overlap between Autism, Schizophrenia and Personality Disorder.

**Methods:**
To examine diagnostic criteria and aetiological criteria in relation to these overlaps.

**Results**
Findings of a study of these overlaps.

**Conclusions**
There is considerable overlap between most psychiatric disorders.

**References:**
Objective:
To examine mental health at 10 year outcome.

Methods:
Initially a sample population of children were studied using standard methods. There were now followed up using standardised instruments.

Results:
22% (21/97) had a likely diagnosis of alcohol problem. 4 out of 97 had a mood disorder, 13 out of 97 had an anxiety disorder and 3 out of 97 had an eating disorder. 21% of the females versus 16% of the males had recent treatment for psychological problems.

Conclusions:
There was a link between behavioural deviance in childhood and adult mental health problems.

References:
The study conducted in 2010 probed the extent of detrimental psychological effects that Palestinians sustained due to traumatic events experienced in their daily lives caused by several socioeconomic factors, geopolitical system, & heterogeneous nature of the Palestinian population of the west Bank. Current local citizens are a combination of original habitats & emerging Palestinian refugees following the 1948 & 1967 wars. The study seeks to uncover the impact of social stigma & sub-cultural inclinations on acceptance towards mentally ill patients & mental health services. We have also explored local attitudes towards many variables including psychotherapy, treatment methods for psychiatric patients, & public assessment & perceptions of these services.

A stratified cluster sample was employed to a randomly selected group of 600 adults residing in 60 residential areas across northern governorates of the West Bank.

**The measuring tool consisted of three parts:**

1) Demographic details including age, gender, income, social status & other related areas. This data was collected through questionnaires.

2) Impressions & attitudes towards perceiving psychiatric patients, dealing with psychological problems/disturbance & evaluation of existing services. This was achieved by a well ground questionnaire based on a pilot & desk studies, & available resources.

3) The epidemiology of current psychiatric disorders relying heavily on standardized inventories including SCL 90, BDI, & PTSDI, an inventory based on diagnostic criteria of DSM IV.

Data was collected, filtered, & analyzed according to scientific research standards. The study is therefore quantitative & the first of its kind in Palestine, according to our knowledge.

Results reflected several significant findings: PTSD, Depression, & psychotic features of a paranoid ideation were among the alarming findings. It was also clear that certain contradiction still concern attitudes & perceptions related to mental health & real practice, acceptance & public awareness.
Background: Establishing the nature of psychosocial problems for effective intervention through quantitative assessment by university counselors in Uganda is impeded for lack of instruments that are developed or validated in their own environments or they are too costly on the market. This has left many vulnerable university students and the university mental health very much compromised.

Aim: The aim of the study was to develop a psychometrically sound psychosocial instrument that could be used to identify psychosocial problems among university students for professional intervention.

Method: An exploratory, cross-sectional study employing random sampling technique with both qualitative and quantitative approaches was used in the development and validation of the instrument. Respondents from university students and key informants were involved.

Results: The resulting 17-item 'University Students Evaluation of Psychosocial Problems' (USEPP) was interpreted as a four dimensional measure of psychosocial problems namely, Emotional Problems, Trauma Experiences, Antisocial Behaviour and Academic Problems among university students. USEPP cut off point was established at 18 and it reported sensitivity at 99.1% (95%CI= 95.-100), specificity at 98.03 % (95% CI=96-99). Area under curve (AUC) =0.997. It has an internal consistency of 0.81. It was validated with HSCL-10 a psychological distress instrument. The validation indicated that USEPP measures psychosocial factors, it discriminates university students with or without psychosocial problems and that it can predict psychological distress.

Conclusion: USEPP may be used to screen for psychosocial problems among university students for early intervention and for research purposes.

Key words: Psychosocial Problems, African University Students, Development, Validation, Screening Instrument
WPA-0180 CHARACTERISATION REGARDING DEPRESSION AND BURNOUT OF A POPULATION OF PEDIATRIC RESIDENT DOCTORS IN A HIGH COMPLEXITY GENERAL HOSPITAL

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Objective: To characterise the population of Pediatric resident doctors in a high complexity general hospital regarding depression and burnout syndrome.

Method: transversal descriptive study with the application of socio-demographic questionnaire, Maslach Burnout Inventory (MBI), Work Context Inventory (WCI) and the Beck Depression Inventory (BDI). Exploratory analysis through descriptive statistics and univariate analyses that confirm the relation of variables for inferential study.

Results: 76 resident doctors with average age of 32,8 years, 84,8% female, 52,8% single. 79,3 % feel that their work is recognised. 8,5% have moderate depression and 1,9% serious depression. 36,6% have moderate to serious burnout syndrome and 70,2% see the work context as harmful to their emotional health. The youngest (p=0,005), male (p=0,005), single (p<0,001) and in surgery (p=0,001) are more affected by the burnout syndrome. The work context (p<0,001) and the social non-valorisation of the activity (p<0,001) are significantly related to depression as well as burnout.

Conclusion: A level of depression was found within the prevalence levels of the non-clinical population. A significant association with depression and burnout was seen in the following variables: age, gender, marital status, area of performance, work context and work recognition.

WPA-0182 BURNOUT SYNDROME IN IN WORKERS IN A PENITENTIARY HOSPITAL

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Objective: To identify the presence of Burnout Syndrome in health professionals of a Penitentiary Hospital and the factors that influence its appearance.

Method: Descriptive transversal study with the application of socio-demographic questionnaire, the Maslach Burnout Inventory (MBI) and the Work Context Inventory (WCI). Exploratory analysis through descriptive statistics and univariate analyses that confirmed the relation of the variables for inferential study.

Results: 458 subjects, with average age of 34,2 years, 63,3% female. 63,8% have burnout syndrome in a slight level and 27,5% in moderate to extreme levels. 85,8% showed emotional exhaustion, that appear as feelings as work overload and emotional exhaustion; 61,4% developed cynical attitudes, with excessive distancing regarding the people that provide services and 75,7% have loss of confidence in personal fulfillment, as well as negative self-concept. 99,7% mention influence of the work context on professional exhaustion. The variables that showed a statistically significant association with these results were: young age (p=0.01), male (p=0.004), security agent profession (p<0.001), working for over a year in the institution (p=0.02) and not having their work recognised (p<0.001),

Conclusion: Burnout syndrome appears in moderate to extreme levels in the professionals. Age, gender, profession, time in job and no work recognition showed a significant association with the syndrome and can lead to the phenomenon.

WPA-0139  VALIDITY, RELIABILITY AND STANDARDIZATION OF MULTI-DIMENSIONAL SCALE FOR MEASURING ATHLETE (MSOS_25) IN ATHLETES IRAN

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Background and aims
One of the important goals in sport psychology is the athlete's goals and orientation in sports. Because of the Persian version of the appropriate test that can measure an athlete orientation and have a normal and essential validity seems to be appropriate Test. orientation Multi-dimensional athlete (MSOS_25) is made by Val and.

Methods
After this test, the translation process and return again to the English language by an expert on 200 athletes at the youth league was played in Tehran. This test validity through factor analysis and reliability by using Cranach's alpha was approved.

Results
The results indicate the suitability of this tool is to measure the orientation that can test athletes for various sports teams,

Conclusions
Coaches and administrators to understand the objectives and characteristics of the athletes.

Keyword: Validity, reliability, standardization, athlete orientation
Objective: To evaluate depression and burnout syndrome in psychologists of a hospital complex.

Method: descriptive transversal study with the application of socio-demographic questionnaire, the Maslach Burnout Inventory (MBI) and the Beck Depression Inventory (BDI). Exploratory analysis through descriptive statistics and univariate analyses explored the relation of variables for inferential study.

Results: 65 psychologists, with an average age of 29.6 years, 95.4% female. 23.4% have slight to moderate depression. 69.2% have a slight burnout level; 27.7% moderate level and 3.1% serious level. There was no classification for the extreme level, as well as no subjects free of burnout. In the Emotional Burnout dimension, 56.8% presented moderate to extreme levels. Regarding Depersonalization, 20% presented moderate to serious levels. 12.3% present moderate to extreme levels in Reduced Personal Fulfillment. The variables work recognition \( (p=0.001) \) and family monthly income \( (p=0.007) \) are significantly connected to the results obtained.

Conclusion: A level of depression was found in the prevalence levels for the non-clinical population, but deserves attention for being an imminently female population. The greatest losses are linked to the subjectsÕ feelings of emotional exhaustion. Those who do not feel work recognition and have lower monthly income are more vulnerable to depression and burnout.

WPA-0181 PERCEPTION OF THE WORK ENVIRONMENT BY THE HEALTH TEAM IN A PEDIATRIC UNIT IN A HIGH COMPLEXITY GENERAL HOSPITAL

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Objective: To identify the perception of the health team on the work environment of a Pediatrics Unit and associated factors.

Method: descriptive transversal study with the application of socio-demographic questionnaire and the Work Context Inventory (WCI). Exploratory analysis through descriptive statistics and univaried analyses that confirmed the relation of the variables for inferential study.

Results: 212 subjects, 48,5% doctors, 38,2% nurses and 21,2% other health professionals. Average age of 32,8 years, 84,8% female. 37,2% earn up to US$ 2.000, 50,7% have over 5 years in their function and 79,3 % feel that their work is recognised. 70,8% of the sample see that the work context promotes physical and emotional exhaustion on the professional. The aspects that bring losses and compromise the quality of work are: Function Ambiguity, for 33,7%; Organisational Structure, for 73,5%, Quantitative Work Overload, for 64,5%; Qualitative Work Overload, for 60,9%; Commitment for Career Development for 58,7% and Interpersonal Relationships for 63,4%. The variables that show a statistically significant association with these results were: nursing job (p<0,001), work in the surgical area (p=0,001), have a monthly income below US$ 2.000 (p=0,05), and not having their work recognition (p<0,001).

Conclusion: There is the perception that the work environment interferes in the physical and emotional health and harms the quality of performance.

Objective: To evaluate the perception that professionals of a Penitentiary Hospital have on their work environment.

Method: transversal descriptive study with the application of socio-demographic questionnaire and the Work Context Inventory (WCI). Exploratory analysis through descriptive statistics.

Results: 458 subjects, average age of 34,2 years, 63,3% female. 99,7% mention influence of the work environment on their health and professional performance. The aspects that are harmful and affect the quality of the work are: Function Ambiguity, for 64,2% (functions are not well described and the roles overlap); Organizational Structure, for 97,6% (the rules and bureaucracy associated to the functioning of the Institution many times hinder the creative participation, autonomy, decision making and freedom of actions); Quantitative Work Overload, for 94,8% (the amount of demand overcomes the performance ability); Qualitative Work Overload, for 91,7% (the responsibility that comes with life maintenance and the consequences of the mistake are a constant threat); Commitment of Career Development for 81,5% (discrepancies between professional development expectations and daily work activities) and Interpersonal Relationship for 87,2% (chronic and unresolved conflict destroys the support social tissue and feeling of unity).

Conclusion: The perception that the work environment harms health and the quality of professional performance exists.

Objective: To compare the levels of burnout syndrome in the staff of professionals of Units of a high complexity general hospital.

Method: transversal descriptive study with the application of socio-demographic questionnaire and the Maslach Burnout Inventory (MBI) in professionals of seven health units of a High Complexity General Hospital. Exploratory analysis through descriptive statistics.

Results: 1503 professionals, with average age of 35,2 years, 81,2% female, 49,1 married. In the Clinical and Surgical Unit, 52,5% have slight burnout level; 41,9% moderate level and 4,5% serious level. In the Intensive Care Unit, 54% have slight burnout level; 43,1% moderate level and 2,9% serious level. In the Elderly Unit, 65,4% have slight burnout level; 29,7% moderate level and 4,3% serious level. In the Pediatrics Unit, 59% have slight burnout level; 30,7% moderate level and 5,9% serious level. In the Psychology Unit, 69,2% have slight burnout level; 27,7% moderate level and 3,1% serious level. In the Municipal Unit, 26,9% have slight burnout level; 65,5% moderate level and 7,6% serious level. In the Penitentiary Hospital Unit, 63,8% have slight burnout level; 23,3% moderate level; 3,7% serious level and 0,5% extreme level.

Conclusion: The Municipal and Clinical and Surgical Units are the ones with their staff most affected by burnout. The Penitentiary Hospital Unit was the one with most of its teams preserved.

Objective, material and methods: Students of Chinese origin studying at educational institutions in Russia have been examined. Mean age during survey was 19.5 ± 1.7 years. Group surveyed included men and women. The survey was conducted within joint Russian-Chinese agreement on scientific and technical cooperation. Quality of life, coping strategies were investigated with Anxiety and Depression Hamilton Scales.

Results: Some students were diagnosed with depressive episode. Clinical manifestations were characterized not only by change of mood, but also massive somatic complaints and vegetative manifestations. Of students who had high level of activity, sociability, short-term lowering of mood episodes associated with adapting to new place has been observed. Some persons had anxiety and hypochondriac traits. A part of students had somatic pathology and showed sufficient cognitive adaptability, but used non-adaptive strategies in behavior and manifestation of emotion. Several students showed asthenic manifestations, mainly of somatic-vegetative character that could be qualified as disadaptative syndrome. As a control, Russian students studying in the same universities have been examined. In them adaptation period was milder, but to stressful situations these students reacted with psychopathological reactions: depressed mood, manifestation of anxiety, tension, had difficulty in communicating with their peers and teachers. Only few Russian students had psychosomatic manifestations.

Conclusion: Thus, despite of cultural differences, students of both nationalities need active psychotherapeutic assistance, especially in the first years of study.
WPA-0279 PROMOTION OF PATIENT'S RECOVERY IN AN ACUTE PSYCHIATRIC WARD IN CASTLE PEAK HOSPITAL, HONG KONG

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Background and aims

Hospital Authority has developed the 'Mental Health Service Plan for Adults' from 2010 to 2015 with a vision of 'People First' in hospital, therefore a tailor-made patient empowerment program were introduced in E201 ward, Castle Peak Hospital. It aims to create a platform to strengthen patient's empowerment by encourage self-participation and enhancing resilience in their rehabilitation journey.

Methods

We conducted three programs for enhancing patient's recovery journey through engaging patient actively participated in it in monthly basis. Program one was an orientation program for patient after admission. Program two was a mental health education package to facilitate patient to recognize the triggering factors of mental illness. Program three was positive mindset training for patient by learning mindfulness technique and build up own resilience against relapse.

Results and outcome

There were 641 patients participated in patient empowerment program from January to December 2013 and 641 post activity survey received after the program. Nearly 90% of patients agreed that they knew more about mental illness and up to 90% of patient expressed that they reduced their anxiety and had better adaptation to a new environment. 90% of patients expressed that they have more knowledge towards psychiatric drugs.

Conclusion

These programs successfully provide assuagement for patients to promotion sense of self involvement in their recovery journey and positive concept to mental illness which is highly recommended by patient. These program indicated patient empowerment is an effective approach to developing educational interventions for addressing the psychosocial aspects of living with mental illness.
The main objective of this work is to show the benefits on mental health on patients that had cosmetic treatments. The review of many studies has shown that different types of cosmetic treatments revealed high degrees of client satisfaction. Improvement on the general physical aspect or a specific area can increase self esteem and confidence which become psychological wellness. Mammaplasties were fairly uniformly associated with a good outcome(1,2,3,4,5). Thus, psychological and psychosocial outcomes appear to be most consistently positive for mammaplasties. All studies of women undergoing reduction mammaplasty (six studies; total \( n = 711 \)) described very high rates of satisfaction with the procedure (86 percent to 97 percent), with reported improvements, including enhanced body image and diminished distress. For augmentation mammaplasty (eight studies, total \( n = 769 \)) similarly high levels of overall satisfaction (78 percent to 90 percent) were found, enhanced self-esteem, social confidence, attractiveness, and satisfaction with body image. For face lift, the early study of Edgerton et al(6) (\( n = 71 \)) reported high rates of satisfaction and “improved sense of well-being” (86 percent). Several studies reported enhancement of social functioning, relationships, and general quality of life (2,7,8-12) after these procedures. One study reported an increase in patients’ capacity to enjoy life, substantially reduced anxiety, and feelings of being more positively treated by others,(8) while a study of patients undergoing augmentation mammaplasty(13) reported an improvement in sexual relationships. The majority of revised studies refer to surgical procedures; it is necessary more studies on non surgical procedures.
Background and aims
In accordance with the mission of Hospital Authority in providing people-oriented health care services and promoting quality treatment with emphasis on recovery and respects for human rights, a patient empowerment program aiming at developing their full potential in minimizing the devastating effects of health deficit has implemented in ward since 2010.

Method
The focus of the Patient Empowerment programs facilitate patients' recovery with initial step of gaining their full support of participation in the agreed treatment plan. The basic knowledge about the mental illness and the training to develop their positive thinking with hopeful attitudes are paramount to strengthen their resilience particularly during relapse. Such programs include: an orientation program for patients after admission; a mental health education package and a training for positive mind-set through learning the mindfulness technique to strengthen their skills to live in a meaning life in the community after discharge.

Result and outcome
The program lasts for 4 years and 641 patients have participated in 2013. 90% of the participants express to adapt to a therapeutic environment after admission and have learnt more about mental illness. Indeed they reflect that the learnt skill of positive mind-set is applicable in tackling own problem.

Conclusion
Patient empowerment is an effective approach to provide a positive dynamic for patient to recover under team approach in the rehabilitation process. It is successfully to provide assuagement for patients to promote sense of self involvement and applied positive approach in their recovery journey as feedback by patients.
WPA-0341 MENTAL HEALTH AND PSYCHOSOCIAL ADAPTATION OF RUSSIAN MIGRANTS IN GERMANY
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Background: Currently, transcultural psychiatry experiences its Renaissance. This is testified by growth of scientific publications in the field of transcultural and ethnic psychiatry. Undoubtedly, this interest is conditioned by increase of migration, breaking of old Europa borders, growth of ethnic minorities in countries of Europa.

Material and methods: In this association, development of conceptual apparatus of transcultural psychiatry is of crucial significance for development of issues of therapy and prevention of mental disorders both in migrants and in representatives of ethnic minorities. In late 1990-th we have developed the concept of ethnic system of identification under which we mean sense of belonging to that or another ethnic group.

Results: System of ethnic identification is functioning based on ethnic operational system that involves language, customs, habits, traditions, stereotypes of behavior etc. Undoubtedly, this ethnic system of identification is a part of system responsible for identification of personal ÔSelfÖ. It is known that in case of disorganization of system of ÔSelf-identificationÕ various mental disturbances are developing. Migration and specific problems of adaptation may be a cause of disturbance of functioning of system of ethnic identification and, finally, of system of ÔSelf-identificationÕ with development of various mental disorders.

Conclusion: Indicated ideas have served as a basis for development of classification of mental disorders in migrants as well as of new psychotherapeutic program
Military Psychiatry
TREATING THE SIGNATURE INJURY OF THE IRAQ AND AFGHANISTAN WARS: EMERGING GUIDELINES FOR TREATMENT OF VETERANS PRESENTING WITH COMORBID PTSD AND TBI

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Objectives: This presentation gives an overview of the effects of traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) symptoms on US veterans following the wars in Iraq and Afghanistan focusing on the challenges it presents for pharmacologic and psychotherapeutic treatment. It concludes with current treatment guidelines for these populations.

Methods: A review of major studies in this field was conducted to determine the current state of knowledge. The presenter also gleaned from his own findings gathered from examinations of more than 3000 veterans referred by the Veterans Administration (VA) for psychiatric evaluations.

Results: US Veterans returning from the wars in Iraq present at such an alarming rate with coexisting traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) symptoms, most frequently mild TBI (mTBI), that it has been called the signature injury of those wars. The presence of mTBI exacerbates development of PTSD symptoms making it three times more likely to develop PTSD if there is a confirmed mTBI diagnosis. The reduction of PTSD symptoms is positively associated with a reduction in postconcussive symptoms (PCS) suggesting that PTSD and PCS symptoms are interdependent and mutually influence one another. Therefore, from a treatment perspective, the intersection between mTBI and PTSD has become a major focus of attention in recent years.

Conclusions: The diagnosis and management of PTSD when comorbid mTBI exists presents a unique challenge to interdisciplinary care teams with a need for specialized treatment protocols. Providers should recognize the high probability and effects of comorbidity of mTBI and PTSD as well as other psychiatric conditions that might be present including depression; late development of symptoms including deterioration in functioning in the first year after a positive mTBI/PTSD screen; understanding the overlapping symptoms as well as the unique symptoms and effects of mTBI and PTSD; be prepared to treat multiple symptoms rather than just one specific category; and to provide specialized systematic and ongoing education to veterans and their families.
DOMESTIC VIOLENCE WITHIN THE ARGENTINE ARMED FORCES
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Objectives: 1) To develop a standardized protocol for prevention, detection and care of domestic violence (DV) victims by using an interdisciplinary approach within Argentine armed forces (FFAA). 2) To identify and define the prevalence of different DV cases in the FFAA.

Methods: For developing the standardized protocol we used the resolutions of Argentine Ministry of Defense (1348/2008, 50/2009 and 01/2010), and the Argentine laws about the domestic and gender violence.
From 2008 to 2013, we have received patients who assisted to our institution. The medical record was completed by means of clinical, psychiatric and psychological interviews evaluating the risk level that suffer the victim.
According to the variable type and the methodology of date collection, we used qualitative and quantitative methods for analysis.

Results: We observed that the standardized protocol was notably useful for the interpretation and the analysis of the DV cases. Sixty-two queries were attended, of which 29% was physical violence, 18% child witnesses of violence, 15% psychological violence, 13% parental neglect violence, 7% sexual abuse, 5% spousal violence, 5% suspected of violence, 3% cross violence between partner, 3% economic-patrimonial violence and 2% child abuse. Furthermore, 75% of battered women were adults and adolescents, while 50% of men were children.

Conclusions: The implementation of these working methodologies allowed us to identify the existence of DV within the FFAA. Interestingly, the population more affected was boys and adult women. The fact of implementing strategies of intervention showed the necessity to generate networking between different governmental and non-governmental organizations. Such networkings were essential to ensure the full protection of the victims. The present study highlights the usefulness of generating a joint work plan for the promotion of a comprehensive policy in order to prevent, detect and treat different cases of DV in the FFAA.
PREVALENCE OF OPERATIONAL STRESS INJURIES (OSI) IN THE ONTARIO PROVINCIAL POLICE FORCE AND ONTARIO MUNICIPAL POLICE FORCES.

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Objectives: The October, 2012, report “In the Line of Duty” by the Ontario Ombudsman into the handling of Operational Stress Injuries (OSI) by the OPP and other Ontario police forces recommended that the OPP should conduct an epidemiological study of all its officers to establish the prevalence of OSI. The objective of this study, therefore, is to establish the current prevalence of OSI within the police forces of Ontario.

Methods: All (approximately 6,500) uniformed police officers in Ontario (OPP and municipal police), operational civilian employees, and formerly serving members of Ontario police forces will be eligible for this study. All eligible participants will be contacted by e-mail and invited to complete an on-line survey. The survey follows the Canadian Community Health Survey – Mental Health 2012 with minor modifications relevant to police, rather than military, service. Data collected includes information on depression, anxiety, alcohol and substance abuse, and suicide potential. OSI is measured with the Post Traumatic Stress List (PCL) adopted for police. Potentially traumatizing events, the Police Stress Questionnaires (Operational and Organizational) and stigma measures are included. Populations will be analyzed according to their police service (OPP or municipal police force), formerly serving members by service and civilian employees by service.

Results: OSI rates in police forces will be compared and contrasted to the 2012 Canadian population results. Co-morbidities will be examined and OSI outcomes will be controlled for age, gender, general health, chronic conditions, pain and discomfort, physical activity, and childhood experiences. Correlations between stress (traumatic, operational, and organizational) and OSI will be reported.

Conclusions: It is expected that OSI rates amongst serving Officers and operational civilians will mirror those in the serving Canadian Forces, identified in 2002. These results will shape police mental health policy for years to come.
WAR RELATED STRESSORS AND PTSD IN SERBIAN VETERANS

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Objectives
The aim of the study was to assess war stressors related to PTSD in Serbian war veterans during the nineties of the last century.

Methods
CAPS-DX was used for evaluating the presence of PTSD in 295 Serbian war veterans. Three groups of veterans were identified: with current PTSD (8.8%), with lifetime PTSD (20%), and without PTSD (71.2%). The War Stressors Assessment Questionnaire (WSAQ) was used for evaluating war stressors. The WSAQ was clustered in eight separate traumatic situation: Life in hostile surrounding, Imprisonment/torture, Active combat, Passive combat, Injury, Witnessing of death and injury, War-related deprivation, and Loss of military/organizational structure.

Results
One way ANOVA was applied followed by Bonferroni post hoc test. Global difference between groups was significant (F(2,293)=34.136, p < .001). Differences in survived war stressors explain 19% between groups variance (eta square = .19). The post hoc analyses show that significant difference exist between non PTSD and both PTSD groups but there was no significant difference between the two PTSD groups. The same pattern of differences was find within all clusters of the war stressors measured, except “Imprisonment and torture” that didn’t reach threshold for the statistical significance for any pairwise difference between groups. The highest difference between groups were between frequencies of “Combat exposure” (F=32.791, p<.000, partial eta2=.186), followed by “Witnessing of death or wounding” (F=29.514, p<.000 partial eta2=.171), and “War related deprivation” (F=26.879 p<.000 partial eta2=.158).

Conclusions
In all of the stress clusters, except one (Imprisonment and torture), the total number of stressors experienced was higher in war veterans with PTSD. Results confirm expectations that veterans with more frequent trauma experience, have more severe PTSD symptoms. Because our sample was consisted of war veterans who were exposed to immediate combat stress, active aspect of combat was more frequent and those aspect of traumatic experience had the highest impact on symptoms.
CORRELATES OF POLICE MISCONDUCT WITH SUBCLINICAL POSTTRAUMATIC STRESS DISORDER
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Objectives
To understand the risk and protective factors for police brutality in officers with pre-existing subclinical posttraumatic stress disorder (SPTSD) and retraumatized on the job by further traumatic events (TEs). The authors hypothesized that peri- and posttraumatic factors determinants of PTSD and of officers’ ability to cope with TEs are modulated by pretraumatic factors such as being a former US war veteran with SPTSD. [1].

