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Schizophrenia and Psychotic Disorders
MAGICO-RELIGIOUS BELIEFS IN SCHIZOPHRENIA: A STUDY FROM EASTERN PART OF NEPAL
N. Sapkota, D.R. Shakya, B.R. Adhikari, A.K. Pandey, P.M. Shyangwa
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Objectives:
a. To determine attitude of patients and relatives with respects to magico-religious beliefs and its influence on psychopathology.
b. To examine the relationship between psychopathology and major socio-demographic variables.

Methods: All 50 consecutive cases of Schizophrenia attending psychiatric services during study period were thoroughly evaluated. All the cases were diagnosed as per ICD 10 DCR criteria. The Supernatural attitude questionnaire was applied.

Results: We studied 50 cases, among them 48% of the patients belonged to the age group 25-34 years, majority of them were male (62%), 82% were Hindus and 64% married. Majority of the patients had undergone magico-religious treatment (n= 35). Among the sample 68% of them were consulted faith healer and 42% performed religious treatment during the illness period. Belief in supernatural influences is common in patients’ relatives from urban background and with adequate education. Local and community belief in such phenomena appeared to be a factor in influencing the decision to seek magico-religious treatment.

Conclusion: There is a common belief in relationship between supernatural influences and mental illness among the relatives of the patients. Such beliefs and magico-religious treatment does occur during the course of the illness.
ARIPIPRAZOLE AND IMPROVEMENT OF SERUM PROLACTIN AND
SEXUAL FUNCTION IN SCHIZOPHRENIA

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Objectives: Sexual dysfunctions, such as erectile dysfunction, decreased libido or disturbances in ejaculation/orgasm are frequent in both men and women suffering from schizophrenia (1). It represents an important factor both with regard to adherence to medication, which is highly influenced by side effects of antipsychotics (2,3), and other outcome variables such as quality of life. Hyperprolactinemia is a leading cause of antipsychotic-induced sexual dysfunction (4). Risperidone has the greatest propensity to provoke hyperprolactinemia and occurs in most male patients. Aripiprazole has a unique mechanism, and could normalize prolactin, alleviate hyperprolactinemia and sexual dysfunction induced by previous antipsychotics.

This study examined prolactin levels, sexual function and clinical improvement after switching to aripiprazole from risperidone.

Methods: Six schizophrenic male outpatients who reported risperidone-induced sexual dysfunction were studied. They were taking 3-4 mg/day of risperidone and were switched to 15-30 mg/day of aripiprazole. All subjects were assessed prior to treatment and in 1 month-follow-up and 3 months follow-up using the standardized instruments for assessment of schizophrenia: Clinical Global Impression Scale Scores for Severity (CGI-S), Clinical Global Impression Scale Scores for Improvement (CGI-I), Arizona Sexual Experience Scale results and serum prolactin concentrations,

Results: After aripiprazole treatment, all patients showed reduced serum prolactin and four reported improved sexual function. Compared to baseline the mean baseline CGI decreased.

Conclusions: For schizophrenic patients suffering from risperidone-induced sexual dysfunction, switching to aripiprazole can reduce serum prolactin levels and may improve sexual function, patient compliance, and quality of life.

References:

PROGNOSTIC VALUE OF AFFECTIVE SYMPTOMATOLOGY IN FIRST EPISODES OF PSYCHOSIS

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Introduction-objective: first episode psychosis includes a heterogeneous population. Little is studied about the influence of affective symptomatology in functional psychosis and results are frequently controversial. Dimensional representations would be useful to predict the clinical course in first episode psychosis

Methods: 112 inpatients with a first psychotic episode were included in a longitudinal-prospective study during three (N=91) and five-year (N=82) follow up. Assessments included the YMRS and HRDS-21, the GAF, the Strauss-Carpenter prognostic scale, the PANSS and the Phillips pre-morbid adjustment scale. We used descriptive and logistic analysis to determine the predictive factors associated to the number of relapses, hospitalizations and suicide attempts; manic, activation and dysphoric dimensions as covariables.

Results: 91.46% of relapses and 21% of suicide attempts at fifth year. The GAF discriminated among prognostic groups from the third year (p 0.020), with the poorest prognosis in the schizophrenia group, while bipolar disorders and the rest of the diagnoses achieved an intermediate prognosis. The Strauss-Carpenter scale, specifically working, social activity and global functioning items, discriminated among three diagnostic groups and between affective and non-affective psychosis (p<0.05); while schizophrenia scored the poorest outcome, bipolar disorder scored the highest. Depressive dimension was significantly associated with a lower number of relapses and hospitalizations (p= 0.045 and p= 0.012) and manic dimension with more relapses (p= 0.023).

Conclusions: The depressive dimension presents the best prognosis in first episode psychosis. On the contrary, the activation dimension gives a more favourable prognosis with regards to functionality (social) and unfavourable with respect to relapses. The manic dimension is associated with a worse evolution regarding relapses.

References:
QUALITY OF LIFE PROFILE IN FIRST EPISODE SCHIZOPHRENIA

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4 Faculty Hospital Ostrava, Czech Republic

Objectives: Problematics of quality of life after undergone psychiatric illness has been so far neglected at these patients. In the proposed study we concentrate on subjective perception of quality of life by patients during an acute phase of paranoid schizophrenia.

Methods: The aggregate consists of 40 in patients diagnosed as paranoid schizophrenia and of 80 healthy controls. As a tool for exploration of quality of life we have chosen „Subjective Quality of Life Analysis“ (SQUALA). SQUALA enables evaluation of 21 aspects of human life from the perspective of subjective satisfaction and importance, based on which it is further possible to evaluate also the quality of life in general.

Results: Patients cured with schizophrenia score statistically importantly lower in the aspect of global quality of life and in areas of health, close interpersonal relations, freetime assertion and abstract needs. On the other hand the sphere of basic human needs is not considerably affected by these patients. We also detected that quality of life, especially part of close relationships, correlate negatively with thought and perceptual disorders. In case of increase of subjectively perceived depresivity patients refer worse quality of functioning also in close relationships. After one year from first episode remains level of subjective quality of life without any change, even though that presence of positive symptoms and global scale of psychopatology is statistically lower.

Conclusions: From the mentioned findings is obvious, that quality of life of patients with schizophrenia is lower in comparison with healthy controls and this deficit is unfortunately stable in time.
LUNG FUNCTION AND RESPIRATORY DISEASES IN PERSONS WITH PSYCHOSIS

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Objectives: Persons with schizophrenia suffer from increased comorbidity and mortality from medical disorders. However, there are only a few studies that have investigated respiratory health in persons with psychotic disorders. The aim of our study was to assess lung function and the prevalence of respiratory diseases and symptoms in persons with psychosis compared with the general population.

Methods: The study was based on a nationally representative sample of 8028 Finns aged 30 or over. The DSM-IV psychiatric diagnoses were based on a consensus procedure utilizing both the SCID-I interview and medical records. Lung function was measured by spirometry; moreover, information on respiratory diseases and symptoms was collected. Smoking was quantified by measuring serum cotinine levels.

Results: Subjects with schizophrenia and other non-affective psychosis had significantly lower FEV1 % predicted (85.0%, p=.000 and 88.5%, p=.022, respectively) and FVC % predicted values (87.7%, p=.000 and 90.5%, p=.010) compared with the general population; however, no significant differences were found for the FEV1/FVC ratio, suggestive of restrictive pulmonary impairment. In the linear regression model, schizophrenia remained an independent predictor of low spirometry values after adjusting for smoking and other possible confounders. Moreover, schizophrenia was associated with increased odds for pneumonia (OR 4.9, p=.000), COPD (OR 4.2, p=.003) and chronic bronchitis (OR 3.8, p=.002), adjusted for age and sex; and significantly high cotinine levels (p=.019).

Conclusions: Schizophrenia is associated with impaired lung function and increased risk for pneumonia, COPD and chronic bronchitis.
THE ‘MIRRORS’ IN SCHIZOPHRENIA - EVIDENCE FOR UNCHANGING ‘REFLECTIONS’
S. Mitra, S.H. Nizamie, N. Goyal
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Objective: The ‘mirror-neuron-system’ (MNS) has been shown to be dysfunctional in patients with schizophrenia and been proposed to be mediating psychotic manifestations, by various researchers, in past. Our study prospectively evaluated MNS using the ‘EEG mu-wave (8-13 Hz) suppression’ paradigm; and associated changes in psychopathology in schizophrenia patients over 8-weeks duration.

Method: Fifteen drug free/naïve schizophrenia patients were recruited using purposive sampling. They were compared at baseline with 15 age-sex-education matched healthy controls, and were followed up for eight weeks. High (192-channel) resolution EEG was recorded while they watched a custom made video-clip, depicting a biological motion and visual noise alternately; on admission (baseline), at four and eight weeks. Simultaneous rating on PANSS was done. The data from 24 electrodes overlying the sensorimotor cortex was analysed using Matlab7.12, and mu-wave modulation was calculated using log of the ratio of mu power under biological motion versus noise conditions. A negative ratio indicated mu suppression.

Results: Subjects differed significantly from normal controls at baseline (p<0.05) and showed significant changes in all PANSS sub-scores (p<0.001) over 8 weeks. However, the degree of mu-wave suppression did not change significantly (p=0.819) over the study duration.

Conclusion: The present study demonstrates an abnormal unchanging functioning of the neural circuit responsible for social perception in face of changing psychopathology in schizophrenia patients over 8 weeks, and furthers our previous observation of unchanging activity over first 4 weeks of treatment. It suggests that MNS abnormality in schizophrenia might be a ‘trait factor’, unrelated to the disease ‘state’.

Keywords: Mirror neurons, EEG mu waves, Schizophrenia

Reference:
PRENATAL VITAMIN D DEFICIENCY AND RISK OF SCHIZOPHRENIA IN ADULTHOOD. RESULTS FROM A SOCIETAL EXPERIMENT IN DENMARK
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Objectives: Epidemiological and clinical studies have reported that perinatal vitamin D deficiency is associated with the development of schizophrenia in adulthood. However, research designs, methodologies and results are ambiguous.

Methods: In Denmark, a mandatory fortification of vitamin D to margarine took place from 1961 to 1985. We utilized this “societal experiment” to examine the risk of schizophrenia in cohorts with and without this exposure to extra vitamin D in fetal life. Two cohorts were selected: those born 1983–84 (n=95,736) exposed to vitamin D fortified margarine and those non-exposed born 1986–88 (n=91,197). Due to seasonal variation of vitamin D synthesis in the skin, we included month of birth as an interactive variable. All ID numbers were screened in the Danish Psychiatric Register allowing us to estimate the hazard rate of schizophrenia in the first 30 years of life. The observation period ended 2012.

Results: The hazard rate for schizophrenia was greater among males, (HR=1.46, CI (1.21,1.77). Meanwhile, significant differences were observed among exposed and unexposed individuals born during specific seasonal periods. Thus, exposed children born February-April and May-July had a reduced risk of developing schizophrenia in adulthood compared to the unexposed (HR=0.64, CI(0.42,0.98) and HR=0.60, CI(0.39,0.92), respectively).

Conclusion: Extra vitamin D from fortification during fetal life seems to reduce the risk of schizophrenia in adulthood. Low fetal vitamin D status may thus play an important role as risk factor for schizophrenia.
EVALUATION OF SPONTANEOUS DENSE ARRAY GAMMA OSCILLATORY ACTIVITY AND MINOR PHYSICAL ANOMALIES AS A COMPOSITE ENDOPHENOTYPE IN SCHIZOPHRENIA
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Objectives: To investigate MPAs and gamma oscillatory activity in schizophrenia patients, their unaffected first degree relatives and healthy controls and appreciate whether they can be used together as a composite endophenotype.

Methods: This family study included 90 subjects who belonged to schizophrenia patient, first degree relative and healthy control groups. They were assessed for MPAs on the Extended Waldrop Scale. All participants underwent an awake, resting state 192-channel EEG recording. Spectral power and coherence in 30-100 Hz gamma bands were estimated using Welch’s averaged periodogram method. Key statistical methods used were MANOVA supplemented by one-way ANOVA (post-hoc Tukey HSD) for comparison of spectral measures; pearson’s correlation, step-by-step linear discriminant functional and intra-familial correlation analysis.

Results: An endophenotype pattern of finding was found for MPAs in the craniofacial region, the total number of MPAs, spectral power in right temporal region on all bands and in the right parietal region on 50-70Hz and 70-100Hz gamma bands. The three groups were most accurately classified when MPA total score, right temporal 30-50Hz gamma power and right occipital ‘intra hemispheric’ 50-70Hz gamma coherence were considered together than when considered independently. Significant intra familial correlation for MPA total score and right temporal gamma 30-50Hz power was also found.

Conclusions: Composite evaluation of two developmentally linked markers i.e. MPAs and gamma spectral measures is useful in expanding the schizophrenia phenotype. Genetic liability for the hetero-modal association cortex is suggested.
PSYCHOSIS ASSOCIATED WITH ST JOHN'S WORT
E. Landa-Contreras¹, P. Alvites-Ahumada¹, A. Hidalgo-Borreguero², J. Fortes-Alvarez¹, C. Gonzalez-Rivera¹, B. Herrejon-Teodoro¹, M. Perez-Lopez¹, J. Prados-Gomez¹.
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²Hospital Virgen de la Salud, Toledo, España.

Objectives: To make a theoretical review about the association between St John’s wort and psychiatric symptoms.

Methods: Literature research in major databases: PubMed, Cochrane, Uptodate, using the keywords: psychosis, St John’s wort, Hypericum perforatum

Results: A 19 years old male patient, was referred to the emergency due to disorganized behavior. During the evaluation appeared disoriented, suspicious, with unmotivated laughter, incoherent speech with loose associations, referring his father was the black dragon. He had no medical or psychiatric history, occasionally had consumed cannabis and days before was consuming St. John’s wort (SJW). Physical examination, blood test, urine toxic and CT brain scan were normal. After ruling out medical problems, patient was admitted with a presumptive diagnosis of Psychosis NOS, starting treatment with paliperidone 6mg. Initially psychotic symptoms persisted, with episodes of psychomotor agitation. Paliperidone was suspended and Haloperidol 10mg every 12 hours + clorazepate dipotassium 10mg every 8 hours were started. After a few days the patient stated that before going to the emergency he felt that aliens were talking to him. He made partial critique of these things. After 1 week of hospitalization, the patient was better, not presenting psychotic or affective symptoms.

Conclusions: There are reports of psychiatric symptoms (from mania to psychosis) induced by HSJ, especially in patients who already had a mental illness. Due to interactions with other drugs, unclear mechanism of action and possible previous mental illness, it is difficult to determine the prevalence of mania or psychosis associated with HSJ. The HSJ and herbal products in general, are associated with potential adverse effects and interactions with other drugs.
THE PRESCRIPTION PROFILES AND DETERMINANTS OF ANTIPSYCHOTIC POLYPHARMACY FOR KOREAN PATIENTS WITH SCHIZOPHRENIA

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Objectives
To date few studies have investigated antipsychotic polypharmacy (APP) in Korean patients with schizophrenia. The purpose of this study was to analyze the prescription profiles of APP in schizophrenia patients and the differences of demographic and clinical characteristics between treatment groups of APP and antipsychotic monotherapy (APM).

Methods
A total of 262 schizophrenia patients were randomly selected in one mental hospital. 150 APP and 112 APM patients were interviewed by standardized assessment instruments including Brief Psychiatric Rating Scale (BPRS). The demographic and clinical characteristics and the prescriptions of psychotropic drugs were collected by a review of medical records supplemented by a patient interview.

Results
The most frequent combination pattern of APP was SGA (Second generation antipsychotics) + SGA, 50% (n=75), followed by SGA+FGA (First generation antipsychotics), 29.3% (n=44), and SGA+SGA+FGA, 6.7% (n=10). The most frequent combination of antipsychotics was risperidone + quetiapine, 8.0% (n=12), followed by clozapine + risperidone, 6.0% (n=9), and risperidone + sulpiride, 5.3% (n=8). The APP group was associated with earlier onset (mean age of APP=24.1, APM=26.2, p=0.028), lower employment rate (employed portion of APP=22.0%, APM=36.6%, p=0.009), higher scores rated by Clinical Global Impression-Severity (mean scores of APP=3.04, APM=2.76, p=0.002) and higher on the Brief Psychiatric Rating Scale (BPRS) total score (p<0.001), compared with APM group. Especially, there are higher on the BPRS positive symptom (p=0.001) and BPRS affective symptom score (p=0.002) of APP group than APM group.

Conclusions
This study showed the prescription profiles of APP and its determinants for Korean patients with schizophrenia. It suggests that the usage of APP for schizophrenia could be related with symptom severity affected by positive and affective symptoms. Although the symptoms of APP group were more severe, there were similar tolerability and satisfaction with medication between APP and APM groups.
EFFECTS OF LEPR, ADIPOQ, and FTO POLYMORPHISMS ON DYSLIPIDEMIA IN PATIENTS WITH SCHIZOPHRENIA TAKING CLOZAPINE

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²Massachusetts General Hospital and Harvard Medical School, Boston, MA, USA

Objectives
Atypical antipsychotic medications are known to cause the metabolic side effects, including dyslipidemia. Clozapine stands out as having the greatest liability for such metabolic side effects. Few genetic association studies have investigated dyslipidemia in patients with schizophrenia who are taking antipsychotic medication. In this study, we investigated the cross-sectional associations of six genetic polymorphisms with dyslipidemia in patients with schizophrenia who had been medicated with clozapine for more than 1 year.

Methods
We investigated the cross-sectional associations of six genetic polymorphisms (LEPR Q223R, LEP-2548A/G, ADIPOQ+45T>Г, ADIPOQ+276G>T, FTO, and MC4R V103I) with dyslipidemia in 146 patients with schizophrenia who had been medicated with clozapine for more than 1 year.

Results
We found that the LEPR Q223R polymorphism was significantly associated with high-density lipoprotein cholesterol (HDLc) levels. The HDLc level was significantly lower in subjects with the 223R allele (40.00 ± 10.16 mg/dl) than in those without this allele (44.25 ± 10.92mg/dl) in multiple regression analysis with adjustment for age, sex, and body mass index (BMI) (P = 0.010). Separate analysis stratified according to sex revealed significant associations, only in female patients, between LEPR Q223R, ADIPOQ+45T>Г, and FTO polymorphisms and the levels of HDLc (P = 0.039), triglyceride (P = 0.045), and total cholesterol (P = 0.039) respectively with multiple regression analysis adjusting for age and BMI.

Conclusions
These findings show that genetic variations in LEPR, ADIPOQ, and FTO are associated with dyslipidemia in patients with schizophrenia treated with clozapine.
ASSESSMENT OF EMPATHY IN PATIENTS WITH SCHIZOPHRENIA. OVERLAP OF COGNITIVE EMPATHY WITH POSITIVE SYMPTOMS

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Objectives
Validation of two tests of empathy in a sample of Mexican population, the coefficient of empathy Baron-Cohen and modified test comic by Lee (2010).

Methods
Validation coefficient of Baron-Cohen empathy in the Mexican population was performed in 165 subjects, of whom 137 (f = 80, m = 57) were undergraduate and graduate medical career and 28 (f = 14, m = 14) schizophrenic patients diagnosed by clinical criteria of ICD-10, who were in remission from an acute at the Psychiatric Hospital "Fray Bernardino Álvarez".
To evaluate the paradigm performed by Völlm (2006) and modified by Lee (2006) An piloting was conducted in ten subjects to observe to understand and apply, then to 106 subjects 87 which (82%, F = 55, M = was applied 31) were medical students, rehabilitation technicians, helpers of schizophrenic patients and 19 patients (17.9%, F = 10, M = 9) who were in remission admitted to the Psychiatric Hospital "Fray Bernardino Álvarez". The average age of the patients was 30.11 (SD = 8.9), controls was 23.85 (5.07), the age of onset of the disease was on average 21.15 (SD = 5.5).

Results
Patients were matched for age and sex with the comparison group found that there were significant differences between the two groups with lower scores in patients (t = -6.38, p = .000), a ROC curve was performed between the two tests, an improved performance test comics.

Conclusions
The scale showed a better capacity of discrimination coefficient empathy Baron-Cohen; however schizophrenic patients had higher scores on cognitive component of empathy,
META-COGNITIVE INTERVENTION IN A CLINICAL TRIAL IN A GROUP OF PATIENTS WITH SCHIZOPHRENIA TO IMPROVE EMPATHY

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Cognitive- behavioral treatments have been shown to be a useful resource as adjuvants in addition to drug treatment in patients with schizophrenia have impaired empathy.

Objectives
Determine the impact of performing a cognitive rehabilitation program based on metacognition in patients with schizophrenia

Methods
The first evaluation of a randomized blind trial (n = 24) was made by forming two groups of 12 patients AFAPE ( Association of Relatives and Friends of schizophrenic patients ) association group received eight sessions of intervention focused on improving distortions cognitive, memory, jump to conclusions, empathy and self-esteem. Intelligence test Raven's Progressive Matrices, Psychopathology with the scale of PANSS, empathy with the coefficient of empathy Baron- Cohen previously validated and tested comic by Lee was evaluated functioning was assessed with the scale of social functioning and family functioning water points

Results
Of the 24 patients evaluated six (26.1 %) were women with a mean age of 40 ± 13.12, age of onset of 25.02 ± 10.37. In the first assessment patients obtained the following results: In the test comic scored an average of 41.09 ± 3.6, these corresponded to 11.39 ± cognitive empathy, 10.91 ± 1.5 emotional empathy, 9.36 ± 9.36 inhibitory empathy and 9.43 ± 2.2 causation physics. The coefficient of empathy Baron- Cohen scored an average of 21.9 ± 12.47, which corresponded to 10.6 ± 4.6 cognitive empathy, 9.98 ± 4.3 and 4.9 ± 2.1 social tools. In the PANSS were obtained an average of 19.4 ± 5.07 in positive symptoms, 19.7 ± 5.3, 38.9 in negative symptoms and general psychopathology ± 7.7.

Conclusions. Patients showed a slight improvement that I can not be significant, it is probably necessary to have a larger sample and control confounding factors.
SCHIZOPHRENIA AND PREGNANCY
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Objectives
To know the risk of pregnancy for women diagnosed with schizophrenia, as well as treatment dropout during their period of gestation.

Methods
A bibliographic review has been carried out on different data bases such as Cochrane Plus, Scielo, PubMed, Elsevier, IME, CINAHL, taking into account relevant information of last years. Descriptors used were schizophrenia, pregnancy, psychosis and treatment.

Results
Gestation in patients diagnosed with schizophrenia is considered as high risk, because psychotic disorders usually get worse during the pregnancy period. Therefore, those patients are exposed to a worse diet and prenatal control, as well as to a high risk of consuming toxic substances such as tobacco, alcohol and illegal drugs. Schizophrenia is linked with congenital malformation and perinatal complications such as low apgar, low weigh, low-birth-weight, intrauterine growth retardation, premature child birth and neurobehavioral alterations. Pharmacologic treatments depend on the symptomatology severity of each patient. It is not recommended to give it up methodologically in all the cases, because a psychotic crisis would imply severe consequences for both, the mother and the fetus. Thus, the risk of relapse and its consequences should be seriously considered before prescribing a treatment dropout. Women, with previous psychosis or unbalance because of a treatment change or readjustment, should continue with their medication during their pregnancy, because in this way higher antipsychotics doses are avoided.

Conclusions
It is essential to assess the risk and benefits of the pharmacologic treatment on schizophrenic pregnant women. Two main factors should be considered, the possible relapse of the mother and the fetus exposure to teratogenic substances. An acute psychotic episode in pregnant women is a medical emergency, obstetric and psychiatric. Un episodio psicótico agudo en la mujer gestante, es una emergencia médica, obstétrica y psiquiátrica.
STARTING UP A ASSERTIVE COMMUNITY TREATMENT TEAM
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Developing and administering an Assertive Community Treatment team is very different from administering any other program in mental health. Starting a new team requires that all the various levels of the public mental health system (clinicians, administrators, workers, etc) participate to accomplish it. Careful consideration about composition of the teams, sharing caseload, hours of operation, headquarters, staff travel, medical record management, etc is needed to guide program development. We will explain all these questions from our experience in the Avilés ACT team.
IS THERE A RELATIONSHIP BETWEEN VITAMIN D AND SCHIZOPHRENIA?
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Objectives: Studies suggest a neuroprotective role for vitamin D. Its deficit has been linked with various psychiatric disorders such as schizophrenia (1). Increase in the prevalence of schizophrenia has been associated with high latitudes, winter/spring births, migration, urbanicity and cold climates (2,3). Vitamin D deficiency could be an important environmental risk factor, linking all of the previously exposed. We aimed to determine whether patients with a first psychotic episode had low levels of vitamin D compared to controls, considering their final diagnoses (schizophrenia vs other psychoses).

Methods: Cross-sectional study in an acute inpatient psychiatric unit. Vitamin D (25-hydroxyvitamin D) was determined by direct competitive chemiluminescence immunoassay. Vitamin D levels (ng/ml) were considered optimum > 30, insufficient 20 - 30 and deficient < 20 (4). Final diagnosis was obtained from the outpatient mental health service after a 6 month follow-up.

Results: We analyzed 27 patients with first-episode psychosis (13 with final diagnosis of schizophrenia and 14 of other psychoses) and 17 healthy controls, with no differences in mean age between the three groups (χ²(2)=5.20, p>0.05).

Schizophrenic patients showed deficient average values (ng/ml) of vitamin D (mean 12.87, range 6-24.9). Vitamin D levels in the other psychoses patient group were higher but also deficient (mean 15.74, range 6-34.6). Controls presented higher levels of vitamin D, but still insufficient (mean 21.45, range 11.20-33.5).

Vitamin D levels in the schizophrenia group were significantly lower compared to controls (CI 1.8 – 15.4; p < 0.009). No other significant differences were found between groups.

Conclusions: We observed deficient vitamin D levels in all the patients studied, being significantly lower for schizophrenic patients. Future studies are required to further examine this association in schizophrenia because vitamin D deficiency may be an easily modificable risk factor by means of a cheap and save public health intervention.

References:
GEOGRAPHIC DISTRIBUTION OF PSYCHOTIC DISORDERS TREATED IN LEÓN HEALTH DISTRICT
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Introduction and Objectives: León area is composed of a set of regions that, in some cases, presented a significant isolation by their geographical location. Psychosis may appear with different frequency in different areas according to psychosocial and genetic factors of the population. The aim of this study is to determine the distribution of psychosis in different areas of León health district.

Material and Methods: Observational study of incident cases. All psychoses (F2x.x) attended at the Emergency Department between July 2012 and December 2013 (18 months) are included. Be considered only patients regardless of the number of features. The place of residence of the patient would be assigned. Data on population and León area’s distance will be obtained. Graphic and statistical analysis using the SPSS v20 software will be used.

Results: León health district is divided into 28 health districts of which 6 of these corresponds to León City Area. The total population is 354095 people in 180 towns and 1041 villages. In 18 months 375 attentions were performed to 262 psychotic patients, with 220 incomes. The psychosis rate was 0.81 per thousand patients. The attention rate was 1.12 and the income rate 0.73. The higher rate of psychosis was obtained in Mansilla de las Mulas (2.15) and La Cabrera (2.02), although in the first of these areas is the provincial prison. The highest rate of income accounted Babia (2.12) and La Cabrera (2.02).

Conclusions: An inhomogeneous distribution of psychosis in different health districts is evident. There is a higher rate of hospitalization in the two most remote and traditionally more isolated areas.
VITAMIN C AS AN ADJUNCTIVE TREATMENT IN SCHIZOPHRENIA: A LITERATURE REVIEW OF THE THEORETICAL BASES AND PRACTICAL APPLICATIONS
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Schizophrenia is a devastating illness thought to result from a combination of genetic and environmental factors. Its etiology and treatment remain under active investigation. There is a growing body of evidence that peroxidative neuronal damage is a contributing factor. In this review, we focused on the results of the existing Vitamin C supplementation trials in Schizophrenia and the theoretical bases for considering the role of oxidative stress in its pathophysiology.

We searched the available English language literature in PubMed/Medline, Embase, Cochrane and Web of Science, using key words such as schizophrenia, vitamin C, ascorbic acid, antioxidant supplementation, oxidative stress, adjunctive treatment for schizophrenia. Bibliographies from primary sources and reviews were used to supplement our search.

Supplementation of antipsychotic regimens with antioxidants was found beneficial in several trials. In particular, Vitamin C has been incorporated into NICE guidelines for treatment resistant schizophrenia, among adjunctive treatment options. It was found to improve brief psychiatric rating scale scores, and appears to be a useful, inexpensive and safe option. However, the clinical trials of Vitamin C supplementation remain scarce.

Vitamin C is an inexpensive and safe adjunctive option to supplement schizophrenia treatment. It has sound theoretical basis behind it and has shown promise in the existing clinical investigations. However clinical trials remain scarce and more research is needed to delineate the extent of its clinical usefulness.
SECOND CASE REPORT OF SUCCESSFUL ELECTROCONVULSIVE THERAPY TREATMENT FOR A SCHIZOPHRENIA PATIENT WITH SEVERE HEMOPHILIA A
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As electroconvulsive therapy (ECT) is used for medication-resistant and life-threatening mental disorder conditions, it occupies an important position in psychiatric treatment. ECT reportedly increases intracranial pressure and is suspected of increasing the risk of intracranial hemorrhage, especially in patients with a hemorrhagic disease including hemophilia. A decrease or loss of activity of blood coagulation factors, including a deficiency of factor VIII and factor IX are found in hemophilia A and B, respectively. Psychiatrists may hesitate to perform ECT on patients with bleeding tendencies such as hemophilia. Here, we report the successful use of ECT on a neuroleptic-resistant schizophrenia patient with severe hemophilia A. We performed ECT 16 times supplemented with coagulation factor VIII to prevent intracranial and systematic hemorrhage. We administered factor VIII concentrates to the patient to keep factor VIII activity at 30–40% during ECT. The patient did not show bleeding or other complications during the ECT treatments. We suggest that pretreatment with factor VIII can prevent the increased risk of intracranial and systematic bleeding during ECT in hemophilia A patients. The present report is intended to support the idea of performing ECT safely on patients with hemophilia A by administering factor VIII.
THE FIRST ROMANIAN ONLINE PLATFORM FOR SCHIZOPHRENIC PATIENTS: CHALLENGES AND RESULTS
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Objectives
The goal of this presentation is to point out the challenges our team had to manage in order to create the first Romanian online platform for schizophrenic patients and their families, www.schizofrenia.ro. The platform was intended to be a reliable information tool and also an important tool for psychiatrist in collecting data about life quality and treatment compliance of patients with schizophrenia.

Methods
The site was intended to be simple and with a great visual impact. It gathers general information about schizophrenia divided in 2 sections: information/education for patients and information/education for families/caregivers. The team involved in the project was composed by psychiatrists, web-developers, IT specialists and designers. All the materials and designs used were tested and validated with patients and volunteers. The duration of this project was 6 months and most of the software solutions used was freeware.

Results
A reliable online platform for patients with schizophrenia and their caregivers in Romanian language was created. Its need was reflected by the growing number of people searching the internet for information regarding mental health. First data regarding site activity, patient’s life quality, treatment compliance are expected to be published 6 months after the site was launched.

Conclusions
As new technologies are introduced and become more reliable and accessible; psychiatrists and other professionals involved in mental healthcare develop new and innovative applications and methods through which to provide services. The internet is a commonly used source of information related to mental health, with elevated use among those with a history of mental health problems. Consumers frequently use the Internet to gather mental health information, indicating they like the “24/7” access to data as well as the anonymity the Internet affords.
ARE PLASMA LEVELS OF ANTIPSYCHOTICS RELATED TO CLINICAL RESPONSE IN FIRST-EPISODE PSYCHOSIS PATIENTS?

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Objectives:

a) To validate a technique for the quantification of plasma concentrations of SGA, and see which variables influence plasma levels in a sample of First-Episode Psychosis (FEP) patients.
b) To determine the validity of plasma break-points previously proposed as clinical predictors of response to treatment.

Methods:

From our sample of n=82 FEP patients we selected the SGA with the highest frequency at baseline: olanzapine(36%;n=29). Subsequently, we only included patients who had plasma concentrations and clinical measures at 2 and 6-month follow-ups(n=25).

Sociodemographic and clinical data were collected using standardized rating scales. Clinical response to olanzapine was defined as a ≥20% reduction in PANSS scores from baseline. Plasma levels were quantified using high-performance liquid chromatography with tandem mass spectrometric detection methods (LC/MS/MS). A mixed-effects linear regression model was conducted with olanzapine plasma levels at months 2 and 6 as dependent variables. The covariates in the first model were weight, age, gender, cigarettes/day, olanzapine dose, antidepressants, and ≥20% improvement in PANSS symptomatology. Afterwards, we reran the model using as predictors of plasma levels only the variables that resulted significant in the first model. The plasma break-points we considered were the ones referred by Perry et al.(1999) and Fellows et al.(2003).

Results:

Mean age of patients was 28.39(SD=7.75). Olanzapine daily doses ranged from 2.5 to 20mg/day. Blood samples were obtained 10.53(± 1.08 hours ) after last intake. The following variables resulted significant: age(β=1.02;p=0.028); cigarettes/day(β=-0.81;p=0.023); and dose(β=3.09;p=<0.001). The ≥23 ng/ml break-point identified 89% of responders at month 2 and 76% at month 6, whereas 100% of non-responders were plotted above it.

Conclusions:

Age, number of cigarettes and dose may contribute to explain variability in plasma levels of Olanzapine. The aforementioned plasma concentration break-point had high sensitivity but no specificity. We propose the use of more strict criteria for clinical response (e.g.40% PANSS reduction) in order to increase specificity.
COGNITIVE FUNCTION IN SCHIZOPHRENIA AND ITS ASSOCIATION WITH SOCIO-DEMOGRAPHIC VARIABLES IN A PRIVATE PSYCHIATRIC HOSPITAL IN NORTHERN NIGERIA

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Objective: This study was designed to assess cognitive impairment in schizophrenia and its association with sociodemographic variables.

Methods: A cross-sectional study of Cognitive function in 80 consecutive patients with the Schedule for Clinical Assessment in Neuropsychiatry (SCAN) diagnosis of schizophrenia attending a private psychiatric facility in Northern Nigeria was assessed using Addenbrooke's Cognitive Examination Revised (ACER) rating scale and Mini Mental State Examination (MMSE). Their sociodemographic characteristics was obtained using a semistructured questionnaire.

Results: About 62% of patients with schizophrenia were found to have cognitive dysfunction for attention, concentration, memory, language, and executive function. Patients with duration of illness >2 years and high educational status showed more cognitive dysfunction. Male patients were associated with more cognitive impairment.

Conclusion: The study showed that persistent cognitive deficits are present in patients with schizophrenia. Long duration of illness and male gender was associated with more cognitive impairment. Our study recommends early treatment of patients with schizophrenia. Treatment and rehabilitation should address these cognitive deficits.

Key words: Cognitive impairment, Schizophrenia, Nigeria

References
HIGH INTENSITY INTERVAL TRAINING FOR CARDIOVASCULAR DISEASE REDUCTION IN INDIVIDUALS WITH SCHIZOPHRENIA

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Objectives: 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). There is currently a lack of specific guidelines proposing an optimal strategy to reduce this risk. Non-pharmacological interventions have been studied (e.g. cognitive behavioural therapy, diet, physical exercise) and exercise training has been proven to be particularly efficient, targeting cardiorespiratory fitness (VO2 max), an independent risk factor of CVD, in addition to traditional metabolic parameters (waist circumference, triglyceride, blood glucose, blood pressure).

Specific objectives:
1) Conduct a critical literature review of physical exercise interventions (in monotherapy) aimed at reducing cardiovascular risk factors in individuals with SCZ.
2) Based on the most current scientific evidence, propose the most efficient type of exercise training program that could be realistically applied in this population to improve cardiometabolic health. A review of current evaluation protocols for cardiometabolic parameters is also presented.

Method: Literature review via systematic keyword search for publications in Medline, PubMed, Embase and PsycINFO databases.

Results: Aerobic exercise, in particular high intensity interval training, appears to provide the most benefit in reducing CVD risk by specifically targeting cardiorespiratory fitness levels. Furthermore, studies have shown that it can be realistically implemented in individuals with SCZ.

Conclusion: A specific exercise training program including an evaluation protocol and monitoring of cardiometabolic parameters is proposed. Solutions to obstacles proper to this population are also presented. Such a program could be implemented within actual rehabilitation programs by multidisciplinary teams. Promising results of a pilot study using this protocol will be presented.
REMISSION AND RECOVERY IN TUNISIAN PATIENTS WITH SCHIZOPHRENIA
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Introduction: Schizophrenia has long been associated with ineluctable poor prognosis. However, recent studies showed non-negligible proportions of remission and even recovery.

Objective: To determine the prevalence of remission and recovery in a population of Tunisian patients with schizophrenia.

Methods: A cross-sectional study involving patients with schizophrenia or schizoaffective disorder (according to DSM-IV-TR criteria) who consulted during their follow-up in the department of Psychiatry F in Razi hospital between February 1st and March 15th, 2013. Clinical remission was defined according to the consensus of Remission in Schizophrenia Working Group (RSWG) based on the Positive and Negative Syndrome Scale (PANSS). Recovery was defined as follows: clinical remission (RSWG criteria), social remission (Global Assessment of Functioning >= 61) and the absence of hospitalization during the last two years. The studied population consisted of 60 patients; 66 % were female. Mean age was 46 +/- 9 years.

Results: The studied population consisted of 60 patients; 66 % were female. Mean age was 46 +/- 9 years.
In our population, 36% met criteria for remission as defined above, while 16 % met the criteria for recovery.

Conclusions: While specific criteria have been defined for remission by the RSWG consensus, there is still no consensus on criteria for recovery in schizophrenia.

References:
AEROBIC EXERCISE AND MIND-BODY EXERCISE: NEURO-COGNITIVE AND CLINICAL EFFECTS IN EARLY PSYCHOSIS


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Objectives
The current study aims to explore the effects of aerobic exercise and mind-body exercise (yoga) on cognitive functioning and clinical symptoms in female patients with early psychosis. The potential neuromechanism underlying the clinical consequences was also investigated.

Methods
Female patients (n=114) diagnosed with schizophrenia spectrum disorders and psychotic disorder were recruited from outpatient clinic. They were randomized into integrated yoga therapy group, aerobic exercise programme group, and waiting list as the control group. Both interventions were held three times weekly. Cognitive functions and clinical symptoms were assessed at the baseline and 12 weeks, and also the MRI scans. Repeated measures ANOVA analysis was compared between baseline and at 12 weeks among the three groups. Post-hoc Bonferroni test was used for comparing between two groups. Structural MRI data was analyzed by FreeSurfer V5.1 and Qdec V1.4 to calculate the brain volume and cortical thickness.

Results
Both yoga and aerobic exercise groups demonstrated significant improvements in verbal memory (p<0.01) and working memory (p<0.01) with moderate to large effect sizes compared to control groups. The yoga group showed significantly enhanced attention and visual-motor coordination (p<0.05). Both yoga and aerobic exercise significantly improved overall clinical symptoms (p<0.05) and depressive symptoms (p<0.05) after 12 weeks. Significant increases were observed in the thickness and volume in some brain areas, which were significantly correlated with the improvements in cognitive functions.

Conclusions
Both types of exercise improved cognition in early psychosis patients, with yoga having a superior effect on attention and visual-motor coordination than aerobic exercise. Observed increments in the cortical thicknesses and volume may indicate improved neurogenesis. The present study indicates possible interventions for cognitive impairments in the patients with early psychosis, which are non-invasive and mostly safe.
COMPARATIVE ANALYSIS OF THE PREVENTION OF RELAPSE IN PSYCOTIC PATIENTS FOLLOWING THE INTRODUCTION OF PALIPERIDONE PALMITATE

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Objectives: To estimate the impact on the prevention of relapse, days of hospital admission and number of emergencies after the introduction of paliperidone palmitate (PP) and to assess the use of antipsychotics concomitant in patients starting treatment with PP.

Methods: Study of mirror image of a sample of 31 patients with psychotic disorder in outpatient treatment with PP. Study time is 1 year, assesses the following variables: number of hospital admissions patient/year, number of days of hospital admissions, number of emergencies, and concomitant antipsychotic medication.

Results: Sample of 31 patients (87% schizophrenia, 6.5% schizoaffective disorder and 6.5% delusional disorder) for a period of one year with a mean dose of 147.58 mg eq PP. In the 12 months prior to the introduction of PP, 27.6 % of patients were taking antipsychotic monotherapy, and per patient per year, there were a total of 0.26 hospital admissions, 4.52 days of hospitalization, 1.35 emergencies, and there was a consumption of 1.9 antipsychotics. After 12 months of treatment with PP, data were: 0.09, 0.29, 0.35 and 1.5 respectively, obtaining 51.6 % patients on antipsychotic monotherapy.

Conclusions: Gets a significant reduction of the 62.4% rehospitalizations (p= 0.009), which translates its efficacy in the prevention of relapses, allowing to achieve an improvement in the functionality of the patient, less deterioration and thus getting a better prognosis of the disease. Reduces hospital stay in 94% and the number of emergencies in 74% in a significant way (p=0.009 and p=0.002 respectively). Decreases the number of antipsychotic drugs used by patient per year in 21% and therefore should be noted, a marked increase of monotherapy (87%), which may be associated with greater security in the therapeutic adherence provided by an effective treatment of intramuscular long-term.
SCHIZOPHRENIA, ORGONOMIC PERSPECTIVE

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Schizophrenia: An Orgonomic Perspective: Schizophrenia is the most important illness in the specialty of psychiatry and perhaps the most mysterious illness in medicine. Countless books and articles have been written on this subject. However none have given a satisfactory explanation of its etiology, manifestations, clinical course, prognosis, or treatment. Every psychiatric theory regarding Schizophrenia proves inadequate in explaining different aspects of this illness and comes short of providing a satisfactory treatment approach. The only satisfactory explanation that can explain the different manifestations of Schizophrenia, connect it to a single etiology and offer a logical treatment approach is the orgonomic explanation and theory of schizophrenia as described by Dr. Wilhelm Reich. In this presentation, historical theories of Schizophrenia, their shortcomings, and a description of (orgonomic) view of Schizophrenia as described by Dr. Wilhelm Reich is discussed.
TOO CLOSE FOR COMFORT: INFLEXIBLE PSYCHOTIC PATIENTS AND THEIR INTIMATE RELATIONSHIPS

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Introduction: Psychosis is a chronic and multidetermined disorder that encompasses a set of symptoms with negative impact on the individual’s physiological, psychological and social functioning. In line with this, the presence of paranoid ideation may interfere significantly with the way social experiences are constructed, leading to difficulties in intimate relationships (parents, mates and friends).

Several studies have pointed out the transdiagnostic nature and efficacy of Acceptance Commitment Therapy (ACT) approaches as well as the crucial role of its core processes in the etiology of human suffering, such as the entanglement with internal experiences (cognitive fusion) and consequent unwillingness to remain in contact with these experiences and ineffective attempts to modify their topography (experiential avoidance).

Method: This study intends to test a double mediation model in which the impact of paranoid ideation on the involvement in intimate relationships occurs through cognitive fusion and experiential avoidance. To attain our goal we have conducted the statistical procedures in a sample constituted by 40 outpatients with psychosis.

Results: In line with ACT literature, we expect that patients with higher levels of paranoid ideation are more entangled with their internal experiences and are unwilling to be in contact with them. On the other hand, we expect that the impact that paranoid ideation has on the involvement in intimate relationships occurs at least partially through the entanglement with internal experiences and the consequent difficulty in experiencing them as they are, without trying to alter their form, frequency and duration.

Conclusions: Although data is still being explored, it appears that this study may have relevant clinical implications, since it is of our knowledge the first empirical study relating these variables. Our results may suggest the importance of addressing the quality of the relationship that the individual establishes with his internal experiences rather than altering its content.

Keywords: paranoia; cognitive fusion; experiential avoidance; intimate relationships.
**DURATION OF UNTREATED PSYCHOSIS ASSOCIATION WITH FUNCTIONAL LEVEL OF SCHIZOPHRENIA**

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**Objectives:** Different reasons like social stigma, mental health literacy, accessibility to services could lead to delayed presentation of Schizophrenia. Older studies have postulated poorer outcome if Duration of Untreated Psychosis (DUP) is longer, but some recent evidence gives conflicting opinion. There is lack of research done in Sri Lanka on the association of DUP to functioning and persistence of symptoms in Schizophrenia. To assess DUP and to describe association (if any) with persisting residual symptoms and functional level.

**Method:** Individuals meeting ICD10 criteria for Schizophrenia in outpatient clinic at National Hospital of Sri Lanka (NHSL) were considered eligible. Participant plus family member was interviewed separately by one of the researchers to assess DUP. A second researcher who was blinded to DUP assessed residual symptoms and functional level, using interviewer administered Brief Psychiatry Rating Scale (BPRS) and (modified) Global Assessment of Functioning Scale (mGAF) respectively. Data was analysed using SPSS. Ethical approval for the study was obtained from Ethical Review committee, NHSL.

**Result:** 96 participants included. 52% (50) females, 27% (26) had Nicotine Dependence and 13% (12) harmful use of Alcohol. Mean DUP is 35.5 months with 52% (50) having DUP less than 1 year. Participants with DUP less than 1 year had significantly higher mGAF scores (P=.027 at CI 95%) compared to participants with DUP above 1 year, but no significant difference between BPRS scores between groups. Participants with longer DUP were more likely to have higher number of admissions, higher than recommended doses and antipsychotic polypharmacy.

**Conclusions:** Among participants of our study, a shorter DUP was associated with a higher global level of functioning. Longer DUP may be a potential identifier of poorer outcome in schizophrenia in our management settings. Further research is required to exclude confounders and to explore this hypothesis further for Sri Lanka.
EFFECT OF YOGA THERAPY ON PLASMA OXYTOCIN AND FACIAL EMOTION RECOGNITION DEFICITS IN SCHIZOPHRENIA
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Objectives: Facial emotion recognition deficits (FERD) in schizophrenia have been consistently observed in schizophrenia patients. Oxytocin, which sub-serves facial emotion recognition, has been reported to be deficient in schizophrenia; importantly, oxytocin has also been demonstrated to have therapeutic potential in schizophrenia. In this study, we aimed to study the effect of Yoga therapy on FERD and endogenous oxytocin levels.

Methods: Antipsychotic-stabilized patients with schizophrenia were allocated to Yoga group (n=15) and wait-list group (n=12). They were assessed at baseline and at one-month of follow-up. Assessments included Scale for Assessment of Positive Symptoms (SAPS), Scale for Assessment of Negative symptoms (SANS), Socio-Occupational Functioning Scale (SOFS), and Tool for Recognition of Emotions in Neuropsychiatric Disorders (TRENDS). Oxytocin levels were measured using MILLIPLEX MAP assay kit (Millipore Life sciences, MA).

Results: Paired samples t-test showed significant improvement in positive symptoms, performance on TRENDS and socio occupational functioning in Yoga group. Plasma oxytocin levels increased significantly in the Yoga group (p<0.05). Wait-list group did not show any significant change in these parameters.

Conclusion: The study findings reiterate the ‘holistic’ impact of yoga therapy in improving psychopathology, FERD, and socio occupational functioning in schizophrenia patients. Our novel observation of concurrent significant elevation in oxytocin levels suggests one of the possible therapeutic mechanisms for yoga therapy in this disorder.
ATYPICAL NEUROLEPTICS STIMULATE NEUROGENESIS IN THE HIPPOCAMPUS OF ADULT MOUSE.

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Objectives

Altered neurogenesis in the brain may contribute to the pathophysiology of schizophrenia and the pharmacological action(s) of antipsychotics. However, it is still unclear whether antipsychotic drugs stimulate neurogenesis in the hippocampus and/or the SVZ of the brain or not. The aim of this study is to examine the effect of extensively used antipsychotics on the mouse hippocampal neurogenesis.

Methods

Animals were continually administered six of the most commonly used antipsychotics; haloperidol (1 mg/kg), quetiapine (20 mg/kg), aripiprazole (3 mg/kg), clozapine (20 mg/kg), olanzapine (2 mg/kg), and risperidone (0.5 mg/kg), or vehicle via the osmotic pump for 3 weeks, and then injected with 50mg/kg of 5-bromo-2'-deoxyuridine (BrdU) to label mitotic cells for the third successive day. BrdU-positive cells in the hippocampus were quantified by stereology.