Method
This quasi-experimental design involved sixty eight officers of two Police departments in California, participating in a repeated-measures prospective study. Semistructured interviews and self-reports were used to determine the presence of PTSD or SPTSD and to evaluate various predictors associated with PTSD and misconduct development. Multivariate statistical analysis was conducted to identify the main predictors at work and the strength of their impact on PTSD and misconduct. The study connected data presented in its retrospective research component with a prospective analysis.

Results
Regression analysis of the prospective component indicates that posttraumatic risk factors like acute stress disorder (ASD) and depression are the main predictors. Pre-traumatic (stress-management) and peritraumatic (peritraumatic distress and dissociation) risk factors are less critical but significant. The multiple logistic regression analysis of the retrospective study suggest that peritraumatic risk and protective factors such as dissociation and social support during TEs are key predictors.

Conclusions
The findings could be adopted by employee assistance programs of police departments to develop strategies for pre-employment screening and TE protective mechanisms to reduce risk factors for police misconduct.

References
FAMILIARES DE CAIDOS DE MALVINAS, COMO VIVIERON LA PARTIDA, COMO EL REGRESO, COMO EL HONOR Y EL DOLOR
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Desde hace 17 años aproximadamente que me dedique al tema de la guerra de Malvinas, y lo hice a partir de ser la productora de un programa de radio que se dedicaba por primera vez en 16 años desde la gesta a dar voz a quienes jamás la habían tenido antes, a sus propios actores, a los soldados que allí combatieron.

Fue muy rica la experiencia en el proceso de salud/enfermedad de los mismos, por primera vez podían hablar de aquello vivido y sentirse escuchados y valorados por la gente en general. En todas las acciones militares se consumen vidas humanas ya sea por fallecimiento o heridas en combate y esto los convierte en una población vulnerable y de riesgo en la posguerra.

Indagando acerca del sufrimiento en la guerra, encontramos que en los últimos 10 años, evaluando más de 100 conflictos armados, la mayor cantidad de víctimas corresponde a la población civil, cosa que en la guerra de Malvinas no ocurrió porque la consigna era recuperar las islas sin afectar a la población civil.

Hoy quiero hablar de otra población civil que fue afectada por la guerra de Malvinas y que jamás fueron cuidados, ni siquiera considerados...los familiares de aquellos hombres que en 1982 ofrecieron su vida por nuestra soberanía.

En el mismo momento en cada uno de nuestros hombres partió hacia Malvinas quedo cada uno de esos hogares desarmados, en cada uno de ellos falto un padre, un hermano, un hijo........ Durante 74 días vivieron incertidumbre, la necesidad de saber, la noticia del que había caído en combate, el hundimiento del Crucero Gral. Belgrano, tantos otros........

Los familiares de los caídos.....una lucha por la memoria, contra el olvido.....la segunda muerte.
SUICIDAL BEHAVIOR IN MOROCCAN ARMY

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Objective: This study aims to evaluate the incidence of suicide and attempted suicide among military patients hospitalized in the psychiatric ward of Military Hospital Marrakech (Morocco), to analyze these lines and determine their nosology.

Methods: Retrospective study of all patients referred to the psychiatric department and hospitalized for a suicide attempt during the period ranging from June 2009 to March 2013. Are not considered in this study self-mutilation, suicidal threats and risk behaviors or suicidal equivalents.

Results: Thirty-seven patients were included in this study. All our patients were male. The mean age was 35.2 (20-56).

The frequency of hospitalizations for suicide attempts accounted for 2.17% over the entire hospitalization in the psychiatric ward during the study period. Self drug intoxication but also essentially rat poison and chemical means is the most used. Five cases of suicide were recorded, including four by hanging and overdose. Recurrence was observed in three patients. In 40.5% of cases, suicidal gesture was the reason for meeting with the psychiatrist.

Conclusion: The incidence of suicidal behavior in the military remains lower than that found in the general population. In our series, the incidence was still lower compared to other armies. However, these figures are underestimated: several suicidal behavior are hidden by patients. In addition, this study involved only military hospital attached to Marrakech. A study encompassing various military hospitals, also involving doctors and units spread over a longer period is still needed.
WPA-0370 FACTORS ASSOCIATED WITH PTSD AND DEPRESSION AMONG NEPALESE COMBATANTS DURING ARMED INSURGENCY

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Background:
PTSD and depression is most prevalent in conflict inflicted areas as per most literatures. Much is not known about psychological effects of the conflict situation even after 6 years of peace process in Nepalese context. Data were obtained from combatants of Nepalese army involved during the armed insurgency period using DSM-IV for Post Traumatic Stress Disorder (PTSD) and Depression including information on prevalence and its relationship with different attributes like age, sex, marital status, educational level, rank and degree of combat exposure.

Methods:
This study is a cross sectional descriptive study conducted in two randomly selected battalions with 215 participants. The PTSD was assessed using Post Traumatic stress disorder checklist-military version (PCL-M), depression using Beck Depression Inventory (BDI) and degree of exposure using Combat exposure scale (CES).

Results:
PTSD was found in 21.9% of the combatants and 20.5% were found to have depression. Both PTSD and depression were found to be associated with degree of combat exposure, both increasing with increase in degree of exposure. The relationship between PTSD and degree of combat exposure was statistically significant (P-value 0.001). Similarly, the relationship between depression and degree of exposure was statistically significant (p-value 0.011).

Conclusions:
Post traumatic stress disorder and depression exists even six years and is related to degree of combat exposure regardless of other attributes like age, sex, rank, marital status, education level. The result of the study will help to explore the nature and magnitude of psychological effect existing even years after combat exposure.
PREVALENCE OF DEPRESSIVE SYMPTOMS AND ASSOCIATED SOCIO DEMOGRAPHIC FACTORS AMONG RECUITS DURING MILITARY TRAINING

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Aim:
To determine the prevalence of depressive symptoms among recruits during military training and analyze the socio demographic factors associated with these symptoms.

Background: Military training is a new, stressful and unusual event. This unusual environment of basic military training may predispose individuals towards mental health problems as compared to normal civilian settings. So we designed this study to determine the prevalence of depressive symptoms and associated socio demographic factors among recruits during military training.

Subjects and Method:
The study was carried out at Mujahid force center Bhimber , Ajk. It is one of the training institutes of Pakistan army. The sample population comprised of 313 adult males undergoing military training at Bhimber AJK. GHQ 12 was used to screen for any psychiatric illness, and those with score greater than 4 by likert scoring were administered the Beck Depression Inventory (BDI) to record the presence and severity depressive symptoms. Age, service type (general duty soldier, cook or clerk), education, level of family income, marital status, tobacco smoking, use of naswar(tobacco based substance), worrying about future and social support status were correlated with depressive symptoms to evaluate the association of these factors with depression in these recruits.

Results:
Out of 313 recruits screened with GHQ 12, 232 were positive and were administered BDI. Of these 232 recruits 31.5% had no depressive symptoms, 41.4% had mild, 17.7% had moderate and 9.5% had severe depressive symptoms. With logistic regression, we found that significant correlations between depressive symptoms and factors of Level of family income, worrying about future and social support status exist.

Conclusion:
Prevalence of depressive symptoms was high among recruits during military training. Special attention should be paid on recruits from low socio economic background and those who lack social support and worry about future most of the time.
**WPA-0431 MENTAL HEALTH IN SPOUSES OF THE IRAQ-IRAN WAR VETERANS WITH POSTTRAUMATIC STRESS DISORDER(PTSD) 25 YEARS ONWARD**

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**Background and aims:** To assess mental health of spouses of the Iraq-Iran war veterans with post-traumatic stress disorder (PTSD).

**Methods:** In this cross-sectional study, two groups of spouses of veterans including those whose husbands were diagnosed by PTSD (40 cases, case group) and those whose husbands did not have PTSD (40 cases, control group) were entered into the study and compared. Mental health was assessed using the General Health Questionnaire (GHQ-28) which has four major domains including somatic symptoms, anxiety and insomnia, depression, and social malfunction.

**Results:** Twenty-two patients (55%) in case group and 11 patients (27.5%) in control group had impaired general health status (P < 0.05). Nineteen patients (47.5%) in case group and 9 patients (22.5%) in control group complained of somatic symptoms. Anxiety and insomnia (45% vs. 22.5%) and depression (47.5% vs. 25%) were more common in case group than in control group.

**Conclusion:** Although the imposed Iran-Iraq war has ended 25 years ago, we observed that spouses of veterans with PTSD had more somatic complaints and poorer mental health compared to spouses of veterans without PTSD. Further studies regarding proper management and provision of psychology consulting services along with medical treatments to raise mental health of spouses of veterans with PTSD seem necessary.
Miscellaneous
EPILEPSY DURING PREGNANCY


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Objectives: Knowing the effects of epilepsy during pregnancy.

Methods: Literature search bases Elsevier, CINAHL, PubMed, SciELO, Biomedicine data. The study period covers from 2004 to 2014. The descriptors used were "epilepsy", "gestation", "Epilepsy" and "pregnancy".

Results: Epilepsy is defined by the presence of any type of seizure occurring chronic and recurrent. The prevalence is 4-10 cases per 1000 women. Its prevalence in pregnant different studies varies between 0.2-0.7 %. The increase in seizures during pregnancy is associated with poor pre-pregnancy control. Epilepsy increases from 1.5 to 3 times more likely to develop complications during pregnancy. These complications include abortions, toxemia, preeclampsia, bleeding, anemia, placental abruption, premature labor or some obstetric interventions (such as forceps or cesarean), but there is no conclusive evidence to suggest a real increase of these, or a recurrence occurs secondarily crises.

In the newborn, it seems clear that the children of epileptic mothers taking anticonvulsant drugs have a higher frequency of congenital malformations, risk increases when taking multiple antiepileptic drugs. The major malformations by use of anticonvulsants are presented in 4.9 % of pregnant women who use them. Teratogenicity studies are all level II and so the findings should be interpreted with caution.

Conclusions: You need an interdisciplinary approach to minimize risks and achieve a pregnancy without complications.

An important resource is the preconception counseling, pregnancy planning, starting as attention.

References:
PSYCHOLOGICAL JOB DEMANDS, CONTROL, AND SUPPORT: A RELATION TO CARDIOVASCULAR MORBIDITY

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Introduction: Work stress has previously been suggested as a risk factor for cardiovascular disease. This study is intended to independently evaluate the association between different aspects of job strain; including psychological job demands, job control, and job security and support, with the risk of cardiovascular morbidity.

Methods: In a case-control study, three assessment scales were used to assess psychological job demands, job control, and job security and support, among 84 male inpatients of a hospital in Egypt sharing the same demographic characteristics. Current evidence and past history of cardiovascular morbidity, divided into coronary heart disease and other cardiovascular events, in each of the participants over the past 10 years was recorded.

Results: After adjusting for other demographic co-variants as age, coronary heart disease was found to be associated with a combination of high psychological job demands, low job control, and low job security and support. The association was stronger with low job security and support alone than with each of high job demands or low job control. In an additional model to adjust for known coronary risk factors as smoking status, the association was found to be still present but of lower significance. No significant association was found between job strain and other cardiovascular events.

Conclusion: High job strain, in particularly low job security and support, seems to contribute to a higher risk of cardiovascular morbidity. This suggests that more efforts must be made on adjusting the workplace setting in the prevention of cardiovascular disease, with particular emphasis on improving job security and support.
PATTERN OF TOBACCO USE; A STUDY FROM NORTH INDIA
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As per World Health Organisation (WHO) tobacco is the single most preventable cause of death in the world today.

Objective: To study the pattern of tobacco use in subjects attending the Resource Centre for Tobacco Control and tobacco cessation outreach program.

Method: All subjects who attended the tobacco cessation clinic & its different community outreach programme of Drug De-addiction & Treatment Centre of Postgraduate Institute of Medical Education & Research, Chandigarh (PGIMER) from 2002-2011 were enrolled for the study.

Results: Total 4173 subjects attended the clinic and its community programs during this period. Majority of subjects (45%) enrolled for the study was referred by physician followed by 34% the subjects from community outreach efforts of Tobacco cessation clinic. About 82% of the subjects were from the age categories of 16-30 years (42%) & 31-45 years (40%). Female subjects constituted a negligible percentage (2.5%) of the total sample. 15% of the subjects were illiterate, 28% had education up to middle level, 34% had up to senior secondary or diploma level and 21% were educated up to graduation or post graduation level. Most of the subjects belonged to middle socio economic category. Majority (53%) of them were smokers and 30% were smokeless tobacco users and about 17% used both. Tobacco users (56%) reported peer pressure as a single most important cause of initiation followed by curiosity (24%). 36% reported the withdrawal features or fear of it as the maintaining factor. Majority of them (75%) never made any attempts to quit. Physical and psychological complaints were found.

Conclusion: Knowledge of the profile and pattern of the tobacco use in understanding the causal processes and developing intervention methods as per the population’s need are discussed.
SEIZURES AND RITUAL SACRIFICE
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The “true shake” of an organic seizure [loud cry, frothing and incontinence] is very much similar to the suffering of a sacrificed animal or human being. It is generally believed that the person with hysterical personality exhibits a ‘psychogenic shake’ since she/he has witnessed a ‘true shake’ from other persons suffering from true seizures. But then, the pseudo shake is very much similar to the true seizure except the symptoms like incontinence and loss of consciousness. It seems that the true seizure is actually the reminiscent behavior of the ritual [human or animal] sacrifice and the psychogenic seizure is the reminiscent behavior of the symbolic sacrifice [castration].

Key words: true seizure/ritual sacrifice/pseudo seizure/symbolic sacrifice.
BEST PRACTICES FOR ASSESSING PSYCHOTROPIC MEDICATION EFFECTIVENESS IN INDIVIDUALS WITH INTELLECTUAL DISABILITIES

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Objectives: The purpose of this research was to determine what additional information functional assessments of challenging behavior provided with regard to the effectiveness of psychotropic medication use.

Methods: The function of challenging behaviors of six individuals with intellectual disabilities (ID) living in community and institutional settings were assessed through three methods: experimental functional analyses (FA), direct observations, indirect measures (Questions About Behavioral Function (QABF)). Additionally, data were collected regarding behavior frequency (home data collected by direct-care staff) and severity (Aberrant Behavior Checklist-Community (ABC-C)). The participants included four males and two females, ranging in age from 28-51 years old, all diagnosed with ID with level of severity ranging from moderate to profound. Participants were prescribed various psychotropic medications (e.g., risperidone, quetiapine, valproic acid) and changes in regimen were made by a psychiatrist (and not in consultation with researchers). Challenging behaviors included: self-injurious behavior, problem vocalizations, aggression, elopement, perseveration, and disruptive behavior. Researchers conducted standard FA’s (which involved systematic manipulation of variables thought to motivate behavior) upon study enrollment and at least two weeks after changes in psychotropic medication. One-hour direct observations were conducted weekly (lag sequential analyses were performed to identify antecedents that predicted challenging behaviors). The QABF was completed monthly and the ABC-C weekly by direct-care staff.

Results: In general, changes in FA results and lag sequential outcomes were observed after medication changes and were not always uniform across behaviors or antecedent conditions. For example, for one participant, behavior consistently occurred in a given condition within the FA but the frequency varied suggesting changes in the strength of magnitude of the reinforcer associated with that test condition. Conclusions: These data support the continued monitoring and assessing of behavior function when psychotropic medication changes occur to better evaluate the effectiveness of both pharmacological and behavioral treatment.

References:

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PALMOPLANTAR KERATODERMA AND FOLATE DEFICIENCY IN A CASE OF SCHIZOPHRENIA

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Objective: The dietary pattern of schizophrenic patient is different as less fresh fruit and vegetable but more in fat, cream and carbonated drinks. Specific diet management is suggested.

Case: A 40-year-old man suffers from schizophrenia has been treated with antipsychotic as chlorpromazine and clozapine. He has been lived in our chronic ward for about 14 years. Keratosis over forehead followed by palms and soles consequently were noted. Psoriasis was impressed initially but keratoderma was diagnosed by a dermatologist. Body weight loss about 8 kg in 34 months was noted. Standardized evaluation as syphilis, autoimmune disease, thyroid function, tuberculosis and nutrition were applied. There were negative findings except macrocysic anemia (Hb:10g/dL and MCV:102.4fL) and low serum folic acid level as 3.2 ng/ml (normal range: 7-31.4ng/ml ) . The diet pattern of this patient was little green vegetable and no fresh fruit. Skin lesion was treated with topical steroid and keratolytics with limited response. Folic acid supplement, 800mg/day, was prescribed and the skin lesion improved markedly so as anemia.

Conclusion: Folic acid deficiency may be disclosure by skin lesion. Dietary pattern of schizophrenic patient should be monitored for early detection of malnutrition. Regular body weight monitorng and red blood cell test are suggested. We also recommended increasing folic acid-rich-food supplement in psychiatric hospital.
SMOKING CESSATION PROBABILITY, NICOTINE DEPENDENCE AND MOTIVATION TO QUIT SMOKING BEFORE AND AFTER A SMOKING BAN IN AN ACUTE PSYCHIATRIC UNIT

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Objectives: In Spain the smoking law that specifically forbids smoking in all healthy centres has been progressively implemented during the years 2012 and 2013. With this study we want to know if patients admitted to a psychiatric unit after the implementation of the smoking ban smoke less than the patients admitted before and what are their differences in nicotine dependence and motivation to quit smoking.

Methods: All patients staying in the hospital the week before and one month after the start of the smoking ban were evaluated using the Fagerström Test for Nicotine Dependence to assess dependence on nicotine, and the Richmond self-reported questionnaire to assess motivation to quit smoking. Also, we phoned all these patients ten months after they left the hospital to ask them if they were still smoking and how many cigarettes a day they smoke.

Results: We recorded 36 smoker patients before the smoking ban implementation and 31 after that, and there were no significant differences in age between the two periods. But in the case of gender, there were significant differences between the two periods (50% vs 80.6%; p=0.009).
We didn't find differences in the smoking cessation between the two periods (9.4% vs. 26.1%; p= 0.098). Nevertheless the motivation to quit smoking were significantly higher in the group of patients that aren't smoking currently (p= 0.042), although there were no significant differences in the nicotine dependence and motivation to quit smoking between the two periods.

Conclusions: Our results support the fact that the smoking ban implementation is not effective in assisting people to quit smoking in the longer term. The item that indicates a higher smoking cessation probability is the motivation to quit smoking. We probably haven't found differences in this item between the two periods because we have a small sample size.
BODY DYSMORPHIC DISORDER
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Objectives: To make a theoretical review about the body dysmorphic disorder (BDD).

Methods: Literature research in major databases: PubMed, Cochrane, Uptodate, using the keywords: body dysmorphic disorder, dysmorphophobia

Results: 23 year old male patient, without medical problems was referred to psychiatry consultations for anxiety. Initially he attributed the anxiety to his history of cannabis abuse (even had occasional relapses), but later said that he was afraid that people realized his facial defect. He said that one side of his jaw was bigger, had noticed it because he could not bite well and surely people would realize his "asymmetry". At first, he fought a lot because he thought that people was laughing about him. To relieve his anxiety, he used to drink alcohol or used cannabis occasionally. Now, he almost did not come out of the house, constantly thinking about his apparent defect, with compulsive behaviors to check it (touch his face), egodystonic overvalued ideas (almost delusional) relative to his image with depressed mood. He was put on sertraline 100mg/day and diazepam 10mg/day without improvement. Moreover, new ideas were focused on the defects that had spread to his nose, difficulty focusing on his daily tasks, greater isolation, and for this reason he was put on risperidone 0.5 mg/day and fluvoxamine 100mg/day (sertraline was discontinued) with good response, his mood improved and the delusional ideas decreased.

Conclusions:
In USA, the BDD affects 1-2% of the population, with equal frequency in men and women, being the age of onset 16-17 years.
In the DSM-V, BDD has been reclassified as part of the spectrum of Obsessive Compulsive Disorders (OCD) by sharing some characteristics (pathophysiology, clinical and treatment) with OCD.
Many patients have mood symptoms (anxiety, depression) and even suicidal ideation. Concern about the perceived defect may become delusional in some cases.
MANIA DISORDER SILDENAFIL-INDUCED
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Objectives: The objective of this poster is to report the case of a patient who suffered a mania disorder induced by sildenafil. From this case I am showing a possible secondary effect of such a common treatment.

Methods: An exhaustive description of the case including the precedents, the complementary tests, the differential diagnosis and the final treatment. After the case description, I am going to expose the bibliographical review done about bipolar disorder induced by medicines.

Results: This case was exhaustively studied and so many tests were done during the fifty six days the patient was in the hospital. Finally, after discussing the case in a clinic session, the whole Psychiatry Service agreed in the fact that the patient suffered a mania disorder induced by sildenafil. Once the patient was diagnosed we started looking after some similar cases. Despite being so many cases of bipolar disorder induced by medicines, we could only find one case of bipolar disorder sildenafil-induced reported in 2004.

Conclusions: Nowadays, there are many medicines which can induce mania; from antibiotics up to medicinal herbs. Actually, there are hundreds of articles talking about that. However, as far as I am concerned, this is only the second case reported of a mania disorder sildenafil-induced. This fact is interesting because some other cases could be reported and in the future it could be necessary that some cautions were taken before the administration of this common medicine.
PSYCHOLOGICAL INTERACTION BETWEEN RECIPIENTS AND DONORS WHO UNDERGO LIVING-DONOR LIVER TRANSPLANTATION

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Objectives
No study has investigated psychological interactions between recipients and donors who undergo living-donor liver transplantation, which was addressed in this study.

Methods
Recipients and Donors who underwent living-donor liver transplantation at our institution between 1997 and 2013 were approached to participate in this survey. They were asked to complete a 13-item questionnaire for the assessment of psychological attitudes towards the operation on a 7-point Likert scale (1: strongly agree to 7: strongly disagree). They were also asked to estimate their donor’s or recipient’s response to the questionnaire, respectively. Their actual and estimated responses were compared, using a paired-t test.

Results
Fifty-four pairs of a recipient and a donor participated in this study. Significant differences were observed between actually answered and estimated responses in as many as 5 and 11 of 13 items in the questionnaire for recipients and that for donors, respectively. Recipients more likely felt guilty (2.1 vs. 2.5, P=0.046) and less likely worried about transplanted liver (3.0 vs. 2.1, P=0.002) than their donors estimated. On the other hand, donors were less hesitant to become a donor (2.4 vs. 3.6, P=0.001) and less likely worried about their remained liver (4.6 vs. 2.9, P<0.001) than their recipients estimated.

Conclusions
Donors and recipients do not accurately understand their counterparts’ feelings towards the operation. These inconsistencies should be taken into account when psychological care is provided to this population.
REPEATED ORGASMS ASSOCIATED TO SSRI

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Objectives: To make a theoretical review about if there is an association between repeated orgasm and antidepressants.

Methods: Literature research in major databases: PubMed, Cochrane, Uptodate, using the keywords: Persistent Genital Arousal Disorder (PGAD), ISRS, sexual orgasm, serotonin

Results: This is a female patient of 22 years old, single, without medical problems, followed in psychiatric consults due to depressive symptoms. She had remained asymptomatic for the last 3 years being in treatment with paroxetine 20mg/day, without having side effects. One week ago, paroxetine was changed by fluoxetine 20mg/day because she wanted to get pregnant. From this change of treatment, the patient began to have multiple spontaneous orgasms that interfered her daily activities, causing great anxiety, because she could not control them. As a result, the patient was referred to the gynecologist, who ruled out organic pathology (no urinary infection symptoms or changes in vaginal discharge, ultrasound was normal), and then derived again to psychiatry. During the interview the patient, besides anxiety, showed no other symptoms other than the ones already described, did not identify possible triggers. She was cataloged as a patient with anxiety secondary to alterations in sexual sphere probably secondary to adverse effects of antidepressant medication. During the evolution, once she returned to the previous treatment with paroxetine 20mg/day, her symptoms disappeared.

Conclusions: The presence of spontaneous and unwanted sexual arousal that occurs in the absence of sexual desire, persists in its absence, does not subside after experiencing orgasms and that causes discomfort, are characteristic of Persistent Genital Arousal Disorder (PGAD). This rare condition has been associated with the use or discontinuation of selective serotonin reuptake inhibitors (SSRIs). The hypersexual conditions associated with mania, drugs abuse (stimulant, etc.) or any medical problem rule out the diagnosis.
ZINCO E DEPRESSÃO

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Objetivos: O objectivo desta revisão é de mostrar a importância do zinco no tratamento da depressão e sua eficácia na melhoria da sintomatologia clínica nestes pacientes.

Métodos: Foi feita revisão de 22 artigos na base de dados PUBMED usando as seguintes palavras chaves “Zinc and depression”; “zinc and mood disorders”; “zinc therapy”.

Resultados: A depressão é uma doença psiquiátrica comum associada à morbi-mortalidade e a ansiedade é a comorbilidade mais frequente. Os pacientes com depressão grave apresentam resistência ao tratamento anti-depressivo e deficit de zinco. O zinco é um catião abundante no cérebro, localizado no hipocampo, amigdala e cortex e que apresenta propriedades anti-depressivas demonstrado em vários ensaios clínicos. É também responsável pela modulação da dopamina, serotonina, glutamato, que são os principais neurotransmissores envolvidos no mecanismo da depressão. A deficiência do zinco está associada a alta pontuação na escala da depressão, confirmado em estudos transversais feitos em humanos que apresentavam previamente sintomatologia depressiva, como também é responsável pelo aumento da resposta inflamatória, activação do eixo hipotálamo-hipófise-adrenal, diminuição do volume do hipocampo e diminuição da resposta aos anti-depressivos.

A administração isolada do zinco ou de um antidepressivo não contribui para a melhoria da sintomatologia clínica. Por outro lado, se o zinco for associado aos antidepressivos contribuirá para melhoria dos scores da depressão bem como na sintomatologia dos pacientes resistentes ao tratamento, mostrando a sua eficácia quando combinado.

Conclusão: Visto que este catião apresenta bons resultados quando usado como coadjuvante terapêutico da depressão; determinação da sua deficiência pode ser usada como biomarcador da depressão e da resistência ao tratamento com os antidepressivos.
THE PERCEIVED STRESS SCALE (PSS-10) - A PORTUGUESE VERSION

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Objectives: To study the psychometric properties of the Perceived Stress Scale (PSS-10) and to explore its association with negative affect.

Methods: 523 students (80.3% females) from Portuguese universities completed the shorter version of Perceived Stress Scale (PSS-10, Cohen & Williamson, 1988) and all of the subscales of the Portuguese version (Azevedo et al., 1991) of the Profile of Mood States (POMS, McNair et al., 1971) excluding the Confusion-Bewilderment subscale.

Results: Scale reliability was good (α=.866). Corrected item-total correlations ranged from .260 to .599, and were higher than .4 for all of the items. All the items contributed to internal consistency as showed by a decreased/maintenance (item 7) in Cronbach's Alpha when each item was deleted. Test-retest reliability suggested a good temporal stability for total score (r=.702, p<.01). A principal component analysis with Varimax rotation was performed and based on Scree plot, we found a factorial structure with two factors that explained 56.4% of the total variance: F1(45.8%); F2(10.7%). The Cronbach alpha for each factor is: α (F1) =.839; α (F2) =.754. PSS dimensions and total score association with positive affect were negative (from r= -.380 to r= -.472, p<.01) and with negative affect were positive (from r= .532 to r= .692, p<.01). Females scored higher in PSS-10.

Conclusions: The short Portuguese version of the PSS-10 showed good reliability and internal consistency in university students. As well this scale revealed the ability to discriminate positive and negative affect. We also underline the advantage of use a shorter version in terms of its applicability.

Key-words: perceived stress, scale, reliability, validity, university students
MODAFINIL ASSOCIATED PENILE SELF AMPUTATION IN SCHIZOPHRENIA

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Introduction: Genital self mutilation is an extremely rare phenomenon with a little over 100 cases reported in literature, and total penile self amputation is even rarer [1]. It is commonly associated with psychotic illnesses and the vulnerable factors has been suggested to be commanding hallucinations, religious delusions, sexual conflict associated with guilt, past suicide attempts, features of depression, and personality disorder[2,3]. Other risk factors postulated are substance abuse, social isolation and gender identity problems[1,4]. We reported a case of genital self amputation in a young male without any of these risk factors, and was apparently well adjusted at his workplace and home.

Case report: AK a 23 yr old unmarried male working as a typist presented to the casualty with history of severing his penis with a razor blade. The patient had flushed the cut off portion of the genitalia in the closet, so that re implantation surgery was not possible. Instead a meatoplasty was done. AK was on treatment for schizophrenia, which started four years back. He was maintained for the last three years with a single night time dose of clozapine 150 mg. He was regular at workplace, except for occasional symptoms of day time sleepiness. He was prescribed modafinil 100mg in the morning, during office days if feeling sleepy, as an sos medication. He started inflicting injuries in different parts of the body (that went unnoticed) which ended up in penile self amputation. There were no associated hallucinatory behaviour, obsessive symptoms, dissociative symptoms, substance abuse or problems in gender identity. The patient reported a recent decrease in his masturbatory practices and denied having any sexual relationships. Premorbidly he was well adjusted except for having few friends. On examination the affect was inappropriate with poor insight.

Discussion: Penile self amputation in psychotic illnesses is a rare phenomenon and its existence has been associated to commanding hallucinations in Van Gogh syndrome[5] and religious delusions in Klingsor syndrome[6]. Other risk factors discussed are co morbid substance abuse[7] and lack of social support. The patient in our report did not have any of these risk factors, his drug compliance was adequate and he had good social support. The patient was also on an sos prescription of modafinil. Though in clinical trials in humans, modafinil is known to cause excitation, insomnia, anxiety, irritability, aggressiveness, confusion, nervousness, tremor, palpitations, and sleep disturbances, there is no evidence for it causing self mutilatory behaviour. However other psychostimulants like amphetamine are associated with self mutilatory behaviour[8] especially associated with genital self mutilation[9]. Absence of significant pain during the act of amputation has been described in previous case reports[10] and the patient in our case also did not perceive any pain. In fact the patient found the suturing of the wound in emergency services more painful compared to the act of self amputation. This case shows the need for specifically enquiring the presence of self injurious behaviors, in an otherwise well maintained patient with schizophrenia, before starting Modafinil.
THE PRACTICE OF ELECTROCONVULSIVE THERAPY IN AN INPATIENT PSYCHIATRIC UNIT.

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Objective: -To describe the pattern of use of electroconvulsive therapy (ECT) in an inpatient psychiatric unit.

Method: -This is a retrospective cross-sectional study of 6 years duration (academic year 2008 to 2013). All inpatients of a psychiatric unit who received electroconvulsive therapy were included (N=20). The analysis was performed using descriptive statistics through SPSS 20 software.

Results: -Most patients receiving ECT in our sample were female (55%) between the age range over 61 years. The most frequent diagnosis was schizophrenia (40%), followed by depression (35%) and mania (25%). The mean duration of treatment was 12 sessions and most patients (80%) had more than one psychiatric drug associated. Maintenance ECT was used only occasionally (35%). The response to ECT was partial and the most frequent side effect was amnesia (50%).

Conclusions: -In general ranges the use of ECT is appropriate according to international guidelines and compared with use in other Western countries1,2,3. Notably, the most common indication for diagnostic and startup time are not in accordance with currently accepted usage pattern. Schizophrenia was the most common indication for the use of such therapy, not being in line with international guidelines and utilization patterns in other Western countries where depression is the main indication1,4.

References:
1 Royal College of Psychiatrists. 2005. ECT handbook: The third report of the Royal College of Psychiatrist’s Special Committee on ECT. London.
SELF-INFLICTED INJURIES
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Objectives
The skin is not just a protective wrapper, thermal and metabolic regulator, it offers us information about the identity of the individual. There is a relationship between the psyche and the skin: first, when the skin is affected by a primary dermatological process it can produce psychological sequelae. Furthermore, there is a group of psychiatric illness whose symptoms are expressed in the skin. Our goal is to make a brief review of the relationship between psychiatry and dermatology through two cases.

Methods
We present two cases with self-inflicted scratch marks in the context of two mental illnesses. The first case is a 32-year-old patient diagnosed with Panic Disorder with agoraphobia and generalized anxiety disorder base, with multiple scratch marks, diffuse of five years of evolution (image 1). The second case is a 72 year old patient with a diagnosis of paranoid schizophrenia of long duration, which in the past 16 years has remained persistent delusional activity, which lead scratching lesions occur in one of the lower limbs which carries screws implanted after an accident. These injuries require gravity for their daily dressing and performing cures.

Results
Skin diseases in psychiatric clinical practice are not uncommon and can appear in different contexts and conditions. In this case there are two patients of different ages and diverse pathologies, both with multiple self-inflicted scratch marks with years of evolution, with torpid evolution with periods of exacerbation and in relation to their psychiatric condition.

Conclusions
The relationship between psychiatry and dermatology is not only set from the conceptual point of view, but it acquires its true dimension in health care clinical practice.
PSYCHOPATHOLOGICAL ASSESSMENT IN POST-SURGICAL BARIATRIC SURGERY PATIENTS

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Objectives
In our health area we have been performing a Bariatric Surgery protocol (procedure for morbid obesity, BMI > 40 kg/m²) since 2003. In it, we establish a Psychopathological evaluation before the surgery and, after the procedure, a new referral to our Service, for a Psychopathological screening, relapse prevention, adherence to therapeutic guidelines, etc.; through a psychometric study and clinical evaluation, new procedures are programmed as required.

Do a descriptive study of the Bariatric Surgery patient's post-surgical psychiatric evaluation and later post-surgical stabilization. Determine the existence of prevalent pathologies.

Methods
It is used as a psychometric study: a questionnaire about socio-sanitary data, scale of eating disorder (BITE), anxiety, depression and life quality Hamiltons; and the required clinical interviews.

Based the psychometric data and the data gathered from semi structured motivational interview decisions are made and proposed to the patient.

Results
Of the 24 scheduled people, 20 come, 2.35 months of latency after the procedure and with a wight reduction of an average 11.3 kg a month. Among them, 90% of the cases do not present eating disorders, 95% present a Hamilton with no anxiety and 85% with no depression. After the clinical evaluation, only 25% required monitoring at mental health centre and 20% required a specific psychiatric treatment...

Conclusions
The presence of a psychiatric disorder negatively affect the success of the treatment. There is a risk of affective and anxiety episodes related to the adaptation process, changes in the body image perception, eating habits, etc.; a preventive work would prevent the episodes from becoming more serious and would improve the good evolution of the prognosis.
STRATEGIES FOR THE CONSTRUCTION OF TREATMENT ADHERENCE IN BIPOLAR DISORDER
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Objectives
Verify the effectiveness of combination treatment with drugs, psychoeducation, family therapy and inclusion in groups, evaluating the management used in a specific clinical case.

Methods
Through the indications of the major current clinical guidelines and using as an example a clinical case, the characteristics of a comprehensive treatment (pharmacological and psychological) are presented for achieve treatment adherence in bipolar disorder.

Results
Favourable evolution of the subject in terms of adherence and maintained clinical stability after the application of a combined multidisciplinary approach.

Conclusions
This case presentation pretends to show a methodology (an individualized treatment plan design and assignment to different procedures used in our Multiple Mental Health Centre), appropriate to improve adherence, quality of life and prognosis of these patients. Once again is evidenced the need to complement pharmacological treatment therapies with psychoeducation and individual and family therapy, following techniques in the cognitive-behavioural model. Providing the patients and the people around them with the necessary tools to deal with disease in an appropriate way and laying the foundation for constructing an adherence and a stable and lasting therapeutic relationship.
DEPRESSION IN PATIENTS WITH CHRONIC RENAL FAILURE ON HEMODIALYSIS

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Objectives: Studies indicate that depression is one of the most common psychiatric disorders among patients undergoing hemodialysis. The aim of this study was to evaluate: the presence of depression among patients on hemodialysis, patients' assessment of depressive personality, examined the relationship between current depressive symptoms with depressive personality and examined association between depression and socio-demographic variables.

Methods: The study included 128 patients on hemodialysis who were treated at the Nephrology Clinic, Clinical Center Nis, Serbia. We used the following instruments: 1) the Beck Depression Inventory (BDI), 2) the Scale of Depressive Personality (The instrument to assess personality in terms of vulnerability factors for the development of depression. Scale is standardized, with good psychometric characteristics, and excellent reliability, Chrombach alpha coefficient - 0.920), 3) the Questionnaire - I. Socio-demographic data (10 variables), II. General information about the disease and treatment (7 variables).

Results: 29.3% of patients showed moderate to high current depression, on the BDI. Depressive personality: no depressive personality characteristics - 10.4%, moderate value of 59.1% and emphasized features - 30.5%. There was a statistically significant positive association between depressive personality and current depression, with an increase of one increases the other. The results also showed that: the older patients were more depressed, there was a positive correlation between conflicting family relationships and current depression and depressive personality; patients with poor financial status showed greater current depression and depressive personality, and current depression was increased in patients who were on special (dietetic) nutrition and those who had little or no physical activity.

Conclusion: Among the studied patients, one-third showed depressive personality characteristics and current depressive symptoms, indicating the importance of timely recognition and adequate treatment with this group of patients.
PARTICIPACION CIUDADANA EN SALUD MENTAL COMO HERRAMIENTA DE MEJORA CONTINUA

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Objetivo general:
Incorporar la voz de la ciudadanía ajustando la toma de decisiones a sus expectativas, en el marco de la UGC de Salud Mental.

Objetivos específicos:
• Informar de los aspectos más relevantes de la gestión.
• Mejorar la calidad percibida por el ciudadano.
• Contribuir al fortalecimiento y desarrollo de las organizaciones sociales vinculadas a la Unidad de Gestión Clínica (UGC).
• Formalizar las relaciones con las asociaciones.
• Coordinar las acciones socio-sanitarias y culturales de las distintas asociaciones.
• Generar las condiciones para lograr la corresponsabilidad ciudadana.

Metodología:
Se realizaron siete reuniones de Participación Ciudadana durante el año 2013. En cada una se efectúa un análisis de situación extrayéndose los puntos fuertes y débiles para formular áreas de mejora en función de las necesidades y satisfacción de los ciudadanos por medio de participación directa individual y colectiva.

Resultados:
Se han desarrollado actuaciones unificadas en la “comunidad almeriense” sobre la salud mental.
Se programan actividades comunitarias de prevención y promoción de la salud en colaboración con asociaciones de usuarios y familiares, asociaciones científicas, Fundación Andaluza para la Integración Social del Enfermo Mental y UGC.
Se realizan acuerdos de colaboración con asociaciones, así como actividades formativas para profesionales, cuerpo de policía, alumnos y profesores de la Universidad y asociación de prensa.

Conclusion:
Con la participación ciudadana se mejora la gestión que se ofrece, puesto que se adapta a los requerimientos.
Mejora las relaciones y la colaboración.
Contribuye a la resolución más eficaz de los problemas detectados.
Cuenta con diversidad de intereses y expectativas de todos los actores.
Ayuda a afinar la detección de áreas de mejora.
Favorece el acercamiento de los ciudadanos a los profesionales y viceversa.
WEIGHT LOSS AND PSYCHOLOGICAL CHANGES IN A SAMPLE OF PATIENTS UNDERGOING BARIATRIC SURGERY


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Objectives: To study the evolution of weight loss, quality of life, satisfaction with body image and anxiety in patients undergoing bariatric surgery between 2008 and 2009 at the Elche University Hospital.

Methods: We performed a longitudinal study in a sample of 18 women, aged 31 to 60, undergoing bariatric surgery in the Morbid Obesity Unit, at Elche University Hospital, from which data were obtained and the percentage of weight lost was showed, as well as, quality of life, anxiety and satisfaction with body image, within the first, the third and the fifth year from the surgery.

Results: The average pre-surgery BMI in our sample was 42.89. The weight decreases rapidly within 6 and 12 months, the highest percentage of weight reduction is found within the second and third year (87.34%), from that moment onwards, it can be observed a statistically significant weight increase within the fourth and fifth year, (77.93). Dissatisfaction with body image drops dramatically after surgery and stabilizes thereafter. Quality of life is slightly increased within the first three years when it reaches a plateau, showing a difference of at least one point in BAROS (Bariatric Analysis and Reporting Outcome System), in comparison with the beginning of the process but, not being statistically significant. No significant differences in state and trait anxiety are found that are stable after surgery.

Conclusions: Most of the observed changes take place within the first year post surgery period. We have found a weight loss percentage greater than the ones showed in other studies within the first three years, however, as in other samples, there is a weight recovery between 3 and 5 years. These differences could be due to the small sample size used, so it would be interesting to extend the number of patients involved in the study and the ensuing years.
ACNÉ Y COMORBILIDAD PSIQUIÁTRICA
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Objetivos: Estudiar los aspectos psicopatológicos así como el impacto psicosocial en una muestra de pacientes con acné y su relación con las variables clínicas dermatológicas.

Material y Métodos: Se recogen variables sociodemográficas, clínicas (escala de Leeds) y psicopatológicas (BDI y SCL-90-R) en una muestra de 30 pacientes diagnosticados de acné mayores de 16 años que van empezar tratamiento con isotretinoína y que son derivados a consulta especializada, tras no existir respuesta a los tratamientos estándar en atención primaria.

Resultados: El 13,3% superaron el punto de corte para considerar depresión clínica, siendo en estos pacientes la sintomatología de rango leve. Ningún paciente contestó de forma positiva (>1) al ítem 7 de ideación autolítica. El ítem 59 (muerte) fue positivo en el el 40 % y en el ítem 66 (sueño) el 30 % de los casos. La puntuación del Leeds total fue mayor en hombres. Las puntuaciones de ansiedad fóbica del Scl-90 fueron significativas a favor de la mujer y también en menores de 18 años. No existió correlación significativa entre las puntuaciones del Leeds (total y cara) y las de los test. No se encontraron diferencias significativas con la muestra normativa de población general del SCL-90.

Conclusiones: La repercusión psicosocial no vendría dada por la gravedad del acné sino por otros factores, como ya se ha observado en otros estudios. En este caso tampoco la localización visible de las lesiones (cara) sería determinante. Según nuestros datos ser menor de 18 años y ser mujer si sería un factor a tener en cuenta para desarrollar conductas fóbicas, mientras que en varones predominaría la hostilidad y el paranoidismo. Destacamos también que el porcentaje de pacientes con ideación de muerte fue mayor que en la muestra normativa (40 vs. 31 %) aunque esta diferencia no resultó estadísticamente significativa.
PATIENT AND PROFESSIONAL SATISFACTION WITH INDIVIDUALIZED SERVICE PROGRAM FOR PEOPLE WITH SEVERE MENTAL DISORDER OF MOLLET DEL VALLES
J.M. Sánchez García1, M. Soriano Rafel1, A. Marín López1, V. Segura Mateos1, M. Bodas Martínez1, A. Corominas Díaz1

Objectives
To describe patient and professional satisfaction with the Individualized Service Program for people with Severe Mental Disorder (ISP-SMD) of Mollet del Valles.

Methods
Descriptive study of patients included in ISP -SMD. Socio-demographic characteristics, DSM-IV diagnosis, PANSS, CGI, GAF, QLS scales and self-administered patient satisfaction questionnaire at discharge were assessed. Professional satisfaction was also assessed. Descriptive and nonparametric statistical tests were used.

Results
Fifty three (74.64%) patients have been discharged from the program. 38 (71.7%) were men. Mean age: 42.17±12.99 (range 22-71). Months in program: mean 22.38±16.47 (range 4-86), median 16.

DSM-IV diagnoses: 35 (66%) schizophrenia, 7 (13.2%) schizoaffective disorder, 6 (11.3%) bipolar disorder, 2 (3.8%) personality disorder, 1 (1.9%) delusional disorder, 1 (1.9%) psychotic disorder NOS and 1 (1.9%) anxiety disorder. Patients with dual disorders 24 (45.3%).

Substance-related disorders: 7 (13.2%) alcohol dependence, 15 (28.3%) alcohol abuse, 15 (28.3%) cannabis dependence, 2 (3.8%) cocaine dependence, 7 (13.2%) cocaine abuse, 1 (1.9%) opioid abuse, 2 (3.8%) amphetamine abuse, 4 (7.5%) anxiolytic dependence.

Referral after discharge: 35 (66%) community-based Mental Health Centre, 7 (13.2%) out of the area, 6 (11.3%) residential care, 4 (7.5%) long-term inpatient unit, 1 (1.9%) exitus.

Fulfilment of objectives: 34 (64.2%) patients reached all the objectives, 48 (90.6%) linkage to outpatient psychiatric care, 28 (52.8%) linkage to rehabilitation treatment service (day center), 31 (58.5%) linkage to social and community network, 42 (79.2%) linkage to primary and specialized medical services.

All the patients that answered the satisfaction questionnaire (n=25) would recommend the program and 24 (96%) would return to the program if necessary. Accessibility to professionals, visit frequency, punctuality and empathetic attitude, and patient follow-up were positively evaluated.

Patient follow-up, prevention of hospital readmissions and coordination between patients and professionals were positively evaluated by ISP professionals.

Conclusions
Both patients and professionals have a high overall satisfaction with the program.
TRANSILVANIA EFFECT. DOES THE FULL MOON INFLUENCE PSYCHIATRIC ADMISSIONS?

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OBJECTIVES:
Explore the incidence of psychiatric admissions and its relationship to the moon phases during a natural year.

METHOD:
A retrospective study of a sample of 401 patients admitted during the year 2013 to the Short Term Inpatient Unit of our hospital. The moon phases were established as a 7 days period, including the exact day of the phase change (+/-3days), obtaining four moon phases: Waning moon, new moon, waxing moon and full moon. In a second time relationship between incidence of total admissions and three subgroups (suicidal ideation, psychotic and bipolar decompensations) was analyzed with every moon phase described.

RESULTS:
We found higher prevalence of admissions in these two phases: waning moon and new moon, 27,18% in both cases, 23,75% on full moon and 21,9% on waxing moon. When we broke it down into the three subgroups, we found a higher incidence on waning moon for psychotic-decompensations (27,04%) as well as for suicidal ideation (28,9%), and a higher incidence of bipolar decompensations (34%) on new moon.

CONCLUSIONS:
Throughout history, the word “Lunatic” has implied an intermittent form of insanity due to changes in phases of the moon(1), this is a widespread belief among healthcare professionals about the full moon, known as “Transilvania effect”. In our study, we found no significant impact of the full moon on any psychiatric-decompensation, however we found a higher incidence in waning moon and new moon.

REFERENCES:
AN APPROACH TO HOARDING DISORDER
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Introduction
Hoarding disorder has been classified in DSM-V as a separate disease – included in Obsessive-Compulsive Disorder and related disorders – and different from secondary hoarding to other neurological or psychiatric conditions (OCD, depression, psychosis, dementia, autism spectrum disorder, etc) and that causes clinically significant distress and impairment in social, occupational, or other important areas of functioning1.

Objectives
Introduce the features of this entity in DSM-V and question the need for its inclusion as a disease.

Methods
Review of the literature on hoarding disorder as a new diagnosis for DSM-V.

Results
The inclusion of hoarding as a symptom of OCD or OCPD never allowed a better diagnosis of these diseases; even causing confusion when they had to be described, so it seemed appropriate to create a separate entity. However, there have been critics because there are few patients with symptoms of primary hoarding or hoarding as a unique event, and because most of the studies on hoarding have been made from OCD scales, limiting their validity2.

Conclusions
Despite the controversy that has been generated by the creation of this new diagnosis, we believe we should take advantage of this new inclusion in DSM-V to make further investigation about the psychopathological and the neurobiological basis of hoarding for a better approach and a better definition of this entity.

1 Asociación Americana de Psiquiatría, Guía de consulta de los criterios diagnósticos del DSM 5. Arlington, VA, Asociación Americana de Psiquiatría, 2013
COMPARISON OF ANTHROPOMETRIC MEASURES OF OBESITY IN PATIENTS WITH SCHIZOPHRENIA IN SINGAPORE

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Objectives: The use of antipsychotic medication in the treatment of schizophrenia is linked to obesity and metabolic syndrome. The link between metabolic syndrome and obesity related anthropometric measures and the use of atypical antipsychotics had been studied extensively. However comparative studies of typical and atypical antipsychotic therapy and their association with obesity related anthropometric measures are generally limited especially in Asia. This study was conducted to compare body mass index (BMI) and waist circumference (WC) between three patient groups; those who received typical, atypical and the combination of both antipsychotic agents. In addition the correlation between these anthropometric variables and the Global Assessment Scale (GAS) and Clinical Global Impression Scale – Severity of illness (CGI-S) was also assessed.

Methodology: A cross sectional retrospective study was conducted at the Institute of Mental Health, Singapore, using the medical records of patients who attended their annual review clinic during the period from 1/4/2010 to 31/7/2011. 1000 patients were selected by systematic sampling. A standardized data collection form was used to record information. Descriptive statistics, Pearson correlation test and linear regression model with multiple regressions were used for statistical analysis of data.

Results: There was no significant association between the type of antipsychotics used alone or in combination, with BMI and WC. Neither BMI nor WC was significantly correlated with GAS or CGI-S scores.

Conclusions: This study highlights the importance of metabolic screening regardless of the type of antipsychotics taken. Moreover no significant correlations were found between body mass index and waist circumference and Global Assessment Scale and Clinical Global Impression-Severity of Illness scores.
HYponatremia due to Potomania in Schizophrenic Patient.

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1,2,3,5,6. University Hospital of Puerta del Mar, Cádiz, España
4,7 University Hospital of Puerto Real, Cádiz, España

-Objectives and Methodology:

The coexistence of potomania and consumption of drugs that cause a syndrome of inappropriate antidiuretic hormone (SIADH) can lead to severe hyponatremia causing metabolic damage in the brain and even coma. Updated from a clinical case literature review.

-Results: Female 53 years diagnosed with chronic paranoid schizophrenia intake about 8-10 liters of water a day for 12 years. She came to the emergency department with progressive decrease in the level of consciousness 4 days earlier. Her treatment was: Aripiprazole and Lorazepam. Physical examination was conscious and oriented, clouded, afebrile and with good TA and SatO2. We decided to study her in the Hospital, and during the stay, after presenting recurrent syncope with tonic-clonic seizures and decreased level of consciousness seizures was required tracheal intubation of the patient. Sodium 89 mg / dl and potassium 2.2 mg / dl so the patient was admitted to ICU for monitoring cardiac and respiratory activity in addition to correction of electrolyte imbalance. Within four days after water restriction, patient gradually achieved a full recovery of her symptoms without developing sequelae of the episode.

-Conclusions: We must remember that in psychiatric patients we can combine different mechanisms that bind to a SIADH causing severe hyponatremia, with drastic consequences for the health of these. We have to make frequent electrolyte checks in patients who are taking antipsychotics or other psychotropic drugs that may lead to electrolyte disturbances.

-References:


WORKAHOLISM: A THEORETICAL AND EMPIRICAL APPROXIMATION

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Objectives: To present the adaptation into Spanish of Spence and Robbin’s¹ WorkBAT inventory and proceed to evaluate its internal consistency, reliability and to look for evidences of convergent validity.

Methods: The sample participants were 627 employees residents in Spain (45.3% men, 54.7% women). The instruments used were: WorkBAT¹, Emotional and Cognitive Irritation, Burnout, Obsessive Beliefs, Impulsiveness and Personality Inventory. Accidental non-random sampling was used. We made use of three programmes: FACTOR (7.2), Mplus (6.12 Version) and SPSS (19.0).

Results: As regards the internal structure, Spence and Robbins’ WorkBAT scale adapted into Spanish is configured into two factors. The first, D (Driven) (27.93 % variance; 12 items; Cronbach’s Alpha = .82) deals with aspects that have to do with motivation, engagement, guilt, commitment, obligation, thoughts, time and leisure management, the work impulse, compulsion and boredom when not working. And the second, J (Work Enjoyment) (14.71% variance; 7 items; Cronbach’s Alpha = .83) refers to the behaviours of enjoyment, fun, having a good time whilst working, being pleasant and being eager to work. The interfactor correlation (D and J) is r=.19. The convergent validity indicates that the WorkBAT is associated with factors such as social demographic aspects (age and annuity), feeling healthy, emotional and cognitive irritation, burnout, perfectionism, intolerance of uncertainty, excessive responsibility, personality and impulsiveness.

Conclusions: Spence and Robbins’s WorkBAT scale can be used to evaluate workaholism in the Spanish speaking population and what’s more, it is an instrument that substantial psychometric appropriateness.

References:
METACOGNITIONS QUESTIONNAIRE-30: VALIDATION OF THE PORTUGUESE VERSION

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2College of Health Technologies, Institute Polytechnic of Coimbra, Coimbra, Portugal
3Miguel Torga Higher Institute, Coimbra, Portugal
4High Institute of Social Service, Porto, Portugal

Introduction: The metacognitions questionnaire (MCQ-30; Wells & Cartwright-Hatton, 2004) measures individual differences in a selection of metacognitive beliefs, judgments and monitoring tendencies considered important in the metacognitive model of psychological disorders.