Results

All the atypical antipsychotic drugs used in this study increased BrdU-positive cells by 28–73%. Statistical analysis revealed that quetiapine and aripiprazole significantly increased BrdU-positive cells. By contrast, haloperidol decreased BrdU-positive cells by 23 %.

Conclusion

Atypical antipsychotic drugs, but not haloperidole, increase hippocampal neurogenesis in adult mice, which might explain their role in improved cognition in schizophrenic patients.
USE OF CLOZAPINE IN TREATMENT-RESISTANT SCHIZOPHRENIA IN COMMUNITY MENTAL HEALTH TEAMS (CMHT) IN ENGLAND

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Objectives: We audited the use of clozapine in treatment-resistant schizophrenia (TRS) patients under the caseload of a community mental health team (CMHT) and a chronic recovery team (CRT) in Northern England. The study aimed to improve patient information regarding their anti-psychotic medication and to achieve working within national guidelines for TRS medication management.

We tried to answer the following questions: How many patients in the cohort have TRS? How many of the patients with TRS are currently on clozapine? How many of the patients with TRS were on clozapine in the past? How many of the patients with TRS were never on clozapine? Of these, to/with how many has clozapine been offered/considered/discussed? For patients with TRS, were two antipsychotics of adequate doses administered for 6-8 weeks duration? Of these, for how many was at least one of the anti-psychotics an atypical one?

Methods: Data collection was performed retrospectively and analyzed in Microsoft Excel. A modified version of Kane criteria for TRS was used.

Results: Of the 27 patients with chronic schizophrenia in the cohort, 18 (67%) had TRS. Of these, 8 (44%) were currently on clozapine, and 2 (11%) were on clozapine in the past. Eight (44%) have never been on clozapine, and this alternative has been discussed with none of them.

Conclusions: This analysis showed a suboptimal compliance with NICE guidelines regarding use, trial or discussion of clozapine in TRS. This could be easily improved in the studied cohort by individual medic reviews and team discussion of future medication management.
HEALTH CARE UTILIZATION OF PATIENTS WITH NON-AFFECTIVE PSYCHOTIC DISORDERS (NAPD)

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Objectives Research indicates a higher risk of somatic problems and cardiovascular and respiratory mortality among patients with NAPD. Data on health care (HC) utilization of this group have revealed ambivalent results pointing at a higher appeal to somatic HC and possible under-consumption. This study focuses on somatic HC utilization in the Netherlands of patients with NAPD, unipolar depression, anxiety or bipolar disorder, compared to matched controls without psychiatric diagnosis. The aim is to study possible under-consumption associated with NAPD and its correlates.

Methods The HC utilization of 2,392 cases with NAPD registered in the Psychiatric Case Register Middle Netherlands (PCR-MN) and above mentioned comparison groups was analyzed by using linked data on prescribed medication, general practitioner (GP) consults and treatment by specialists from insurance company Agis.

Results The costs for somatic HC among NAPD patients was on average €1621 per year, marginally higher compared to matched controls (€1441, p=0.079). Among patients with depression and anxiety, much greater differences with their matched controls were found (p<0.05). The percentage of NAPD patients who received somatic treatment by a specialist was lower than that of controls (OR=0.89, P<0.05), especially at higher age (>60) and longer duration since diagnosis (>5 years) (OR=0.60, P<0.05). This was the case for treatment for a.o. cardiovascular disorders (OR=0.61) and diabetes (OR=0.37, P<0.05).

Conclusions In view of the higher somatic death risk, our data on care utilization of NAPD patients suggest HC under-consumption, which is increasing with a longer illness duration and older age.

References
SCHIZOPHRENIA AS EVOLUTIVE DIAGNOSIS

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Introduction
We handle the hypothesis that the diagnosis of schizophrenia is by far the most prevalent at the time of admission in a mental hospital. Taking into account the evolution of these situations, we find it frequent changes in schizophrenia spectrum diagnosis.

Objectives
To quantify the number of diagnosis on admission and diagnosis at the present time, and the evolution of these.

Methodology
We review the diagnosis on admission of patients located in residential units (n= 44). and make a current diagnosis according to ICD-10 criteria.

Results
The 44 patients have a mean age of 55.51 years, and mean time of 22, 4 years living in the Psychiatric Hospital (40.3 % of its life). Most patients were diagnosed Schizophrenia in admission (37 patients, 84 %), in any of its variants. At the time of our study, this percentage decreased to 30 schizophrenia patients (68%). We found that 15 diagnoses have changed (34 %), of which almost all cases (14) were schizophrenia (93 %) and only one patient who was originally TOC and currently Paranoid Schizophrenia.
These 15 patients were: From schizophrenia to mental retardation there are 6 cases (40%), which is explained because positive symptoms in admission has been disappearing and intellectual retardation currently prevails. From Schizophrenia to personality disorder 4 patients (27%). The other changes has been from Schizophrenia to Personality disorder, to persistent delusional disorder, to OCD, to hypochondriac and to schizoaffective disorder.

Conclusions
The diagnosis of schizophrenia is a diagnosis that we believe it is an evolutionary one. In our study 34% of the cases are different, which shows that the diagnosis in Psychiatry is not fixed.

References
-International Classification of Mental Disorder number 10 (Madrid 2000).
DAY HOSPITAL: CLINICAL OUTCOMES AND ADVANTAGES
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Introduction: Psychiatric day hospitals are partial time institutional treatments designed for patients who require intensive and comprehensive treatment. An increasing proportion of psychiatric patients are treated in day hospital settings, which are an effective alternative to hospital admission.

Objectives: The aim of the study reported here was to assess the effectiveness of an intensive day program for patients with severe mental disorders and to investigate the relationship between the initial assessment results and the outcome results.

Methods: The sample is formed by 117 patients attended in the Psychiatric Day Hospital since January 2012 to December 2013. Data were analysed using SPSS20.

Results: Sex rate were 61 male (52,1%) and 56 female (47,8%) [N=117]. 82 (70,1%) were single. 41 (35%) were employed. A total of 70 patients (59,8%) lived in urban area [N=117]. The most common diagnostic group were psychotic disorders (56,4%), followed for affective disorders (30,8%) [N=117]. At discharge a significant improvement was observed among most of the treated patients. The mean PANSS total score improved from 68,8 +/- 21,55 at admission to 50,08 +/- 22,82 at discharge (p< .000) and mean change on PANSS subscales from baseline to end were significantly different [N=72], the mean GAF score improved from 53,84 +/- 11,7 to 72,77 +/- 16,41 (p< .000) [N=112]. Mean chlorpromazine equivalents was 529,33 at admission to 374,42 at discharge (p< .000)

Conclusions: Our data confirm the hypothesis that patients with serious mental disorders can be managed effectively in a short-term day hospital. The day hospital lies midway in the service continuum between inpatient and outpatient services and can provide a bridge between community and inpatient care.

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- Day hospital in the context of a community mental health program Dr. Wade H. Silverman Ph.D., Dr. Eduardo Val M.D. Community Mental Health Journal Spring, 1975, Volume 11, Issue 1, pp 82-90
DESCRIPTIVE STUDY OF A SAMPLE 32 PATIENTS TREATED WITH XEPLION® (PALIPERIDONE PALMOATE) IN A SPANISH SEMI-RURAL MENTAL HEALTH CENTER

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Objectives: A descriptive study from a transversal data collection through the medical history of a sample of 32 patients of both sexes on treatment with Xeplion®.

Methods: The dates collected were the following: sociodemographic variables, year of debut of psychiatric disorder, psychopathological diagnosis, date of introduction of Xeplion®, number of hospitalizations before and after Xeplion®, previous drug therapy, use of concomitant psychiatric medications, concomitant substance use disorder and side effects of Xeplion®.

Results:
- Schizophrenia was the predominant diagnostic (62%); in 12.50% was Schizoaffective Disorder and Toxic Psychosis; in 3% of the sample the major diagnostic was Bipolar Disorder and Delusional Disorder.
- The 56.25% of the sample had been treated previously with injectable neuroleptic treatment (Risperdal Consta®) and 53% of the sample with oral atypical neuroleptics.
- The 68.75% of the sample was additionally treated with some type of psychotropics and of these, 63% are concomitantly treated with oral atypical antipsychotics.
- The 59% of patients consumed toxic.
- The 81% of patients treated with Xeplion® did not refer side effects associated with its use.
- The 90% of patients did not require a hospitalization after the beginning of treatment with Xeplion®.
- The 85% of the sample had required one of various admissions previously to the administration of Xeplion®.

Conclusions: The present study indicates that Xeplion® is an antipsychotic treatment that is well tolerated and reduces the number of readmissions compared to oral antipsychotic treatments with better treatment adherence.
DETECTING ULTRA HIGH RISK OF PSYCHOSIS PATIENTS IN A GENERIC CAMHS TO DETECT TRANSITION INTO PSYCHOSIS AT AN EARLIER STAGE

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INTRODUCTION: A systematic review of the literature on risk of psychosis reveals three categories of Ultra High Risk of Psychosis (UHRoP) adolescents. Early detection and treatment of psychosis is known to reduce morbidity. Tower Hamlets CAMHS set up a Psychosis Pathway Protocol in Sep 2011 to detect those known to CAMHS who are UHRoP; to offer psychiatric monitoring and intervention at transition to psychosis.

OBJECTIVES: to compare patients known to the previous AMHT and current patients known to the Pathway in terms of time taken from referral and psychiatric review; time taken from UHRoP and psychiatric review; time taken from psychotic symptoms to psychiatric review; and time taken from psychotic symptoms and starting antipsychotic medication.

METHODS: A cross-sectional case notes review of patients on the AMHT caseload in August 2011 and patients on the Psychosis Pathway in September 2013 was conducted by two researchers.

RESULTS: 13 AMHT and 19 Psychosis Pathway patient notes were identified. 70% of the AMHT patients seen to have been UHRoP transitioned to psychosis compared to 61% of the psychosis pathway patients. 44% of AMHT psychotic patients had been admitted under section on admission compared to 23% of the pathway patients. For patients who were not admitted on presentation, the average time from referral to psychiatric assessment was reduced from 269 days to 16 days. For those who became psychotic, the time taken to start antipsychotic medication was reduced from 14 days to 3.

CONCLUSIONS: Detecting those at UHRoP has led to a reduction in time taken for psychiatric assessment and initiating treatment in patients with psychosis in Tower Hamlets CAMHS. More patients are also being transitioned into adult services, even if not psychotic and there have been fewer admissions over a 2 year period.
COGNITIVE REHABILITATION BUILDS A STRUCTURED EFFECTIVE APPROACH IN PSYCHOSOCIAL REHABILITATION IN RESIDENTIAL MENTAL HEALTH SERVICES: A COMPARATIVE STUDY

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Introduction: Emerging evidences demonstrated a relationship between cognitive deficits and social disability in patients with schizophrenia and schizoaffective disorders; currently they are considered an important target of both pharmacological and psychological (in particular, Neuro-Cognitive Trainings, NCT) treatments of these patients. Deficits of social skills might also contribute to the poor outcome of schizophrenia; the Social Skills Training (SST) is the most largely used intervention designed to improve social competence of patients with schizophrenia.

Objectives: Firstly we investigate the efficacy of the integrate approaches of our rehabilitation program applied in three different Residential Mental Health Services; secondly we assess how NCT and SST implements Social Skills in real life and how guarantee generalization and persistence over time of eventual improvements.

Methods: Forty adult inpatients (from 18 to 55 years of age) with ICD-10-based diagnoses of schizophrenia were randomly assigned to four different groups: structured rehabilitation program from 36 months (IPT-a group); structured rehabilitation program from 24 months (IPT-b group); active intervention from 9 months (IPT-c group) and usual rehabilitation activities (control group). Outcome measures were cognition (ENB-2), social skills assessment (Valutazione Abilità Sociali), Brief Psychiatric Rating Scale (BPRS – 18 items) and ICF-checklist.

Results: Patients with schizophrenia can clearly improve their social competence with NCT and SST to different degree. IPT-a, IPT-b; IPT-c groups improve the profile of the deficits of cognitive functions and social competence. IPT-a group and IPT-b group show a higher level of generalization and persistence of improvements than IPT-c group. IPT-c group show a growth in NCT, SST and BPRS scores, but not yet in ICF-Checklist.

Conclusions: Cognitive behavior therapy may benefit the large number of patients who continue to experience disabling psychotic symptoms despite optimal pharmacological treatment. The challenge is implement and apply structured intervention programs in Mental Health Services.
THE EFFECT OF LONG TERM SMOKING CESSATION ON PREPULSE INHIBITION AND P50 SUPPRESSION IN JAPANESE PATIENTS WITH SCHIZOPHRENIA.

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Objectives: The prevalence of cigarette smoking is known to be higher in patients with schizophrenia than general population. Though it is a serious problem for their health, some have suggested that smoking may be an attempt to self-medicate. It was reported that short term smoking cessation impaired sensory gating in patients with schizophrenia. But, to our knowledge, no group has investigated the effect of long term smoking cessation on their sensory gating. This study investigated the effect of long term smoking cessation on prepulse inhibition (PPI) and P50 suppression of startle response in Japanese patients with schizophrenia.

Methods: We conducted smoking cessation therapy medicated by varenicline for 12 weeks in 11 smokers with schizophrenia. PPI and P50 suppression were assessed at baseline, week 2, week 12 and 4 weeks after the end of smoking cessation therapy (week 16).

Results: Four patients (36.3 %) succeeded in smoking cessation until the end of smoking cessation therapy (week 12). Only a patient (9.1 %) of them could maintain smoking cessation until 4 weeks after the end of therapy (week16). Two patients could not quit smoking during therapy and 5 patients dropped out by the end of therapy. Though we could not find statistically significance, in patients who could quit smoking until week12, PPI impaired at week 2 had a tendency to improve at week 12, and a patient who could maintain smoking cessation until 4 week after the end of therapy sustained the improvement in PPI at week 16.

Conclusions: We found the possibility that long term smoking cessation improve sensory gating in patients with schizophrenia which was once impaired by short term smoking cessation.
HIGH-DOSE AND LONG PERIOD PYRIDOXAMINE ADD-ON TREATMENT FOR SUBPOPULATION OF SCHIZOPHRENIC PATIENTS WITH ENHANCED CARBONYL STRESS
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Objectives
The aim of this clinical trial was to evaluate the therapeutic efficacy of high dose pyridoxamine add on treatment for schizophrenic patients with enhanced carbonyl stress.

Methods
10 Japanese patients with treatment resistant schizophrenia exhibiting high plasma pentosidine, a well-known biomarker for enhanced carbonyl stress, were recruited in 24 week, open trial. To verify the therapeutic effects, we added high dose pyridoxamine, ranging from 1200mg to 2400 mg per a day, on the present anti-psychotic regimen. Plasma pentosidine and three forms of serum vitamin B6s were measured before and during the treatment. Positive and Negative Syndrome Scale (PANSS), Brief Psychiatric Rating Scale (BPRS) were assessed for the psychological symptoms. To examine the extrapyramidal symptoms and patient’s safety, Drug-Induced Extrapyramidal Symptoms Scale (DIEPSS) and Columbia-Suicide Severity Rating Scale (C-SSRS), were evaluated respectively.

Results
3 patients were significantly improved at PANSS total scores from the baseline and significant reduction in BPRS scales were observed in same 3 and one more patients. Within these responders, 1 patient show greater decrease of plasma pentosidine. Surprisingly we also found over 50% reduction in DIEPSS in 5 patients. Although there are no severe suicide related idea or behavior, serious adverse events occurred in 2 patients followed with complete recovery by adequate management.

Conclusions.
In some cases, high dose pyridoxamine add-on treatment was significantly effective for schizophrenic patients with enhanced carbonyl stress, however, 2 severe adverse effects were occurred. Further placebo controlled, randomized trial with careful monitoring of adverse effects will be required to validate the efficacy of high dose pyridoxamine for schizophrenic patients with enhanced carbonyl stress.
THE EARLY PSYCHOSES IN EMILIA ROMAGNA (EPER) PROGRAM: AN INTEGRATED RECOVERY-ORIENTED APPROACH FOR THE OPTIMAL CARE OF EARLY PSYCHOSES

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Objectives: To structure a comprehensive multiprofessional intervention program for early psychoses in Emilia Romagna according to international and national guidelines.

Methods: A comprehensive plan for early interventions in First Episode of Psychosis (FEP) was structured including six modules based on an integrated approach: 1. Individuation of a case-manager; 2. Cognitive-behavioral-oriented interventions; 3. Pharmacological treatment 4. Psychoeducation to patients and their families; 5. Recovery-oriented interventions: social inclusion, supported employment or education, leisure time programs; 6. Physical health monitoring. Interventions were manualized and monitored in details. About 300 professionals working with FEP were extensively trained in the application of the six modules in the framework of an educational initiative that took place in the whole region from March to May 2013.

Results: In May 2013 the program started in the whole region; preliminary data, collected by a comprehensive care monitoring form, will be discussed.

Conclusions: International guidelines emphasize the importance of early interventions in First Episode Psychoses (FEP) based on integrated approach. The EPER program underlines the need for early interventions oriented to personal and social recovery, in terms of living with satisfaction and participation in the community even with the restrictions due to illness.

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DESIGN OF A DUAL TASK TO EVALUATE DIVIDED ATTENTION IN PATIENTS WITH SCHIZOPHRENIA
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Objectives. Schizophrenia is known to be associated with deficits in selective, switching and sustained attention. Few studies have examined whether the disorder is also associated with a deficit in the ability to divide attention. The objectives are:
- To design a dual task involving two tasks of equivalent difficulty that make use of different sensory modalities.
- To apply our test to a group of patients with schizophrenia and a group of healthy controls and compare their performance on single tasks and on the dual task and to analyse how stimulus degradation affect the loss of performance in moving from a single to dual task.

Methods.

PHASE 1. Stimulus design and dual task construction. The sample comprised 47 healthy volunteers. The dual task was designed using 8 visual stimuli and 8 auditory stimuli, with 4 degradation levels for each stimulus. The task was designed based on the Continuous Performance Test approach. The dual task comprised four blocks of single-task exercises and two blocks of dual-task exercises. In each pair of exercise blocks, one block was designed to be more difficult than the other.

PHASE 2. Dual-task testing of divided attention. The experimental group comprised 22 schizophrenic patients and the control group comprised 22 healthy participants. Participants performed the dual task in individual booths. Three-way ANOVA (group x modality x degradation) was carried out using the dual-task value of d’ in order to compare how patients and controls performed the dual task.

Results. While both groups distributed their attentional resources in similar ways, the patients showed lower dual-task performance. Increasing task difficulty affected both groups to similar extents.

Conclusions. Our findings suggest that even though patients with schizophrenia use similar strategies as healthy individuals to divide their attention when faced with simultaneous tasks, the patients have fewer overall attentional resources.
PSYCHOLOGICAL AGE LAG AND RELATED FACTORS OF PATIENTS AT THE REMISSION PHASE OF SCHIZOPHRENIA

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Objectives We explored the psychological age lag of patients at the remission phase of schizophrenia, analyzed its correlation with coping styles and defense mechanism, and discussed gender differences of coping styles, defense mechanism and parental rearing styles.

Methods We used questionnaire of psychological age assessment, coping styles questionnaire, defense mechanism questionnaire (DSQ) and Egma Minnen av Bardndosnauppforstran (EMBU) to investigate 171 patients at the remission phase of schizophrenia.

Results The mean physical age of patients was (33±11), the mean psychological age identified by doctors was (11±4), the mean psychological age identified by themselves was (32±12), the mean psychological age identified by caregivers was (21±11). The mean psychological age identified by doctors was statistically younger than the mean physical age, as well as the mean psychological age identified by caregivers. The patients whose psychological ages were younger than 12 used less solving problems (coping styles) and flinch (defense mechanism), and more self-blame, fantasy and avoidance (coping styles) than the rest. The correlation analysis shows that the psychological age lag was positive correlative with physical age, total course of disease, age at first onset, times of hospitalization, rationalization (coping styles) and negative with discharged, the all capacity with incapacity, consumption and intermediate defense mechanism. For coping styles, male used fantasy less than female, and used self-blame and avoidance more than female. Father used refuse and deny (parental rearing styles) more to male than to female. On the contrary, mother used refuse and deny more to female than to male. For defense mechanism, male used flinch, reaction formation, consumption less than female, and used fantasy, somatization, expectation more than female.

Conclusions The psychological age lag were widespread in patients at the remission phase of schizophrenia. Patients with different psychological age lag degree used different coping styles and defense styles. Person whose psychological age lag was significant prefer to use rationalization (coping styles). Patients of different genders used different coping styles and defense mechanism. Patients believed their same-sex parents used more refuse and deny of parental rearing styles. So psychological intervention should be carried out separately for patients of different genders, especially family intervention.
PSYCHOPATHOLOGY AND PATTERN OF TOBACCO USE IN PATIENTS WITH SCHIZOPHRENIA

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Objectives: The self-medication hypothesis proposes that schizophrenia patients may smoke as an attempt to reduce their cognitive deficits, their symptoms or the antipsychotic side-effects. The goal of this study is to identify the relationship between the smoking topography and psychopathology among outpatients with DSM-IV schizophrenia. This study was supported by the Instituto de Salud Carlos III grant PI 11/01891, and by the Centro de Investigación Biomédica en Red de Salud Mental, CIBERSAM.

Methods: The sample included 33 smoking outpatients with DSM-IV schizophrenia from a Mental Health Center sited in the North of Spain [63.6% males; mean age (SD) = 43.82 (7.97)]. Instruments: (1) Psychopathology: Positive and Negative Syndrome Scales (PANSS); Clinical Global Impression of Severity (CGI-S); nº antipsychotic. (2) Pattern of tobacco use: nº cigarettes/day; Fargerstrom test for nicotine physical dependence; Glover-Nilsson test for nicotine psychological dependence; Expired carbon monoxide (CO ppm).

Results: prevalence was 62.5% for non-heavy smokers [<30 cigarettes/day; Mean CO (SD) = 24 ppm (9.70)] and 37.5% for heavy smokers [≥30 cigarettes/day; Mean CO (SD) = 36 ppm (16.06)]. PANSS mean score (SD) = 57.85 (15.22); CGI-G mean score (SD) = 3.78 (1.04); Mean number of antipsychotic (SD) = 1.79 (0.88). No significant differences were found between the severity of the psychopathology (PANSS, CGI-S, nº antipsychotic) and all the variables of the pattern of tobacco use (nº cigarettes/day; expired carbon monoxide; Fargerstrom; Glover-Nilsson).

Conclusions: In this sample of schizophrenia patients, there is no relation between the severity of psychopathology and the dependence of nicotine. However, the sample of this study is small.
ALTERED EEG MU-RHYTHM SUPPRESSION AS A POTENTIAL BIOMARKER FOR SCHIZOPHRENIA

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Objectives: EEG mu-rhythm suppression is proposed to be an indicator of mirror neuron activity of the brain. While the disruption of the mirror neurons circuits has been postulated in schizophrenia, less attention was paid to the EEG characteristics of mirror neuron activity. The aim of our study was to examine the properties of mu rhythm suppression in patients at the early stages of psychosis.

Methods: We measured EEG spectral power (SP) of mu-rhythm in right-handed 223 subjects (patients with first episode of psychosis N=125 and healthy comparison subjects N=98 matched by age, gender) at rest and using actual movements, motor observation tasks and motor imagery tasks (with eyes closed).

Results: Between group comparison of mu-rhythm SP at rest showed higher SP in patients with first episode of psychosis (p=.003) as compared to controls. In task performances we observed less suppression of mu rhythm in patients in contrast to healthy controls (p=0.04). In healthy controls maximal SP was detected in the left hemisphere at rest and in task conditions, whereas in patients no difference in mu rhythm SP was obtained between left and right hemisphere sites, neither at rest, nor in task conditions.

Conclusions: To our best knowledge, the lack of asymmetry of mu-rhythm is reported for the first time and corresponds on the findings of the asymmetry of mu rhythm in children with autism (Stroganova et al., 2007). We also demonstrate the initial elevation of mu rhythm power and less mu-rhythm suppression during motor tasks in patients with first episode of psychosis emphasizing the abnormal mirror neurons activity.
METABOLIC PROFILE IN PATIENTS WITH SCHIZOPHRENIA TREATED WITH LONG-TERM ANTIPSYCHOTIC.

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Objectives: Patients with severe mental illnesses such as schizophrenia have an increased risk of death compared with general population and one of the leading causes of death is heart disease, closely related to the metabolic syndrome. The main objective of this work is to describe the metabolic parameters of schizophrenic patients with different long lasting antipsychotics.

Methods: A sample that includes all patients receiving long-term treatment was selected. Socio-demographic data were collected and some measures of metabolic values were performed. The results were analyzed with the SPSS statistical program.

Results: From a total of 20 patients, 40% are treated with injectable risperidone, 45% with paliperidone palmitate, 5% with fluphenazine decanoate and 10% with zuclopenthixol decanoate. The mean age of the sample was 49.7 years and 65% male. BMI mean values of 31 kg/m², total cholesterol of 209 mg/dl, abdominal circumference of 110 cm and fasting glucose of 99 mg/dl were observed. All patients had a psychotic disorder.

Conclusions: It is necessary to promote diet and exercise in these patients. It is essential to consider the side effect profile when choosing a long-term antipsychotic.

References:


DIMENSIONS OF ATTENTION IMPAIRMENT IN SCHIZOPHRENIA. APPROACH USING A RESPONSE INHIBITION TASK
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Objectives. Sustained attention deficits are often observed in patients with schizophrenia. Task used to assess sustained attention in this patients are often Continuous Performance Tests (CPT) with a low-signal-to-noise ratio that assess vigilance. The aim of this study was to assess the specific features of attention impairment in patients with schizophrenia using a CPT with a high signal-to-noise ratio, which allows assessing impulsivity.

Methods. Participants were 64 adults with schizophrenia in ongoing outpatient treatment and 64 healthy controls. They were assessed with the Conners Continuous Performance Test (CPT) that is a response inhibition task, and clinical scales. We used a cross-sectional design to compare the groups’ performances and correlations between demographic and clinical, and attentional measures.

Results. Analysis of covariance controlling for performance on the Continuous Performance Test revealed that patients with schizophrenia performed significantly worse than controls on the majority CPT scores (9 of the 12 CPT measures), showing differences in inattention, impulsivity and vigilance dimensions between groups. All scores were converted in percentile to know if the performance was in the normality range according to the normative data. Six measures no were within the standard. We analysed the relationship between CPT performance and demographic and clinical information in the patients group (age, illness duration, age at the onset of illness, medication and PANNS dimensions). None one of these variables proved to be significant.

Conclusions. Our findings suggest that although patients with schizophrenia perform worse than healthy controls in inattention, impulsivity and vigilance measures, only the vigilance behaviour can be considered pathological. Researchers studying sustained attention in schizophrenia may be aware that worse performance not necessary means pathological performance.
DECONSTRUCTING PARAPHRENIA
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Introduction
The current psychiatric practice is based in code lists such as DSM and ICD. However, for certain diseases described by classic authors, these categorizations fail to describe its psychopathological complexity. This is the case of paraphrenia, in many occasions included as Paranoid schizophrenia and in many other cases as Other persistent delusional disorders. Regardless, the real features of the disease are very different from Kraepelin’s description.

Objectives
Claiming the concept of paraphrenia as a clinical entity with its own phenomenological characteristics included in chronic psychotic disorders.

Methods
Review of the literature on paraphrenia and the different types of this disease.

Results
The current concept of paraphrenia was introduced by Kraepelin in 1913. Some of its symptoms – unlike schizophrenia or paranoia – were a mixture of delusions, a hallucinatory activity and confabulations that became a chaotic fiction without apparent deficits. Kraepelin described four types of paraphrenia (systematic, expansive, confabulatory and fantastic). There were common features in all of them such as the paradoxical integrity of the self, chronic evolution and the irreversibility 1.

Conclusions
Although the new diagnosis codes have brought great advantages in daily clinical practice, it is important not to forget the need of maintaining the classical psychopathology when we have to make the diagnosis of certain diseases which essence would be lost if we just include them in the current classifications 2.

EFFECTIVENESS OF PALIPERIDONE IN NEGATIVE SYMPTOMS OF SCHIZOPHRENIA AFTER SIX MONTHS OF TREATMENT

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Objectives: To compare the effectiveness of Paliperidone in negative symptoms in patients with Schizophrenia with other antipsychotic drugs after a six months treatment.

Material and Methods: We conducted a study selecting a group of patients (n=120) with schizophrenia in outpatient stabilized treatment previously with Risperdal and other antipsychotic, in which the treatment was changed to Paliperidone ER for several reasons. To validate functionality we used DAI, BPRS, CGI and MSQ scales.

Results: After six months, clinical improvement was seen in patients treated with Paliperidone ER. Lower scores in PANSS scale for the negative symptoms were obtained which was statistically significant, as well as in the negative cluster of the BPRS, compared with risperidone, aripiprazol and ziprasidone.

Conclusions: Paliperidone ER has demonstrated efficacy in negative symptoms, good tolerability profile and patient acceptance.
AFFECTIVE SYMPTOMS AND THE AWARENESS OF ILLNESS IN PSYCHOTIC PATIENTS


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BACKGROUND: Lack of insight is a common multidimensional phenomenon in psychosis but, b. Better insight has been associated with low mood or depression. Nevertheless, the positive relationship between affective depressive symptoms with insight in schizophrenia remains unclear. It has been postulated and repeatedly detected between results were contradictory and the size effect was too small. We aim to study differences of insight between schizophrenic and schizoaffective patients, and to analyze the relationships between affective symptoms and dimensions of insight.

OBJECTIVES: To explore the differences in the deficit of insight in schizophrenic and schizoaffective patients and to analyze the relationship between dimensions of insight and the presence of affective symptoms in a sample of psychotic patients.

METHODS: Multicenter cross-sectional naturalistic study of 288 DSM-IV schizophrenia spectrum patients diagnosis following DSM IV (250 schizophrenia, 38 schizoaffective). Severity of psychopathology was assessed using PANSS, and Lindenmayer’s Factors were obtained. The items Grandiosity, Guilt, Depression, and Anxiety were used as specific affective symptoms measures. The deficit of insight and its five dimensions, total awareness and total attribution were evaluated by the SUMD. Bivariate analysis and non-parametric correlations were performed in order to make a multiple linear regression model of insight dimensions.

RESULTS: There were no significant differences between schizophrenic and schizoaffective patients in any dimension of insight. No significant relationships were observed with Depression or Grandiosity in any of the three main dimensions of insight. Regression analysis showed that all insight dimensions (except attribution) were mainly explained by the Positive Lindenmayer’s factor and being inpatient. Also, Guilt and Anxiety were therefore independently related to better awareness of illness, of social consequences and of symptoms; better attribution of symptoms was predicted by Anxiety and less Disorganization; and Schizoaffective and less Disorganized were related with better awareness of the effect of medication.

DISCUSSION: Schizophrenia/Schizoaffective patients seem to be similar in their levels of insight, while severity of positive symptoms and inpatient clinical setting are important conditions. Affective symptoms of psychotic patients as Anxiety and Guilt (but not Depression) seem to modulate the awareness of illness in some specific way related insight to dimensions of insight.
UTILIZATION OF ANTIPSYCHOTIC TREATMENT. HOW MANY DRUGS WE USE?

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Objectives: The objective of this study is to observe the percentage of patients that are in single antipsychotic treatment, and the use of polypharmacy among them.

Methods: We gathered data of 216 patients (n=216) on antipsychotic treatment, clinically stable for at least the last 6 months.

3 treatment groups were analyzed: patients on paliperidone palmitate (PALM, n=81), other long-acting injectables (OILD, n=57) and oral atypical antipsychotics (n=78).

Percentages antipsychotic monotherapy and combination therapy are examined.

Results: The percentages of antipsychotic monotherapy are similar in PALM and Oral groups (70.4 and 69.2%, respectively), while in OILD group is 24.6%. Differences between groups were statistically significant between the PALM/OILD and OILD/Oral groups (p<0.001), while differences between PALM and Oral did not reach statistical significance (p=0.5).

The use of polypharmacy is significantly lower in the PALM group (27.2%) versus 57.9% of OILD group and 44.9% of the Oral group. Differences between groups were statistically significant between the PALM/OILD and PALM/Oral groups (p<0.001 and p=0.015, respectively). These differences were not significant between the OILD and Oral groups (p=0.093). The relative risk of polytherapy for PALM/OILD group is: OR =3.68 and for the PALM/Oral group is: OR=2.18.

In polytherapy/years of evolution comparative is observed statistically significant differences between groups (ANOVA, Student T: p<0.001 for years of evolution and p=0.022 for the treatment groups). With CI: -0.736 and -0.028 for the time evolution and CI -0.503 and -0.040 for treatment groups.

Conclusions:

Treatment with paliperidone palmitate provides a higher percentage of antipsychotic monotherapy over other long acting injectable antipsychotics and a similar percentage of oral atypical antipsychotics.

The risk of using polytherapy is lower with paliperidone palmitate. Treatment with oral atypical antipsychotics has twice the risk of incurring polytherapy, while the use of other long-acting injectable antipsychotic presents a risk three times higher.
HOW MUCH CAN THE PSYCHOSOCIAL INTERVENTION INFLUENCE THE COURSE OF SCHIZOPHRENIA? THE CASE OF A 37 YEARS OLD MAN SUFFERING FROM HEBEPHRENIA

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Objectives: Today, the dominant trend in Psychiatry is "social and community psychiatry." The emphasis is on, whenever possible, an outpatient treatment, with psychotherapeutic methods, medication and community involvement, in an effort to prevent and treat schizophrenia, thus helping people to recover and stay well within the community rather than in institutions.

In this paper we present the progress of the disorder, of a patient who suffers from schizophrenia -disorganized type- over the past 22 years and in which psychosocial intervention was aimed towards the prevention of hospitalization and his best possible functionality, despite the reduction of the medication received.

Disorganized schizophrenia, also known as hebephrenic schizophrenia, often has a poor prognosis.

Methods: During the research we have studied the medical records of the patient, the reports of the nursing, social and psychology services, his medications since 1999 up to now, as well as his behavior particularly for the last two years, while he is living alone and is supervised, at regular intervals, by the medical team and his family.

Results: The patient's, supervised, independent living, during the last three years, his participation in social activities, the encouragement by the medical team to make him become involved in new things (learning computer, Internet use) has resulted in the prevention of his hospitalization to the Psychiatric Hospital and the reduction of the medication received.

Conclusions: Despite the pessimistic outlook and the stigma of the society as far as the schizophrenic and their "recovery" is concerned, it seems that these patients can improve the conditions of their life and regain their communication skills through which they can express feelings and interact with others. Although, no totally effective therapy has yet been devised, it is important to remember that many people with this illness could improve enough so as to lead independent, satisfying lives.
SOCIAL COGNITION IN SCHIZOPHRENIA: A CROSS-SECTIONAL STUDY
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Theory of mind or social cognition is known to be a deficit among schizophrenia patients. This ability is crucial for successful social functioning because makes possible to predict intentions and behaviours of others and act accordingly. It is unclear whether such deficit occurs from the beginning or worsens along chronicity. Also it is still under debate its relation to positive symptomatology.

Objectives: A) Compare the results in a social cognition task on a group of people with schizophrenia and a group of general population. B) Compare the results within the schizophrenia group on the social cognition task by years of evolution, age and sex.

Method: A sample of people who attend a social integration and rehabilitation centre and a day care hospital with diagnosis of schizophrenia and other psychotic spectrum disorders (n=50) and a sample of general population (n=20) were evaluated with the Movie for the assessment of social cognition (MASC).

Results: Research ongoing, provisional results are indicative of: A) There are significant differences between groups in all measures of the MASC. B) The group with less years of evolution are less impaired. No differences are found by age or sex.

Conclusions: People with schizophrenia have impairment in the ability to attribute mental state to oneself and others. We suggest this deficit could not be a trait, as happens in autism spectrum disorders, but a deficit that worsens with chronicity. For this reason early interventions that include theory of mind are necessary. Comparison studies with short, medium and long evolution samples are needed to find out whether this deficit is present from the onset of the disorder, or even before, and to clarify its relatedness to social functioning.
PSYCHOPHARMACOLOGICAL MANAGEMENT IN PSYCHOTIC BREAKS
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Objectives: To make a brief analysis of psychotropic drugs among patients suffering a first episode of psychosis.

Methods: It is a descriptive cross-sectional study. All service users aged between 18 and 55 admitted in the hospital ward on 2013 diagnosed of first episode of psychosis were included. It was considered substance-induced psychosis and excluded an organic cause - underlying pathology causing the psychosis. Sample size: 32 (n=32). A review of prescribed drugs at discharge (low symptoms intensity) was made.

Results:

<table>
<thead>
<tr>
<th>N=32</th>
<th>percentage</th>
<th>Mean age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>59%</td>
<td>28,57 years</td>
</tr>
<tr>
<td>Female</td>
<td>41%</td>
<td>30,46 years</td>
</tr>
</tbody>
</table>

Family story of psychosis 18,75%
Family story of mental illness 45%
Substance missuse story 53,12%
Substance missuse the last month 34,37%

Antipsychotic drugs use:
Monotherapy: 93,75%
Antipsychotic combination: 6,25%

Antipsychotic prescription by substance

<table>
<thead>
<tr>
<th>Antipsychotic</th>
<th>%</th>
<th>Average dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risperidone</td>
<td>31%</td>
<td>3,55mg</td>
</tr>
<tr>
<td>Risperidone long-acting injectable</td>
<td>3</td>
<td>50mg/14days</td>
</tr>
<tr>
<td>Paliperidone</td>
<td>9%</td>
<td>6mg</td>
</tr>
<tr>
<td>Paliperidone long-acting injectable</td>
<td>12%</td>
<td>75mg/30days</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>21%</td>
<td>12,5mg</td>
</tr>
<tr>
<td>Aripiprazol</td>
<td>9%</td>
<td>18,3mg</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>9%</td>
<td>4mg</td>
</tr>
<tr>
<td>Quetiapine</td>
<td>3%</td>
<td>600mg</td>
</tr>
</tbody>
</table>

Zuclopentixol long acting injectable 3 200mg/21days

Associated drugs: 56,25%

<table>
<thead>
<tr>
<th>Associated drugs</th>
<th>%</th>
<th>% over all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzodiazepines</td>
<td>50%</td>
<td>37,5%</td>
</tr>
<tr>
<td>Antiepileptic</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>13%</td>
<td>9,3%</td>
</tr>
<tr>
<td>Biperiden</td>
<td>4%</td>
<td>3,12%</td>
</tr>
</tbody>
</table>

Conclusions: Outcome results in terms of symptoms decrease is acceptable with lower doses of antipsychotic medication than used in common practice. It must make us re-consider the use of psychotropic drugs in order to offer a rational and evidence based treatment to our service users.
PRELIMINARY RESULTS OF A COMPARATIVE STUDY OF THE EFFECT OF PSYCHOPATHOLOGY, METABOLIC FACTORS AND PROLACTIN IN SEXUAL DYSFUNCTION IN PATIENTS WITH SCHIZOPHRENIC DISORDERS.

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Objectives: To study how the positive, negative, general and affective psychopathology, metabolic factors and prolactine levels influence the appearance of sexual dysfunction in patients with schizophrenic disorders treated with different atypical antipsychotics.

Methods: Design: observational, open, transversal with a single visit, comparative between 6 groups; patients treated with: Olanzapine, Risperidone, Quetiapine, Aripiprazole, Paliperidone, Clozapine.
Study population: outpatients attended to at Mental Health Centers in the south of Seville (Spain), diagnosed with schizophrenia and schizoaffective disorders (ICD-10 criteria) under treatment for more than 6 months in antipsychotic monotherapy.
Psychopathology was evaluated by PANSS and HDRS; metabolic factors by BMI, glycaemia, cholesterol and triglycerides in plasma; prolactine by determination of plasma levels (basal and 15 minutes after); sexual dysfunction by SALSEX scale.
The statistical analysis includes U-Mann Whitney and Spearman tests.

Results: To date, 28 patients have been recruited: 19 males, 9 females; mean age 39.674 years (SD 10.2252 years). 19 were single, 3 married and 6 divorced.
Basal prolactinemia (□=22) was greater than 15´ prolactinemia (□=20.58), confirming the need of a second blood draw.
After 15’, the mean prolactinemia corresponding to the different antipsychotics was: Aripiprazole 4.75 (SD 4.9); Clozapine 16.87 (SD 6.4); Olanzapine 13.2 (SD 11.84); Risperidone / Paliperidone 38.3 (SD 9.4); Quetiapine 5.6.
The SALSEX mean score of sexual dysfunction in men was greater than women’s: 5.5; SD 3.2 vs. 3.2; SD 3.8, respectively. These results, contrary to those published in some papers, could be statistically significant (P=0.068).
Finally, our results show a statistical significant between negative schizophrenic symptoms evaluated by Negative PANSS Subscale and Sexual Dysfunction (P=0.010).

Conclusions:
1. Our results confirm the need to obtain prolactinemia through two separate blood tests
2. A greater number of sexual dysfunction is seen in men.
3. The link between sexual dysfunction and greater negative symptoms of schizophrenia is significant.

Study financed through ISC III grant (PI11/00569)
GENDER IDENTITY DISORDER VS. DELUSIONAL “PSEUDOTRANSSEXUALISM” IN SCHIZOPHRENIA

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Objective:
To describe a rare case of Schizophrenia and Transsexualism about which not much has been written.

Method:
Participants: A 45 year old woman hospitalized in a Psychiatric Rehabilitation Unit. She was diagnosed with Hebephrenic Schizophrenia at the age of 16 with a torpid evolution, various suicidal attempts and Gender Dysphoria symptoms. Symptomatology has not disappeared completely despite multidisciplinary treatment.

Procedures: All the data was collected from the patient’s Medical History and from clinical interviews with the patient and her mother.

Results:
In this case, gender identity was previous to the diagnose of Schizophrenia. It remains constant through time and despite treatment, even though the content of other delusions have changed. Sexual delusions are more frequent in other Schizophrenia subtypes, with a more organized structure. For all these reasons, we think this is a very uncommon case of comorbidity between GID and Schizophrenia.

Conclusions:
Gender Identity Disorder (GID) is a rare condition which occurs in 1/100,000 women. Schizophrenia occurs in 1/100 people. Thus, the combination of both disorders is extremely rare. It is not uncommon for schizophrenic patients to develop sexual delusions. Among them, some have the delusional belief of belonging to another sex (20-25%). There are very few authors who have written about “pseudotranssexualism” or secondary delusional transsexualism in Paranoid Schizophrenia (Borras et al, 2007), and even fewer who have described a case of comorbidity between GID and Schizophrenia (Baltieri et al, 1991). We have not found any case referred to Hebephrenic Schizophrenia.
SATISFACTION OF THE PATIENT WITH ANTIPSYCHOTIC TREATMENT AND ITS RELATION WITH COMPLIANCE
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Hospital Universitario Virgen de la Victoria Málaga

Introduction
In recent times the number of antipsychotic drugs has been increased, offering many different choices to the doctor and the patient in the treatment of psychotic disorders. The new drugs show different profiles in effectiveness and side effects, so the psychiatrist must choose the treatment according to the symptoms, but also in collaboration with the patient.

Objectives
The main objective of this work is to know how much satisfied are the patients with their antipsychotic treatment, and how it is related to side effects, clinical profile and as an outcome, with the compliance.

Methods
Structured interview was made to the patients in their regular appointment with psychiatrist in their community Mental Health Center about sociodemographic data, diagnosis, treatment, and hospital admissions. They were asked about their satisfaction with their treatment using a likert scale. In the same act, BPRS, UKU, PSP, GAF and DAI scales were completed. The data was analized with SSPS estadistical software.

Results
The data showed a correlation between the satisfaction of the patient and the low UKU, BPRS puntuactions. The high perfomance of the patient in society (rated with GAF and PSP) correlated with high satisfaction level.

Conclusions.
As clinically is well known, the patient needs to be satisfied with the treatment in order to adhere to. This satisfaction depends on lower side effects of the treatment and achieving a higher perfomance in their habitual life.
EPIDEMIOLOGICAL CHARACTERISTICS OF SCHIZOPHRENIC INPATIENTS IN A BRIEF HOSPITALIZATION UNIT

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OBJECTIVES
The purpose of the study was to assess sociodemographic, clinical and pharmacological prescription characteristics associated with schizophrenia and schizoaffective disorders.

METHODS
A descriptive, retrospective clinical review from the Brief Hospitalization Psychiatric Unit inpatients’ clinical discharge reports was performed over a one-year period from January to December 2012. Data about sociodemographic, clinical and pharmacological prescription variables were collected from those diagnosed as having schizophrenia or schizoaffective disorder. The study was approved for its accomplishment by the local ethical committee of investigation clinic.

RESULTS
From 58 patients evaluated, 41 (70.7%) were men, with a mean age of 47.03 (±14.37) years and a mean length in hospital stay of 15 (±6.9) days. The 94% of the sample presented two or more previous psychotic episodes. A total of 67.2% of the studied cases had more than three previous hospital admissions. The 27.6% of patients received antipsychotic drugs on monotherapy, while the 72.4% were prescribed combination therapy with 2 or more antipsychotics, being the use of benzodiazepines in the sample about 70.7%.

CONCLUSIONS
The present findings suggest that identification of epidemiological factors associated with schizophrenia spectrum disorder is important in order to develop an appropriate clinical approach in this field.

REFERENCES
A PSYCHOTIC PATIENT WHO HAS REJECTED SURGERY FOR LIFE-THREATENING ABDOMINAL TUMOR: A CASE OF ORGAN THEFT DELUSION

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Introduction: Persecutory delusions are beliefs about severe threat, especially of physical harm including death. The contents of delusions in psychosis are influenced by the emotional, social and cultural background of the patient. We report a case of a life threatening abdominal tumor in a schizophrenic patient who has rejected surgery because delusion of organ theft.

Case presentation: A 55-year-old male, admitted involuntarily to our acute psychiatric department because he exhibited aggressive behavior while being in an agitated state with delusions of persecution. He had a 25 year-history of diagnosed schizophrenia with recurrent hospitalizations, violent acting out and medication noncompliance. In addition, he had a medical history of a large (210x150x120 mm) abdominal tumor that had developed over 9 years. Lasting for nine years, he refused physical examination, radiological scan and surgery because delusion of organ theft. He believed that surgeons could sell his organs. According to his wife, earlier his abdominal pain was negligible lasting for nine years but became aggravated during the recent seven month period. He accepted physical examination, radiological scan and biopsy for the first time 4 months ago. An initial diagnosis of malignant sarcoma was made. While medical examinations were being continued, he again exhibited aggressive behavior with delusions of organ theft.

Conclusions: Although the genesis of delusional ideation remains a mystery, it’s well known that the content of the delusions can be influenced by actual events. The risk of severe harm related to delusional thought make early identification and aggressive treatment imperative. An individual approach is essential for ensuring the good progress of the schizophrenic patient’s treatment.
LONG-TERM TREATMENT WITH OLANZAPINE IN HOSPITAL CONDITIONS: PREVALENCE AND PREDICTORS OF THE METABOLIC SYNDROME

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Objective: This cross-sectional study was taken up to assess the prevalence of the metabolic syndrome (MetS) in schizophrenic patients receiving the second-generation antipsychotic agent (SGA) olanzapine for at least six months and to determine the most important risk factors associated with metabolic syndrome.

Materials and Methods: Total of 93 inpatients (71 men, 22 women) diagnosed with schizophrenia were enrolled in the study. Patients were screened for metabolic syndrome using IDF (International Diabetes Federation) criteria. The following variables were collected: basic physical parameters (height, weight, waist circumference, blood pressure), clinical status (BPRS scale and PANSS scale for schizophrenia), laboratory data (fasting glucose level, serum lipid levels, C-reactive protein (CRP), microalbuminuria), and medical-record data (hyperlipidemia, diabetes mellitus in close family, treatment duration).