Objective: To investigate the psychometric properties of the MCQ-30 Portuguese version.

Methods: The Portuguese preliminary version of the MCQ-30 was administered to a community sample of 552 university students (425 girls; 80.3%). The mean age was 19.72 (±1.147). To study the temporal stability, 242 (207 girls; 85.5%) respondents answered the MCQ-30 again after approximately six weeks.

Results: The MCQ-30 Cronbach's alpha was “very good” (α=.89). All the items contribute to the internal consistency. The test-retest correlation coefficient was high, positive and significant (.76; p< .001); there was not significant difference between test and re-test total scores [61.83±13.86 vs. 60.98±13.76, t (179)=1.193, p=.234]. Following the Kaiser and the Cattell's Scree Plot criteria, a five factors structure was selected, which explained variance (EV) was of 54.31%. Based on items content, the meaningful five factors were denominated as follows: Positive beliefs about worry (EV 25.13%; α=.84; r test-retest=.62), Uncontrollability and danger (10.79%; α=.83; r=.39), Cognitive confidence (8.01%; α=.82; r=.70), Need to control thoughts (5.54%; α=.72; r=.47), and Cognitive self-consciousness (4.84%; α=.75; r=.71).

Conclusions: The Portuguese version of MCQ-30 has good reliability and validity. Its factorial structure significantly overlaps with the original and only two items do not load at the same factor. MCQ-30 could be very useful to clinical and epidemiological purposes.

Key-words: MCQ-30; Portuguese version; reliability; validity.
AN EMPIRICAL STUDY OF THE RELATIONSHIPS BETWEEN WORKAHOLISM, BURNOUT, IRRITATION AND CREATIVE BEHAVIOURS AT WORK

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Objectives: To present a correlational study on the statistically significant associations between workaholism (driven and work enjoyment), burnout (exhaustion, cynicism and personal efficacy), irritation (cognitive and emotional) and creative behaviours in the work sphere. Creativity was categorised into the following variables: Support for creativity, work characteristics, blocks to creativity, creative potential, practised creativity, and perceived organizational support.

Methods: The participants were 975 employees residents in Spain (48.5 % men, 51.5 % women). The instruments used were: WorkBAT1, Emotional and Cognitive Irritation, Burnout, Obsessive Beliefs, Impulsiveness, Personality Inventory and creative behaviours2, 3. We used accidental random sampling. The SPSS programme was used (19.0) to extract Pearson correlations.

Results: In general, a positive association was found between workaholism, emotional stability, personal efficacy and cognitive irritation and creative behaviours. However, there was a negative association with exhaustion, cynicism and emotional irritation.

Conclusions: Statistically significant correlations were found among the variables featured in the study.

References:
A PREDICTIVE STUDY ON THE RELATIONSHIP BETWEEN BURNOUT, PSYCHOSOMATIC SYMPTOMS AND JOB MOTIVATION.

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P. Ficapal-Cusi 2
2. Universitat Oberta de Catalunya, Barcelona, España.

Objectives: To determine whether the motivational variables that make up the Job Characteristics Model 1 (predictive variables) such as the essential dimensions of the job post, critical psychological states and job results are predictive of the levels of burnout and other psychosomatic symptoms on the job (criterion variables).

Methods: The sample participants were 137 employees (40.7% men and 59.3 % women). The instruments used were: JDS-Job Diagnostic Survey (83 items) which evaluates job motivation in the version drawn up by Fuertes, Munduate and Fortea2, the MBI-Malasch Burnout Inventory (22 items) by Maslach and Jackson3 and Psychosomatic Symptoms (30 items, Alpha=.86). The SPSS (19.0) programme was used to calculate the regression equations.

Results: In general, the findings confirm that burnout syndrome is not related to age or annuity in the profession. The twenty one variables of the Job Characteristics Model 1 used in the present study predict burnout and psychosomatic symptoms (with the exception of three of them). The most predictive variables from the model were Social Feedback, Variety of Skills, Autonomy and the Importance of Tasks, which accounted for 71% of the predictions. And to a lesser degree, the Social Contract, the Job’s Motivational Potential and Job Feedback.

Conclusions: Statistically significant correlations were found between the variables featured in this study. It thus incorporated variables from the motivational model which are more sensitive to burnout and psychosomatic symptoms in employees.

References:
INCEDEANCE OF VENOUS THROMBOEMBOLISM IN PSYCHIATRIC INPATIENTS
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Hospital Príncipe de Asturias, Alcalá de Henares, Madrid, Spain

Objectives: Psychiatric patients have an increased risk of venous thromboembolism (VTE). Psychiatric disorders themselves, treatment with antipsychotic medications and physical restraint have been associated with this increased risk. Therefore the incidence of VTE is thought to be relatively high, but data are missing. The aim of this study is to estimate the incidence of VTE in hospitalized psychiatric patients.

Methods: The study includes all patients admitted in our psychiatric unit between 1/1/2010 and 12/31/2012. Incident cases are defined as subjects diagnosed of VTE, and confirmed by objective imaging, since 1 month before the admission until 1 month after discharge. We have reviewed hospital records and checked if they had been diagnosed with VTE in the month prior to admission till 1 month after discharge. The following information was collected: age, sex, Charlson co morbidity index (ChI), and hospital stay. Quantitative variables were compared whit Student t and qualitative variables by obtaining the odds Ratio. Statistical significance was assessed using a p<0.05.

Results: During the study period, 812 patients were admitted in our psychiatric unit, 9 of them were diagnosed of VTE, leading to an incidence of VTE of 1.1% (95% CI, 0.04% - 1.8%). Results can be seen as follows.

<table>
<thead>
<tr>
<th></th>
<th>Without VTE (n=803)</th>
<th>With VTE (n=9)</th>
<th>Diff/OR (CI 95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age; median</td>
<td>41.4 (40.4 - 42.4)</td>
<td>54.6 (44.9 – 64.2)</td>
<td>13.1 (3.8 – 22.5) p=0.006</td>
</tr>
<tr>
<td>Women; %</td>
<td>53.3 (49.8 -56.8)</td>
<td>66.7 (35.9 -97.5)</td>
<td>OR 1.8 (0.4 – 7.1) n.s.</td>
</tr>
<tr>
<td>Ch I.; median</td>
<td>0.6 (0.5 – 0.7)</td>
<td>1.2 (0.5 – 2)</td>
<td>0.6 (-0.1 – 1.4) n.s.</td>
</tr>
<tr>
<td>Hospital S.; median</td>
<td>22 (20.6 – 23.5)</td>
<td>38.4 (20.7 – 56.2)</td>
<td>16.4 (2.7 – 30.1) p=0.02</td>
</tr>
</tbody>
</table>

Conclusions: The incidence of VTE in psychiatric units seemed to be equal or even higher than the incidence of VTE observed in medical units. Patients at higher risk tend to be older, women and with more co morbidity. VTE increase hospital stay more than two weeks.
TREATING RESISTANT DEPRESSION WITH TRANSCRANIAL MAGNETIC STIMULATION – THERAPEUTIC EFFECT, RISK AND SAFETY

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Objectives: Transcranial magnetic stimulation (TMS) is a noninvasive neurostimulation and neuromodulation technique, based on the principle of electromagnetic induction of an electric field in the brain. This field can be of sufficient magnitude and density to depolarize neurons, and when TMS pulses are applied repetitively (rTMS), they can modulate cortical excitability, decreasing or increasing it, depending on the parameters of stimulation, even beyond the duration of the train of stimulation. rTMS is already approved in some countries for treatment of medication-refractory depression, and it is reasonable to expect that its use in the medical community will continue to increase. It is generally an outpatient procedure, with patients awake and seated in a reclining chair during treatment. Anesthesia is not used and patients can thus drive themselves to and from sessions, which typically last about 30 to 40 minutes. Sessions are usually daily, over four to six weeks. This study aims to review transcranial magnetic stimulation’s mechanisms of action, therapeutic effects, risks and safety issues.

Methods: References for this Review were identified through searches of PubMed with the terms “transcranial magnetic stimulation and depression”. The final reference list was chosen on the basis of relevance to the topics covered (eg, originality, promulgated safety guidelines).

Results/Conclusions: Repetitive TMS is generally safe and well-tolerated. Serious adverse effects include seizures, but the risk is low. Randomized controlled trials have demonstrated that rTMS is superior to placebo in resistant depression. Meta-analyses have shown that treatment effect sizes are in the moderate range and comparable to effect sizes for antidepressant pharmacotherapy. More good quality trials comparing long-term outcome and cognitive effects of rTMS and electroconvulsive therapy are needed.
'ADABYRON' DESARROLLO Y GESTIÓN DE LA PRODUCCIÓN CIENTÍFICA
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Objetivos
Diseño y Desarrollo de un Sistema de Información (SI) que facilite y permita gestionar y controlar las actuaciones realizadas en el ámbito de la Investigación, Desarrollo e Innovación en los diferentes ámbitos de Conocimiento y específicamente en el área de Psiquiatría. Disponer de una herramienta automatizada capaz de registrar la producción científica de forma personalizada, elaborando un curriculum Vitae personalizado para cada profesional.

Métodos
Desarrollo de un SI por el Servicio de Informática del Centro Hospitalario, con acceso a base de datos SQLServer, integrada con la base de datos de Personal. La identificación de necesidades y prioridades se ha realizado conjuntamente con el área de Docencia, Investigación, Formación, Comunicación y Políticas Sociales e Igualdad., a través de una metodología de trabajo conjunto, con reuniones de seguimiento y control periódico.

Resultados
Herramienta informatizada ‘Adabyron’ capaz de valorar el potencial investigador de un Centro Sanitario, de una Unidad determinada y hasta de un profesional, generando un perfil investigador.

Permite obtener unos objetivos científicos más realistas, atendiendo a los perfiles profesionales, además de promover la formación adecuada y ajustada al mapa curricular. Permite obtener informes de actividad para la ayuda a la gestión, así como la exportación de datos, se anexan de forma directa los documentos asociados a los registros de producción y desarrollo registrados.

Conclusiones
Interés constatado de este Sistema de Información que gestiona la producción científica y los avances en I+D+I. Su implantación ha supuesto una mejora en la calidad percibida por el profesional investigador, por la Unidad y la Dirección. Permite encontrar sinergias y establecer colaboraciones entre centros y profesionales, a la vez que es básico para la obtención de indicadores de seguimiento del nivel investigador.
METABOLIC SYNDROME IN A SAMPLE OF PERSONS WITH INTELLECTUAL DISABILITY
Complejo Hospitalario San Luis, Palencia, España.

OBJECTIVE
We measured the prevalence of metabolic syndrome in a population of patients with intellectual disability in a sociosanitary residential area of the San Luis Hospital of Palencia.

METHODOLOGY
We analyze the data of those patients. Patients are institutionalized, severe, who in addition to intellectual disabilities often suffer from other mental illness (mostly schizophrenia)
We compile data such as weight, blood pressure, waist circumference and blood analysis of triglycerides, HDL-cholesterol and glucose. We used the criteria for metabolic syndrome of NCE-ATP III.

RESULTS
- The sample comprises of 80 patients, whose average age is 50 years. 78.75% of them are being treated with some antipsychotic medicine, most second generation (56%). The most used are Risperidone (23.75%) and olanzapine (22.5%) medicines.
- Overweight-found in 38 patients (47.5%) and obesity in 18 (22%).
-Among the 5 criteria of the metabolic syndrome prevalent by far is the abdominal circumference of 53 cases (66.25%)
- We found metabolic syndrome (3 or more of the 5 NCE-ATP-III criteria) in 12 patients, representing 15% of the studied patients.

CONCLUSIONS
- The number of metabolic syndrome found is lower than expected, considering that the 78.75% of patients are being treated with antipsychotics medicines.
- We relate this low figure with the largest existing control in a residential area of these features: minimal existence of toxic habits, access to medical care and diet monitoring.
- A physical health problem that the sample presents is overweight which should be a priority in medical care to prevent future cardiovascular disease.
JEALOUSY IN CADASIL SYNDROME
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INTRODUCTION:
Syndrome CADASIL (Cerebral Autosomal dominant arteriopathy subcortical infarcts WITH AND leukoencephalopathy) is an autosomal dominant disease with a variable phenotypic expression, caused by a mutation in the notch 3 gene locus in 19 (have identified more than 170 mutations), with beginning in childhood but whose symptoms are not seen until 40 or 50 years old.
These alterations lead to changes in the walls of the arteries due to degeneration of the smooth muscle cells, and reduces the light and causing these walls stiffer producing periventricular leukoencephalopathy, multiple lacunar infarcts in the white matter in the basal ganglia, subcortical dementia, signs neurological, psychiatric symptoms and amnesic defects.

OBJECTIVES:
Illustrated by a case the psychiatric symptomatology in a somatic disease, clinical course and therapeutic management of the case

METHODOLOGY:
Exhibition of a case and a brief review of the literature.

RESULTS:
We report the case of a man 57 years old, married, father of two sons, retired due to illness six years ago, with a history of previous stroke and who comes to psychiatry, following his wife, for the past two years, especially the last, is revealed increased sexuality and uninhibited behavior, reaching cause real relationship problems, causing jealousy as a result of his wife's alleged infidelity, justifying the fact of being rejected, with the existence of another person in the life of his wife made what he believes and cause great discomfort, presenting episodes of irritability and feelings of guilt after carrying boxes uncontrollable verbal and some physical hetero occasion, to his wife.

CONCLUSIONS:
Early identification and treatment of these tables can reduce short-term morbidity in these patients.
ANÁLISIS DE LA PSIQUIATRÍA DE ENLACE EN EL HOSPITAL NUESTRA SEÑORA DEL PRADO DURANTE EL AÑO 2013

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²Centro de salud Lanzahita, Ávila, España.

OBJETIVOS:
Estudio descriptivo sobre la Psiquiatría de enlace en el Hospital Nuestra Señora del Prado durante el año 2013.

MÉTODOS:
Estudio descriptivo transversal retrospectivo realizado a través de la base de datos informatizada del servicio de Psiquiatría del Hospital Nuestra Señora del Prado. Los datos utilizados son: número de interconsultas solicitadas clasificadas por mes y especialidad que las solicita durante el año 2013.

RESULTADOS:
Hay un total de 184 interconsultas al servicio de Psiquiatría en el año 2013; 23 son del servicio de Neurología, 13 de Neumología, 53 de Cirugía, 7 de Ginecología, 9 de Cuidados Intensivos, 8 de Oncología, 16 de Traumatología, 24 de Medicina Interna, 8 de Nefrología, 7 de Cardiología, 9 de Digestivo, 1 de la Unidad de Cuidados Paliativos, 2 de Endocrino, 2 de Hematología, 1 de Pediatría, 1 de Otorrinolaringología y 1 de Urología.
Se reciben 41 interconsultas en invierno, 57 en primavera, 42 en verano y 45 en otoño.

CONCLUSIÓN:
Se recibe una media de 15 interconsultas por mes. En los meses de primavera (marzo, abril y mayo) se solicita el mayor porcentaje de interconsultas (30,9%) y el menor, durante los meses de invierno (22,2%). Cirugía es el servicio que más número de interconsultas realiza a lo largo del año (28,8%) y entre los que menos, se encuentran: urología, otorrinolaringología, pediatría y paliativos (0,5%).

REFERENCIAS:
SPECTRUM OF HYPERKINETIC MOVEMENT DISORDERS IN PSYCHIATRIC EMERGENCY

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Objectives: Movement disorders are a frequent finding in psychiatric practice, even in emergency. Studies on acute movement disorders in psychiatric emergency are scarce\textsuperscript{(2)}. We aim to determine characteristic features of patients presenting with acute hyperkinetic movement disorders in psychiatric emergency.

Methods: From October 2012 to September 2013, we conducted a retrospective study including all patients with acute hyperkinetic movement disorders seen in psychiatric emergency. Clinical, etiological and therapeutic features were analyzed.

Results: 240 patients presented with acute hyperkinetic movement disorders in psychiatric emergency (2.4\% of all emergencies; sex-ratio: 3.4; mean age of 36.7 years). Main movement disorders were acute and tardive dyskinesia (49.6\%), tremor (22.5\%), acute dystonia (14.6\%) and akathisia (7.9\%). Hypokinetic movement disorders with Parkinsonian syndrome were associated in 8.8\%. Etiologies were mostly iatrogenic causes (drug abuse, weaning, errors and incompliance). Most of patients had chronic psychosis (26.6\%); 9.6\% had simulated movement disorders and 5.4\% hysterical conversions. Anticholinergics (64.6\%) and benzodiazepines (17\%) were the most used drugs in emergency.

Conclusions: Our series shows the relative frequency (>2\%) of hyperkinetic movement disorders as a chief complaint in psychiatric emergency. The predominance of young male adults may be explained by the higher prevalence of dyskinesias in our series, for which younger age and masculine sex are risk factors\textsuperscript{(1)}. It is necessary to distinguish authentic movement disorders from psychogenic ones and simulations to avoid abusive prescriptions of anticholinergics, often explicitly claimed by simulators.

DELUSIONAL OF INFESTATION: A CASE REPORT
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Objectives: delusional of infestation is a rare monosymptomatic psychosis involving a delusion of being infested with parasites. Nowadays it is classified as a ‘delusional disorder’ according to the 10th revision of the International Classification of Diseases and as a ‘delusional disorder - somatic type’ according to the Diagnostic and Statistical Manual, 4th edition. The average age of onset is during the 5th or 6th decade of life, and it is at least twice as common in women than in men. It has been related to substance abuse, infections (eg, AIDS, syphilis), neurologic (eg. dementia) and endocrinologic diseases (eg. diabetes, hyperthyroidism). This work aims to describe the clinical case of a 70 year old woman with past history of depression, that started to show symptoms of delusion of infestation 4 years ago, by presenting a false conviction of being infested with parasites in the scalp associated to cenesthesia hallucinations in the same location.

Methods: a detailed report of the clinical case was made as well as a literature review on the concept of delusional infestation.

Results: description of the clinical case.

Conclusions: although rare, delusional of infestation still appears in our clinical practice and should alert to a large organic study.
LITHIUM TOXICITY – WHAT TO EXPECT?

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1. Objectives
Lithium is one of the most effective long-term therapies for bipolar disorder, protecting against both depression and mania and reducing the risk of suicide and short-term mortality. Despite its proven efficaciousness, lithium has some clinical disadvantages: it has a narrow therapeutic index and high toxicity. This current review explores the more common adverse reactions to lithium.

2. Methods
Pubmed was used to search for relevant Portuguese and English language articles relating to lithium toxicity profile up to March 2013. The search terms used were lithium therapy, lithium toxicity and side-effects of lithium. Reference lists of the identified articles were further used to identify other studies.

3. Results
Lithium intoxication can be divided into three types: acute intoxication, acute-on-chronic intoxication, and chronic intoxication. There are five key areas in which lithium therapy produces adverse effects – namely renal, endocrine, neurological, cardiac and teratogenicity. Several lithium side-effects are dose dependent. But its serum concentrations did not predict toxicity severity or clinical features. The renal side-effects are of greatest concern. Even with long-term lithium use, the risk of end-stage renal failure is fairly low, but chronic kidney disease is more common. Lithium is also associated with increased risk of hypothyroidism, hyperparathyroidism and modest weight gain. Depression of the central nervous system, tremor and seizures are some of the neurologic adverse effects. Lithium overdoses are associated with electrocardiographic changes including QT prolongation and ST segment elevations that can be misinterpreted as cardiac ischemia.

4. Conclusions
The use of lithium in the treatment of bipolar disorder has decreased substantially, partly because of the perceived risks associated with its use. Its adverse effects occur not only during acute drug intoxication, but also in patients being treated with therapeutic levels.
USING ANTIOXIDANTS INSTEAD OF ANTIDEPRESSANTS?
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Objectives: depression is a medical condition with a complex biological pattern of aetiology, involving genetic and epigenetic factors, along with several environmental stressors. Increasing numbers of studies indicate that oxidative stress processes may play a relevant role in the pathogenic mechanism(s) underlying depression. The objective of this work is to review the existing literature on the relation of oxidative stress in the pathophysiology and treatment of depression.

Methods: for this work, a search of Medline® for articles written in Portuguese, English and French on this issue was performed.

Results: a review of the literature was made based on the articles found. From the references of these articles, additional articles included in this review were taken.

Conclusions: the understanding of oxidative stress in the pathophysiology and treatment of depression may introduce antioxidants as a therapeutic intervention to treat depression.
INVESTIGATING THE RELATIONSHIP BETWEEN CHILDHOOD PHYSICAL ABUSE AND ADULT PSYCHIATRIC DISORDERS IN A PSYCHIATRIC HOSPITAL
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Existing research indicates that childhood physical abuse is the most reported form of abuse experienced. This study attempts to determine whether a link exists between the experience of childhood physical abuse and the development of adult psychiatric disorders; whether it is possible to determine which adult psychiatric disorder a childhood abuse survivor is likely to develop. Fifty participants (30 females and 20 males) with ages ranging from 19 to 69 (mean age 36.02, standard deviation 13.46) were assessed while receiving inpatient treatment using the M.I.N.I version 5.0.0 and the Early Trauma Inventory Adult version questionnaires. Seventy-four percent of the participants reported having experienced childhood physical abuse. Though no correlation between the presence of childhood physical abuse and adult psychiatric disorders could produce results significant on the 10% level, further research with a larger sample size might produce more significant findings. This study did confirm existing research that female childhood physical abuse victims are more likely to develop a mood related psychiatric disorder in adulthood (Two-sided Pr <= P = 0.017). The study also established a significant relationship between mood related disorders and race (Two-sided Pr <= P = 0.0789), indicating that Caucasian childhood abuse survivors were more likely to develop a mood related disorder than any other race involved in the study, though these findings would need to be confirmed in a study with a larger sample size and a broader cultural variety in order to fully understand and to be able to predict the consequences of childhood physical abuse. In conclusion, this study highlights the need for further research in understanding the long term implications of childhood physical abuse.
PSYCHIATRIC AND PSYCHOLOGICAL CARE PROGRAM FOR THE LOCAL POLICE IN BARCELONA: TEN YEARS OF EXPERIENCE
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Introduction
In 2003 the Psychiatric and Psychological Care program for the local police in Barcelona (PAIGUM) was created. The goals of the program are detect and treat psychiatric and related substance use disorders to achieve the work reinstatement of the policemen.

Objectives
1. Describe clinical, sociodemographic and employment characteristics of the sample
2. Assess the situation at the end point of the studied period

Methods
Information of all policemen visited in our care program along 10 years was evaluated. Socio-demographic and toxicological variables, psychiatric diagnoses and employment status at baseline and at 10 years were collected.

Results
Three hundred and sixty four policemen (84% men, 45 years mean age) evaluated represents 14% of staff. Ninety nine percent were agents working on the street and 73% of them working in the morning shift. The average working period in the police was 23 years. 63% of the sample had some psychiatric disorder. The most frequent diagnoses were adjustment disorders (40%) and secondly mood disorders (27%). At the end of the study period, 73% of subjects were working as police officers and 23% of them were still in treatment in our program.

Conclusions
1- More than half of the policemen evaluated have psychiatric diagnosis and need treatment.
2- Therapeutic interventions in these specific collectives are effective because allowed, in the majority of cases, their job reinstatement.

Bibliografía

MYTH, MYSTERY AND MIRACLES OF MAGICO RELIGIOUS PRACTICE IN PSYCHIATRY IN INDIA

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There is a belief that remedy becomes possible after confession with god. People come with hope of Cure from mental illness, Belief of hajiri, Get rid from disability, Wish to have a child and for various other un-curable conditions. There are few fixed questions such as - Are they effective in curing illness? If yes in which conditions are they effective. If yes how does it works? What is the step or rituals practice in curing them? Is that parallel methods of modern clinical practice such as psychotherapy /hypnosis etc? What other can we do? How do they proceed to be cured.

1) DOONI PRACTICE
2) TIE THREADS CHHALLAH AND MANNAT
3) BATH IN SACRED WATER-GUSHAL
4) VISIT AND HAJIRI
5) EKBALANAMA are the steps in which they have to proceed. Hypnotization not medical but self in Dooni and Hajiri may play role and Spontaneous remission or self limiting factors may work in cure. Dhooni affects the process of self hypnotization and promotes utterance. Modern practice of psychotherapy session of same duration bi-weekly to daily for 8 to 12 weeks resembles dhooni. Adoption of medico-religious professional and their training to acquire more knowledge of scientific practice, provision for assistance for their survival, shifting community approach to these places and family and dependent cares may require including in global psychiatric rehabilitation at community level.
SMOKING LOUNGES IN ACUTE MENTAL CARE UNITS
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In Spain, Law 42/2010 of Dec. 30th banned smoking in public centres except in medium and long-stay psychiatric services. Although smoking is specially frequent and with worse consequences among severe mental patients, disagreements between professionals have caused opposition to tobacco-free psychiatric units. While positive experiences of this measure have been known, our hospital preserves spaces for smoking inpatients in the Acute Mental Care Units.

Objective: to measure the acceptance level of smoking inpatients’ spaces among inpatients themselves.

Materials and Method: conduct a survey among inpatients in the Psychiatric Unit A of HGUGM during the first trimester of 2013. Statistical analysis developed with SPSS 21.0 for Windows.

Results: a sample of 64 inpatients of which 48.4% were male. 23% had jobs. 31% had primary education. The average age was 41.2 years. While 87.5% considered tobacco harmful for different reasons, 73.4% found the idea of a smokers’ area to be positive. Different reasons were given between “not disturbing non-smokers” (18.8%) and “the right to smoke” (14.1%). Only 6.3% valued it negatively.

Conclusions:
Although health concerns linked to tobacco are well-known between mental inpatients, in practice there is still high tolerance concerning smoking habits among patients, professionals and the same institutions that maintain these spaces.

Bibliography:
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EFFICIENCY OF ELECTROCONVULSIVE THERAPY FOR AUTISM PATIENTEN

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². Universidad de Cordoba.
³. Hospital de Antequera, Málaga
⁴. Hospital de Puerta del Mar, Cádiz.

Objective
To evaluate the efficiency of using ECT in people with autism spectrum disorder.

Methods
We have realized an exhaustive researching in several medical and psychological books like NGC, NICE, NZGG, SIGN) y PUBMED, TRIP database, evidence NHS, Cochrane, DARE….

Results
Several studies nowadays confirmed that TEC must be used with autism children or children affective mood disorder. It is seen that it provokes a stabilization behavior improvement and also, a migration of the self-harm and aggressive behavior.