Results: Prevalence of metabolic syndrome was found to be 34.4%. The prevalence of MetS components were: central obesity 50.5%, hypertension 20.34%, reduced HDL cholesterol 38.7%, raised triglycerides 52.7%, raised fasting glycose 25.8%. Mean BMI was (25.45 kg/m²), and there were 47.3% of patients with normal weight, 35.5% overweighted, and 17.2% obese. Mean total cholesterol (5.26 mmol/l) and C-reactive protein levels (6.32 mmol/L) levels were above upper limit of normal ranges. Subgroup of patients with diagnosed MetS had all of its constituting variables in significantly higher values. The risk factors distinguished as a significant predictors of MetS presence were (in order of appearance): data about diabetes mellitus and hyperlipidemia in a close family member, BMI, elevated CRP value, and male gender.

Conclusions: There is a high prevalence of the metabolic syndrome in long term hospitalized schizophrenic patients receiving olanzapine, which exceeds the prevalence in general population. Although the risk of various cardiovascular events is significantly increased in patients with Mets, regular monitoring of risk factors is highly recommended: blood pressure, waist circumference, lipid status and C reactive protein.
CLINICAL HISTORICAL REVIEW OF FOLIE A DEUX.
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Introduction: The term folie a deux includes several syndromes in which psychological symptoms, especially paranoid ideas are passed from one person to another (or others) with whom the instigator has a close relationship, so that he, she or they come to share the same delusion of this.

Objectives: To provide a historical review of the syndrome and its psychopathology and epidemiological characteristics from a clinical case.

Methods: Presentation and analysis of a clinical case.

Results: Since Falret and Lasegue firstly described it in 1877, this syndrome has been given many names, most of them referring to the idea of "transferability". This clinical setting is currently recognized in ICD-10 as induced delusional disorder and in DSM-IV as shared psychotic disorder. Possible explanations are etiopathogenic general systems theory, as well as biological, psychodynamic and social factors.

Conclusions: It is an uncommon condition, for treatment and appropriate approach, it is necessary to identify the syndrome and its situation, recognize the inductor subject and know the severity of the psychosis of each of the components.

References:
ATTITUDE TOWARD MEDICATION OF PATIENTS TREATED WITH PALIPERIDONE PALMITATE (LAI) RELEVANT WITH THE DEGREE OF INSIGHT?

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Introduction
When we refer to "insight of schizophrenic patients" is not an existing or non-existing attribute, but rather a continuous and gradual dimension. It is a multidimensional concept defined as the degree of awareness about the disease, its social consequences, the need for treatment, the presence of symptoms and attribution of symptoms to disease.

Objectives
This study attempts to ascertain whether the introduction of paliperidone palmitate long acting injectable medication make a change in the attitude of the patient towards medication and improved the level of insight in patients with schizophrenia.

Methods
This is a descriptive study in which data from outpatients treated with paliperidone palmitate long acting injectable are collected over a period of 6 months. Two-time evaluation are established. One consists of the patients before treatment with paliperidone palmitate long acting injectable and another from the same patients after being treated with paliperidone palmitate long acting injectable.
To conduct the evaluation we apply the Drug Attitude Inventory (DAI) and SUMD Scale (Scale to assess it unawareness of Mental disorders) to determine the existence of a change and / or improvement in attitude toward medication and the degree insight.

Results
This study found that treatment with paliperidone palmitate long acting injectable benefit to the patient perceived it, with a better attitude and a better acceptance of injectable medication associated with a clinically significant improvement in the degree of insight.

Conclusions.
Lack of insight in schizophrenia is a symptom of the disease that predisposes to poor therapeutic compliance predictive of higher relapse rates and predicts poor disease course. In our clinical practice we know is a very important factor to assess the patient's attitude to the medication. In schizophrenic patients a good subjective perception towards medication is going to allow better clinical stabilization and proper adherence.
THE RELEVANCE OF REPRODUCTIVE AND GYNECOLOGICAL FACTORS ON THE THERAPEUTIC RESPONSE IN WOMEN WITH DELUSIONAL DISORDER

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Objectives: The main goal of this study was to investigate the influence of reproductive and gynecological variables on the psychopathology and therapeutic response of women diagnosed with delusional disorder (DD).

Methods: Prospective longitudinal study with a 6 month follow-up in 54 consecutive cases of DD women. We used the Positive and Negative Syndrome Scale (PANSS) to assess psychotic symptoms; the 17-item Hamilton Rating Scale for Depression (17-HRSD); the Personal and Social Performance Scale (PSP) for functionality and the Columbia Suicide Severity Rating Scale (C-SSRS). Outcome variables: mean differences (end-baseline) in the assessment scales. The sample was divided into two groups according to the presence/absence of gynecological disorders (ICD-10 criteria). Patients were also grouped according to the treatment received (oral vs. long-acting antipsychotics (LAI)). Univariate differences were investigated by applying Mann-Whitney U and Chi-square tests. For multivariate comparisons, we performed Analysis of Covariance; gynecological and treatment groups were considered fixed factors; DD accumulated years and number of cohabiters covariates.

Results: Twenty-two patients (40.7%) met ICD-10 for reproductive or gynecological disorders, being leiomyoma of uterus (n=5;9.3%) the most common type, followed by miscarriage (n=3;5.5%). Regarding gynecologic surgical treatments, hysterectomy (n=5;9.3%) and uterine polypectomy (n=2;3.7%) were the most frequently encountered. 24 patients (44.4%) received LAI. When uncontrolled, DD women without reproductive or gynaecological disorders (RGD) showed higher rates of lifetime suicidal behaviour (p=0.036) and received antidepressants more frequently (p=0.001) than women with RGD. After 6 months, DD women without RGD showed a significant improvement in the PSP scale (p=0.030), PANSS negative subscale (0.020) and suicidal attempts compared to women without RGD. There were statistically significant gynecological group*treatment group interactions for negative symptoms (p=0.007). After adjustment, these differences remained significant.

Conclusions: After 6 months, DD women without a pre-existing history of reproductive or gynecological disorders showed an improvement in suicidality and negative symptoms.
AGGRESSIVE BEHAVIOR AND SOCIAL STRESS IN SCHIZOPHRENIC OUTPATIENTS
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Objectives
Antisocial behavior, expressed through aggression, hetero- and self-violence with a peak on crime or suicide, and abuse of alcohol and other drugs is five time higher on schizophrenics than in the general population or other psychiatric disorders and affects in equal measures schizophrenic patients and their caregivers. Assessment and control of aggression is important for the prognosis of evolution and for the therapeutically strategies.

Methods
Study realized in the Mental Health Center of Craiova, between July 1st, 2007 and June 30th, 2012, on a sample consisted of 81 outpatients and their caregivers, using Personal and Social Performance Scale (Morosini et al, 2000) and Social Stress Indicators Questionnaire (Turner, Wheaton, and Lloyd, 1995).

Results
Aggressive behavior against family, caregivers or medical staff was present on 56 patients (69.14%) while self-aggression was recorded only in 6 patients (7.40%), with a low to medium level of the personal and social performances (average PSP score 37.22±8.75). Social stress was intense both for patients (SSI average score 99.89±18.24) and their caregivers (SSI average score 110.40±12.45), directly correlated with the behavioral expression of aggression.

Conclusion
Aggressive behavior is directly correlated with social and personal disabilities (p<0.05) and poor social adjustment, and is one of the main causes of social stress both for patients and caregivers (p<0.05), especially when is associated with the alcohol abuse (p<0.05). Our study highlighted the necessity of a complex therapeutically approach for the moments of evolution when psychotic symptoms accumulate the aggression.

References
QUALITY OF LIFE IN FAMILIES OF PATIENTS WITH SCHIZOPHRENIA
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Objectives: The concept of life quality has long been considered an important aspect of people with mental illnesses, but also for their families. The majority of people with schizophrenia in Republic of Macedonia are living with their families, so the families of ill people are encountering with the problems of quality of life more than the general population.

Methods: 80 people were interviewed, of which 40 are treated in the mental health center, psychiatric hospital ,,Skopje,, with diagnosis Schizophrenia and 40 people were healthy population, using a questionnaire ,, WHOQOL-BREF,,

Results: The quality of life of families of schizophrenia patients compared to families in the general population is much lower in all aspects. (Physical health, psychological state, social relationships, financial resources) Also significantly lower quality of life in families of schizophrenia patients showed the men, members from the Muslim religion, divorced and those with lower levels of education.

Conclusion: Considering the fact that the families of patients with schizophrenia participating in treatment of patients, in family therapy, providing psychosocial support, face stigma of society and fear of inheritance of the disease so that they have substantial low quality of life in the general population should therefore offer professional help as soon as the disease is diagnosed in their close.
SOCIAL COGNITION IN SCHIZOPHRENIA AND BIPOLAR DISORDER: A COMPARATIVE STUDY

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Objectives
Deficits in social cognition (SC) have been reported in bipolar disorder (BD) and schizophrenia (SCH). There are five domains of SC: emotion processing, theory of mind (ToM) and attributional bias. The aim was to compare these among patients with SCH, BD and controls.

Methods
133 participants. 48 healthy comparison subjects, 37 outpatients fulfilling criteria for SCH and 48 for BD. We administered: a) the Facial Emotion Identification Test (FEIT), the Facial Emotion Discrimination Test (FEDT) and the Emotion Recognition-40 (ER40) were administered. b) the Ambiguous Intentions Hostility Questionnaire (AIHQ) c) the Hinting Task. Depression was assessed with HDRS, mania with YMRS, positive and negative symptoms with the PANSS, and global functioning with FAST and GAF scales.

Results
In emotion recognition there were significant between group differences (FEIT F (2,130)=15.72; FEDT F (2,130)=8.8; ER40 F (2,130)=16.06, p<.001). The recognition in patients was worse than in controls and was similar between patients.

In ToM significant differences were found between controls and SCH (F(2,118)=5.17; p<.05) which was worse than in controls (M=15.05, SD=6.37; M=18.24, SD=1.88).

In the AIHQ there were significant between group differences in all subscales (AIHQHB F (2,117)=9.27, p<.001; AIHQIS F (2,117)=9.74, p<.001; AIHQBS F (2,117)=3.65, p<.05; AIQAS F (2,117)=6.63, p<.005; AIHQAB F (2,117)=3.44, p<.05). The bias in patients was higher than in controls, excepting for aggressivity bias in which differences were only between BD and controls.

SCH patients showed a significantly worse global functioning compared to BD patients (t(82)=10.16, p<.001).

In SCH, there was a significant correlation between PANSS and ToM (r=-.46) and in BD, there was that between depression and attributional bias (r=-.31).

Conclusions.
There is a deficit in emotion recognition and in attributional style in SCH as well as in BD. However, only SCH patients showed a deficit in ToM. SC is negatively affected by global symptoms of SCH and by depression in BD.
PALIPERIDONE IN TREATMENT OF ACUTE AND CHRONIC SCHIZOPHRENIA

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Objectives:
In this study we have used oral paliperidone with 12-19 mg dosage per day during 6 months in 75 acute patients, and in 20 chronic patients.

Methods:
Patients were collected from Ramón y Cajal and Casta Guadarrama hospitals, and from the private practice of the principal author. In the acute cases 26 were first episodes, and the rest had a mean of three episodes. Basal PANNS were realized after 3 and 6 months, and basal ICG after 6 months. In chronic patients 12 were men. Mean age of the acute cases were 35, 5, and of chronic patients it was 42. As complementary treatments we used benzodiazepines (15% in acute patients, 13% in chronic patients) biperidene (17% in acute patients with history of parkinsonism and 3% in chronic patients). Oral dosage of paliperidone was 12-18mg/day.

Results:
Basal PANNS were in acute patients of 88 at first measure, 58 in 3 months and 36 in 6 months. In chronic patients it was of 91, 71 and 44. Basal ICG at first in acute patients was 4, 5 and 2, 2 in 6 months. In chronic patients it was 5, 7 at first measure, and 2,8 in six months. It was no necessary to suspend the medication and no remarkable secondary effects appeared.

Conclusions:
We consider paliperidone a safe and effective antipsychotic and first election in all clinical and evolutionary forms of schizophrenia, and it is interesting to combine oral and injection formulation as a long term treatment.
COGNITIVE ASSESSMENT IN PATIENTS WITH SCHIZOPHRENIA VS BIPOLAR DISORDER: AN OBSERVATIONAL STUDY
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Objectives: There is a growing consensus regarding the importance of cognitive deficits into the major diagnostic systems. One of the main arguments supporting the inclusion of cognitive impairment as a diagnostic criterion is the expectation that such qualification of the clinical picture would help define a “point of rarity” between schizophrenia and bipolar disorder. The present study aims to evaluate clinical and cognitive characteristics of a sample of outpatients with schizophrenia or bipolar disorder under chronic treatment.

Methods: All patients were recruited in an Outpatient Psychiatric Public Service in an urban area of Milan, Italy. 53 subjects, treated in our Outpatients Psychiatric Service with diagnosis of schizophrenia (54%) or bipolar disorder (46%), were recruited in this study. 68% were male; mean age 44.3. All participants were evaluated by using BPRS, CGI, QoL-Index and VGF. Cognitive assessment was performed by administration of MATRICS Consensus Cognitive Battery (MCCB) for evaluation of basic cognition and social cognition.

Results: Consistent with several other researches, subjects suffering from Schizophrenia Vs Bipolar Disorder, resulted to be characterized by a significant lower age of illness onset, a higher clinical burden has resulted in both BPRS and CGI evaluation. Even the assessment of VGF showed a significantly worse result in the schizophrenic sample. In conclusion the two samples presented two distinct clinical features. Despite that, on cognitive evaluation the differences between groups weren’t so clearly represented. Bipolar group scored better on all tasks but statistical difference was reached only on attention and vigilance.

Conclusions: The MCCB has proved to be an effective standard tool to assess cognitive deficits in patients with Schizophrenia or Bipolar Disorder treated by psychiatric services. In our research cognitive deficit seems much closer to everyday functioning of the patients than the symptoms severity or the different diagnosis (Schizophrenia or Bipolar Disorder).
EFFICACY OF LURASIDONE IN THE TREATMENT OF SCHIZOPHRENIA WITH PROMINENT NEGATIVE SYMPTOMS: A POST-HOC ANALYSIS OF SHORT-TERM TRIALS

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Objectives: To evaluate the efficacy of lurasidone in patients with prominent negative symptoms (PNS).

Methods: Pooled data were analyzed from three 6-week, double-blind, placebo-controlled trials of patients (N=1206) with an acute exacerbation of schizophrenia who were randomized to lurasidone 40-160 mg/d. Criteria for PNS were: a PANSS negative subscale score ≥25 (median) and a PANSS positive score <26 (median). MMRM analyses were performed for change in PANSS total, negative subscale, and CGI-S scores. Responders were defined as endpoint reduction in PANSS total of ≥20%, ≥30%, or ≥40%.

Results: A total of 20.5% patients met criteria for PNS. Treatment of the PNS group with lurasidone (vs placebo) was associated with significantly greater week-6 improvement in the PANSS total score (-23.1 vs -16.2; p<0.01), PANSS negative subscale score (-6.7 vs -4.5; p<0.01), and CGI-S (-1.4 vs -1.0; p<0.01). Treatment of the PNS group with lurasidone (vs placebo) was associated with significantly greater endpoint response using the PANSS total ≥20% improvement criterion (71.3% vs 52.5%; p<0.01), ≥30% criterion (55.1% vs 37.5%; p<0.01), and ≥40% criterion (42.5% vs 28.8%; p<0.05). Discontinuation due to adverse events, for lurasidone vs placebo, respectively, was low in the PNS group (5.4% vs 1.2%); the 3 most common adverse events reported for lurasidone vs placebo were headache (22.2% vs 18.8%), somnolence (22.2% vs 2.5%), and akathisia (15.0% vs 3.8%).

Conclusions: Patients presenting with PNS responded well to lurasidone with significant improvement in PANSS total and negative subscale scores. Treatment with lurasidone was generally safe well-tolerated in the PNS group.

Sponsored by Sunovion Pharmaceuticals, Inc.
ANALYSIS OF A PATIENTS GROUP ADMITTED TO THE MENTAL HEALTH UNIT INPATIENT WITH A DIAGNOSIS OF FIRST PSYCHOTIC EPISODE
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Objectives
To assess the clinical characteristics and admission diagnosis of hospitalized patients with a first psychotic episode.

Methods
We included all patients admitted with a diagnosis of first psychotic episode between May 2012 and April 2013. The sample size was 15 patients, all admitted in the Mental Health Unit Inpatient. The "diagnosis" first psychotic episode builds on psychopathological criteria that include the CIE-10 classification system (F20-29 and F30-39 with psychotic symptoms), age range (18-35 years) and time course (less than five years). Cases of mental retardation, organic psychotic disorders and autism spectrum were excluded.

Results
Most patients were male, with a mean age of 22 years old and no previous psychiatric treatment history. In a high percentage, patients presented a psychiatric pathology family history. All patients were single, mostly unemployed and living in the family home. The 93 % showed behavioral problems as consultation reason and most of them were urgently admitted in an involuntary way. At income, the predominant symptoms were anxiety and neither systematized nor structured delusions. In more than 70 %, the toxicology detection urine test was positive to cannabis.

Conclusions
We conclude that anomalous behavior is the main consultation reason in these patients and it determines the hospital approach more than any other symptoms. The ongoing debate about the role of cannabis in psychosis adds another question: what is its impact on the presentation form of the first psychotic episodes?
THE COMPARISON OF β-ENDORPHIN AND CGRP LEVELS IN PATIENTS WITH SEVERE SYMPTOMS OF SCHIZOPHRENIA AND IN STABLE MENTAL STATE AFTER TREATMENT
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Objectives: Links between endorphins and dopaminergic transmission have not been fully explored in schizophrenia. Both endorphins excess and deficiency were postulated. CGRP is probably involved in dopaminergic transmission.

Methods: The aim of the study was evaluation of β-endorphin and CGRP blood concentrations before and after treatment of severe schizophrenia. Seventy patients treated with various antipsychotics, with severe symptoms of schizophrenia (51 with positive symptoms, 19 with negative symptoms), 15 first degree relatives and 44 healthy controls were included to the study. β-endorphin and CGRP blood concentrations were measured in severe schizophrenia and in stable mental state. The results were compared with relatives and controls.

Results: β-endorphin and CGRP concentrations in patients with negative symptoms were higher than in relatives and controls. β-endorphin levels in patients with positive symptoms were lower than in patients with negative symptoms (p< 0.000005) and controls (p< 0.0006). No significant changes in CGRP concentration were found in patients samples. CGRP levels in these samples were independent of treatment but they were significantly higher than in relatives and controls. After the treatment β-endorphin levels decreased in patients with negative symptoms (p< 0.0001) and increased in patients with positive symptoms (p< 0.000002). No differences in β-endorphin concentration between patients in stable mental state, relatives and controls were found.

Conclusions: Effective antipsychotic treatment results in "normalization" of β-endorphin level. Specific changes in β-endorphin concentration could be involved in dopaminergic transmission and related to some symptoms of schizophrenia.
MEJORÍA DE LA SÍNTOMATOLOGÍA POSITIVA Y NEGATIVA EN PACIENTES CON TRASTORNO PSICÓTICO DE LARGA EVOLUCIÓN TRATADOS CON PALMITATO DE PALIPERIDONA

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OBJETIVOS
La esquizofrenia es un trastorno mental crónico, que presenta, en gran parte de la población que la padece, un curso deteriorante con reagudizaciones, frecuentes recaídas y deterioro en el funcionamiento social. Los tratamientos inyectables de larga duración han demostrado una mejor adherencia y menor tasa de discontinuación.

El objetivo de este trabajo es evaluar la eficacia del palmitato de paliperidona en un grupo de pacientes con trastorno psicótico crónico, que mostraban escasa mejoría al tratamiento antipsicótico previo y dificultades en la adherencia al mismo. Valoramos durante un período de 12 meses el impacto sobre los síntomas positivos, síntomas negativos. Psicopatología general y funcionamiento social en este grupo de pacientes.

METODOS
La muestra fue recogida durante dos meses compuesta inicialmente de 26 pacientes con trastorno psicótico, con más de 10 años de evolución, con escasa mejoría al tratamiento previamente instaurado.

Las escalas de evaluación utilizadas fueron; la Escala de Impresión Clínica Globas (CGI) al inicio y 12 meses, Escala de síntomas Positivos y Negativos (PANSS), al inicio, 6 y 12 meses y las Escalas de Funcionamiento Social valorada por el paciente y cuidador (SFS-AI y SFS-HI). Para el análisis estadístico se utilizó la prueba de Wilcoxon para muestras relacionadas.

RESULTADOS
Los resultados muestran una diferencia estadísticamente significativa de la CGI en gravedad (p<0,001). En cuanto a la mejoría evaluada por la CGI el 86.4% han mejorado y el 50% de los pacientes han presentado mejoría entre bastante o muy grande.

Respecto a los datos de la PANSS se observa una mejora estadísticamente significativa a los 6 meses tanto en la puntuación total (p<0,001), en sintomatología positiva (p<0,001), en síntomas negativos (p<0,001) y en psicopatología general (p<0,001). A los 12 meses se confirman los resultados, tanto en puntuación total (p<0,001), en síntomas positivos (p<0,001), en síntomas negativos (p<0,001) y en psicopatología general (p<0,001).

Respecto al funcionamiento social evaluado (SFS) no se observan cambios ni en valoración del paciente ni familiar.

CONCLUSIONES
Los resultados demuestran que el tratamiento con palmitato de paliperidona ha producido una mejora significativa tanto en la impresión clínica global como en la psicopatología positiva, negativay general con psicosis crónica y dificultades de adherencia al tratamiento. Esta mejoría se ha logrado desde el primer semestre, confirmando y manteniéndose estable hasta la finalización del estudio. No se ha observado mejoría en el funcionamiento social.
FOLIE À DEUX BETWEEN A MOTHER AND HER DAUGHTER.
CASE REPORT
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Shared psychotic disorder, or folie à deux, is a delusional disorder shared by two or more people, the most frequent type are persecutory delusions. Incidence rates are 1.7 to 2.6%.

This is a folie à deux case report involving a 17 years-old teenager and her mother. Delusional fluctuations were observed during her stay in the psychiatric unit care, even thought pharmacological treatment. Separation between the patient and her mother was required for an ad integrum recovery.

Shared psychotic disorder is a rare psychiatric disturbance involving, usually, members of the same family, those tend to live in social isolation and have a close relationship. It is frequently presented in parents-child relationship, as in our case report. In most cases, treatment involves separating secondary case form the primary case; other approaches might be necessary, like psychotherapy or medication.

References:
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"HIDDEN" PSYCHOSIS
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The aim of the work is to show that application of small doses of antipsychotics brings improvement although visible symptoms do not indicate existence of psychosis, at least at first sight. The study is written as a parallel account of 4 cases. With a small number of young patients with primary anxiety and depressive “picture” accompanied with disorders in behavior, application of antidepressives, anxiolitics and psychostabilizers does not result in reduction in symptoms. Four persons have been examined, three men and woman at the age of 19 to 23, previously treated by various therapists with antidepressives and anxiolitics for at least six months. Psychosis could not be clearly diagnosed and there were no symptoms that would indicate to personality disorder. Symptoms appeared relatively fast, in the course of one month, most frequently in the form of low disposition, anxiety, retreat, including a periodical short aggressive ruptures without a significant reason and fall in social progress. When they reached a certain level there were no more aggravations but there were no improvements, as well. Gradual introduction of small doses of risperidon resulted in complete withdrawal of symptoms in all four cases with improvement a social functioning. Side effects of antipsychotics have not been reported.
INTERMETAMORFOSIS SYNDROME IN SCHIZOPHRENIA: REPORT OF A CASE
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Objectives.
False identifications have been described in both ways: functional and organic psychiatric disorders. Within the former, schizophrenia, particularly in its paranoid form, ranks first. In intermetamorfosis there is a delusional belief that people close to it changes his appearance at will and exchanged for others.

Methods.
We report the case of a patient 31, diagnosed with continuous course paranoid schizophrenia and cross-thematic delusions symptoms. She needed several psychiatric hospitalizations after emotional and behavioral disturbances secondary to her delusions. Sometimes she claims that her husband "changes his appearance and resembles his brother in law". "Refers to change their faces and then, she doesn’t know how to differentiate them."

Finally, we made a conceptual historical review of medical literature about this syndrome, analyzing the contributions of the authors who have studied this disorder.

Results.
The intermetamorfosis belongs to the group of false identifications. These phenomena, especially the so-called illusion of doubles, have been an object in numerous debates. The intermetamorfosis can appear as different clinical conditions such as schizophrenia and dementia. Duplications can be lived indifferently or with significant emotional involvement.

Conclusions.
As it happens in the case report above, it is very common that intermetamorfosis coexists with other delusions, such Fregoli’s syndrome or Capgras’ syndrome.

References.
ONCE-MONTHLY PALIPERIDONE PALMITATE VERSUS DAILY ORAL ANTIPSYCHOTIC TREATMENT IN PERSONS WITH SCHIZOPHRENIA

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Objectives: This study compared paliperidone palmitate (PP) and oral antipsychotics for delaying treatment failure in schizophrenia. The study design reflected real-world settings by including patients normally excluded from trials (previous incarceration, substance abuse, limited ties to standard mental health services), allowing flexibility in treatment decisions, supporting patient retention throughout the trial, and including a broad range of real-world outcomes in the endpoint.

Methods: Paliperidone Research In Demonstrating Effectiveness (PRIDE) was a prospective, open-label, randomized, rater-blinded, 15-month study comparing once-monthly injectable PP and daily oral antipsychotics in schizophrenia subjects with a history of incarceration (NCT01157351). Subjects were randomly assigned (1:1) to PP or 1 of the oral antipsychotics (OAP) prespecified by the investigator. Primary endpoint was the time to treatment failure (defined as arrest/incarceration; psychiatric hospitalization; suicide; treatment discontinuation or supplementation due to inadequate efficacy, safety/tolerability; increased psychiatric services to prevent hospitalization) evaluated using Kaplan-Meier method.

Results: 450 subjects were enrolled; 86.3% were male. Time to treatment failure was significantly longer with PP versus OAP (median 416 vs 226 days, HR[95%CI]: 1.43[1.09,1.88]; P=0.011). 15-month treatment failures: 39.8% PP; 53.7% OAP. Most common AEs (PP vs OAP): injection site pain (18.6% vs 0%); insomnia (16.8 vs 11.5%); weight increased (11.9% vs 6.0%); akathisia (11.1% vs 6.9%); anxiety (10.6% vs 7.3%).

Conclusions: Once-monthly PP significantly delayed treatment failure versus daily oral antipsychotics in schizophrenia subjects. Findings support including a broad range of real-world consequences (eg, arrest/incarceration, hospitalization, treatment discontinuation) in the study of schizophrenia.

Support: Janssen Scientific Affairs, LLC.
USE OF ANTIPSYCHOTIC POLYPHARMACY IN PATIENTS WITH SCHIZOPHRENIA
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OBJECTIVE: To analyze a sample of schizophrenia patients (mainly paranoid subtype) and the use of antipsychotics drugs.

METHOD: Retrospective study of 78 patients diagnosed of Paranoid Schizophrenia who were admitted during the year 2013 in our short term inpatient unit. We analyzed the Characteristics of the sample, causes of decompensations, family history of Schizophrenia and use of antipsychotics drugs.

RESULTS: The sample is composed mainly by men (70,51%). The main cause of decompensation is the noncompliance (34,48%); followed by environmental stressors (24,13%), drug/substance misuse (20,68%), partial adherence (14,94%) and the changes in dose of treatment (5,7%). 20,51% has family history of schizophrenia. 73,03% of the sample takes drugs (36% tobacco, 31% alcohol, 15% cocaine, 13% cannabis, 4% methadone and 1% amphetamines). 48,71% have one prescribed antipsychotic, while 51,28% takes more than two antipsychotics (88,18% second generation antipsychotic).

CONCLUSION: We found a high prevalence of substance misuse (73%) (as a cause of decompensation) and high prevalence of refractory schizophrenia (53,84%) with antipsychotic polyparapharmacy, reflecting “the real-world” symptom-oriented strategies often result in polypharmacy with low levels of high rates of off-label use (1). It’s important to highlight that our sample is composed by more severe patients, this is probably caused because of good prognosis patients are managed on an outpatient basis.

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PALIPERIDONE PALMITATE LONG-ACTING INJECTABLE DELAYS PSYCHOTIC AND MOOD SYMPTOM RELAPSE IN SCHIZOAFFECTIVE DISORDER

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Objectives: Patients with schizoaffective disorder (SCA) present with psychotic and mood symptoms with high risk of hospitalization, suicidality, and substance abuse. Few large studies have investigated its clinical characteristics and treatment options. The first randomized controlled trial of relapse prevention using the long-acting injectable antipsychotic, paliperidone palmitate (PP), in SCA is presented.

Methods: Randomized, double-blind, placebo-controlled, international study (NCT01193153). Subjects met SCID-confirmed SCA diagnosis (DSM-IV), experiencing acute psychotic exacerbation with prominent mood symptoms. Subjects could continue adjunctive stable doses of antidepressants (AD)/mood stabilizers (MS). After stabilization with PP during an open-label period (PANSS total≤70, YMRS≤12, HAM-D-21≤12), subjects were randomized to continue PP or receive placebo in the 15-month, double-blind, relapse prevention period. Kaplan-Meier estimates summarized time to relapse. Log-rank tests controlling for concomitant medication strata assessed between-group differences. Cox proportional hazards models were used to examine treatment differences.

Results: 667 subjects enrolled; 334 were stabilized and randomized (45% monotherapy; 55% adjunctive AD/MS). PP significantly delayed time to relapse ($P<0.001$). 25/164 (15%) relapsed with PP, 57/170 (34%) with placebo. Risk of relapse was 2.49-fold higher with placebo (95%CI:1.55-3.99; $P<0.001$) and was higher with placebo in monotherapy (HR 3.38; 95%CI:1.57-7.28; $P=0.002$) and adjunctive AD/MS (HR 2.03; 95%CI:1.11-3.68; $P=0.021$) subgroups. Most common AEs: weight increased (PP 8.5%/placebo 4.7%), insomnia (4.9%/7.1%), SCA (3.0%/5.9%), headache (5.5%/3.5%), and nasopharyngitis (5.5%/3.5%).

Conclusions: PP significantly delayed relapse both with monotherapy or adjunctive to AD/MS, which supports the value of continued antipsychotic medication with a long-acting injectable for stable SCA subjects.

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LIFETIME DIAGNOSIS OF CANNABIS USE DISORDERS IS ASSOCIATED WITH PLASMA LEVELS OF HOMOCYSTEINE AND FOLIC ACID IN FIRST-EPISODE SCHIZOPHRENIA PATIENTS

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Objectives: It has been found that plasma levels of homocysteine (Hcy), folic acid (FA) and vitamin B12 are altered in schizophrenia patients. However, little is known about the influence of cannabis use disorders (CUD) on one-carbon metabolism. The aim of this study was to assess the association between schizophrenia and alterations in plasma Hcy, FA, vitamin B12 levels along with lipid profile disturbances.

Methods: We recruited 50 FES patients and 47 age-, gender- and BMI-matched healthy controls (HC). Diagnosis of schizophrenia was based on DSM-IV and ICD-10 criteria and confirmed using Operational Criteria for Psychotic Illness (OPCRIT) checklist. We excluded patients with drug and/or alcohol abuse within one year prior to the onset of psychotic symptoms.

Results: Mean treatment duration was 5.18 ± 4.51 days. There was no difference in mean plasma biochemical parameters between FES patients and HC. However, there were significant differences between FES patients with lifetime diagnosis of CUD in comparison with those who have never used cannabis in mean plasma levels of Hcy (15.67 ± 7.62 vs. 10.42 ± 3.55 μmol/l, respectively, p < 0.001), FA (4.82 ± 1.76 vs. 7.17 ± 3.22 ng/ml, respectively, p = 0.003) and high-density lipoproteins (45.94 ± 19.63 vs. 55.68 ± 13.95 mg/dl, respectively, p = 0.002). In addition, plasma levels of Hcy, FA and vitamin B12 were associated with the severity of positive and negative symptoms, as well as general psychopathology assessed in Positive and Negative Syndrome Scale (PANSS).

Conclusions: Our results indicate that cannabis use may have long-term deleterious effects on metabolic parameters in FES patients. Cannabis use may act in the etiology of schizophrenia via altering one-carbon metabolic cycle. Psychopathological manifestation of FES might be influenced by alterations in folic acid metabolism.
The goal of the research is to assert whether regular application of rispolept consta in the period of at least one year, brings to reduction in sch symptoms, reduction in side effects and to improvement in functioning with patients diagnosed with chronical sch, who had previously been treated regularly with different antipsychotics in the period of at least one year. The patients have been divided into two groups: the first consisted of 14 patients of the age of 20 to 45, both sexes, who regularly used risperidon per os in daily doses of 4 to 8mg, second group included 12 persons at the age of 24 to 56, both sexes, who have been treated with other different antipsychotics. The research has been carried out on the basis of PANSS and CGI scale, and specialized questionnaire filled by the patients. Evaluations were made at the beginning, after six months, and after a year. The results have shown that there were no cases of agravation where as the medication caused reduction of symptoms and in extrapyramidal side effects with a statistically remarkable number of patients. Also, a stastistically remarkable number of examined patients reported feeling better...
DEPRESSION AND POSITIVE SYMPTOMS DURING AN ACUTE EPISODE OF SCHIZOPHRENIA

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OBJECTIVES: Depression is common at patients suffering from schizophrenia. Its recognition is important because of therapeutic and clinical issues. We evaluate the prevalence of depression and its relation to the negative and positive symptoms of schizophrenia in a sample of Tunisian patients with acute episode of schizophrenia.

METHODS:
Depressive and schizophrenic symptoms were quantified in a sample of 52 hospitalized patients with acute schizophrenia, diagnosed according to the DSMIV-TR. The CDSS (Calgary Depression scale for Schizophrenia) in arabic version, was used to rate depressive symptoms. The SANS (Scale for the Assessment of Negative Symptoms) and the SAPS (Scale for the Assessment of Positive Symptoms) were used to assess schizophrenic symptomatology. A total CDSS score above 6 signed depressions. The correlation between the CDSS score and SAPS/SANS scales was calculated by the Spearman correlation coefficient. All statistical analyses were carried out using the SPSS 21 version.

RESULTS:
61% of our sample was male. The sample has a mean age =40, 3 years (SD=10, 56) and a mean duration of illness =12, 72 years (SD=10, 03). 44, 4% of our patients were depressed. Patients with depression had a significantly higher mean score on the SAPS global (22,12, SD=4,5) and in the SAPS total(64,62 SD=22,89) Compared to the non depressed patients. The CDSS score had a high correlation with the positive symptoms rated by the SAPS and a moderate correlation with the negative symptoms rated by the SANS.

CONCLUSION:
Our results confirm the existence of frequent symptoms of depression in schizophrenia. Indeed, in acute episode, depressive symptoms are correlated with the positive symptoms of schizophrenia, which is in according with previous findings in the literature.

REFERENCES
EIGHTEEN YEARS OF NATURAL HISTORY OF SCHIZOPHRENIA.
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Objectives: This paper aims to describe a very particular case of schizophrenia.

Methods: Case report and literature review.

Results: We expose the case of a 36-year-old woman without any psychiatric history who was brought to the hospital after being found on the street by night trying to organize the traffic.
She presented a disorganized speech, delusional ideas, thought insertion, withdrawal and diffusion, and several hallucinations.
She justified her act by saying “we are in a Code 1 (military emergency)” and refused to answer further questions claiming “someone stole my memory”.
She was sure to have microchips throughout her body through which someone could communicate with her (saying she heard voices) and which controlled her thoughts and actions, her vegetative reactions and caused her cramps.
By talking to her parents, it was understood that there was a change in her behavior since she was 18 years old, when she became progressively isolated and strange: “she became a rare person, by daytime she was always in her room and by night she went out alone”. Since then she has neither friend/couple nor work. Also, 3 years ago she started diminishing her food intake and lost a lot of weight because she “accused her parents of attempting to poison her with food”.

Conclusions: This is an example of a case in which the “Duration Untreated Psychosis” (DUP) probably reaches more than 10 years.
It is largely known that the DUP has not only great biological and psychosocial toxicity but also affects the prognosis, so we are left with the doubt of what implications can that have in this case and what are the possibilities of clinical and functional remission.
DO WE APPLY LONG-ACTING INJECTABLE ANTIPSYCHOTICS MAINLY IN CHRONIC SCHIZOPHRENICS?


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Objectives

Describing the indication of long-acting injectable antipsychotics in a community setting, analysing the use of five different products, during a period of 1 year, and the diagnoses of the patients of the sample. We pretend to obtain a diagnostic profile of the patients treated, and if they are mainly schizophrenics.

Methods

The study is a retrospective and descriptive study of a sample of 120 patients treated with long-acting injectable antipsychotics in a community mental health unit in the district of Sant Marti Nord, in Barcelona, we analyse the diagnoses of the whole group, which are treated with either, risperidone consta, pipotizine, fluphenazine, zuclopentixol, or paliperidone. The data is obtained out of the psychiatry and nurse notes. The diagnoses are based on the CIE-10 classification.

Results

According to each one of the five antipsychotics used, the patients treated with fluphenazine were schizophrenics in a 79% proportion, followed by long-acting risperidone in 62%, paliperidone 58%, and pipotiazine in 57%, being zuclopentixol used for these patients in 45% of the cases. In the other hand, the second diagnosis most prevalent was schizoaffective disorder, being risperidone associated with this diagnosis in 29%, followed by zuclopentixol 26%, paliperidone 16,6%, pipotiazine 9,52% and finally fluphenazine 5,2%. Other diagnosis was bipolar disorders, paranoia and unspecified psychosis.

Conclusions

We conclude there are long-acting injectable treatments we tend to use more in schizophrenia, and others could have a wider profile of use in schizophrenia and affective disorders, especially in those with poor awareness of disease.
PSYCHOSIS AS A COMPLICATION OF INTERFERON-BETA-1A TREATMENT OF MULTIPLE SCLEROSIS. REPORT OF TWO CASES.
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Patients with multiple sclerosis (MS) are three to four times more likely to have a psychotic break than general population. Both the course of the neurological disease and the interferon treatment could be the cause of symptoms, but cases of psychotic disorder as an adverse effect of treatment with interferon-ß-1a are barely described.

Objectives: Warning about the possibility of experiencing acute psychotic episodes after administration of interferon-ß-1a in patients with multiple sclerosis.

Methods: Clinical description of two young female inpatients with psychotic symptoms after the administration of Interferon-ß-1-a. Neuroimaging and additional tests for differential diagnosis (blood, immunology, serology) were done, as well as the Adverse Drug Reaction Probability Scale in order to associate the psychotic episodes with the interferon administration.

Results: Eighteen and thirty year old women with diagnosis of multiple sclerosis started to show delusional thoughts, hallucinations, disturbance of consciousness and abnormal behavior few weeks after treatment with interferon-ß-1a. There was no previous evidence of psychiatric symptoms. After interferon withdrawal and neuroleptic treatment, clinical recovery was accomplished.

Conclusions: None of the additional tests demonstrated the existence of any other concomitant pathology. Therefore the described psychotic episodes are considered a side effect of treatment with interferon-ß-1a. According to this clinical experience and literature review, we consider necessary a mental status screening after treatment with interferon-ß-1a.

References:
EVOLUCIÓN DE PACIENTES INSTITUCIONALIZADOS TRAS CAMBIO DE ZUCLOPENTIXOL DECANOATO POR PALMITATO DE PALIPERIDONA INYECTABLE

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OBJETIVOS

Valorar la evolución de la funcionalidad de pacientes esquizofrénicos institucionalizados y gravemente limitados por la sintomatología defectual que conlleva la enfermedad tras la introducción de Palmitato de Pliperidona Inyectable.

METODOLOGÍA

Estudio descriptivo y observacional de la evolución a lo largo de 3 meses de un grupo de 20 pacientes, 12 varones y 8 mujeres entre 29 y 39 años, diagnosticados de Esquizofrenia Paranoide (F20 de la CIE-10), estabilizados y en tratamiento con Zuclopentixol Decanoato administrado intramuscular cada 14 días, todos ellos también con tratamiento oral que no se modificará a lo largo de este estudio.

RESULTADOS

El 100% de los pacientes termina el estudio no requiriendo cambios de tratamiento, salvo en 3 casos donde se ajusta la dosis de benzodiacepinas para mejorar sueño.
Todos los pacientes se mantuvieron estables y sólo cuatro modificaron su puntuación PANSS-P, pero manteniéndose siempre por debajo de 12 puntos.
Las puntuaciones de ICG fueron de 1 en 3 casos, y de 2 en 17 casos. En revisión fue en todos los casos de 2, es decir, “moderadamente mejor”.
La escala SOFAS aumentó una media de 15 puntos en la muestra, con una variación individual de 5 puntos el que menos mejoró y 23 el que más.
Tanto el IMC como la analítica no arrojaron datos valiosos.

CONCLUSIONES

Se aprecia una alta adherencia al tratamiento y sin percepción por parte de los pacientes de efectos adversos.
Alta eficacia en el control de síntomas positivos de la enfermedad, sin recaídas evidenciadas en tres meses.
Mejora significativa del funcionamiento global del paciente.
No empeoramiento a nivel metabólico del paciente.
20 YEARS OLD AND ALMOST A LIFETIME IN INPATIENT CARE: A SCHIZOAFFECTIVE DISORDER CASE REPORT

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Introduction: Schizoaffective disorder is characterized by both psychotic and mood symptoms occurring throughout the course of the illness. It is known to have a worse prognosis than mood disorders but a better one compared to schizophrenia.

Objectives: This paper aims to describe a schizoaffective disorder case report and the prognostic related factors.

Methods: Case report and literature review.

Results: We describe the case of a young girl age 20 diagnosed with schizoaffective disorder followed in psychiatric care since she was 12. She has a history of multiple psychiatric treatments and more than 60 hospitalizations in psychiatric units (of short and long term duration) showing frequent decompensations of her condition often related to environmental factors. She has a family history of first and second degree relatives with severe psychiatric illness.

Conclusions: Even though it is described in literature that schizoaffective disorder has a better prognosis than schizophrenia we are in front of a case in which the prognosis seems bad not only related to the individual characteristics of the patient and the natural history of the illness itself but also because of external environmental factors. This shows us once again the crucial importance of intervening in a multidisciplinary way trying to cover all risk factors.
JOURNEY TO THE LIGHT-PARTICULARITIES OF A SCHIZOPHRENIA CASE
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Objective: The aims of this case presentation were both theoretical - integrating the mental experience of the patient, exploring the dynamic of the mental illness, on the background of the specific cognitive and educational level, and practical – testing the response to the pharmaceutical intervention. Eventually, we used the patient’s poems as a tool in order to reorganize her life’s puzzle, giving it a personal meaning.

Methods: This is a case presentation of a 65 year-old female (subject JJ), with schizophrenia who has an exceptional talent in describing the contradictory and complex dynamics of her illness using the metaphorical language of her poems, over a period of more than thirty years.

Results: JJ’s poems are not only witnesses of a semiologic depiction of the mental illness in time, but they also give us an indication of the perceived effect of the pharmaceutical intervention. Eventually we utilized them in an effort to restructure the cognitive disorganization painfully perceived by this patient under the pressure of her multiple losses.

Conclusions: JJ’s passion for poems and her high intellectual level were possible protective factors for the well-known deficit in executive functioning and verbal reasoning in schizophrenic patients. Her treatment compliance and the benefit of Clozapine for the last 15 years have been important in maintaining her current good level of functioning.

Key words: schizophrenia, poem, metaphor, Clozapine.
CULTURAL FACTORS AFFECTING AN AGAINST MEDICAL ADVICE (AMA) DISCHARGE IN PSYCHOTIC PATIENTS-A COMPARISON BETWEEN IRAN AND CANADA.

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**Objectives**: Discharge against medical advice (AMA) for patients with psychosis is a risk to their overall health and wellbeing that should be taken seriously. Literature suggests that culture affects the AMA decision in patients with psychosis.

Monir-Abassi et al found that early days of admission and history of escaping from a mandatory military service were the cultural factors that affected the AMA leave in psychotic patients in a mental health hospital (Roozbeh psychiatric Hospital,) in Tehran, Iran. This study, unlike many other previous studies did not prove the age and gender to be risk factors for an AMA in Psychotic patients.

**Methods**: We compared these demographical information (age, gender,)and the diagnosis of psychotic patients admitted to the psychiatric inpatient unit in Kingston(n=97) at the same time as our Iranian study(n=72) happened.

**Results**: In Iranian study factors such as a positive escape history, first episode of psychosis and length of the hospital admission proved to be effective in an AMA discharge.

Canadian patients who leave AMA are significantly older than their Iranian counterparts.

**Conclusion**: we are hoping that by defining this difference, we could move one step forward towards understanding some predictors of AMA discharge in one of Canada’s immigrant population(Iranian) and have an overall better understanding of the role of the culture in mental health of part of the mosaic population of Canada.
VISUAL SEARCHING PATTERN OF PATIENTS WITH SCHIZOPHRENIA IN THE IDEA-OF-REFERENCE-PROVOKING SITUATION

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Objectives: Patients with schizophrenia often present idea of reference in social situations, but there has been limited number of research which examines the nature of idea of reference and the visual searching pattern in social situations. The aim of this study was to investigate behavioral and visual searching characteristics of patients with schizophrenia in social situations in which idea of reference can be provoked.

Methods: Eighteen subjects with schizophrenia (8 males) and 18 healthy volunteers (7 males) performed the idea-of-reference-provoking task, which was composed of movie clips with scenes of two women sitting on a bench of 1m away. The participants’ reactions were rated using the questionnaires for self-reference, malevolent intentions and anxiety. Visual scan path was monitored while they were performing the task.

Results: There were significant group differences in the reactions on self-reference, malevolent intentions and anxiety. The visual searching pattern in patients with schizophrenia was to avoid looking at the women’s body area in every movie clip. However, there was no significant difference in the face area in both groups.

Conclusions: A distinct visual strategy in schizophrenia may affect the self-referential bias and paranoid response. The absence of difference in attention to a core information region (face) may suggest the possibility of inferential errors as well as the cause of self-referential bias and paranoid responses.
GENDER, LOCATION AND PREVALENCE OF SCHIZOPHRENIA DISABILITY IN CHINA

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Objectives: The current study aims to estimate prevalence of psychiatric disability produced by schizophrenia among Chinese people, and to explore factors that may contribute to the prevalence difference across gender and location.

Methods: We utilized data on 1,909,205 representative Chinese people 18 years or older collected by the Second China National Sample Survey on Disabilities in 2006 (participation rate 99.8%). The sample was screened for disability by household face to face interview. The possibly psychiatrically disabled individuals were further administered the World Health Organization Disability Assessment Schedule, Version II (WHO DAS II) and the ICD-10 Symptom Checklist for Mental Disorders by trained clinical psychiatrists.

Results: The prevalence of schizophrenia disability was 0.41% (95% Confidence Interval (CI): 0.40, 0.42) in China, higher in rural (0.43% (0.42, 0.44)) than urban area (0.31% (0.29, 0.33)). The prevalence was higher in women than men living in the rural area (0.48% vs. 0.38%) instead of in the urban area (0.30% vs. 0.33%). Results from logistic regression analysis showed that after adjusting for socioeconomic status variables, the risk of living with schizophrenia disability among rural residents was slightly lower than urban residents (Odds Ratio (OR) = 0.92, 95% Confidence Interval (CI): 0.86, 0.98), whereas the disparity between rural women and rural men remained (OR=1.9, 95%CI: 1.78, 2.02).

Conclusions: In contrast to previous findings of higher prevalence in urban than rural area in two decades ago, we found that the urban-rural prevalence pattern had been reversed. The socially disadvantaged rural women were disproportionately affected by schizophrenia disability. We propose that underdevelopment of the rural region during the past several decades and limited access to health service among socially disadvantaged people may have contributed to the unequal distribution of disease burden.
DEPRESSIVE SYMPTOMS IN SCHIZOPHRENIA

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Introduction: Depressive symptoms in schizophrenia are important not only because they contribute significantly to the suffering caused by the illness, whether ‘positive’ psychotic symptoms are active or quiescent, but also because they exacerbate deficits in psychosocial functioning and commonly precede attempted and completed suicide. It is important to define and clinically assess such symptoms accurately as there is now increasing evidence that they can be treated successfully.