Multiple studies conclude typical autistic self-injury can be considered as a classic symptom of Catatonia disease, easily confirmed by TEC.

Normally, studies confirm that catatonia, self-injury and tics are associated with themselves. TEC has to be chosen as a treatment in patients with hard self-injury.

Autistic patients with tics or self –harm or non self-harm behavior, are also susceptible to use TEC with.

Relationship between Catatonia and Autism Spectrum disorders symptoms are based in a GABA Theory and in the role of abnormal genes of the GABA-A Receptor in Autism and Catatonia.

Conclusions
There are several studies that recommend using TEC in patient with Autism disorder, especially when we find self-injury, catatonic disorders, or affective mood disorder.

The problem is that it is difficult to find studies about this reality or the studies are untested. It is necessary a bigger quality investigation to find scientific evidences that demonstrate the real TEC efficiency.

References
Psychosocial Evaluation in Living Kidney Donors – Differentiating Between True Altruism and Reward Dependence

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Objectives: The relevance of living organ donation is explained by the awareness of an acute shortage of transplant organs on the one hand and a better medical outcome as compared to cadaveric transplantation on the other. However, multiple ethical problems have arisen in this context. Even though most programs in Western countries require some sort of psychosocial evaluation, the implications and consequences of this procedure display great variety. In our study we firstly, wanted to analyse the personality of living kidney donors in comparison to healthy controls. Secondly, we were interested in the personality profile of donors that are considered problematic.

Methods: 47 consecutive kidney living donors underwent an extensive psychosocial evaluation to assess suitability for donation. Independent of psychosocial evaluation candidates as well as 47 age- and gender-matched healthy controls filled in psycho-diagnostic questionnaires concerning psychological distress (Symptom Checklist 90-R) and personality (Temperament and Character Inventory).

Results: There was no significant difference between donors and controls with regard to psychological distress or personality. In 12 candidates (25.5%) donation was assessed as highly problematic. Problematic donors and suitable donors displayed no difference concerning age, gender, formal education, donor-recipient relationship and psychological distress. However, problematic donors scored significantly higher on reward dependence compared to suitable donors and controls (p<0.05).

Conclusions: Ideally the prospective donor should comprehend the risk benefits and potential outcome of the donation for donor and recipient and should be capable to balance risks and benefits freely. Therefore feeling guilty towards the recipient or a personality-based difficulty in adequate distancing from others may cause undue pressure rendering a voluntary decision impossible. We discuss different possibilities how to proceed in problematic cases.
AUTISM SPECTRUM DISORDERS: THE PARTICIPATION OF FAMILIES ON SPEECH-LANGUAGE INTERVENTION
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The families’ participation in educational and therapeutic processes for children of the autism spectrum should be a systematic focus of therapeutic proposals. The aim of this work is to present some points and strategies to cope with autistic children’s communication inabilities and suggestions on how to improve development opportunities.

The intervention aimed towards children with Autism Spectrum Disorders should be comprehensive, intensive and long term. It leads to the notion that the families’ participation in these processes should be a systematic focus of therapeutic proposals and studies involving children of the autism spectrum.

A recent literature review revealed that only 0.7% of the papers published between 2005 and 2009 referred to studies about families with ASD children.

The atypical communication development of individuals with ASD is related to difficulties with the various communicative roles (as speaker and listener); disorders in the use of the different communicative means; a restricted repertoire of communicative functions; lack or few demonstrations of communicative intent, imitation, joint attention and other disorders in the social cognitive and symbolic development and social communicative adaptation. Verbal communication may be absent. Language delays, discursive or narrative disorders may also be observed. Social impairments may also vary from lack of visual contact or social reciprocity to severe behavior disorders.

Some specific points and strategies to cope with autistic children’s communication inabilities include: improving opportunities for communication; stimulate language development; improving social contact; improving the quality of interaction within the family and with peers.

These suggestions are examples on how familiar routines can be used to increase the opportunities to improve the ASD child’s communication and its creative use.
CRIANÇAS COM DISTÚRBIO DO ESPECTRO DO AUTISMO – A RELAÇÃO DO TEMPO DE TERAPIA FONOAUdIOLÓGICA E DE DIAGNÓSTICO COM AUTOEFICÁCIA DOS PAIS

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Uma criança com autismo pode apresentar desafios únicos e estressores para a sua família tanto pela ambiguidade do diagnóstico, a severidade e duração do transtorno e problemas da falta de adesão da criança às normas sociais.

Objetivo: Verificar se o tempo de terapia fonoaudiológica e o tempo decorrido desde o diagnóstico têm relação com quão confiante os pais se sentem para lidar com dificuldades de comunicação e de comportamento.

Métodos: 60 pais de crianças diagnosticadas no espectro do autismo em terapia fonoaudiológica responderam à Escala de Autoeficácia, que avalia dificuldades no manejo dos comportamentos e comunicação de pais de crianças com autismo. Foram comparadas as médias obtidas na escala de autoeficácia em duas situações: 1) tempo de diagnóstico médico entre 1 até 6 meses e há mais de 6 meses e 2) tempo em terapia fonoaudiológica de 1 a 30 semanas e os que estão em terapia há mais de 30 semanas. Além disso, foram feitas análises de correlação, para a verificação da relação entre as variáveis estudadas.

Resultados: Verificou-se uma correlação positiva entre tempo de terapia em semanas e média das respostas na escala de autoeficácia e uma correlação negativa entre o tempo decorrido desde o diagnóstico e as médias na Escala de Autoeficácia.

Conclusões: A partir dos resultados apresentados, pode-se inferir que nem o tempo em terapia fonoaudiológica, nem o tempo decorrido desde o diagnóstico afetam o manejo dos pais das dificuldades comportamentais e de comunicação de seus filhos. Isso leva a hipotetizar que talvez haja a necessidade do fornecimento de um serviço de orientação sistematizada aos pais que os instrua a lidar com essas dificuldades.
FAMILY HISTORY AND NEUROCOGNITIVE PROFILE OF SCHIZO-OBSESSIVE PATIENTS

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There is ample evidence that a significant proportion of schizophrenic patients has obsessive-compulsive symptoms. Compared with schizophrenics, they show a different pattern of psychopathology, course of illness, comorbidity, neurocognitive deficits, and response to treatment. These differences support the idea that there is a subgroup of schizo-ob sessive patients separately schizophrenia spectrum (Poyurovsky et al. 2004, Lysaker and Whitney, 2009.)

Objective: To determine whether patients with psychotic and obsessive symptoms are a distinct group with genetic characteristics and psychopathology, which differ from pure schizophrenia and obsessive patients, as well as, analyzing the neuropsychological pattern of these patients.

Method: A sample of 10 patients with psychotic and obsessive symptoms (6 men and 4 women, mean age 35 years) assessed by the ICG and ICG-ESQ, YBOCS scale, compared with two control groups (pure schizophrenic and obsessive patients), matched for age, sex, socio-cultural level, and duration of illness. The existence of first-degree family history is determined by structured interview FH-RDC and 2nd grade through history record. Cognitive performance was assessed by neuropsychological testing (WAIS III, TMT-A, WMS-III, CVLT-II, king-Osterreich complex figure). All statistical analyses were performed using SPSS version 15. We use non parametric statistical tests to analyse the data.

Results: The profile of psychotic patients with obsessive-compulsive symptoms appears to differ from pure schizophrenic. The results suggest a greater deficit in terms of executive functions in these patients.

Conclusions: despite the observed clinical differences, it is currently not possible to determine whether unique pathophysiological and neurobiological mechanisms exist in this subgroup of patients.
NON-WILSONIAN HEPATOCEREBRAL DEGENERATION IN A PSYCHIATRIC UNIT.

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The Wilsonian not hepatocerebral degeneration is an irreversible rare multiorgan syndrome, with an etiology and pathophysiological mechanisms not clearly defined (it is hypothesized the existence of manganese deposits in the globus pallidus) that will give multiple symptoms, both neurological and psychiatric. The main pathological findings are proliferation of Alzheimer type-II cells and spongiform degeneration of the gray matter. The classic image of this pathology is suggestive of hyperintensity on T1-metal deposits in the globus pallidus of the basal ganglia in Brain MRI.

On this occasion we will discuss the case of a Moroccan 60 years old woman, admitted to the acute psychiatric unit for disturbance behavioral and delusions. She spent 20 years in Spain, a widow with three children (two children with Down syndrome and other major). As personal medical history included cirrhosis cryptogenetic with esophageal varices grade III-IV and a liver nodule diagnosed as probable regeneration. No significant psychiatric history are observed, except anxious depressive syndrome followed by their family doctor and psychology. As regards the patient begins her daughter with bizarre behavior for nine months ago, abandoning personal hygiene, defecating and urinating in the living room, and delusions that his eldest daughter wants to keep her younger siblings so collect the pension received by two children with Down syndrome. A psychopathological examination revealed a temporal disorientation, one bradipsiquia with affective flattening and a possible injury delusions regarding his daughter. The management plan is complicated and finding appropriate medication is a challenge for the professional who seeks the hepatoprotective drug.

References:
STEROID INDUCED MANIA: A CASE REPORT
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Objectives
The administration of corticosteroids frequently produces undesirable side effects, among
which, the neuropsychiatric symptoms are of special importance. Clinical studies suggest that
the symptoms of hypomania, mania, depression and psychosis are frequent in corticotherapy.
Its incidence is calculated in 5.7% of the cases, although some authors, between them
LEWIS, consider that even in 50% of the treatments with corticoids. The objective of our
study is to describe a clinical case and discuss your diagnosis and treatment.

Methods
We analyze the case of a 48-year-old woman. It is valued at hospital emergency departments
by global insomnia, irritability, anxiety, restlessness. The patient four days earlier, was given
an eight-day income high, by lumbosciatica, its evolution was favorable in terms of pain after
intravenous analgesia. The high is guideline treatment with analgesics, corticosteroids,
recommending rest. This refers also to a compatible episode of a steroid induced mania.

Results
To establish the diagnosis we differentiate ourselves with other neurological, endocrine
diseases, toxic abuse is discarded. In order to support our diagnosis we base on the CIE-10
and the DSM-IVTR classification.

Conclusions.
Corticosteroids are frequently used in practice clinic and doctors, should be alert to the
possibility of steroid induced behavioural, cognitive and affective changes, even in the
absence of known risk factors. Rapid intervention and diagnosis have limited the duration and
the repetition of the mania and the psychotic symptoms.
SINDROME DE CHARLES-BONNET EN UN TRASTORNO BIPOLAR

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INTRODUCCIÓN Y OBJETIVO
Tras una pérdida sensorial, ciertas personas presentan alucinosis centradas en el órgano sensorial perdido, conservando el juicio de irrealidad del fenómeno. Se denomina Síndrome de Charles-Bonnet (SCB). Nuestro objetivo es realizar un diagnóstico diferencial entre esta patología y las alucinaciones visuales de etiología psiquiátrica.

MATERIAL Y MÉTODOS
Presentamos el caso de una mujer de 43 años diagnosticada de trastorno bipolar tipo I hace 20 años con múltiples ingresos, en ocasiones con síntomas psicóticos. A los 19 años fue diagnosticada de una Distrofia Macular de Stargardt, que cursa con una pérdida de visión bilateral, quedando la paciente con una ceguera casi total. En la actualidad en tratamiento con Duloxetina, Paliperidona de liberación prolongada, Litio, Aripiprazol, Clomipramina, Topiramato, Clonazepam.
La paciente acude al servicio de psiquiatría presentando un cuadro de alucinosis visuales que describe como “la visión de muñecas y enanos”.

RESULTADOS
El origen fisiopatológico que explica la aparición de las alucinosis en este síndrome es incierto, aunque se acepta “la hipótesis de la desaferenciación”: la pérdida sensorial libera la corteza de su regulación por los estímulos visuales externos incrementando su excitabilidad.
Ante la sospecha de este síndrome, se debe evaluar al paciente psiquiátrica y neurológicamente para realización de un diagnóstico diferencial con la psicosis, la depresión o la demencia. El diagnóstico se apoya en que, los pacientes afectos de SCB, conservan la consciencia de la naturaleza irreal del proceso.

CONCLUSIONES
El SCB es diagnosticado tras excluir otros síndromes y patologías. En esta paciente se realizó un TAC craneal, un electroencefalograma y una analítica, que no mostraron hallazgos significativos. A su vez, se constató que la paciente estaba eutímica. Todos estos hallazgos junto con la aceptación de la paciente de que aquello que veía no era real, nos hizo decantarnos por el diagnóstico de SCB.

BIBLIOGRAFIA


COUPLES THERAPY
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Presentation of a scale developed to Assess resonance among couple members. Resonance is an essential part of communication and good resonance guarantee better outcome on couple life spam. This scale has proven valuable on therapy and helps patients or clients to realize how good or bad is their communication process. It is self-administered and discussed in next joint appointment.

Objectives

Overview of couples therapy under the system Theory
Presentation of the scale and rationale
Open discussion to encourage it’s use on couples therapy

Method

Oral Presentation

Results

We expect to impact therapist on their approach to couples therapy with a new instrument that can induce progress on couples communication.

Conclusions

This resonance scale developed in Puerto Rico has proven to be an effective tool in the area of communication on couples’ therapy and it is gratifying to be able to share it to the world of psychiatry.
MEDICAL COMORBIDITY AND COMPLEXITY OF CARE IN ACUTE PSYCHIATRIC UNIT.
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Objectives:
This is an interim study of a larger prospective research project aimed to:
Document the frequency, severity and care needs of psychiatric inpatients with medical comorbidity fulfilling type III and IV Kathol’s criteria for Medical-Psychiatric Units.

Methods:
1. Case-register: 452 patients admitted during 2013 to our 20-bed Acute Psychiatric Unit based at a teaching General Hospital.
2. Instruments: 2.1 Med-Psych Patient Registration Form.
   2.2 Cumulative Illness Rating Scale-CIRS (Spanish adaptation by Bulbena et al).
   2.3 Severity of Psychiatric Illness Scale- SPI scale (Spanish adaptation by Bulbena et al).
   2.4 Intermed casemix instrument (spanish adaptation by Lobo et al).
3. Descriptive statistical analysis controlling for sociodemographic and psychiatric morbidity variables.

Results
1. We found that medical comorbidity is present in 70% of acute psychiatric inpatients.
2. According to Kathol Med-Psych Unit criteria: 4% of the total sample has moderate/severe medical comorbidity with poor medical care provision in the psych unit even after medical-surgical consultations are being done.
3. There is a great discordance rate in the consultations regarding the decision of transfer to medical or surgical wards.
4. Case-mix of this high complexity comorbid patients is made up of:
   - 20% of delirium patients.
   - 30% of dementia patients with prominent non cognitive symptoms.
   - 15% of psychotic patients with acute and moderate-severe medical disorders.
   - 20% of depressed patients with acute and moderate-severe medical disorders.
   - 15% of alcohol and drug abuse patients with moderate-severe medical disorders.

Conclusions
1. A significant minority of acute psychiatric inpatients have high care complexity due to medical comorbidity.
2. For this group of comorbid patients a different care provision is needed base on liaison-collaborative model with our non psychiatric colleagues.
ELECTROCONVULSIVE THERAPY IN AN ACUTE PSYCHIATRIC WARD

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**Introduction:** The Electroconvulsive Therapy (ECT) is a biological therapy based on applying an electrical stimulus to provoke a convulsion with particular characteristics. 50 years after its introduction, more than 50000 patients per year receive this treatment. Some studies suggest that it is an underused therapy despite its proved effectiveness in certain mental illnesses.

**Objectives:** Revising the number of ETC sessions applied in our hospital during the last 5 years. Examining the diagnosis of patients during 2013 to check if the indications proposed by the Spanish Council of ETC were followed.

**Methods:** A descriptive study of the sample group that has received ECT in our hospital during 2013. Data from the hospital nursing log and computerized clinical reports.

**Results:** From January 2009 to December 2013, 722 ECT sessions have been applied in our hospital (Average 145 sessions/year). In 2013, 162 sessions were applied to 15 patients, mean age of 58.53 years (SD.13.6), 10 males and 5 females. Average number of sessions per patient: 11 (SD. 4). 46% of the sessions were outpatient and 54% were applied during the stay in the Acute Psychiatric Unit.

<table>
<thead>
<tr>
<th>No. of patients</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Recurrent Depressive Disorder with psychotic symptoms</td>
</tr>
<tr>
<td>5</td>
<td>Recurrent Depressive Disorder without psychotic symptoms</td>
</tr>
<tr>
<td>3</td>
<td>Delirious Melancholy (Bipolar Disorder)</td>
</tr>
<tr>
<td>1</td>
<td>Non delirious Depressive Episode (Bipolar Disorder)</td>
</tr>
<tr>
<td>1</td>
<td>Mixed Episode with psychotic symptoms (Bipolar Disorder)</td>
</tr>
<tr>
<td>1</td>
<td>Manic Episode with psychotic symptoms (Bipolar Disorder)</td>
</tr>
<tr>
<td>2</td>
<td>Manic Episode (Schizoaffective Disorder)</td>
</tr>
</tbody>
</table>

**Conclusions:** Diagnosis of patients subjected to ECT do not differ from the proposed indications in the literature review.
AGUJEROS EN EL CONOCIMIENTO, JÓVENES INVESTIGADORES
Hospital Juan Ramón Jiménez Huelva (Huelva), España.

Objetivos
-Reflexionar sobre la necesidad de aunar esfuerzos para fortalecer el espíritu investigador de nuestros jóvenes psiquiatras.
-Contribuir a ampliar la comunidad de investigadores en salud, más allá de los grupos tradicionales de científicos que desarrollan una carrera de investigación.

Método
Revisión del panorama investigador en Salud Mental.

Resultados
Ser investigador es ser un estudioso del conocimiento, encontrar huecos en el mundo del saber y contribuir, en la medida de lo posible, a rellenarlos. Investigar es indagar en la realidad, descodificarla y afanarse en explorar… En definitiva, es hacer una lectura más completa de la realidad. Toda investigación surge como un proceso de búsqueda de respuestas. En palabras de Albert Einstein “lo importante es no cesar de hacerse preguntas”. Tanto es así que queremos recalcar que la investigación surge de la duda, de la incertidumbre sobre algún tema específico.

Conclusiones
La investigación en salud tiene gran potencial en la promoción de la misma y se erige como una necesidad esencial. La función fundamental de la investigación es garantizar un estado de salud de calidad, del que podemos beneficiarnos todos y cada uno de nosotros. Aun así, la insuficiente capacidad de investigación en nuestro ámbito, continúa siendo un impedimento importante para el desarrollo de nuestra especialidad.

Referencias
ANTIPSYCHOTIC DRUG USE AND EMERGENCY OF SIDE EFFECTS IN A SAMPLE OF PATIENTS WITH SEVERE MENTAL DISORDERS

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Hospital Psiquiátrico de Álava, Vitoria

Objectives

The side effects of antipsychotic drugs are associated not only to a reduced adherence to medical treatment, but also to a negative impact on functional outcome.
We aim to establish the relationship between the use of antipsychotics in patients with severe mental illness and the occurrence of side effects and their impact on functionality.

Methods

Cross-sectional study was designed on 35 patients with severe mental disorder, who are hospitalized in a Mental Health Therapeutic Community. Data on antipsychotic dosage regime and dose were collected. Side effects were assessed by the UKU scale. Functional outcome was measured by PSP scale. Two multiple regression analysis were performed using side effects and functional outcome as dependent variables respectively and antipsychotic dose as independent variable. Variables concerning socio-demographical data were used as cofactors in the model.

Results

The use of high doses and the combination of two or more antipsychotics showed the highest predictive power of the severity of adverse events and a poorer functional outcome.

Conclusions

The antipsychotic combination therapy is associated with a greater severity and incidence of side effects. It also has a negative impact on the functionality of patients. The use of polypharmacy and high doses of antipsychotics has not shown an increase in their efficacy. Therefore it is necessary to adjust the dose and avoid, as far as possible, antipsychotics associations in order to prevent the occurrence of these events.

Bibliography


NEUROLEPTIC MALIGN SYNDROME: THE IMPORTANCE OF AN EARLY DIAGNOSIS

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2. LVR-Klinikum Dusseldorf, Kliniken der Heinrich -Heine Universitat. Dusseldorf, Alemania.

Objectives: Making a theoretical review about Neuroleptic malignant syndrome.


Results: 55 year old male patient, diagnosed with major depression with psychotic symptoms. He suffered from visual and auditory hallucinations. He was admitted into the Psychiatric ward and was put on Risperidone 6 mg/day and Venlafaxina 300 mg retard. Over time, he began having high fever, encephalopathy and muscle stiffness. Laboratory data showed leukocytosis and increased transaminases. The patient was diagnosed with NMS. The neuroleptic was discontinued immediately and we introduced intravenous fluids. We initiated treatment with physical antipyretic measures, parenteral hydration, oxygen therapy and cardiovascular monitoring. Dantrolene sodium was used with success. The patient had a favorable evolution, without relapse.

Neuroleptic Malign Syndrome is very serious therefore we aim to highlight the importance of maintaining high suspicion under those symptoms in order to make an early diagnosis and thereby reduce the associated risk of morbidity and mortality.

Furthermore, relapses must be taken under control and be avoided by all means. Recurrence is normally due to an early introduction of neuroleptics; hence they should not be used during the two weeks following clinical resolution of NMS. The rapid and successful initiation of treatment is crucial to the patient response.

Conclusions:

Neuroleptic Malign Syndrome is a rare idiosyncratic reaction associated with the use of neuroleptics. This is a very serious complication with a mortality rate that reaches 10-20%. Early diagnosis and rapid adoption of therapeutic measures were essential with this patient. It is therefore very important to have high clinical suspicion and use appropriate criteria to specify an prompt clinical diagnosis and avoid as much as possible the subsequent complications that would be responsible for both mortality and negative consequences.
URINARY TRACT INFECTION OR PRIMARY DELUSIONAL DISORDER?

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Objectives: We wonder whether an urinary tract infection may manifest like true delusional disorder without other organic symptoms.

Methods: Delusional states may be caused by stress, somatic illness, or may be idiopathic, such as the persistent delusional disorder. Determination of a cause is usually difficult, but it is really important. We review scientific data of delusional disorder.

Results: Ms P, a 50-years-old Ukrainian woman, single, no known psychiatric history. She consults on emergency services referring receive messages through television and radio on the current situation in her country; she feels persecuted walking down the street and believes we are all in danger. She reports it all started in 2005 when she wrote in the guestbook of Notre Dame a message of peace.

The patient had moderate anxiety, no emotional impact and insomnia; no alteration of attention or awareness level fluctuations. Scanner was negative. Analytical revealed an urinary tract infection.

Urinary tract infection was defined as having positive leukocyte esterase and/or positive nitrites on urinalysis and having $\geq 5$ leukocytes per high-powered field (implies 5-10 or more) on urine microscopy.

The patient was treated with antibiotics and benzodiazepine. A couple weeks later, delusional speech was disappearing.

Conclusions: Delusional state was caused by urinary tract infection.
QUALITY OF LIFE OF CHILDREN SUFFERING FROM BRONCHIAL ASTHMA

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Relevance: Relevance of the problem is determined by the fact that clinical manifestations of bronchial asthma (BA), with onset at early age, continues throughout the whole life of the patient that determines low quality of life (QoL) of patients.

Objective: To assess quality of life of children suffering from BA.

Material and methods: 90 children with diagnosis of BA of mild and moderate degree of severity aged 7-12 years have been observed. Examination and treatment of children met standards. For assessment of QoL, Pediatric Asthma Quality of Life Questionnaire (PAQLQ, E. Juniper) has been used. Degree of disadaptation was rated in scores (1-7). Obtained QoL indices were grouped as follows: emotions, symptoms, restriction of activities and general QoL. Differences ≥ 0,5 were considered as significant ones.

Results: During assessment of QoL, typical changes of all scales of questionnaire have been noted: moderate degree of severity - stability to environmental factors (4,75±0,9 - emotions) and general QoL (4,8±1,2) decreases, restriction of activities (5,2±0,6) increases as compared with mild degree (5,8±0,5; 6,0±0,8; 6,3±0,6, respectively, that was statistically significant). Boys had lower scores of QoL during equal degree of severity (5,2±0,8 and 5,7±0,6). QoL indices have the best trend to increase in children under combined rehabilitation.

Conclusion: QoL reflects various sides of health of the child. Systemic use of QoL index in the process of treatment allows complex assessment of efficacy of treatment and improvement of quality of medical care for children suffering from bronchial asthma.
TRASTORNO OBSESIVO-COMPULSIVO GRAVE: UN DESAFÍO

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2. Hospital Lluís Alcanyís, Xàtiva, Valencia, España

Objetivos
En este trabajo presentamos una revisión de una de las patologías psiquiátricas de abordaje más complejo, el trastorno obsesivo-compulsivo (TOC), donde un tratamiento individualizado y multidisciplinar juegan un papel primordial.

Métodos

Resultados
El TOC, antes denominado neurosis obsesiva y tradicionalmente clasificado como un trastorno de ansiedad, se caracteriza por una marcada ansiedad y malestar, que aumentan con las obsesiones y disminuyen con las compulsiones o rituales.

Aunque la patología obsesiva se conoce desde la antigüedad, no experimenta un reconocido interés hasta hace dos décadas por tres factores: la clomipramina, la hipótesis serotoninérgica y los estudios de neuroimagen. Es a partir de esta fecha, cuando se empiezan a elaborar teorías etiopatogénicas.

Tradicionalmente, el TOC se ha presentado como una enfermedad de curso crónico, asociándose a ella uno de los peores pronósticos de todos los trastornos psiquiátricos.

El tratamiento de primera línea en la actualidad incluye fármacos y terapia cognitivo-conductual (TCC). La estrategia usada en primer lugar dependerá de varios factores, aunque la mayoría de los estudios recomiendan iniciar tratamiento con farmacoterapia.

Según diversos autores, entre el 40-60% de pacientes no responden al primer tratamiento. En este punto, no debemos olvidar que la elevada comorbilidad con otras enfermedades mentales dificulta de manera notable el abordaje del TOC.