Aim: The authors assessed the presence and severity of depressive symptoms, as well as their associations with other clinical and sociodemographic measures, in a group of patients with schizophrenia, (inpatient and outpatient treatment) who were not in a major depressive episode or diagnosed with schizoaffective disorder.

Methods: Thirty adult inpatients with schizophrenia and 30 comparison subjects in outpatient treatment were studied. Depressive symptoms were rated primarily with the Hamilton Depression Rating Scale. M.I.N.I. Screen and M.I.N.I were used to screen out other disorders and confirm the diagnosis of schizophrenia in experimental group. Socio-demographic questionnaire that was used was designed specifically for this study.

Results: Our results indicate significant presence of depressive symptoms in all study subjects. Mean value of total HAM-D score for the whole sample was 15.63±7.724, corresponding to mild depression. Average total score was significantly higher in the subgroup of inpatients (18.97±6.636) compared with (12.3±7.373) in outpatients.

Conclusions: The results indicate significant presence of depressive symptoms in patients diagnosed with schizophrenia, but significantly higher in the subgroup of inpatients. This should probably be reflected in guidelines for evaluation and treatment of these patients.

Keywords: Depression, Schizophrenia, Co-morbidity
RELATIONSHIP BETWEEN HIGHLY REACTIVE MOLECULAR NITRIC OXIDE AND SEVERITY OF ILLNESS IN PATIENTS WITH SCHIZOPHRENIYA
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Objectives Today we have a large number of articles with contradictory results that investigate oxidative stress and potential role of nitric oxide (NO) in schizophrenia (Sch). Aims of this study was to investigate whether there are differences the serum levels of nitric oxide between patients with schizophrenia and healthy controls and possible correlation with severity of illness.

Methods We presented the levels of nitric oxide in 50 patients and 50 controls, which is determined by conversion of nitrate to nitrite using elemental zinc and then measuring concentration with Greiss reagent. The severity of illness was assessed by PANSS.

Results The results show a higher level of NO in group patients (35, 8 ± 3, 37, X ± SEM) compared to the control (15, 545 ± 0, 87, X ± SEM) (p <0.0001). Patients with positive symptoms indicate the concentration of nitric oxide (36, 74 ± 4, 41), larger and statistically significant (p <0.0001), and the concentration of NO in the patients with negative symptoms (33, 62 ± 4, 69) is greater than in the control group, but no statistically significant differences.

Conclusions Our preliminary findings of increased serum NO in patients with Sch indicate its potential role in pathophysiology of this severe psychiatric disorder. However, those results are preliminary and have to be confirmed in sample of larger size. Bearing in mind heterogeneity in symptom expression, course and treatment, our future survey has to be focused on research of this particular characteristics role of NO in ethiopathology of Sch.
BIOFEEDBACK APPLIED TO IMPROVE THE SYMPTOMS OF SCHIZOPHRENIA: EMOTION, PSYCHOTIC SYMPTOMS AND COGNITIVE FUNCTION
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Objectives
Schizophrenia is often thought to be a majority and severe mental illness. Patients with schizophrenia who tend to experience emotional distress and the damage of cognitive function. Biofeedback therapy could be applied to reduce anxiety and mood disturbance effectively on patients with schizophrenia. And recent studies had shown that there was a positive correlation between the efficacy of biofeedback and cognitive function (cognitive processing speed and executive function) on healthy adults, there were fewer studies focused on schizophrenia. The purpose of this study were to improve emotional disturbances, psychotic symptoms and cognitive function of patients with schizophrenia through biofeedback.

Methods
Subjects of the study including inpatients and outpatients with schizophrenia in southern Taiwan. They were randomized into the biofeedback group (biofeedback therapy: three times a week, for two weeks) and the control group (no biofeedback therapy). There were 19 patients in this study, including 12 in treatment group, 7 in control group. Assessment projects including mood (Beck Depression Inventory, BDI, Beck Anxiety Inventory, BAI), psychiatric symptoms (Scl-90r) and cognitive function (Trial Making Test, TMT). Nonparametric test were used.

Results
The results showed that BAI (p = .03), TMT (A form) (p = .02), interpersonal sensitivity (p = .03), depression (p = .02), paranoid ideation (p = .02), psychoticism (p = .01), additional items (p = .01) were statistically significant differences on treatment group; TMT (A form) (p = .03), TMT (B form) (p = .03) were statistically significant differences on control group.

Conclusions
The improvement of cognitive function didn’t showed significant difference between the treatment group and the control group. However, clinical symptoms of depression, anxiety and interpersonal sensitivity, paranoid ideation, psychotic symptoms, sleep disturbances and appetite, showed significant improvement on treatment group.

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THE COGNITIVE ASSESSMENT INTERVIEW (CAI): A CLINICAL ASSESSMENT TOOL FOR COGNITIVE PERFORMANCE IN PSYCHOSIS

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Objectives: to determine the association between an interview-based measure of cognition and a battery of neuropsychological tests in a sample of patients with a psychotic disorder.

Methods: twenty-eight patients with a psychotic disorder were assessed with a battery of neuropsychological tests, which comprised the following domains: attention (Brief Test of Attention1), processing speed (Symbol Coding subtest of the WAIS-III2,) verbal and visual memory (short and long term recall of the Test de Aprendizaje Verbal España-Complutense3 and the Brief Visuospatial Memory Test4), working memory (Letter-Number sequencing and Spatial Span subtests of the WMS-III5), executive functions (Trail Making Test part B6 and the perseverative errors of the Wisconsin Card Sorting Test7) and social cognition (Mayer-Salovey-Caruso Emotional Intelligence Test8). An interview-based measure of cognition, the Cognitive Assessment Interview9 (CAI), was also applied. The CAI includes 10 items which assess: verbal learning, working memory, reasoning and problem solving, processing speed, attention/vigilance and social cognition. It also includes a Global Assessment of Function for Cognition score (GAF-Cogs).

Composite scores for the cognitive domains were calculated based on the means and standard deviations of a control group (n=22).

Pearson correlations were used, setting significance at p<0.007, after Bonferroni correction.

Results: in the patients’ group, significant correlations were found between the processing speed domain and the verbal memory item of the CAI (r= -0.6), the visual memory domain and working memory (r= -0.68), attention (r= -0.58) and reasoning (r= -0.56) items, and the GAF-Cogs score (r=0.53); the executive function domain and working memory (r= -0.68 and r= -0.69) and attention items of the CAI (r= -0.74). Verbal memory and working memory domains correlated significantly with the CAI items which referred to the same domains (r= -0.52 and r= -0.57, respectively). The attention and social cognition domains did not correlated significantly with CAI items.

Conclusions: The CAI represents a suitable tool to assess cognition in clinical practice.

References:
DIFFERENT FINDINGS OF DIFFUSION TENSOR IMAGING IN FEMALE PATIENTS WITH SCHIZOPHRENIA

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Objective: Diffusion tensor imaging is a research method of white matter structure, which has been recently used for analyzing different regions of the brain in schizophrenia patients. The aim of this study is comparing the diffusion tensor imaging values of schizophrenia patients in acute exacerbation of clinical symptoms to the DTI values of healthy control group. Results will provide important data for the clinic progress and the medication algorithm of the disease.

Methods: The study has been carried out with nineteen patients-who were diagnosed as schizophrenia according to DSM-IV criteria-experienced the inpatient treatment and twenty-one healthy controls were selected. DTI was acquired in nine-teen patients with schizophrenia and twenty-one healthy controls. All of the patients were in acute exacerbation of symptoms and medicated with antipsychotics.

Results: It was found that fractional anisotropy values were lower in the genu of corpus callosum, right and left frontal white matter of the patients then the healthy controls; however it was seen that apparent diffusion coefficient values were lower in the splenium of corpus callosum, right and left frontal white matter of the patients then the healthy controls. There was no significant relationship between white matter regions comparing the DTI-FA and DTI-ADC values of the patients with higher levels of positive symptoms and patients with higher levels of negative symptoms.

Conclusions: Using both fractional anisotropy and apparent diffusion coefficient values in our study provides substantial report for the following studies about the white matter changes in psychiatric disease especially in schizophrenia.
PSYCHOSIS INDUCED BY HERBAL SLIMMING PILLS

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Objectives: Herbal medicines are gaining increasing popularity as both dietary supplements and complementary remedies. These are frequently used by women. Neither interactions of ingredients in herbal preparations nor their stimulating or depressant impacts on the brain are known completely.

Methods: In this case series, 7 female patients who used slimming drugs during the premorbid period are presented in order to draw attention to possible psychiatric pictures that may develop after the use of herbal slimming drugs.

Results: All cases were brought to the psychiatry emergency department by their families because of increasingly disturbing psychotic symptoms and were taking herbal slimming pills for weight loss. The temporal relationship between the onset of psychosis and the initiation of the herbal products strongly suggested a correlation existed in all cases.

Conclusions: Health care providers should be aware of the increasing use of herbal products by women. The growing danger of nonprescription herbal slimming products inducing psychosis must be underlined. The marketing of these products should be regulated by health authorities.
TRASTORNO OBSESIVO-COMPULSIVO Y ESQUIZOFRENIA: ¿DOS TRASTORNO DE UN MISMO ESPECTRO CONTINUO?

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Objetivos: describir el caso de un paciente de 21 años en el cual los síntomas obsesivos por los que consulta en un primer momento, dan paso a sintomatología propia de la esquizofrenia.

Método: reporte de un caso.

Resultados: Se plantea el diagnóstico de Trastorno obsesivo-compulsivo (F 42.2) y Esquizofrenia (F 20). Durante su seguimiento se inicia tratamiento psicofarmacológico con antipsicóticos y benzodiacepinas con buena tolerancia al mismo. Al mismo tiempo se realiza psicoterapia de orientación cognitivo-conductual con énfasis en el abordaje de rituales de limpieza, fomento de autonomía, comunicación afectiva, autoestima y fomento de la práctica de actividades deportivas.

Conclusiones: el fenómeno obsesivo constituye un síntoma presente en muchas patologías además de un síndrome que puede estar asociado con la esquizofrenia así como también una enfermedad que se puede dar en comorbilidad. Consideramos importante realizar esta diferenciación por las implicaciones prácticas que conlleva; especialmente en relación al tratamiento instaurado.

Referencias:
LONG ACTING INJECTABLE ANTIPSYCHOTICS IN SCHIZOPHRENIA AND THEIR RELATION WITH SOCIODEMOGRAPHIC VARIABLES: WHO DO PRESCRIBE WHAT?

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OBJECTIVES:
Recent studies have shown a reduction of long acting injectable antipsychotic prescriptions, which may be due to clinician perceptions of these agents as treatments reserved for chronic patients and with lack of adherence (1,2).
The aim of this paper is to analyze the sociodemographic characteristics of patients with schizophrenia who are treated with ILD

METHODS:
We recruited 42 patients (18-65 aged), with diagnosis of schizophrenia (CIE-10). Patients were treated with LAI antipsychotic, without significant changes in dosage during the last three months. Three groups were established according to treatment; a first group treated with paliperidone palmitate (PP), a second of patients treated with risperidone long acting injectable (RLAI) and a third one with conventional long acting injectable antipsychotic (LAI) (Table 1)

RESULTS:
We observed significant differences between groups with respect to age (14.60; df= 2; p= 0.000), educational years (F= 5.77; df= 2; p= 0.006) and duration of disease (F= 22.38; df= 2; p= 0.000).
Patients treated with RLAI had more risk of using anticholinergic than those with PP (RP = 16.50 , χ² = 6.88 , p < 0.01).
Monotherapy was more likely in those patients with PP (RP= 17; χ²=7.95; p<0.05) than those with RLAI and conventional depot (RP= 5.66; χ²=5.11; p<0.05).
Patients treated with RLAI shown more risk of using anticholinergic drugs than patient with PP. (RP= 16.50; χ²=6.88; p<0.01). Similarly, patients with LAI showed much higher risk of using anticholinergic than those with PP. (RP= 22; χ²=10.272; p<0.01)

CONCLUSIONS:
We found that patients treated with PP and RLAI were younger, with higher educational level and shorter evolution than those with conventional LAIs. A better tolerance and the possibility of disease stabilization using monotherapy could promote a change in this profile. This might indicate a new paradigm in the use of LAIs, considering these agents for patients with shorter progression and less cognitive impairment.

REFERENCES:
Introducción
La evidencia científica demuestra como las enfermedades mentales complejas, como la esquizofrenia, son resultado de la interacción entre factores genéticos y ambientales. En Salud Mental consideramos de vital importancia la prevención de un primer brote psicótico, y nos surge la duda, de si una intervención temprana (farmacológica y/o psicológica) podría contribuir a ello, ya que entre un 20-40% de las personas con alto riesgo de desarrollar psicosis tendrán un primer brote en los 12 meses siguientes.

Objetivos
¿En pacientes con alto riesgo de desarrollar esquizofrenia, qué tipo de intervención temprana sería eficaz para reducir o retrasar la probabilidad de desarrollar un primer brote psicótico?

Material y Método
Se realiza una búsqueda bibliográfica en la base de datos pubmed y se analizan los trabajos científicos (metaanálisis) más relacionados con la pregunta clínica objeto de estudio

Resultados
- Terapia Cognitivo- Conductual: sólo resultó efectiva en la reducción de los síntomas positivos
- Terapia Cognitivo-conductual + Risperidona: se demuestra efectivo en la prevención de la psicosis en los primeros seis meses
- Terapias integradoras: efecto superior sobre counselling en la prevención de la psicosis hasta en 24 meses.
- Risperidona + Terapia cognitivo- conductual: No existen diferencias estadísticamente significativas cuando se compara con Terapia cognitivo-conductual + placebo.
- Olanzapina: no existen diferencias estadísticamente significativas en comparación con el placebo
- Ácidos grasos omega 3: Reducción de la transición a la psicosis en comparación con el placebo durante los primeros doce meses de tratamiento

Conclusión
Los ácidos grasos omega 3 podrían tener un efecto beneficioso sobre las tasas de transición a psicosis.
También la estrategia de tratamiento que combina la Terapia familiar y la TCC individual podría ser beneficiosa.

Bibliografía
ELECTROCONVULSIVE THERAPY AND SCHIZOPHRENIA: A CASE REPORT.
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Objectives
To report a case of schizophrenia refractory to antipsychotic agents in a psychiatric unit treated with electroconvulsive therapy (ECT)

Methods
A review of the clinic history

Results
We describe here a patient under a severe episode with agitation, disordered thinking and severe auditory hallucinations. ECT treatment of this patient resulted in evident clinical improvement after the second session that persisted one year after the therapy.

Conclusions.
Electroconvulsive therapy (ECT) is a well demonstrated technique for the treatment of psychiatric disorders. Main indications on schizophrenia treatment are: severe agitation and catatonic symptoms; acute episodes with severe disordered thinking; the schizophrenia refractory to antipsychotic agents; and the presence of prominent affective symptoms

References.
THE RELATIONSHIP BETWEEN WORKING MEMORY AND CLINICAL AND FUNCTIONAL OUTCOMES IN FIRST PSYCHOTIC EPISODES

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Objectives:
The aim of the study was to examine the clinical and neuropsychological course of first episode psychotic patients at 5 follow-up years and analyze the relationship between cognitive performance and clinical and functional outcome.

Methods:
The five follow-up years was conducted with 26 (58%) of patients recruited who met inclusion criteria and provided informed consent to participate. Psychotic symptoms were measured by Positive and Negative Symptom Scale, manic and depressive symptoms by Young Mania Rating Scale and Hamilton Depression Rating Scale respectively, and psychosocial functioning by Functioning Assessment Short Test. Patients were assessed on the following neurocognitive domains: executive functions, attention, processing speed, abstract reasoning, working memory and logic memory. The clinical variables were evaluated at baseline and at one and five years during follow-up and the cognitive functions were evaluated at six months and at five years of follow-up. We used repeated measures analysis, Kruskal Wallis and linear regression models (SPSS 18.0).

Results:
Patients experienced symptomatic improvement in the follow up except in negative psychotic symptoms (F=.149; p< .862). There was also improvement in most cognitive domains: executive functions (F= 9.368; p=.006), logic memory (F= 12.091; p= .002), attention (F=4.967; p=.035) and abstract reasoning (F=14.816; p=.001), except in working memory (F=.337; p= .567) and processing speed (F=2.463; p=.130). In linear regression analysis working memory was significantly related with psychotic negative symptoms (B=-4.722; p=.035) and with the psychosocial functioning (B=-5.396; p=.053).

Conclusions:
There was improvement in most cognitive domains and a symptomatic and functional recovery in first psychotic episode patients in the long term. Working memory impairment was associated with negative psychotic symptoms and functional outcomes, so effective therapeutic interventions could improve outcome of patients.
SOCIAL ANHEDONIA AND GAMMA OSCILLATORY ACTIVITIES IN REMITTED SCHIZOPHRENIA PATIENTS AND THEIR FIRST DEGREE RELATIVES
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Background: Social anhedonia and gamma oscillations have been proposed as endophenotype in schizophrenia. Combining them to create a composite endophenotype could make the understanding of genetic risks of schizophrenia in a better way.

Objectives: To study social anhedonia and spontaneous gamma oscillatory activities to determine whether they can be used as composite endophenotype.

Methods: This cross sectional study included 20 remitted schizophrenia patients, 20 unaffected first degree relatives (FDR) of patients and 20 healthy controls. Revised Social Anhedonia Scale (RSAS) and Temporal Experience of Pleasure Scale were used to assess social anhedonia and pleasure respectively. All participants underwent awake, resting 192 channel EEG recording. Gamma spectral power, inter-hemispheric and intra-hemispheric spectral coherence were calculated. One-way ANOVA was used to compare the groups on social anhedonia and gamma activity. Pearson’s correlation analysis and step-by-step linear discriminant functional analysis were subsequently performed.

Results: Social anhedonia was significantly higher and anticipatory pleasure was lower in schizophrenia group and in first degree relatives group than the healthy controls. Spectral power of gamma band was significantly lower ((p<0.001) in right fronto-temporal and central regions in the schizophrenia group and FDR than healthy control. Social anhedonia scores were negatively correlated (p<0.01) with right frontal gamma power. Discriminant analysis found RSAS total score, spectral power of central gamma (>70 Hz), right frontal gamma (>70 Hz) and right fronto-temporal intra-hemispheric gamma (50-70 Hz) coherence accurately classified (85%) when all these four measures were considered together as a composite variable.

Conclusion: We propose that these measures could be considered as a composite endophenotype for schizophrenia. Further, there may be a possible association between dysfunctions of right fronto-temporal circuitry and genetic liability to schizophrenia. Nevertheless, an altered glutamatergic (NMDA receptor) signalling might play a role in this causation.
ADHERENCIA, EL GRAN RETO NO RESUELTO
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**Objectives** Actualmente, a pesar de los grandes avances en el tratamiento psicofarmacológico, la falta de adherencia continúa siendo un fenómeno frecuente, muchas veces asociado a consecuencias clínicas muy severas y a un alto coste. A partir del siguiente caso clínico realizamos una aproximación actual a la problemática de la adherencia

**Methods** Se trata de un varón que debuta a los 20 años de edad con descompensación psicótica siendo diagnosticado de esquizofrenia paranoide en su evolución. Inicia tratamiento oral con antipsicótico con mejoría sintomática pero precisa pasar a programa de intervención precoz para mejora conciencia de enfermedad y adherencia. El paciente presenta diversos efectos adversos realizándose diversos cambios terapéuticos presentando sucesivos efectos secundarios entre los que destaca afectación de la esfera sexual. Sufre dos descompensaciones en el transcurso de los dos años siguientes por abandono de tratamiento en relación con afectación de la esfera sexual. De nuevo inicia una cuarta descompensación tras abandono de medicación sufriendo precipitación desde una altura de dos pisos tras referir a su madre “puedo volar”. Sufre herida por empalamiento de 8 cm de diámetro en flanco que genera abdomen agudo, precisando estancia en cuidados intensivos así como diversas intervenciones quirúrgicas.

**Results** Claramente la falta de adherencia ha estado asociado a consecuencias clínicas muy severas que podrían haber acabado en fallecimiento o secuelas físicas graves además del deterioro asociado a las descompensaciones y curso de la enfermedad.

**Conclusions.** El primer paso para establecer una intervención adecuada que disminuya la falta de adherencia es identificar en cada caso en particular la causa de la misma. En nuestro paciente las estrategias se orientaron a promover conciencia de enfermedad así como a intentar mantener un tratamiento antipsicótico en monoterapia que controlara síntomas, simplificara la toma del mismo, y con el que se minimizaran los efectos secundarios que el paciente señalaba como motivo de abandono previo de la medicación.
SCHIZOPHRENIA AND DOWN SYNDROME: REPORT OF A CASE.
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Objective and method
The aim of our work is to report the clinical observation of a trisomy 21 patient having developed schizophrenia.

Results
We are reporting the case of a 37-years old Tunisian male with mental retardation suffering for many years from insomnia, incoherency of speech, social withdrawal, stereotyped movements and impulsive behavior. On physical examination revealed a patient with flattened nose, upward slanting eyes and a short neck. These signs suggested trisomy 21. The karyotype confirmed the diagnosis of Down’s syndrome. The psychiatric evaluation found dissociation and visual hallucinations. Therefore, the patient did meet the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV criteria of schizophrenia.

Conclusion
Many studies have been conducted looking for a link between chromosomal aberrations and schizophrenia. These studies have shown a frequent association between the two diseases. Chromosomal abnormalities described are essentially partial trisomy of chromosome 5, partial deletions, translocation, inversion at chromosomes 21, 23 and 9 and some abnormalities of the sex chromosomes.
THE DIAGNOSTIC BOUNDARY BETWEEN AUTISM SPECTRUM DISORDER, INTELLECTUAL DEVELOPMENTAL DISORDERS AND SCHIZOPHRENIA SPECTRUM DISORDERS

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6. WPA-SPID World Psychiatric Association - Section Psychiatry of Intellectual Disability

Objectives. The diagnostic boundary between Autism Spectrum Disorder (ASD), Intellectual Developmental Disorders (IDD) and Schizophrenia Spectrum Disorders (SSD) is hard to define. Researchers have lengthily investigated without reaching univocal results. Studies find out that people with IDD have pervasive characteristics of autism and high prevalence of psychotic features. In addition many people with ASD have co-existing IDD and receive a diagnosis of SSD. In people with IDD, the adjunctive or differential diagnoses of ASD and SSD is often challenging especially for the psychiatrist without specific training. The purpose of this paper was to systematically define the relationship between IDD, ASD and SSD. Great attention was paid to the clarification of psychopathological differences and their possible contribution to the development of better criteria for the differential diagnosis.

Methods. A systematic mapping of the literature was carried out. Article search was conducted on the basis of what are considered to be core, overlapping and different aspects of IDD, ASD and SSD and what key diagnostic flags can be identified to assist in differentiating between the three diagnostic categories when these conditions co-occur.

Results. The literature mapping show that IDD, ASD and SSD share some clinical, neuropsychological and genetic alterations. The three groups appear substantially different in the nuclear features most strictly referred to dysfunctioning and impairment. However significant conceptual and methodological issues were identified as well as many difficulties in the differential diagnosis between these three groups.

Conclusions. Considering important clinical practice, health, social, cultural and economic implications, a clarification of the distinction between IDD, ASD, SSD and their co-presence is needed. The boundaries and overlapping features of these three groups will be improved by the development of robust diagnostic criteria, clinical skills, adequate assessment tools and further researches.
THE PREDICTIVE VALIDITY OF EXPRESSED EMOTIONS IN SCHIZOPHRENIA. A 20-YEAR PROSPECTIVE STUDY.
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Objectives: To determine whether the level of expressed emotions in the family (EE) and components thereof: emotional over-involvement (EOI) and critical comments (CC), assessed at the index hospitalisation in schizophrenia patients, are of any prognostic value for short or long-term course of the illness.

Methods: 43 people with a schizophrenia diagnosis were assessed at 1, 3, 7, 12 and 20 years after the index hospitalisation. EE was assessed with the Camberwell Family Interview. Outcome indicators included: number of relapses, number and duration of in-patient re-hospitalisations, and severity of psychopathological symptoms measured with the BPRS-E.