Conclusiones
- El TOC sigue siendo hoy un día una de las enfermedades mentales con peor pronóstico, en la que la remisión completa de la clínica ocurre en pocos casos.
- A pesar de las teorías etiopatogénicas que conocemos, no existen fármacos o psicoterapias que nos permitan un abordaje satisfactorio en una proporción notable de pacientes.
- Aún hoy, existen controversias sobre cuáles son los escalones terapéuticos a seguir ante un caso de TOC no respondedor.
VITAMIN B12 DEFICIENCY-INDUCED PSYCHOSIS IN ELDERLY PATIENTS: A CASE REPORT

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2 CIBERSAM, Spain

Introduction
Vitamin B12 (cobalamin) deficiency is associated with neuropsychiatric symptoms, especially in elderly patients. These symptoms can develop in the absence of typical hematologic alterations. The appearance of psychiatric symptoms in elderly patients without previous psychiatric history requires the exclusion of possible organic causes such as cobalamin deficiency.

Case report
A 78 year-old female was hospitalized for progressive behaviour changes for the past 7 months. Psychiatric examination revealed an anxious and suspicious woman who firmly believed that members of her family intended to harm her. The initial PANSS-Positive score was 21, the PANSS-Negative score was 7, and the PANSS-General Psychopathology score was 45; severity according to the CGI-S was 6.
At this point antipsychotic treatment was initiated. The physical and neurological examinations were normal and laboratory and imaging tests failed to reveal any alterations, except for serum vitamin B12 levels, which were 84.49 pg/ml.
When these test results were received antipsychotics were discontinued after the patient had been on treatment for 8 days. Treatment with intramuscular and oral cobalamin was started, leading to a complete recovery within 11 days. On discharge, the PANSS-Positive score was 10, the PANSS-Negative score was 7, and the PANSS-General Psychopathology score was 22; the patient scored 2 on the CGI-S scale.
Vitamin replacement therapy was continued for four months after discharge and 6-month follow-up revealed a healthy woman with a good physical and mental state.

Conclusions
The diagnosis of cobalamin deficiency as the origin of neuropsychiatric symptoms can determine an important change in the prognosis of the patient, as vitamin therapy is considered to be a simple, effective, safe and inexpensive therapy. The importance of determining B12 levels in the diagnosis of neuropsychiatric symptoms should therefore be emphasized. This is particularly important in elderly patients, who are at greater risk for cobalamin deficiency.

References
CAREER LEADERSHIP AND MENTORSHIPS (CLM) GLOBAL MENTAL HEALTH INITIATIVES AT WASHINGTON PSYCHIATRIC SOCIETY – AMERICAN PSYCHIATRIC ASSOCIATION’S DISTRICT BRANCH (DCAPA)

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2. George Town University, Washington, DC, USA
3. George Washington University, Washington, DC, USA
4. St. Elizabeth Hospital, Washington, DC, USA

Background: According to WHO, neuropsychiatric conditions account for 14% of the global burden of disease. (1,2). Depression and Substance abuse are amongst the top 10 causes of disabilities (1). Depression is estimated to be among 3 leading causes of global burden of disease by the year 2030 in the world, as well as 2nd highest burden measured by Disability Adjusted Life Year (DALY)(1,2,3). Mental illness isn’t a localized phenomenon. Leaders in the field conceptualized that it should be addressed globally. Various initiatives of GMH have been carried out successfully around the world. This abstract reviews various activities of this innovative initiative of GMH by DCAPA’s CLM.

Methods: Review of literature on Global Mental Health in peer reviewed journals, popular journals and media.
Review of the events, workshops, activities carried out by CLM on GMH.

Results: CLM’s GMH initiative included various presentations by leaders in the field intended to educate psychiatry residents and early career psychiatrists in GMH and to raise awareness of its relevance in the field. Research and presentations by resident physicians have been completed in national and international conferences. Depression screening in primary care setting and in various clinical settings using PHQ9 was completed internationally. CLM’s strategic planning team has also established GMH Caucus within the APA.

Conclusion: Addressing issues for GMH with the involvement of residents from a district branch of APA is an innovative approach. Along with addressing important issues in the field, through mentorship and direct participation, this model provides opportunity for resident physicians to become culturally competent leaders in diverse systems of care.

References:
1. WHO Reports
PSYCHIATRIC AND PSYCHOLOGICAL ISSUES IN BURN PATIENTS AT THE MOMENT OF TRANSITION FROM A SPECIALIZED BURN UNIT TO A GENERAL DISTRICT HOSPITAL – REPORT OF TWO CASES

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². Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal

Objectives
To describe which major psychiatric and psychological issues face the patients with severe burn injuries at the moment of discharge from a specialized burn unit to a general district hospital. The knowledge and understanding of these issues may benefit the performance of the Liaison Psychiatry teams in the receiving hospitals.

Methods
Brief description of two clinical cases and non-systematic review of the scientific literature.

Results
In one of the depicted cases, major depressive disorder was diagnosed in a patient with insufficient motivation to collaborate in a physical rehabilitation program; in the other case, the patient had suicidal ideation in the context of uncontrolled pain. Pain and depressive symptoms are common complaints in this population and may have significant consequences, as demonstrated. However, other psychological and psychiatric issues are described as being frequent, namely, symptoms of anxiety, posttraumatic stress disorder and other symptoms of psychological distress.

Conclusions
Liaison Psychiatry teams that receive burn patients in the period of transition from specialized burn units to general district hospitals - where the number of patients with such condition is scarce - should recognize a range of common psychiatric and psychological related problems, to improve the mental health care provided to this population.
THE MULTIDIMENSIONAL PERFECTIONISM SCALES: COMBINED FACTORIAL ANALYSIS OF THE PORTUGUESE VERSIONS

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Objective: To explore the factor structure of the items from both the Portuguese versions of Multidimensional Perfectionism Scales/MPS: the Hewitt & Flett MPS, to evaluate Social Prescribed Perfectionism/SPP and Self-Oriented Perfectionism/SOP (Soares et al. 2003); the short version (four items in each dimension) of the Frost et al. MPS, to evaluate Personal Standards/PS, Concern over Mistakes/CM, Doubts about Actions/DA, Parental Expectations/PE, Parental Criticism/PC, and Organization/O (Amaral et al. 2013).

Methods: The Portuguese versions of the MPSs and of the Profile of Mood Scales/POMS were administered to a community sample of 788 university students (75.9% girls). The mean age was 20.26 (±2.201) years. The factors were extracted with principal component analyses with varimax rotation. Discriminant ability with negative affect/NA and positive affect/PA was assessed.

Results: Following the Kaiser and Cattel’s Scree Plot criteria, we selected a three factors structure, which explained variance/EV was 37.57%. Based on items content, the meaningful factors were denominated F1-Positive Striving (included 24 items from SOP, PS, O dimensions; EV=7.91%, α=.87); F2-Evaluative Concerns/EC (19 items from SPP, CM, DA; EV=7.31%; α=.84); F3-Parental Expectations/Criticism (13 items, all the items from PE and PC and 5 from SPP; EV=5.82%; α=.87). To increase comparability with other studies we also explored the two factors solution (VE=32.62%), which revealed high comprehensibility: F1-Evaluative Concerns (SPP, CM, DA, PC, PE; EV=12.35%; α=.89); F2-Positive Striving (SOP, PS and O; EV=5.91%; α=.89).

Positive Striving was positively associated with NA (r=.09, p=.025); it was not associated with PA. Evaluative concerns and PEC were positively associated to NA (r=.50, r=.33) and negatively to PA (r=-.32, r=-.17) (all p<.001).

Conclusions: These findings confirm the previous results of the factorial analysis found with the Portuguese MPSs that used a full version of the Frost MPS (Soares et al. 2013), showing that perfectionism is multidimensional, with both maladaptive and adaptive aspects.
AGGRESSIVENESS IN INVOLUNTARY TRANSPORT IN MENTAL ILLNESS PEOPLE
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Introduction.
Psychiatric involuntary hospitalization (IH) and its risk factors have been debated in several studies (1). Nevertheless is so much unknown about an involuntary transport (IT) to mental health facility. Violence seems to be a risk factor associated to IH (2) in mental illness people, particularly in psychotic disorder (3). A solid knowledge of violence related factors could lead to improve the quality of violence control during IT.

Objectives.
To examine risk and protective factors associated with violent behavior during IT.

Methods.
A descriptive, observational and cross-sectional study was conducted. A total of 286 mental illness subjects were assisted by a psychiatric home-care unit (EMSE) in Barcelona during their IT. Aggressiveness was assessed by the Aggressive Behavior and Violence scale (AVAT). Other socio-demographic and clinical data were also collected (WHO Disability Assessment Schedule (WHO/DAS), Clinical Global Impression Scale (CGI) Global Assessment of Functioning Scale (GAF), Severity of Psychiatric Illness (SPI), Positive and Negative Syndrome Scale (PANSS) and Scale to Assess Unawareness of Mental Disorder (SUMD).

Data were compared using Chi-square and Student's T test between aggressive and non-aggressive patients in the main sample (all patients). A logistic Regression was also performed. This same analysis was performed considering only the psychotic patients belonging to the main sample.

Results.
- Main sample: Aggressive patients had statistically significant differences (p<0.05) and higher scores in WHO/DAS, CGI, GAF and SPI.
- Psychotic disorder's sample (N=185). Aggressive patients were more frequently males and had higher scores in CGI, GE, PANSS-P and PANSS-PG (p<0.05).

Logistic regression showed that substance misuse was the variable that more strongly predicted aggressiveness in both samples.

Conclusions.
- Clinical severity, poor functioning and higher disability were associated with aggressiveness (3) in mental illness people.
- Clinical severity and positive psychotic symptoms were associated with aggressiveness in psychotic disorder’s sample (3).
CANNABIS – NEURODEGENERATIVE OR NEUROPROTECTIVE EFFECT?
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1. Objectives
Cannabis is the world’s most commonly used illicit drug. Current evidence indicates that there is a clinically significant association between cannabis use disorders and psychotic syndromes, depression, anxiety and possibly mild cognitive impairment. However, some studies demonstrate that cannabinoids may have therapeutic potential. This current review explores the hypothesis of cannabis as a treatment for neurodegenerative conditions.

2. Methods
Pubmed was used to search for relevant Portuguese and English language articles relating to this theme. The search terms used (in various combinations) were cannabis, cannabinoids, psychopathology, Alzheimer’s disease, cannabidiol, neuroprotective effects. Reference lists of the identified articles were further used to identify other studies.

3. Results
Δ-9-tetrahydrocannabinol (Δ-9-THC) and Cannabidiol (CBD), the two main ingredients of the Cannabis sativa plant have distinct symptomatic and behavioral effects. Δ-9-THC can induce/exacerbate psychotic symptoms and anxiety, and can impair memory and psychomotor control. In contrast, CBD has anxiolytic and possibly antipsychotic properties, does not impair memory or other cognitive functions. Moreover, CBD may be able to reduce some of the symptomatic effects of Δ-9-THC like anxiety and paranoia. CBD may thus have neuroprotective effects, which are attractive in the development of new strategies to treat neurodegenerative conditions of diverse etiology, such as Alzheimer’s disease, multiple sclerosis, and cerebral ischemia. Recent studies showed that cannabinoids may have more specific effects in the interrupting the pathological process in Alzheimer’s disease and may improve quality of life, fatigue and motor function of patients with multiple sclerosis.

4. Conclusions
Neurodegenerative diseases are, nowadays, one of the main causes of death in the industrialized countries and CBD may represent a very promising agent for therapeutic use in these conditions. However, more studies to substantiate this hypothesis are needed.
IMPACT OF THE STAY IN A PSYCHIATRY DAY HOSPITAL ON THE HEALTH RESOURCES UTILIZATION - A CROSS-SECTIONAL STUDY

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2. Faculty of Medicine, University of Porto, Porto, Portugal

Objectives
A Psychiatry Day Hospital (PDH) deals with a wide range of disorders, being responsible for a psychosocial intervention that intends to improve patient’s quality of life. Its major objective is to prevent relapses and rehospitalizations, promoting the patient's social rehabilitation, building a bridge between inpatient hospitalization and their re-entry into the community.

The primary aim of this cross-sectional study was to evaluate the impact of the stay in a PDH of a General Hospital on the health resources utilization by patients. It was also assessed the degree of satisfaction of these patients with the services provided.

Methods
The authors selected the patients admitted in that PDH during 2010. Those who left the PDH were excluded. It was assessed the number of attendances to the Emergency Department and hospitalizations 2,5 years before and after their stay in PDH. The authors also conducted a self-administered questionnaire survey, based on Client Satisfaction Questionnaire.

Results
The sample had 81 patients (58% males). The median age was 44 years (range 20-72), the median length of stay was 51 days (range 14-247) and the most frequent diagnosis group was Schizophrenia (39.5%). Two and a half years after the stay in PDH, 50.7% of patients decreased, 23.4% increased and 25.9% maintained the number of attendances to the Emergency Department, compared with the same period before their stay. 64.2% of patients decreased, 35.8% maintained and nobody has increased their hospitalizations. The distribution of the sex and diagnosis between the groups was similar.

Preliminary results show that most of the patients were satisfied with the services provided.

Conclusions
The stay in the PDH reduced the health resources utilization in the most of patients, regardless of their sex or diagnosis. These findings encourage to replicate this investigation in a larger population.

References
AUDIT ON GENERAL PRACTITIONERS’ REFERRAL LETTERS: AN EXAMINATION OF COMMUNICATION BETWEEN PRIMARY AND SECONDARY CARE SERVICES
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Background:
The quality of healthcare is strongly influenced by efficient communication between the primary and secondary care. Good-quality correspondence between general practitioners (GPs) and secondary services is fundamental to patient’s care and can understandably affect the health care system including costs and resources.

Objective:
The aim of this audit was to investigate whether the referral letters from GPs to Dudley and Walsall mental health Partnership Trust was compliant with the standards set by World Health Organisation’s, “General Referral Criteria for mental disorders”

Methodology:
We looked at the 54 randomly selected GP referral letters received in Early access service, Dudley and Walsall mental Health Partnership NHS trust, UK in the month of Oct 2013 and compared against the Standards.

Results:
Final analysis of the data showed that the information contained in the GP letters was not up to the standards. 20% of the GP letters had insufficient demographic details, more than 50% of letters had limited information on clinical history, which was very important to decide whether the patient needed assessment from secondary services. Around 20% of the letters had no information about mental state examination and 60% had no documentation of risk assessment.

Conclusion:
This audit revealed deficits in the standards and quality of primary care referral letters to secondary mental health services. Some very important aspects like risk assessment, clinical history and mental state examination were missing in significant number of letters. The findings were presented at the trust clinical governance meeting and in Primary care meetings. To improve the current practice, recommendations were made to standardise the GP referral letter based on the standards set out in the “General referral criteria for mental disorders” by World Health Organisation. We aim to carry out a re-audit in a year’s time to complete the audit cycle.
Fahr's syndrome refers to all those entities which are accompanied by Bilateral Striopallidodentate Calcinosis (BSPDC). There are different secondary causes responsible for depositing intracerebral calcium: metabolic, toxic, infectious, ... ; but there is another small amount of cases where etiology is not established. These idiopathic forms are known as Fahr's disease. This is a rare neurological disease, with few cases reported in the literature. BSPDC is accompanied by neurological manifestations, but also by psychiatric and cognitive symptoms, which are often the initial manifestation. We describe the case of a 24 years old woman with anxious clinical presentations related to obsessions with hypochondriac contents and hygienic compulsions, whose cranial CT showed lateral calcifications with symmetrical appearance in basal ganglia, and where the initial study did not reflect data that may suggest secondary etiology to the calcium deposit. Due to this case, we carry out a review of different etiologies associated with BSPDC and its neuropsychiatric manifestations, focusing on the idiopathic form. We suggest the need to notify each case to develop longitudinal studies to describe the evolution and prognosis for the disease, as well as increase the genetic and pathological studies to identify a possible treatable cause.
DEPRESIÓN PSICÓTICA DURANTE EL EMBARAZO

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INTRODUCCION Y OBJETIVO:
Han sido descritos ampliamente los primeros episodios afectivos y psicóticos durante el post parto. Sin embargo, se han reportado pocos casos y existe escasa evidencia del riesgo de psicosis durante el embarazo.

MATERIAL Y METODOS
Se presenta el caso de una paciente de 32 años, gestante de 21 semanas, sin antecedentes de interés. Durante la semana 17 de embarazo presenta un gesto autolítico por precipitación, prescribiéndose tratamiento con fluoxetina 20mg.

Acude debido a que, tras la precipitación, presenta ideas delirantes de tipo somático, sintiendo que posee “el esqueleto torcido y los músculos retraídos”. Asocia ideas delirantes en relación a la viabilidad del feto a pesar de un estudio gestacional rigurosamente normal, experimentándolo con gran sentimiento de culpa. Se muestra pueril, siendo prácticamente dependiente de la madre para las actividades más básicas como el aseo, vestido y la alimentación.

Se decidió tratamiento hospitalario con Sertralina 50mg y Zyprexa 5mg, con mejoría importante tras 35 días, por lo que se mantuvo tratamiento ambulatorio en Centro de Salud Mental y Centro Salud Medioambiental Pediátrica.

RESULTADOS
El diagnostico fue de trastorno depresivo mayor con síntomas psicóticos. F32.3.

CONCLUSIONES
Existen algunos estudios centrados en los trastornos afectivos perinatales, centrándose mayoritariamente en el post parto. Es de suma importancia identificar primeros episodios psicóticos en gestantes, debido a la gran vulnerabilidad y las peculiaridades que conllevan el tratamiento.

REFERENCIAS
TELEMENTAL HEALTH – INNOVATION IN PSYCHIATRY

R. Silva ¹, V. Leite ², C. Araújo ²
¹. Local Health Unit of Guarda, Guarda, Portugal
². University of Coimbra’s Hospital Centre, Coimbra, Portugal

Objectives: In an era strongly defined by technological advances, especially in the communication field, the authors aim to understand the role of the Telemental Health in Psychiatry - its applications, specificities and benefits.


Results: Studies show that the initial assumption that Telemental Health improves the access to care can be real. The literature also reveals that several communication platforms such as videoconference, telephone or internet have different benefits and disadvantages, with necessarily different impact and outcomes. The impact of the procedures also varies accordingly to the type of mental pathology, what seems to be determinant to the outcomes and success rates.

Conclusions: Telemental Health seems to improve the access to Psychiatric care and it is already being applied to several mental pathologies with a different pattern but promising results. More studies are needed to document the outcomes and to solve some confidentiality issues which may arise in the course of the practice and concerning the safety of the technological platforms involved. The potential of all the internet based applications that come up in a daily base can be promising for the future of this field.
For the implementation of Sexual Education in Francisco de Arruda School in Lisbon, during the school year 2010-2011, in accordance with applicable law (Administrative Rule nº. 196-A/2010 of April 9 that regulates Law nº. 60/2009 of 6 August), the coordinator of Health Education invited in July 2010, a group of teachers from various disciplines of the 3rd cycle of basic education to collaborate in the analysis of that legislation and draw up plans and diagnostic tests (based on content issued by the Ministry of Education).

The hours devoted to sexual education should be adapted to each level of education and each class, and can not be less than twelve hours per year for the 3rd cycle, distributed evenly over the year by the school.

The contents of sex education can be addressed in disciplinary curricular areas or in not disciplinary curricular areas.

The aim of this study is to provide a broad discussion on this topic at the 3rd cycle.
PEER SEX EDUCATION PROJECT IN FRANCISCO DE ARRUDA SCHOOL

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1EB2,3 Francisco De Arruda, Lisboa, Portugal
2Faculdade de Medicina de Lisboa, Portugal

One of the very important aspects to consider in school relates to the promotion of an healthy and responsible sexuality.

The overall objectives of the project, consists in increasing peer approach, in order to facilitate the acceptance of each other, in promoting critical sense, respect and cooperation, as well as the interdisciplinarity.

For specific goals it is intended that students know and accept one's own body and that of his neighbor, expressing personal feelings and opinions and understand the right to physical and emotional.

To this end it is proposed that students who attend the 9th year of the School of Francis Arruda organize projects for students of 7th and 8th grades and left school community, related to the area of sex education.

We intend to discuss in this paper the relevance of this project on the involvement and participation of the educational community.
PERFIL EPIDEMIOLÓGICO EN PACIENTES CON INTENTOS SUICIDAS HOSPITALIZADOS EN SERVICIO DE PSIQUIATRÍA HOSPITAL IQUIQUE AÑO 2004 – 2008

W. Saavedra1, P. Portales1, 2, S. Saavedra3, J.Font4
U. Tarapacá Arica1.

En Chile entre 1990 y 2002, las muertes por suicidios se incrementaron en un 115%, pasando de un 6,98 a 8,16 por 100 mil habitantes”. La Organización Mundial de la Salud lo ha considerado un problema de Salud Pública.

OBJETIVO: Determinar el perfil epidemiológico de pacientes con diagnóstico de intento autolítico hospitalizados en el Servicio de Psiquiatría del Hospital de Iquique, los años 2004 al 2008.

METODOLOGIA: Estudio observacional transversal, descriptivo y analítico. Del libro de egresos de psiquiatría se seleccionó aquellos usuarios con diagnóstico de intento suicida. Luego se revisaron sus fichas clínicas para completar los datos. La muestra fue intencionada, los datos analizados con software Stata 11.0, Se realizó un análisis descriptivo, un análisis bivariado y una regresión logística.

RESULTADOS: La mayor frecuencia se dio entre las edades de 20 a 49 años, con una marcada predominancia femenina en relación de 3:1, el medio más utilizado fue la intoxicación medicamentosa, Factores como el abuso del alcohol y de sustancias, también se da en gran porcentaje en mujeres, especialmente el consumo de pasta base y los hombres el consumo de cocaína. La depresión fue el diagnóstico mayoritario, presente en el 89% de los pacientes.

CONCLUSIONES: Los intentos autolíticos tienen una tendencia a aumentar, sobretodo en los pacientes que lo han intentado una vez, esperamos que en el tiempo se puedan uniformar algunos criterios de registro de la información, tanto a nivel nacional como internacional, para poder comparar y generar estrategias de prevención tanto a nivel escolar, laboral y especialmente en salud mental.
ADHERENCIA AL TRATAMIENTO FARMACOLÓGICO, ESTRÉS Y HÁBITOS DE VIDA EN PACIENTES CON EPILEPSIA: PROPUESTA DE UN PROGRAMA COGNITIVO CONDUCTUAL

B. Corbí 1, A. Serrano- Sevillano 1
1. Universidad Camilo José Cela, Madrid, Spain

Objetivo general: Mejorar la calidad de vida y reducir el número de crisis epilépticas.

Objetivos específicos: potenciar la adherencia al tratamiento farmacológico, establecer una buena higiene del sueño, prevención del consumo de alcohol, fomentar y consolidar estrategias de afrontamiento activas ante la epilepsia y reducir niveles de ansiedad, de sintomatología depresiva e ira. Método: implantación de un programa de intervención psicológico grupal en hospitales con servicio de neurología. Este programa está basado en un paradigma cognitivo-conductual. Está dirigido a pacientes adultos, diagnosticados de epilepsia con tratamiento farmacológico ya establecido. Este programa está formado por doce sesiones en las que se trabajará cada objetivo mediante técnicas cognitivas y conductuales específicas, siendo la duración de cada sesión de dos horas. Se completará el programa con dos sesiones de evaluación, pre y post-tratamiento, con seguimiento a los seis y doce meses. Resultados: Se espera mejorar la calidad de vida de los pacientes con epilepsia interviniendo sobre variables psicológicas y en hábitos de vida (García Morales, Gil-Nagel, Rosendo y Torres-Falcón, 2014), los cuales actúan reduciendo la percepción de salud del paciente (Rossiñol et al. 2013); así como factores de riesgo para la aparición de nuevas crisis epilépticas (Martínez Taboas, 1992). Conclusiones: Con este programa no solo se pretende mejorar la calidad de vida del paciente y reducir el número de crisis epilépticas, sino también ayudar a manejar la vulnerabilidad psicológica asociada a las diferentes situaciones estresantes (Pedrós Roselló et al. 2013), que afectan significativamente su vida cotidiana en diversos ámbitos: laboral, familiar, social. Así como, ayudar a la labor del neurólogo (Serrano Castro et al. 2011), reducir costes sanitarios (Pato Pato, et al. 2011) y aportar datos científicos en la mejora de esta problemática, abriendo nuevas líneas de actuación orientadas a cuidadores, pacientes con epilepsia farmacoresistente y población infanto-juvenil.
ALGO NUEVO SOBRE EL WHATSAPP, A PROPÓSITO DE UN CASO

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CHUA, Albacete, España

No es nada nuevo decir que el WhatsApp (wasap) es una aplicación de intercambio de mensajería móvil que sustituye a los SMS permitiendo mandar mensajes de wasap a otros usuarios con esta aplicación a través de Internet. La aplicación fue creada en enero de 2009. Para enero de 2014, el número de usuarios había alcanzado los 450 millones. WhatsApp es un juego de palabras basado en la expresión en inglés «What’s up?», cuyo significado se asemeja a ‘¿qué hay?’ o ‘¿cómo te va?’.

Tampoco resulta novedoso afirmar que WhatsApp es una aplicación que puede generar adicción, particularmente a partir del momento en el que se recibe un WhatsApp y eso pasa a ser la prioridad número uno y el resto de las actividades pasan a un segundo plano. Mucho se escribe sobre “Mirar el móvil todo el rato para ver si han leído tu mensaje”. “Contener el aliento hasta que recibes una contestación”. “Observar con agobio la última hora a la que tu pareja se ha conectado” “rupturas afectivas y de amistades por culpa del wasap”.

Tras la presentación del caso de una mujer de 46 años, con antecedentes de trastorno de ansiedad de separación en su infancia y posterior reaparición de la clínica en la edad adulta se discute la “utilidad” que el manejo del wasap podría tener en algunos pacientes adultos diagnosticados de trastorno de ansiedad de separación.
COMPARISON OF SERUM BDNF LEVELS IN CHRONIC SCHIZOPHRENIA, DRUG-NAÏVE FIRST EPISODE PSYCHOSIS AND HEALTHY CONTROLS

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2 CIBERSAM, Spain
3 Deppartment of Anatomic Pathology, Pharmacology & Microbiology, University of Barcelona, Spain
4 Institut d’Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS). Barcelona. Spain
5 Barcelona Clinic Schizophrenia Unit, Neuroscience Institute, Hospital Clinic of Barcelona, Spain
6 Deppartment of Psychiatry and Clinical Psychobiology, University of Barcelona, Spain

Objectives: To compare serum BDNF levels of drug-naïve first episode psychosis patients and chronic schizophrenic patients, with or without deficit syndrome.

Methods: A comparative study of serum BDNF levels, determined by ELISA, was performed in 21 drug-naïve first episode psychosis patients, 46 chronic patients with schizophrenia, and 58 healthy controls. A part of the chronic schizophrenic sample was further divided into patients with a deficit (n=14) and a nondeficit syndrome (n=20), according to the Proxy for the Deficit Syndrome Scale.

Results: A significant lineal difference was observed in decreased serum BDNF levels between chronic schizophrenia, drug-naïve first episode psychosis patients and healthy controls. No statistical significant differences in BDNF levels between deficit and nondeficit chronic schizophrenic patients were found. In individual comparisons, serum levels of BDNF were significantly lower only in chronic schizophrenic patients when compared to healthy controls.

Conclusions: Our study suggests a statistically significant negative linear correlation of serum BDNF levels across acute versus chronic schizophrenia which corresponds to the clinical progression of the disease. Our results do not suggest a relation between deficit profile and lower serum BDNF levels.

Table 1  Demographic characteristics of three groups: healthy controls, first episode of psychotic and schizophrenia patients.

<table>
<thead>
<tr>
<th>Group</th>
<th>No.</th>
<th>Age (SD)</th>
<th>Gender (M/F)</th>
<th>BMI (SD)</th>
<th>PANSS(SD)</th>
<th>+subscale(SD)</th>
<th>-subscale(SD)</th>
<th>G. subscale(SD)</th>
<th>Antip. Treat.(SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HC</td>
<td>58</td>
<td>34.6 (9.4)</td>
<td>40/18</td>
<td>24.6(3.5)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>FEP</td>
<td>21</td>
<td>28.6(7.7)*</td>
<td>15/7</td>
<td>22.1(4.1)*</td>
<td>91.1(17.9)*</td>
<td>22.9(5.2)*</td>
<td>22(5.9)</td>
<td>46.3(9.4)*</td>
<td>Not applicable</td>
</tr>
<tr>
<td>SCZ</td>
<td>46</td>
<td>35.6(8.3)</td>
<td>35/9</td>
<td>25.9(4)</td>
<td>60.6(14.3)</td>
<td>11.2(3.8)</td>
<td>20.8(5.9)</td>
<td>28.7(7.5)</td>
<td>474±358</td>
</tr>
</tbody>
</table>

HC-healthy controls, FEP-First episode of psychosis, SCZ-schizophrenia patients; M-male, F-female; BMI- Body Mass index (Kg/m2); G.subscale- General subscale; Antip.Treat- Daily antipsychotic Dose Treatment Mean (mg chlorpromazine);* p<.05 controlled by ANOVA

Table 2  Demographic characteristics of deficit and nondeficit schizophrenic patients

<table>
<thead>
<tr>
<th>Group</th>
<th>No.</th>
<th>Age(SD)</th>
<th>Gender(M/F)</th>
<th>BMI(SD)</th>
<th>PANSS(SD)</th>
<th>+subscale(SD)</th>
<th>-subscale(SD)</th>
<th>G. subscale(SD)</th>
<th>Antip. Treat.(SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ND</td>
<td>20</td>
<td>31.2(7.4)</td>
<td>15/5</td>
<td>26.5(4.9)</td>
<td>63.5(20.6)</td>
<td>13(5.7)*</td>
<td>18.6(6.2)</td>
<td>32(10.5)</td>
<td>471±426</td>
</tr>
<tr>
<td>D</td>
<td>14</td>
<td>36.1(7.8)</td>
<td>10/4</td>
<td>25.7(3.7)</td>
<td>59.4(11)</td>
<td>9.5(2.8)</td>
<td>23.7(4.8)*</td>
<td>26.1(6.4)</td>
<td>354±236</td>
</tr>
</tbody>
</table>

ND- Nondeficit schizophrenia, D-Deficit schizophrenia; M-male, F-female; BMI- Body Mass index (Kg/m2); G.subscale- General subscale; Daily antipsychotic Dose Treatment Mean (mg chlorpromazine);* p<.05 controlled by t test
CHRONIC USE OF BENZODIAZEPINES CAUSES A FAILURE OF BRAIN ACTIVATION DURING PERFORMANCE OF A WORKING MEMORY TASK. A CASE REPORT STUDY.

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Objectives: Cognitive effects due to a long-term benzodiazepines use have been reported, but as far as we know there are no published studies using functional neuroimaging techniques. This report presents the case of a 41-year-old caucasian woman with a 30-year history of chronic benzodiazepine use.

Methods: Neuropsychological evaluation was performed. Pre-morbid IQ was estimated using the Word Accentuation Test and current IQ with the Wechsler Adult Intelligence Scale III. Executive function was tested using the Behavioural Assessment of the Dysexecutive Syndrome and Memory was evaluated using the Wechsler Memory Scale-III. The patient underwent fMRI, where she performed a sequential-letter version of the n-back task, where two levels of memory load were used (1-back and 2-back). A gradient echo echo-planar imaging sequence depicting the blood oxygenation level-dependent contrast was used. The neuropsychological and scanning data of the patient were compared with those of 30 healthy women matched with age and TAP.

Results: In the neuropsychological evaluation the patient showed lower scores than the control mean in all areas except premorbid IQ, and the neuroimaging task showed lower activations in several areas within the so-called working memory network than the mean of the control group.

<table>
<thead>
<tr>
<th></th>
<th>Control G Mean</th>
<th>Control G SD</th>
<th>Patient</th>
<th>Z scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>40.87</td>
<td>8.90</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>WAIS-III</td>
<td>109.34</td>
<td>11.87</td>
<td>75</td>
<td>2.89</td>
</tr>
<tr>
<td>TAP</td>
<td>101.31</td>
<td>6.35</td>
<td>97</td>
<td>0.67</td>
</tr>
<tr>
<td>BADS</td>
<td>100.63</td>
<td>12.13</td>
<td>88</td>
<td>1.04</td>
</tr>
<tr>
<td>WMS-III</td>
<td>42.96</td>
<td>6.71</td>
<td>22</td>
<td>3.12</td>
</tr>
<tr>
<td>1-back</td>
<td>4.35</td>
<td>0.76</td>
<td>4.96</td>
<td>-0.80</td>
</tr>
<tr>
<td>2-back</td>
<td>3.33</td>
<td>0.99</td>
<td>1.21</td>
<td>2.14</td>
</tr>
</tbody>
</table>

Conclusions: Compared to controls, the patient showed a reduced activation in several areas within the so-called working memory network as the dorsolateral prefrontal cortex, anterior insula, basal ganglia, thalamus, supplementary motor, cerebellum and occipital and parietal cortex. The activation failure of this circuit may underlie the patient’s impaired performance in the executive test.
DIFICULDADES NO CUIDADO EM SAÚDE MENTAL REALIZADO PELA FAMÍLIA NO DOMICÍLIO

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2 Universidade Federal do Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brasil

O objetivo deste estudo é avaliar as dificuldades do cuidado em saúde mental realizado pela família no domicílio. A pesquisa é avaliativa, com abordagem qualitativa, tipo estudo de caso, utilizando os pressupostos da Avaliação de Quarta Geração, tendo como sujeitos 10 familiares de pessoas com transtorno mental acompanhadas em uma Estratégia Saúde da Família, do município da região sul do Brasil. A coleta de dados ocorreu por meio de entrevistas individuais semiestruturadas. Na análise utilizou-se o Método Comparativo Constante. A sobrecarga foi avaliada como uma dificuldade na realização do cuidado no domicílio, condicionada pela convivência diária, cuidar sozinho e realizar junto com o cuidado as atividades diárias. Isto faz com que o cuidado, em muitos momentos, seja vivenciado como uma experiência difícil, por exigir a constante disponibilidade, interferindo na vida pessoal e social dos familiares cuidadores. Os cuidadores têm seu tempo diminuído para interagir com parentes, amigos e para atividades de lazer, o que pode ocasionar sentimentos de solidão, tornando as tarefas mais pesadas e, assim refletindo na qualidade de sua vida. Neste sentido, o cuidado realizado no domicílio requer que a família seja também unidade de cuidado, ou seja, é necessário cuidar de quem realiza o cuidado.

Palavras-chave: Saúde Mental; Avaliação em Saúde; Família; Cuidadores

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Weztel C. Avaliação de serviço em saúde mental: a construção de um processo participativo [Tese]. Ribeirão Preto: Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo; 2005.
WPA-0038 EVALUATION OF THE EFFECT OF OMEGA-3
FATTY ACIDS IN THE TREATMENT OF PREMENSTRUAL
SYNDROME.
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Objective:

To evaluate the effect of Omega-3 fatty acids on the treatment of PMS.

Method:

A randomized double blind controlled trial was performed on 184 eligible women. The number of women who have finalized the study with us was 124.

In the case group (Omega-3 group= group A, n=70), Omega-3 in an amount of 2 gram was prescribed for a one per day basis on a single dosage (2 one gram pearls), and in the control group (placebo group =group B, n=69) 2 placebo soft gel, which were completely similar to Omega-3 soft gels, were prescribed.

The severity and duration of each of the symptoms were compared in both groups 1.5 and 3 months after the beginning of treatment.

Results:

There were no significant differences between the two groups according to age, BMI, level of education, and the severity and duration of primary symptoms.

After 45 days from starting Omega-3, the mean severity of depression (P=0.03), anxiety (P=0.02), lack of concentration (P=0.03) and bloating (P=0.02) in the case group, were all significantly lower than in the control group.

The duration of depression (P=0.04) and bloating (P=0.031) in the case group were less than in the control group.

After 90 days from starting the treatment, the mean severity of depression (P=0.007), anxiety (P=0.004), lack of concentration (P=0.009), bloating (P=0.004), nervousness (P=0.01) and the duration of depression (P=0.01), nervousness (P=0.02), anxiety (P=0.03), lack of concentration (P=0.02), bloating (P=0.004), headache (P=0.04) and breast tenderness (P=0.02) were all lower in the case group.

Conclusion:

It appears that omega-3 fatty acids may reduce the psychiatric symptoms of PMS including depression, nervousness, anxiety, and lack of concentration and may also reduce the somatic symptoms of PMS including bloating, headache and breast tenderness. These effects increased by longer duration of treatment.
Objective: Although there is a relationship between selective serotonin reuptake inhibitor (SSRI) in the treatment of enuresis. Their use for the treatment of enuresis is well established. We present a case of a married woman aged fifty years who presented a secondary enuresis induced by the use of an SSRI. These selective serotonin reuptake inhibitor to the extent that they are still commonly prescribed in the treatment of enuresis, the monitoring the possibility of occurrence of enuresis precipitated by these drugs is increasingly important.

Method: Mrs B, 50 years old, married, three children, without a profession, the eldest in a family of five brothers and sisters, was addressed by a general practitioner for major depression with psychosomatic complaints evolving over the past month. The diagnosis of Major Depressive Disorder (MDD) was according to the DSM-IV criteria (Diagnostic and Statistical Manual fourth edition) of Mental Disorders. Patient had no personal or family history of enuresis. All laboratory tests, including blood and biochemical tests, liver and renal function was normal. Serotonin-Selective Reuptake Inhibitor has been prescribed.

Results: Symptoms of depression are resolved within two months under medical treatment after twelve weeks of treatment, the patient develops a nocturnal secondary enuresis every night. Fifteen days after stopping the drug enuresis has disappeared in a progressive manner. The pathophysiological mechanisms of these drugs that induce enuresis are not specified at the moment.

Conclusion: This case illustrates the importance of being alert for a possible enuresis induced by the SSRIs drugs early in the diagnostic process. To our knowledge only 5 enuresis (4 adults and 1 adolescent) induced by SSRI s were reported. We describe a case adult (woman) who develops a bed-wetting during treatment with serotonin-selective reuptake inhibitor.

References:
3-Hospital Pharmacy , Volume 37, Number 2, pp 156*163, 214 , 2002 Facts and Comparison
WPA-0106 HEALTH CARE PRACTITIONERS’ AMBIVALENCE ABOUT TRADITIONAL HEALING: A CRITICAL REFLECTION ON THE FINDINGS OF MABOE MOKGOBI’S DLITT ET PHIL STUDY

M. Mokgobi

Psychology, Monash University (South Africa Campus), Johannesburg, South Africa

This paper deliberates on the findings of a doctoral study that investigated western-trained health care practitioners’ views on traditional healing. The paper particularly focuses on the ambivalences that emerged in the responses of health care practitioners when they responded to questions relating to (1) whether they use the services of traditional healers, (2) whether they have knowledge of traditional healing, (3) whether they support traditional healing and (4) whether they would be willing to work with traditional healers in the future. For the benefit of the reader, the paper begins by presenting the executive summary of the DLitt et Phil study whose results are being reflected upon in this paper. The paper tapers off by suggesting that both the western healing and traditional healing systems could learn from each other although western-trained health care practitioners indicated a reluctance to work with traditional healers in the future. When comparing the views of different categories of western-trained health care practitioners, psychiatrists and psychiatric nurses (as compared to general physicians and general nurses) appeared to be the most welcoming of the idea of working with traditional healers in the future.
WPA-0049 DBS IN TOURETTE SYNDROME; TEN YEARS EXPERIENCE
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Background and aims; Tourette Syndrome (TS) is a chronic neuropsychiatric disorder, characterized by motor and vocal tics and behavioral disturbances. Initial treatment consists of psychobehavioural and pharmacological therapy. In recent years DBS has been introduced for severe and refractory TS. The aim of our study is to report our experience with DBS in 48 patients after ten years.

Methods; Forty-eight patients underwent DBS for severe refractory Tourette Syndrome. The target chosen were; Vo-CM/Pf, NA-ALIC, Gpi p.v (postero-ventral) and Gpi a.m (antero-medial). A multidisciplinary team evaluation (psychiatrist, neurologist, neuropsychologist) was performed in all patients; YGTSS, Y-BOCS, MADRS. The target was chosen on most invalidating symptoms.

Results; At long term follow-up, there was a significant reduction in tic severity (p<0.001), and also significant improvements in obsessive compulsive behaviours (p=0.003), anxiety (p<0.001) and depressive (p<0.001) symptoms. In addition, the patients, in general, required less medication for tics, co-morbid conditions and/or co-existent psychopathologies. Of importance and unexpectedly, the long term outcome/satisfaction were not unanimous between patients and the medical team.

Conclusions; At long term follow-up DBS was very successful in terms of a significant improvement in tics and also a significant reduction in the potentially disabling symptoms of obsessionality, anxiety and depression. The importance of patient and target selection will be discussed.
RESIDENTIAL CARE FOR MENTALLY ILL IN THE REPUBLIC OF GEORGIA

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Objectives: The purpose of this study is to assess the need for a new mental health service called a Protected Living Environment (PLE) in the republic of Georgia. PLE intends to provide residential care for the severely mentally ill (SMI) in the community.

Methods: Patients and staff members from the six long-term psychiatric hospitals in Georgia have participated in the study. The study includes a quantitative (a structured survey) and a qualitative component (in-depth interviews), which together provide a more comprehensive data. The questionnaire and the questioning route for focus group interviews were self-designed according the recommendations of World Health organization.

Results: All of the respondents believe it is necessary to create PLEs because most consumers could live independently but some are homeless or rejected by their families. PLEs can create a family-type environment for the consumers. It will help them to enhance their daily living skills and their reintegration into society.

Conclusions: The study revealed that consumers and mental health professionals have positive attitudes towards the development of protected residential institutions, which could be an important alternative for residential care and would promote deinstitutionalization and reintegration into society.
Psychological dermatitis is a classic example of the interdependence of our body and mind. It also shows the way to a holistic practice in health care, by giving equal importance to our physical and mental wellbeing. The relationship of our mind and our dermatological condition is broadly a two-way process, where either a skin problem has psychological implications or an existing emotional disorder triggers a skin reaction. The various skin conditions that have a direct relationship with our mental make-up can be categorized according to the role our psychology plays in their development and progression. Skin diseases caused by habits related to our psychological state Lichen simplex chronicus, Lichen amyloidus and acne excori*e, Skin disease aggravated by emotional stress. In these instances, psychological stress aggravates or even triggers a skin disorder are Atopic dermatitis, perioral dermatitis, dyshidrotic dermatitis or pompholyx, plaque psoriasis and palmoplantar pustulosis. Skin diseases caused by psychiatric and neurological disorders. Psychiatric and neurological disorders such as restless legs syndrome and parasitophobia may directly cause skin conditions, restless legs syndrome, parasitophobia. However, psychiatric drugs such as tricyclic antidepressants and serotonin reuptake inhibitors also have a therapeutic effect on certain skin diseases. Psychiatric disorders directly taking the form of fictitious skin diseases dermatitis artefacta and Munchausen syndrome. Munchausen syndrome is a similar self-production of symptoms but occurs in men with psychopathic personality disorders, trichotillomania. This is marked by deliberate and constant hair exploitation and plucking, mostly when the patient is engrossed in some activity. Simultaneous habits of skin picking may occur.
PSYCHO-EDUCATION IN BREAST CANCER: THE EFFICACY IN
THE DECREASE OF THE LEVELS OF ANXIETY, SADNESS AND
ANGER ANT THE INCREASE OF SELF-CONTROL PERCEPTION

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Background
In this study we wanted to show the effectiveness of the psycho-education to reduce the levels of anxiety, sadness and anger. Furthermore, we aimed to examine the level of self-control, by comparing pre and post therapeutic treatment of the degree of such emotional experiences in patients treated with breast illness.

Methods
From the total sample of patients that were informed (n=329) over the 36,1%, they accepted to the treatment (n=91) with an average age of 51.72 (SD: 9,11). The participants performed the HAD Saale, as well as the Zigmond AS, Snaith RP (1983), in the beginning and at the end of the end of the treatment of el Distress Thermometer de Holland (NCCN practice guidelines for the management of psychosocial distress.

Results
Within the self-applied scale HAD, the levels obtained were (7,45; SD: 4,48) and depression (4,43; SD: 3,85). The analysis after the treatment, by T Student, was of a decrease in anxiety (HAD/A-D: 6,91;SD,40; T: 2,19; p=0,033), whereas we did not find any statistical difference in depression score (HAD/D: 4,14; SD: 3,35; T: 1,14; p=0,26).

The emotional scale showed about the basal levels of intensity in mild-severe anxiety, sadness and anger in the self-control assessment. In the therapeutic sessions there was a decrease of the ongoing anxiety, sadness and anger, and thus this is involved with the basal significantly decreased levels. The self-control scale describes as well as performance compared to the initial level.

Discussion
After applying this treatment we obtained that we could get a decrease of anxiety, sadness, and anger. The results show that there is a tendency to have an increase in the self-control perceived, although there is not still any statistically significance. These results are in accordance to previously research studies where they showed that there is an important and a value of the programs of psycho-educational and cognitive-behavioural field, in order to obtain the best emotional regulation in patients with breast cancer.
COMORBIDITY OF AUTISM SPECTRUM DISORDER AND GENDER DYSPHORIA
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Objectives
Based on a clinical case, a brief comment is made regarding the diagnosis of autism spectrum disorder in DSM V, and we present a review of the literature about the comorbidity of autism spectrum disorder and gender dysphoria.

Methods: Case report
A 23-year old woman who was followed-up as an outpatient for three years, initially with a diagnosis of obsessive compulsive disorder. In one visit with her psychiatrist, she explained symptoms compatible with the diagnosis of gender dysphoria and requesting a sex change surgery. After further interviews with the patient and her family, the identified behavior patterns were found to be consistent with the diagnosis of autism spectrum disorder. This finding reorients both the diagnosis and the therapeutic approach.

Discussion
Hans Asperger wrote in 1944: "the autistic personality is an extreme variant of male intelligence". In the same vein, two theories are currently discussed about that: "the extreme male brain" and "Empathizing-Systemizing". These concepts and some reported cases lead to the question of whether both diagnoses are independent from each other or whether gender dysphoria itself is a symptom of autism spectrum disorder. Current evidence points to the latter possibility as the most plausible.

Conclusions
Gender dysphoria could be a feature of autism spectrum disorder, requiring further studies for verification.
The first tests with patients with gender dysphoria may be useful to consider a comorbid autism spectrum disorder, in order to make better informed decisions about treatment.

References:
SERVICE USERS AND CARERS' INVOLVEMENT IN MENTAL HEALTH NURSING STUDENTS' EDUCATION: IMPLICATIONS FOR RECOVERY

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Background and aims.
The University of the West of Scotland actively involves service users and carers in the recruitment and teaching of its mental health nursing students. The participants in this study have a wide range of psychiatric diagnoses such as schizophrenia, depression, and anxiety states. The aim of the study is to ascertain participants' opinions as to what extent their involvement in these activities have affected them in the process of recovery towards mental wellbeing.

Methods. The participants attended a focus group which was recorded and transcribed. They were able to express their feelings as to how their involvement with students had influenced the recovery process. A semi-structured schedule was used to elicit opinions from the participants.

Results. Participants reported that their involvement in this process gave them a sense of achievement and satisfaction that they had an active part in the recruitment of new mental health nursing students. As service users and carers, they felt they had a unique perspective as to what was required in a mental health nurse and thus could add a practical and objective dimension to the recruitment process. Also, their input into theoretical lectures when the students are on their course of study added a measure of authenticity to the students' educational journey which was lacking in lecturers who were imparting secondary or tertiary information. This in turn increased their self-esteem and confidence and positively affected their journey towards recovery.

Conclusions.
The study underlines that not only do students benefit from the participants' input, but that participants' journey towards recovery is greatly enhanced by their involvement. The process should be continued and indeed increased as it benefits not only the education process for students but also the recovery process for participants.
DURATION OF UNTREATED PSYCHOSIS IN TUNISIAN PATIENTS: DETERMINANTS AND IMPACT
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Objectives In this study we aimed to assess the duration of untreated psychosis (DUP), its correlation with socio-demographic and contextual circumstances such as availability of mental health services and its impact on the clinical course.

Methods Eligible participants are those who had a first contact with mental health services in the period from January 2011 to December 2012 and diagnosed as schizophrenic according to DSM IV criteria. DUP is defined as the time separating the first psychotic symptom and first medication contact. The sample is divided into short and long DUP, using a median split. A standardized questionnaire was used to collect information about age, gender, marital status, educational level, history of suicidal attempt, family history of psychotic illness, Living arrangement, area of living, proximity to a health mental service and actual work situation. We evaluated the duration of the first hospitalization and the number of rehospitalisation in the 2 years following it. Data was analyzed with the SPSS 20.

Results The sample consists of 25 men and 5 women aged from 18 to 47 years old. The DUP median is 52 weeks (1 year) and the mean DUP is 74 weeks. We note that short DUP is more common in patients living in an urban area but the khi test is not significant. We find that the average duration of the first hospitalization for patients with short DUP is 25 days versus 45 days for long DUP however we don't find a difference neither in the mean number of rehospitalization between the two groups nor in their work situation.

Conclusion In this study we demonstrate that the average DUP in Tunisia is comparable to the duration reported in literature and that short DUP is correlated with a better response to the first hospitalization.
THE IMPORTANCE OF TARDIVE DYSKINESIAS IN SCHIZOPHRENIA BASED ON 21 CASES
TESTS RUN IN PSYCHIATRY DEPARTMENT OF THE MILITARY HOSPITAL OF MARRAKESH - MOROCCO
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In practice, tardive dyskinesias set up after many years of exposure to high antipsychotic dosages. However, they can occur – rarely indeed - rapidly and at low dosages. The late dyskinesias show resistance toward therapeutics causing social stigmatization by their « rabbit syndrome » aspect. They substantially decrease the quality of life and increase mortality and morbidity. The extra pyramidal symptoms make the psychological suffering worse at the psychotic and depressive levels. The patients suffering from dyskinesia show more positive and negative psychotics symptoms compared to control schizophrenic patients. The tardive dyskinesias are associated to unsuccessful therapeutical prognosis in schizophrenia.

Through a retrospective study based on observations about 21 schizophrenic male patients suffering from a tardive dyskinesia of an iatrogenic origin, at the psychiatric department of the military hospital of Marrakesh between 2010 and 2012, we are going to analyze the occurrence processes according to incriminated therapeutic generation. We will also discuss their epidemiological and clinical features before focusing on therapeutical paharmaco-logics (and not pharmacologic) perspectives.

Conclusion
Dyskinesias induced by neuroleptics are a common side effect , regardless of the generation therapeutic complained , combining both classical neuroleptics that atypical antipsychotics. Prevention is the best prescription adequately carefully weighing the risk-benefit ratio, especially concerning the prescription of "hidden neuroleptics ."
RIGHT TEMPORAL LOBE ATROPHY: A VERY PSYCHIATRIC DEMENTIA

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Objectives: To describe the clinical profile associated with predominantly right-side temporal lobe atrophy and to support the existing suggestion of it, as a separate syndromic variant of Frontotemporal Dementia (FTD).

Methods: We will describe a case report of an 77 year-old man without a psychiatric or neurological history who came into the psychiatric emergency service of the Hospital Universitario de Canarias because of some behavioural disorders and psychotic symptoms.

Results: The patient exhibited a variety of psychiatric symptoms such as behavioural disorders including social desinhibition, irritability and aggressive behaviour, impulsiveness, bizarre alterations in dress and affects and eccentricity. There were also psychotic symptoms such as visual hallucinations. Hyper-religiosity was also a symptom. The most prominent cognitive deficit was impairment of episodic memory. He had also prosopagnosia and anosognosia. By TAC-RMN we could see a frontotemporal atrophy, specially on the right hemisphere.

Conclusions: Frontotemporal dementia is a dementia syndrome with diverse clinical characteristics and it is currently associated with three syndromic variants. Disorders of speech and language figure prominently in two of the three variants, and are associated with left-sided frontotemporal atrophy. The detailed characterization of these syndromes contrasts with the relative paucity of information relating to frontotemporal lobar degeneration primarily affecting the right cerebral hemisphere. The combination of clinical features associated with predominant right temporal lobe atrophy differs significantly from those associated with the other syndromes associated with focal degeneration of the frontal and temporal lobes and it is, therefore, proposed that this right temporal variant should be considered a separate syndromic variant of frontotemporal lobar degeneration. More studies are necessary.
WPA-0178 THE DIMENSIONS OF BURNOUT SYNDROME IN INTENSIVE CARE UNIT STAFF IN A HIGH COMPLEXITY GENERAL HOSPITAL

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Objective: To identify the dimensions of the burnout syndrome in ICU staff in a high complexity general hospital.

Method: descriptive transversal study with the application of socio-demographic questionnaire and the Maslach Burnout Inventory (MBI). Exploratory analysis through descriptive statistics and univariate analyses explored the relation of variables for inferential study.

Results: 157 professionals, with average age of 34.8 years, 74.8% female. 54% have a slight burnout level; 43.1% moderate level and 2.9% serious level. There were no subjects at extreme level and there were none that were free of burnout. In the Emotional Burnout dimension, 32.7% present a slight level; 47.7% moderate level; 15.7% serious level and 3.9% extreme level, which came to 67.3% of the sample. Regarding Depersonalization, 62.7% present a slight level; 19.3% moderate level. There was no score for serious or extreme levels. In reduced Personal Fulfillment, 61.5% presented a slight level; 21.7% moderate level and 1.4% serious level. There was no score for extreme level. The variables regarding work recognition and depression are significantly connected to the results obtained (p <0.001).

Conclusion: Of all the variables looked at, depression and work recognition have proven to be decisive in the production of burnout syndrome, possibly leading to emotional disorders in the members of the team.

AMISULPRIDA EN EL TRATAMIENTO DE LOS CELOS PATOLÓGICOS
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OBJETIVO: Evaluar la evolución de las ideas de celos en personas que la experimentan, independientemente del origen con la toma del medicamento de nombre Amisulprida.

HIPÓTESIS: La Amisulpirida es un antipsicótico que por su afinidad a receptores D3/D2 puede llegar a regular la dopamina a dosis menores a las indicadas para trastornos psiquiátricos mayores para ayudar en el control de las ideas de celos.

Los celos, como contenido del pensamiento son normales, pero cuando pasan los límites “naturales” pueden ser patológicos, creándose una idea psicótica en el pensamiento del individuo que no padece de Esquizofrenia y la Amisulprida puede ayudar al control de la idea celotípica.

ANTECEDENTES: La amisulprida es un antipsicótico, esta indicada para el tratamiento de la Esquizofrenia; es una benzamida sustituida, tiene una alta afinidad selectiva por los receptores dopaminérgicos (D3/D2) y presenta un perfil farmacológico interesante. Se considera que el perfil permite la modulación de la actividad de la dopamina según la dosis. La amisulprida en dosis bajas incrementa la transmisión dopaminérgica a través del bloqueo del receptor presináptico y en dosis altas disminuye la transmisión dopaminérgica a través del bloqueo del receptor postsináptico, preferentemente en las estructuras límbicas, en oposición al cuerpo estriado (Freeman 1997, Rein 1997).

Se ha demostrado que ejerce un potente antagonismo en receptores 5HT7, por lo que se puede considerar un antidepresivo.

La dosis diaria se debe administrar en una sola toma, o repartida en dos tomas en caso de dosis superiores a 400 mg/día.

MÉTODO: Personas que acudieron a consulta de enero 2009 a diciembre 2013 que presentaron idea de celos patológica (celotipia) independientemente de su origen (infidelidad, antecedentes del cónyuge, ocultamiento de relaciones del pasado, etc.). Se les indicó dosis de 100 a 200 mgs. al día de Amisulprida.

CRITERIOS DE INCLUSIÓN: Personas mayores de 18 años y menores de 65 años ambos sexos que no presentaron diagnóstico de Esquizofrenia,

CRITERIOS DE EXCLUSIÓN: Personas que no fueron sujetas al tratamiento con Amisulprida (contraindicación de ingerir Amisulprida).

RESULTADOS Y CONCLUSIONES: Se reportaron 252 personas; La Amisulprida demostró eficacia en el control de las ideas celotípicas a dosis menores a las indicadas para trastornos psiquiátricos mayores, restableciendo la funcionalidad y juicio en las personas.
RELATIONSHIP BETWEEN THE PSYCHIATRIC MANIFESTATIONS OF ALCOHOL CONSUMPTION AND HEPATIC FUNCTION
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The consumption of substances is one of the tragedies that a man of the twentieth century must face; these substances affect conduct, interpersonal relationships and many of them convert into risk factors for other pathologies. Within this group alcohol is highly represented because its consumption is socially accepted in many cultures and frequently associated with other drugs or addictive behaviors. The excessive ingestion of alcohol produces damage to various organs of the body, affecting multiple systems in which the brain is responsible for psychiatric symptoms present in persons with this kind of consumption, thus this study was designed with the principle objective:

• Relate the intensity of psychiatric symptoms with the serum values of hepatic function.

The sample contained 58 patients of both sexes that were admitted to the psychiatric ward of the hospital Dr. Salvador Allende, during the months of July 2012-2013. Represented were 84% men, with an average age of 43, 14% diagnosed with consumption of multiple substances and 84% of urban background. The 50% of the sample that showed elevated TGO, TGP and GGT with hepatomegaly confirmed by ultrasound did not coincide with the presence of psychotic symptoms, however, these values did relate to age and the increased consumption of large amounts of alcoholic beverages. Therefore, we can conclude that a direct relationship between the level of transaminases and intensity of psychiatric symptoms was not found.

Keywords: alcohol consumption, transaminases.
Objective: To describe the structuring process of a humanization experience group in a private manager state hospital.

Method: The group was assembled by the hospital’s board of Directors, with a psychologist, social worker, nurse and two administrative staff and met monthly. Other professional, touched by their interest in the humanization “theme”, joined the group: an occupational therapist, a doctor and a physiotherapist. With this new structure, the group started going to meetings, visiting hospitals and coming up with strategies to implement an effective humanization service. The first strategy is the study of the National Humanization Policy. A second strategy was to come up with humanization actions, through discussions with the leaders of different hospital segments. The agenda at these meetings was to present the humanization objective and the identification of the actions already being carried out, but not yet seen as humanization. After checking that the group’s greatest potential was in the care, a multiprofessional pilot visit was chosen for the medical clinic, based on the Widened Clinic and Singular Therapeutic Planning.

Results: The hospital counts on an active Humanization Service Group, with monthly meetings to discuss projects and action plans. More than 10 well-structured humanization actions were identified. And the hospitalization time was reduced as a result of the visits.

Conclusion: The construction of the Humanization Service Group is continuous, where the value of spreading of knowledge and internal networks should be the main focus.

WPA-0199 INTERNAL RULE FOR THE VOLUNTEER ACTIVITIES AT SANTA CASA OF SÃO PAULO

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The health area has recently been organizing itself to approach two subjects that are intercalated: the urgency of humanizing the actions in health and volunteer work as a means of solidary participation in social and communitarian causes. However, the implementation of volunteer activities in a high complex health institution, which worries about humanization, is not always an easy task, since it involves people with the most serious diseases, professionals with technical specialization, families with the most varied types of demands; and all these living in an environment surrounded by diversified hospital routines that cannot be ignored. By taking into consideration our experience regarding these aspects, we created these Internal Rules for Volunteer Activities so that we can allow these activities to take place and at the same time, avoid damages in the work routine. References: Bruscato, WL. et al. (Orgs.). A psicologia na saúde: da atenção ao alto complexidade. O modelo de atuação da Santa Casa de São Paulo. São Paulo: Casa do Psicólogo, 2012.
Background:
The relationship between skin conditions psychological factors can be classified into the following main categories: 1. Psychophysiological disorders, 2. Primary psychiatric disorders with dermatological symptoms, 3. Primary dermatological disorders with psychiatric symptoms. Several psychodermatological conditions have been reported to be associated with psychological stress.

Aim:
The aim of this study was to estimate the prevalence of anxiety and depression in patients with diverse dermatological diagnoses.

Methods:
The study was conducted in dermatology outpatient clinic in Khartoum. A total of 105 consecutive patients were recruited and they were divided into five groups including psoriasis, vitiligo, acne, atopic dermatitis and a miscellaneous group with other dermatological diagnoses. The Hospital Anxiety and Depression Scale (HADS) was used to determine the levels of anxiety and depression. The ICD-10 criteria were used for clinical diagnosis of psychiatric comorbidities.

Results:
Moderate-to-severe anxiety scores were found in about 53.4% of the total sample. Psoriasis and vitiligo patients showed the highest anxiety scores. Moderate-to-severe depression was found in about 44.7% of the total patients' sample. Using ICD-10 criteria for clinical psychiatric diagnoses has shown that about 52.3% of dermatological patients had an associated ICD-10 diagnosis; most commonly anxiety disorders (28.6%), and depression (21.9%). ICD-10 diagnosis of anxiety disorders included: OCD (13.3%) generalized anxiety disorder (5.7%), panic disorder (4.8%), phobic anxiety disorder (3.8%) and post-traumatic stress disorder (0.9%).

Conclusion:
The findings of this study suggest that dermatological disorders are associated with high psychiatric comorbidity, particularly anxiety disorders and depression.
WPA-0356 IS DISSOCIATION IN PSYCHIATRIC AND NON-PSYCHIATRIC PORTUGUESE SAMPLES EXPLAINED BY INTENSITY OF PSYCHOPATHOLOGY?

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Background: previous research has shown that dissociation is more associated with dissociative, conversive, and post-stress disorders than with other psychiatric disorders. However, intensity of psychopathology varies across diagnoses, and the degree of dissociation it is not known how it varies accordingly the degree of psychopathology.

Aims: We want to analyze if dissociation severity is associated with intensity of psychopathology in a cohort of the Portuguese psychiatric and non-psychiatric population.

Methods: 476 participants, including patients with conversive (n = 14), dissociative (n = 12), depressive (n = 31), obsessive-compulsive (n = 34), panic (n = 16), post-traumatic stress (n = 42), social phobia (n = 59), somatization (n = 43), simple phobia (n = 24) disorders, and non-clinical subjects (n = 201) were assessed with the Dissociative Experiences Scale/DES, the Brief Symptom Inventory/BSI, and the M.I.N.I Plus/Mini International Neuropsychiatric Interview for diagnoses confirmation.

Results: dissociation varied across diagnosis ($F = 50.09, p < 0.001$), with scores ordered by conversive, dissociative, PTSD, OCD, panic, somatization, social phobia, depression, and non-clinical participants. General Severity Index/GSI of BSI also differed across diagnosis ($F = 98.00, p < 0.001$), by order: PTSD, panic, somatization, conversive, dissociative, depressive, OCD, social phobia, generalized anxiety, and non-clinical participants. DES and GSI significantly and strongly correlated ($r = 0.63$).

Conclusion: It is worth investigating the degree of dissociation in psychiatric patients because dissociative disturbance may contribute to level of psychopathology.
WPA-0388 EFFECTS OF ANTIPSYCHOTICS ON ENDOCRINE, BONE AND HAEMATOLOGICAL PROFILE IN BLACK POPULATION IN SUB SAHARA AFRICA – A PRELIMINARY REPORT.

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Background

The discovery of antipsychotic revolutionized the care of the mentally ill and the outcome of mental disorder. However, this was not without its side effects which has resulted in the discovery of other antipsychotics. In sub Sahara Africa mainly due to poverty, the conventional antipsychotics continued to be used with attendant side effects including hormonal, skeletal and blood changes which have been well described in the Caucasians. However, evaluation for side effects profile among blacks with regard endocrine, bone and haematological were minimal.

Objectives

This study aimed to examine endocrine, bone and hematological profile of black subjects who were on conventional antipsychotics.

Method

This study took place in Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria. Patients who were receiving care for mental illness were recruited after obtaining ethical clearance and informed consent from the patients or responsible relatives. Endocrinological, haematological and radiological evaluations were done. Data obtained were analyzed using SPSS for windows version 16.0.

Results

This study suggested that endocrine changes were more prevalent compared to bone changes and haematological profile.

Conclusion

The preliminary findings of this study suggested that the changes in patientsÕ profile as reported in this study were similar to findings among Caucasians.
DR. ALEXITHYMIA IN A SAMPLE OF RESIDENTS OF PUERTO RICO: ASSOCIATION WITH OTHER SYMPTOMS, DEPRESSION AND ANXIETY
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Objectives:
The present study aimed to assess whether there is any correlation between the results of the Toronto Alexithymia Scale (TAS-20), the Symptom Checklist-90 (SCL-90), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (IAB) in a sample of residents of Puerto Rico. According to statistical data, the population of Puerto Rico have a high incidence of anxiety and depression, which specifically relate to the condition of alexithymia, besides the factor of general malaise. It is time to contribute to study this phenomenon and see how it behaves in the country's residents because alexithymia tends to be seen more in psychiatric patients.

Methods:
The study includes 59 persons, 34 women and 25 males, with an mean age of 30 years old, who completed the TAS-20, the SCL-90, the BDI and the IAB as part of a graduate course of Assessment of Personality.

Results:
Alexithymia scores were statistically significantly higher in women than in men (Mean 26.2, 24.4 and SD 11.5 and 10.0), which is a discrepancy when compared to the literature. Similarly, the results indicate that females report more characteristics of anxiety (Mean 10.5, 3.8 and SD 7.0, 2.9), depression (Mean 10.2, 3.9 and SD 5.1, 2.5 respectively) and somatisation (Mean 10.3, 9.3 and SD 7.3, 8.1 respectively) than men. The TAS-20 scores obtained higher correlations with measures that use somatic more than behavioral items.

Conclusions:
We suggest the use of the TAS-20 when working therapeutically with a patient with symptoms of depression and anxiety, especially with a female, in order to fine tune the underlying causes of their complaints.
WPA-0387 BEING ACCOMPANIED AT FIRST VISIT: A STUDY OF IMPLICATION ON MENTAL HEALTH CARE IN SUBSAHARA AFRICA

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Background

Mental illness is associated with high burden of disease with some studies describing depression to be equivalent to paraplegic while schizophrenia equivalent to quadriplegia.

Although various factors have been reported to influence the characteristics of patients with mental illness, there is paucity of information regarding the effect of Ôbeing accompaniedÔ to the hospital.

Aim

The present study was to describe the clinical profile of patients managed in this hospital and to examine the implication of Ôbeing accompanied or notÔ on the profile of these patients.

Method

This study which was retrospective was conducted using the records of patients on first visit managed in a tertiary hospital in Sokoto, Nigeria. The data were manually retrieved from patientsÕ records. Variables examined included sociodemographic characteristics, diagnosis and frequency of visit to the hospital.

Results

Among factors examined, female patients were more likely to be accompanied (P = 0.008) while with regard to occupation, housewives and students were more likely to be accompanied (P = 0.000). Regarding age, the young and the elderly were more likely to be accompanied (P = 0.000). Marital status (0.45), religion (P = 0.363) or admission on first visit (P = 0.076) were not influenced by being accompanied or not. Subjects with severe psychiatric illness were also more likely to be accompanied compared to less severe disease.

Conclusion

Being accompanied may be a predictive factor on course and prognosis of mental disorder.
WPA-0479 WHAT DO PSYCHIATRIC PATIENTS BELIEVE REGARDING WHERE CONTROL OVER THEIR ILLNESS LIES?
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Objectives
To analyze psychiatric patients’ perceived health control constructs, i.e. the beliefs that psychiatric patients have about whom or what is the agent that determines the state of their mental health.

Methods
Six hundred and sixty-seven consecutive psychiatric outpatients were invited to participate in a cross-sectional survey querying about patients health locus of control beliefs and 507 accepted. Patients completed the Form C of the Multidimensional Health Locus of Control Scale and a questionnaire including socio-demographic and clinical variables.

Results
Psychiatric patients show a conviction that their psychiatrists have the greater influence on their mental health status, and at the same time are aware of the efficacy of their own activities in coping with the disease. Men scored higher than women in internal dimension while women scored higher in other people external dimension. Age, treatment time and number of psychoactive drugs used showed significant differences in health locus of control dimensions. No differences were found according patient’s diagnosis.

Conclusions
The study of this component of personality in psychiatric patients is an alternative for understanding the health behaviour of the sick patients, and the definitive role they play in the development of their mental illness. Also, may allow predicting the success or failure of health education programs and changes that can occur in health beliefs held by patients.
THE CREDIBILITY OF MEDICAL SCIENCE: RECENT ADVANCES IN PUBLICATION PRESSURE INVESTIGATION
J. Tijdink

Publication of scientific research papers is important for medical professionals, particularly in academic environments. Scientific output is used to rank prestige and status of both academic medical centres as well as of individual medical staff. Quantitative measures of scientific performance, such as the Hirsh index, have become particularly important, as these directly influence grant proposals, financial rewards and career potential.

Parallel to increased emphasis on scientific output measures, the quantity of (medical) scientific output has increased enormously in the past decades: the number of scientific journals increased from 5000 in 1997 to 8000 journals in 2010 as registered by the ISI Web of Knowledge and the amount of scientific papers doubles every 12 years.

The increasing emphasis on quantitative measures of scientific performance potentially raises pressure on medical professionals to publish, and may intensify competition between them. This competition for papers and funding is often considered a salutary driving force among scientists, increasing efficiency and productivity [9]. Potential negative effects of a competitive publication culture with a focus on quantitative performance are not often considered. Concerns have been expressed that scientists are continuously producing ‘publishable’ results at the expense of quality, validity, scientific rigour and personal integrity. Consequently, clinical practice based on research outcomes may be jeopardised.

Excessive emphasis on scientific output may also affect academic activities that compete with science for time and attention, such as clinical and educational activities, as these activities can be perceived disadvantageous and less important while affected by publication pressure. Finally, it is conceivable that mental well-being benefits from working in an environment with a healthy scientific culture. In this respect, increasing evidence that burn out symptoms are common among medical doctors and residents is noteworthy. Burn-out symptoms may impact on academic tasks (ie not just science, but also patient care and education) and have previously been suggested to be related to publication pressure.

In a survey among medical professors (n=437), we recently found that the degree to which medical professors in the Netherlands experience publication pressure strongly correlates with symptoms of job-related stress and burnout. Also, we found that publication pressure may also be a risk factor for scientific misconduct (Tijdink et al, submitted).

Our research also focuses on personality and behavioural characteristics of scientists themselves, by conducting focus groups on the topic of publication culture among representatives of different layers of medical scientists. Possible causes and consequences of publication pressure may emerge from these focus groups and will be discussed. In addition, personal characteristics probably influence some of the aforementioned phenomena, such as competitiveness, exclusive focus on scientific output, and tendency for burnout. From this perspective, more attention for personal and behavioural characteristics may become an important tool to reduce misconduct and improve the validity and credibility of science and scientists (ie. select the ‘good apples’).
A CASE DEMANDING A MULTIDISCIPLINARY INTERVENTION: WORKING ON DIAGNOSIS ACCEPTANCE, THERAPEUTIC ADHESION AND THE PSYCHIATRIC STIGMA

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Objectives: To highlight the importance of a multidisciplinary team approach concerning evaluation, patient and family intervention, psychoeducation and issues concerning diagnostic and therapeutic acceptance and adhesion. An interdisciplinary approach regarding evaluation and intervention is highlighted in the presentation of an inaugural manic state in a 23 year old male patient with a family history of Bipolar Disorder.

Methods: Clinical standard evaluation including clinical interview to the patient and family in both the in-patient and out-patient settings. Relevant information to the diagnosis only became accessible after patient discharge, in the out-patient consultation setting and after family intervention by the psychologist.

Results: Multidisciplinary intervention rescued a patient on the break of clinical drop out and medication discontinuation and allowed us to get the information of prodromic / previous affective episodes relevant both to the diagnostic accuracy and to the therapeutic relationship.

Conclusions: Diagnostic acceptance, therapeutic adhesion and deconstruction of the stigma of mental disorder were possible only by a structured multidisciplinary approach in multiple settings.
A DIFFICULT PSYCHIATRIC AND POLICIAL CASE: ORGANIC ENTITIE, FACTITIOUS DISORDER OR A DISSOCIATIVE FUGUE?

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Objectives: To discuss the diagnostic difficulties and challenges of a case study involving criminal activity and an altered mental state of the victim not conclusively characterized at admission to the psychiatric ward.

Methods: A 54 year old female with previous clinical history of affective minor disorder and suicidal attempts with functional impairment and a cognitive deficit status not clinically specified, presented to the emergency ward after being found in underwear in the woods possibly having been raped, after been missed for three days. Clinical interviews were conducted by a multidisciplinary team and complementary exams were run to exclude organic etiology. The aim of the poster is to discuss the several diagnostic hypotheses presented, between a factitious component, dissociative fugue and various organic entities considered, including fronto-temporal dementia.

Results: we present the various exams run and the hypothesis considered as well as the multiple interventions by the various technicians in this peculiar case.

Conclusions: Presenting a difficult clinical case with forensic implications we intend to expose the diagnostic work up for purposes of inter-peer discussion.
ATYPICAL PSYCHIATRIC PRESENTATION: ENCEPHALITIS
ANTI-NMDA _ A CASE STUDY
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Objectives: To discuss a case study of a 34 year old male, without personal or family psychiatric history, presenting with an atypical psychiatric syndrome. He was admitted twice to the psychiatric ward, within a six months interval, with severe and bizarre behavioral abnormalities. The patient was maintained with a working diagnostic hypothesis of a psychotic syndrome with a possible affective component.

Methods: In the second hospital admission he was evaluated by a joint force including a psychiatrist and a neurologist. Several complementary exams were conducted, including a lumbar puncture and cerebral MRI scan that enabled the diagnosis of anti-NMDA encephalitis.

Results: We discuss the diagnostic work up done and the results obtained highlighting the negative results of all the exams done with the exception of the lumbar puncture that revealed meningitis, presumably considered initially of a tuberculosis origin and later on found out to be of an auto-immune nature.

Conclusions: We intend to alert to a neurological etiology, recently on the spot line, presenting solely with psychiatric and behavioral manifestations and responding in an atypical manner to the immunomodulatory therapies.
MEANINGS OF BODY IMAGE AND THE IDEALS OF BEAUTY IN PATIENTS WHO HAVE BEEN DISCHARGED FROM A PSYCHOLOGICAL TREATMENT FOR EATING DISORDER
Constance Haemmerli, Claudia Cruzat, Fernanda Diaz

The diagnostic criterion of distortion of body image in eating disorders has been in review in the last time. We have considered that what is relevant in this kind of disorders are the attitudes toward the image and/or the level of concern that these patients have regarding to this. This research aims to know the meanings that women, who completed their psychological treatment, after suffering from an eating disorder, have about their body image and ideals of beauty. Qualitative methodology, with an exploratory, descriptive and relational design was used. 4 (3 Chilean and 1 Spanish) in-depth interviews were conducted and the data analysis was based on the cases raised by the Grounded Theory. The results show that the body ceases to be a centerpiece in their lives, now they aspire to have a healthy body and modify his conception of beauty. They feel that healthy eating is the one that nourishes the body and beauty would be more related to their personality and health, and not only with their body and thinness. These changes involve the achievement of body-mind integration, the feeling of a light body, without conflicts, and an acceptance of their body image. The body becomes an ally that is appreciated and cared. These findings suggest the need to investigate differently the different components of the body image and the way in which these patients experience their body; these could contribute to the treatment and prevention of future relapses.
Several studies along the last two decades provide information indicating the relationship between Posttraumatic Stress Disorder (PTSD) and Obsessive Compulsive Disorder (OCD). The particular features described in patients who developed OCD symptoms closely after the onset of PTSD, may suggest the existence of a specific subtype of OCD more likely to be suffered after a traumatic event. The few studies focused on evaluating treatment efficacy for the association between OCD and PTSD seem to predict poor response to pharmacologic or behavioral cognitive (BCT) monotherapy. Despite that evidence, most widely used guidelines propose the employment of either a psychotherapeutic or psychopharmacologic approach. We present two detailed case reports offering the results of combining intensive BCT and serotonin profile antidepressants as soon as the comorbid diagnosis for both disorders was established. These two patients were recruited from outpatient care centers. Our limited experience supplied promising outcome results. Significant improvement regarding to functional impairment appeared from early stages of the treatment. Despite logistic difficulties, an intensive and coordinated psychopharmacologic and psychotherapeutic approach might constitute another treatment choice which may be taken into account in those cases monotherapy fails to reduce patients’ impairment.
ROLE OF EDUCATION AND OCCUPATION IN COGNITIVE DEFICITS IN PATIENTS WITH ALZHEIMERS DEMENTIA

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AIM: To determine the role of individual’s education and profession in cognitive deficits in patients with Alzheimer’s Dementia

METHODOLOGY: The data were collected from files of patients with the ICD-10 diagnosis of Alzheimer’s Dementia attending the Geriatric Clinic of NIMHANS between the year 2000-2012. Socio-demographic details and clinical features such as age, sex, education, occupation, duration of illness were collected and the individual’s cognitive status which was assessed by means of Hindi Mental Status Examination was recorded. A linear regression model was used to demonstrate the role of education and profession in cognitive deficits in patients with Alzheimer’s Dementia

RESULTS: There were 152 patients with the diagnosis of Alzheimer’s Dementia. 73 were males and 79 were females. Their mean age was 73.37 (±7.8), mean years of education was 5.22 (±5.57) and the mean HMSE score was 11.96 (±8.50). After controlling for age, sex, and duration of illness it was found that those with higher number of years of education and higher occupational status have significantly lesser cognitive deficits as reflected by higher HMSE scores with p value of 0.006 and 0.023 respectively.

CONCLUSION: From this data we conclude that education and occupation has a main role in cognitive deficits of patients with Alzheimer’s dementia
SOCIO-DEMOGRAPHIC AND CLINICAL PROFILE OF SELF-HARM PATIENTS IN A GENERAL HOSPITAL
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Objectives
This study aims to explore the socio-demographic and clinical profile of patients admitted to a general hospital for self-harm.

Methods
A cross-sectional study was conducted over 5 months at a general hospital. English speaking patients admitted for self-harm over 21 years old were recruited after being referred to our consultation liaison team. The ICD-10 was used for psychiatric diagnoses, and the International Personality Disorders Examination (IPDE) ICD-10 version screening questionnaire and the Depression Anxiety Stress Scale (DASS) 21 were administered. Socio-demographic data and clinical data were also recorded. STATA version 10.1 was used for statistical analyses.

Results
Of all the patients referred, forty patients were eligible and 37 of them consented to participate in the study. The participants were generally younger (mean age 33.76 years) with more females (71.11%) and more Indians (14.44%) compared to the general population. 54.05% were single, divorced or separated; 56.76% had obtained at least tertiary education; 24.32% were Muslims and 43.24% were Christians or Catholics; 72.97% were holding on to employment prior to admission. The 3 most common diagnoses were adjustment disorder (56.76%), recurrent depressive disorder (24.32%) and depressive episode (10.81%). 64.86% were first time self-harmers and most used self-poisoning (89.19%) as their method of self-harm. Around one quarter to half of the participants had severe to extremely severe ratings in the 3 categories of DASS 21. The three most prevalent classes of maladaptive traits were anankastic (75.68%), schizoid (67.57%) and paranoid (62.16%).

Conclusions
Understanding the unique socio-demographic and clinical profile of self-harm patients in our hospital could aid us in planning our liaison services and relevant interventions for them in future.