Results: 1/ A high EE during index hospitalisation was linked to a higher number of relapses in every follow-up (p<0.001), and differences between low and high EE groups proved significant after 3 (p=0.010), 7 (p=0.009), 12 (p=0.025) and 20 (p=0.011) years of the illness. 2/ A high EE was linked to number of rehospitalizations (p=0.025): after 3 (p=0.020) and 7 (p=0.023) years, and showed as a clear trend after 12 (p=0.055) and 20 (p=0.056) years. 3/ A high level of criticism (CC) was linked to a higher number of relapses (p=0.003); however group differences within follow-ups remained at the trend level. 4/ Severity of positive symptoms was increased in the group with high CC (p=0.012), however differences within follow-ups were statistically insignificant (verging on trend after 20 years, p=0.100). 5/ The negative syndrome was not linked to intensification of EE, EOI or CC.

Conclusions: 1/ The EE level at the index hospitalization may be considered a prolonged valid predictor of relapse and rehospitalisation, in both the short-term and long-term course of schizophrenia. 2/ A high level of CC is linked to a higher number of relapses and intensification of the positive syndrome in both short and long-term course of the illness.
PRACTICE OF EMERGENCY THERAPY OF AGITATED-PSYCHOTIC PATIENT IN HUNGARY
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Objectives: Therapy in psychiatric emergency is one of the most controversial aspects of psychiatric care. In several countries including Hungary there are no national guidelines available concerning emergency care, and no study has been carried out to survey everyday clinical emergency practice. The aim of the present study was to assess practice related to emergency care of agitated-psychotic patients in Hungary.

Methods: Anonymous survey questionnaires were dispatched to 210 institutions providing psychiatric care in Hungary in 2013 consisting of questions related to care of an agitated patient showing psychotic symptoms.

Results: 155 completed questionnaires were returned. Of the participating clinicians 18.7% would apply monotherapy, 76.1% dual combination, and 5.2% a triple combination of medications. 92.9% of participants indicated haloperidol among first-line medications. Other medications were also mentioned in case of a small portion of participants including zuclopenthixol, droperidol, olanzapine, promethazine, and aripiprazol. 80.6% of participants would apply a combination with benzodiazepines. 59.4% would use IV and 23.9% IM therapy, and 9% would apply the combination of these two. 7.7% of participants did not answer this question. 87.1% would apply physical restraint.

Conclusions: Results indicate that administration of haloperidol and benzodiazepines is a widespread practice in the emergency care of agitated psychotic patients in Hungary. Clinicians disagree on mode of administration, but the majority would prefer IV therapy. Besides pharmacotherapy, a significant majority applies physical restraint too.

PREVALENCE OF ACUTE AND TRANSIENT PSYCHOTIC DISORDERS IN A SPANISH IMPATIENT PSYCHIATRY UNIT.

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Objectives: Acute and Transient Psychotic Disorders (ATPD) are introduced in ICD-10, including concepts such as bouffée délirante, cycloid psychoses and schizophreniform psychoses. The annual incidence of this disorder ranges from 3.9 to 9.6 per 100,000 population, being more common in middle-aged women. Nowadays, there isn’t valid epidemiological data on ATPD because the variability between the different available studies. The objective of this study is to determine the prevalence of ATPD in our impatien psychiatry unit.

Methods: A retrospective, descriptive study along a year, in which we studied the frequency of the diagnosis of ATPD.

Results: 33 new cases of ATPD are observed during the study year, representing 5.1% of total admissions in that period, and 9.4 per 100,000 population, with a mean age of 34 years. Of these, 69% are male and 31% female, and we find 19% of immigrants. Also we detect drug use in 31% of patients diagnosed with ATPD (73% male vs. 27% female).

Conclusions: The frequency of ATPD found in our study is around the expected values according previous literature. The mean age of our patients is also similar to previous studies, however, we found a higher percentage of males in the resulting sample, which could be influenced by a higher percentage of drug use in this group.
DIAGNOSTIC STABILITY OF ACUTE AND TRANSIENT PSYCHOTIC DISORDERS IN A SPANISH IMPATIENT PSYCHIATRY UNIT.

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Objectives: The tenth revision of the ICD includes a new differential diagnostic category of schizophrenia, Acute and Transient Psychotic Disorders (ATPD), with a more favorable prognosis and evolution, and diagnostic stability of 54-73 %. The objective of this study is to evaluate the diagnostic stability ATPD at our impatient psychiatry unit.

Methods: prospective, descriptive, with a 5-year follow-up of patients with initial diagnosis of ATPD. We recorded the final diagnosis given throughout the study period.

Results: We observe that the diagnosis of ATPD remains in 69.2 % of cases, while 19.2% change to another category of group F20-29 of ICD -10 " Schizophrenia and related disorders" , and 11.5 % change to a category F30-39 group of ICD -10 " mood Disorders ". Related to patients whose diagnosis change, patients who maintain stability in the diagnosis were women (83% vs. 65%), patients without use of drugs (81% VS 55%), patients without readmissions (86% VS 44 %) and immigrant patients (100% VS 64%).

Conclusions: We find a diagnostic stability of 69.2 % in the ATPD attended in our impatient psychiatry unit, which is consistent with the results of previous studies. This percentage increases in the case of female patients, patients without drug use, patients without readmissions or immigrant patients.
FIRST EPISODE PSYCHOSIS: WHY DO PATIENTS CONSUME CANNABIS? A CASE-CONTROL STUDY

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OBJECTIVES:

There is a high prevalence of cannabis use among patients with psychosis. Cannabis use has been related to illness onset poor prognosis and recovery in first-episode psychosis. Reasons for cannabis use are still controversial. The Self-medication hypothesis suggests that cannabis is used to ameliorate symptoms related to the disorder. Few studies have been carried out comparing reason of cannabis use between psychotic and non-psychotic cannabis users. Our aim was to identify the relationship between cannabis use and psychosis in our first-episode sample, as well as reasons for cannabis use comparing them to non-psychotic cannabis users.

METHODS:

We included 119 first-episode psychotic patients that came to our First Episode Psychosis Programme. From these, we compared sociodemographic and baseline clinical characteristics between cannabis users and non-users. 42 of these first-episode psychotic patients completed the self-reported reasons for cannabis use questionnaire. The reasons were compared to a control group of 46 non-psychotic cannabis users.

RESULTS:

Cannabis use in first-episode cannabis was associated with earlier age at illness onset (23.4 ± 4.0 Vs. 26.3 ± 5.4; p=0.000) and a shorter Duration of Untreated Psychosis (DUP) (69.5±146.8 Vs. 146.8±227; p=0.022), respectively. With respect to reasons for cannabis use, two groups showed significant differences between the reasons for cannabis use with positive psychotic symptoms.

CONCLUSION:

We found that in our first-episode psychotic sample, cannabis use is associated with earlier age at onset and shorter DUP, as other studies have already pointed out. Significant differences between two groups were found in reasons related with arrange the thoughts and decrease hallucinations, which could support the self-medication hypothesis. It is important to take into account that our non-psychotic cannabis sample included more women and psychotic patients used more cannabis than controls. Additional research would be necessary. Recognition of the functions fulfilled by substance use should help new prevention strategists design.
AGGRESSIVENESS AND PSYCHOSIS IN A MOBILE EMERGENCY UNIT

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Objectives
Several studies have described aggressive behaviour among psychotic patients. Aggressiveness has been related with first episode psychosis and the presence of positive psychotic symptoms, as well as with poor insight. Male gender, antisocial personality and substance use are risk factors for aggressive behaviour in psychosis. The aim of this study is to identify factors related with aggressiveness among patients diagnosed of psychotic disorder in a Mobile Emergency Unit (EMSE) in Barcelona.

Methods
An observational and cross-sectional study was conducted. A total of 347 patients diagnosed of psychotic disorder were assessed between 2008 and 2013. The sample was divided in two groups, with and without aggressiveness. Sociodemographic and clinical data were collected, and were analysed comparing between aggressive and non-aggressive psychotic patients using chi-square and t-test. Pearson correlation was conducted between the Aggressive Behaviour and Violence scale (AVAT) total score and the other clinical scales.

Results
Aggressive patients present significant higher rates of hospital admission after our team assessment, as well as law enforcement requirement. Worse results are observed in all the clinical scales for the aggressive patients, except for the PANSS-N subscale. A significant positive correlation is observed between the AVAT scale and PANSS-P (r=0.559), PANSS-PG (r=0.402), and WHODAS (r=0.278), as well as with the SPI total score (r=0.533). Significant negative correlation between AVAT and GAF total score (r=-0.374) is observed.

Conclusions
This study concludes that positive psychotic symptoms and severity of illness are associated with aggressiveness, which is consistent with previous studies. Psychotic patients with aggressiveness also show greater disability. Nevertheless, other studies have also related poor insight with presenting aggressive behaviour, which has not been replicated here. Further studies must be conducted to identify risk factors of aggressiveness in psychosis, in order to develop proper strategies for this specific group of patients.
PSYCHOSIS AND SOCIAL WITHDRAWAL SYNDROME: A MOBILE EMERGENCY UNIT EXPERIENCE

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Objectives
Hikikomori syndrome (HS) is a psychopathological and social phenomenon in which people have a complete social withdrawal for at least 6 months. HS can present just this symptom (primary Hikikomori), but it can also be observed in different mental disorders (secondary Hikikomori). Social withdrawal in psychosis is a core negative symptom, and it can be present without concomitant positive psychotic symptoms. Several studies suggest that isolated patients configure a specific subtype within psychotic subjects. The creation of community psychiatric care services, such as the Mobile Crisis Unit (EMSE) in Barcelona, has revealed a significant prevalence of psychotic patients presenting HS. The aim of this study is to identify factors related with social withdrawal among psychotic patients treated by EMSE.

Methods
An observational and cross-sectional study was conducted. A total of 684 patients diagnosed of psychotic disorder assisted by EMSE between 2008 and 2013 were reviewed. The sample was divided in two groups, depending on the presence or not of isolation. Sociodemographic and clinical data were collected, and were analysed comparing isolated and non-isolated psychotic patients using chi-square and t-test.

Results
Isolated psychotic patients are younger (39 years) than non-isolated patients (47.4) and are more frequently males (78% vs 55%). Despite isolated patients do not have more psychiatric background, they have been previously admitted at hospital more frequently and require hospitalisation after our team visit. Compared with non-isolated patients, the ones with social withdrawal present less positive psychotic symptoms and less aggressiveness. Nevertheless, significant more negative symptoms and functional disability were observed among them.

Conclusions
This study concludes that psychotic patients with social withdrawal may have different characteristics and clinical features than the non-isolated ones. Taking into account that they present less severe positive psychotic symptoms, higher severity of negative symptoms is observed, and they present greater overall functional disability.
INTERNALIZED STIGMA AND MEDICATION ADHERENCE IN SCHIZOPHRENIC PATIENTS
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Objectives: Treatment with psychopharmacics is important factor for stigmatization of schizophrenic patients. Drug is objective mark and symbolic representation of mental disorder for patients and their environment with strong capacity for stigmatization. Persons with schizophrenia are prone to internalize mental illness stigma that make them unable to overcome negative stereotypes about mental illness. They constrict their social networks, stay isolated and frequently avoid treatment. Our study aim is to determine relationship of internalized stigma and medication adherence in schizophrenic outpatients.

Method: Study encompasses 38 patients, 21 males and 17 females, average age of 36.7 years, with ICD X diagnosis of schizophrenia. The internalized stigma is measured with The Internalized Stigma of Mental Illness Scale (ISMIS), the 29-item, 4 point Likert scale. Items are summed to provide 5 major scale scores: alienation, stereotype endorsement, discrimination experience, social withdrawal and stigma resistance. Adherence is measured with Medication Adherence Rating Scale (MARS), ten items self administered scale.

Results: Our results on ISMIS show mean value for alienation 2.73, for stereotype endorsement 1.62, for discrimination experience 2.45, for social withdrawal 2.51 and for stigma resistance 2.37. Results on MARS indicate that 26.2% are nonadherent, 42.3% are partly adherent and 31.5% are adherent. Attitude towards drug items are negative scored in 92.3% in the group of nonadherent and partly adherent patients.

Conclusions: Internalized attitudes towards psychopharmacotherapy is important factor with negative influence on medication adherence. Medication is perceived as stigmatizing agent per se. Poor adherence is related with negative outcome of schizophrenia and it can lead to further stigmatization.

FOLIE À DEUX: FREGOLI SYNDROME WITH GREATER SEVERITY IN THE ‘SECONDARY’ - A CASE REPORT

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Objective

Folie à deux is a rare syndrome in which delusional beliefs are transmitted from one individual to another, usually in a close relationship. The ‘primary’ is typically the more dominant and primarily psychotic individual who imposes delusional beliefs onto the more passive ‘secondary’. We present a unique case in which the ‘secondary’ develops a more severe illness course than the ‘primary’, involving persecutory delusions and Fregoli syndrome. We aim to highlight the complexities of this condition and challenges in management.

Methods

A review of literature in this field is presented followed by a description of the case which involves a mother and daughter who develop persecutory delusions against a man who is accused of stalking the daughter over more than two decades at multiple locations, with various strangers being erroneously identified as him. Although the daughter is the ‘secondary’, she develops more severe symptoms, fitting the folie communiqué subtype. The distress resulting from her symptoms culminates in a suicide attempt necessitating admission to a psychiatric unit, while her mother, ‘the primary’, remained untreated.

Results

The daughter was treated with an antipsychotic and was separated from her mother with inpatient treatment. She responded well with reductions in her distress and suicidality but her core delusions remained. Given that the mother refused a psychiatric assessment and her symptoms were not severe enough to require involuntary admission, she was neither admitted nor treated. As both parties declined to be physically separated after discharge, the daughter was followed up closely with her mother in accompaniment, allowing the daughter to maintain the improvement shown.

Conclusions

While the treatment of folie à deux, according to traditional literature, usually consists of physical separation, antipsychotic medication and psychotherapy, successfully instituting all components can be challenging. Flexibility in individualising treatment is key to ensuring the best possible outcome.
RIESGO CARDIOVASCULAR Y RIESGO METABÓLICO EN PACIENTES CON TRASTORNO MENTAL GRAVE
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INTRODUCCIÓN: El consumo de antipsicóticos ha aumentado de forma notable en España en la última década, pasando de 1,5 a 8,7 dosis/día. Las principales indicaciones de estos fármacos son el tratamiento de la esquizofrenia, los episodios de psicosis y el trastorno bipolar. Los factores de riesgo cardiovascular (RCV) son frecuentes en los pacientes con trastorno mental grave (TMG). Entre ellos destaca la elevada prevalencia del tabaquismo, hipertensión, hiperlipidemia y diabetes. El impacto de RCV puede verse agravado por los problemas de adherencia al tratamiento y a los malos hábitos higiénico-dietéticos.

OBJETIVO: Establece la relación entre el RCV, Riesgo Metabólico (RM) con otras variables como el tratamiento, edad y años de evolución de los pacientes con TMG.

MATERIAL Y METODOS: Estudio descriptivo donde se ha calculado el RCV con los criterios de Framingan y el RM con los criterios establecidos por el National cholesterol Education Program. La muestra se ha conformado por 60 pacientes de ambos géneros, procedentes del recurso ECA de Tenerife del Servicio Canario de Salud. Para las asociaciones se ha utilizado la correlación de Pearson, para las diferencias paramétricas la T-student y la chi-cuadrado para las categóricas.

RESULTADOS: Los riesgo calculados en nuestros pacientes difieren, posiblemente por el factor edad, debido a que el RM no contempla la edad pero sí el perímetro abdominal y los triglicéridos. Consideramos importante a tener en cuenta como factores de riesgo en los pacientes con TMG.

CONCLUSIONES: La tabla de Framingan no se ajusta a los pacientes con TMG porque no contempla el perímetro abdominal y otros parámetros, dado el aumento de peso y aumento de perfil lipídico que sufren nuestros pacientes con la toma de antipsicóticos.
Paliperidone palmitate, is a psychotropic drug indicated for the maintenance treatment of schizophrenia in adult patients. It has been observed, which is especially useful in severe patients with poor adherence, as well as improving the existing symptoms of the disease, prevent relapse, and reduce hospitalizations.

Therefore, we conducted a descriptive study, by obtaining data from Mental Health Unit Hospital of Algeciras, across the AMIS program, from November 2012 until January 2014, obtaining a sample of 60 patients aged 18 and 63 years.

The objectives of this study was to compare if after initiating paliperidone palmitate, from the 1st day of admission decreases the length of hospital stay of patients, compared to the previous income as well as if after establishing such treatment decrease subsequent earnings.

The results we obtained were that after introduction of paliperidone palmitate for 68% of patients presented no later income compared to 21% who presented one income and 11% presented 2 or more income. On the percentage of patients who had previous admissions (65% of sample), the number of hospital days decreased by 50% or more over the previous income by 18% of such patients, compared with 32% who declined 33% and 15% where there is decreased hospital stay.

We can conclude that paliperidone palmitate is a drug that is emerging as an effective treatment option for use in acute care settings, thus reducing the length of hospital stay, as to minimize the number of relapses later, as there is a lower percentage of readmissions after entering the drug. So lets keep the patient psychopathologically offset and minimize health costs involved hospitalization, if we talk in terms of cost-effectiveness.

References:

- Machanda, R; Chue, P; Malla, A; Tibbo, P; Roy, MA; William, R; et al. Long-Acting injectable antipsychotics: evidence of effectiveness and use. Can J Psychiatry. 2013 May; 58(5 suppl 1) 5s-13s.
OUTCOMES ECONÓMICOS DEL TRATAMIENTO CON PALMITATO DE PALIPERIDONA: DOS AÑOS DE SEGUIMIENTO

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Objetivos: Determinar la posible reducción de ingresos hospitalarios, visitas a urgencias psiquiátricas, estancia media y medicación concomitante (benzodiacepinas y Biperideno) en una muestra de pacientes con diagnóstico de esquizofrenia que iniciaban tratamiento con Palmitato de Paliperidona (PP).

Métodos: Estudio de imagen-espejo para evaluar coste-efectividad de PP en 2 años de 101 pacientes con diagnóstico de esquizofrenia (muestreo consecutivo) determinando costes directos e indirectos durante los 12 meses anteriores y los 12 posteriores al inicio de tratamiento con PP. Variables: Costes generados por el número de ingresos y su duración, visitas a urgencias, consultas de psiquiatría y enfermería de Salud Mental y porcentaje de pacientes que tomaba de manera concomitante biperideno o benzodiacepinas. Se compararon las variables cuantificadas en los 12 meses anteriores al cambio de tratamiento a PP con los 12 meses posteriores.

Resultados: En relación a los costes asociados a los ingresos, el ahorro global ha sido de 110094,26 € (2458.06 €/paciente/año). Debido a una reducción media estadísticamente significativa de los ingresos 22 a 5 durante el año en tratamiento con PP, también a la reducción media de los días de estancia de los mismos, de 21,14 a 16,17 días (p<0,05), del número de visitas a urgencias, de 34 a 19, (p<0,05) así como medicación concomitante (biperideno: del 30,69% al 6,93%; y benzodiacepinas: del 50,49% al 24,75%). (p<0,05), finalmente los pacientes en monoterapia ascendieron de 21 a 40 (incremento del 24%) , (p<0,05).

Conclusiones: Según los resultados puede concluir que Palmitato de Paliperidona es una opción coste-efectiva, hallazgo que coincide con estudios previos. Además el tratamiento con PP permite además reducir el uso de medicación concomitante, con repercusiones positivas a nivel económico, pero también clínico y de calidad de vida para el paciente psicótico.
IN VOLUNTARY TREATMENT IN PATIENTS WITH PSYCHOTIC ILLNESS AND NO AWARENESS OF THE DISEASE

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Involuntary Outpatient Treatment is contemplated in Article 763 of the Civil Procedure Law, which allows to carry out involuntarily treatments that do not necessarily involve a deprivation of liberty that a forced Internment does. It is based on managing a psychopharmacological treatment in patients, who having no awareness of illness, reject it. While that mentioned law, regulates Involuntary Hospitalization, it can also be made extensible to this type of actions which aim to achieve a mental and physical stabilization of the patient.

This action relies on the ninth point of United Nations resolution 46/119 that states that "every patient has the right to be treated in the least restrictive conditions and with the least restrictive and intrusive treatment appropriate to their health needs and the need to provide physical protection to third parties."

This study aims to assess the benefit, both in the evolution and stabilization of these patients, as well as prevent relapse and reduce the number of hospital admissions.

Hypothesis

Involuntary Outpatient Treatment is a measure that ensures adherence to psychopharmacological treatment in psychotic patients with no awareness of the disease.

OBJECTIVE:

Involuntary Outpatient Treatment decreases both relapses as well as the rate of hospital admissions in psychiatric wards.

MATERIAL AND METHOD:

SAMPLE:
Population of patients with Involuntary Outpatient Treatment in the Mental Health Unit of Toscar, Elche (Spain).

METHOD:
Diagnosis: DSM- V
PANSS Scale
Socio- Family Interview
Personal and Social Performance Scale (PSP)
Clinical Global Impression Scale (CGI)
REPORTED VERSUS OBSERVED FOLLOW-UP IN BLACKS WITH FIRST-EPISODE PSYCHOSIS
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Objectives: To determine whether visible minority patients with first-episode psychosis (FEP) are at higher risk for treatment non-adherence than other patients; and to assess clinician perception of ethnically diverse patients and their adherence to FEP interventions.

Methods: Patient ethnicity and quality of follow-up data were collected for 110 FEP patients from 2008 to 2011 via chart review and clinician (case manager) questionnaire. Chi-square analyses were used to test differences in the proportion of black patients with good or bad follow-up in addition to objective (chart review determined) versus perceived (case manager reported) appointment and medication adherence and patient insight.

Results: A greater proportion of black patients had poor objective (i.e. chart review) follow-up than other patients ($\chi^2=6.31$, df=2, $p<0.05$), with poor follow-up being defined as attending less than 50% of scheduled appointments. Furthermore, a greater proportion of patients from visible minorities (black, Asian, Latin American) were perceived by their case managers to have better follow-up ($\chi^2=9.34$, df=1, $p<0.05$), better medication adherence ($\chi^2=10.71$, df=1, $p<0.01$), and better insight ($\chi^2=5.87$, df=1, $p<0.05$) compared to chart review (objective) follow-up data.

Conclusions: 1) Poor follow-up of blacks with FEP may indicate problematic interaction between these patients and early intervention services; and 2) Clinical staff may tend to overestimate the quality of follow-up in their visible minority patients, thereby overlooking problematic treatment course in some ethno-racial groups. FEP treatment programs may need to modify standardized procedures to sensitize services to the needs of minority and ethnic populations.
DECISIONAL CAPACITY OF PATIENTS WITH SCHIZOPHRENIA ABOUT CONSENT TO RESEARCH FOR A DRUG TRIAL:
RELATIONSHIP WITH SYMPTOM SEVERITY

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Objectives: Determining the degree of capacity that a person with schizophrenia has in relation to informed consent procedures related to drug trials is important. It is also important to know which elements of decision making capacity (of the four elements of understanding, appreciation, reasoning, communication) are impaired or intact and current study aims to assess what patients with schizophrenia understand in an informed consent procedure of a mock double blind placebo controlled RCT for a new antipsychotic drug and how this varies with the severity of symptoms.

Method: 65 schizophrenia in-patients at NIMHANS were administered Positive and Negative Syndrome Scale (PANSS) for symptom severity and then the MacArthur competence assessment tool for clinical research containing the areas of understanding, appreciation, reasoning and expressing a choice was administered which was audio recorded and ratings done based on the standard guidelines to assess for the level of understandings of above concepts and its relationship to symptom severity.

Results: Mean age of the participants was 31.1 years. 68.3% were men and the mean years of education were 13. Various symptom dimensions were correlated with the MacCAT-CR scores among which negative symptoms showed significant correlation with understanding (p-value of 0.000) and reasoning (p-value of 0.001) subscales i.e. higher severity of negative symptoms is associated with poor understanding and reasoning. General psychopathology showed significant correlation with understanding (p-value of 0.003) and reasoning (p-value of 0.012) subscales.

Conclusion: Symptom severity plays a major role in understanding of consent forms in schizophrenia patients with the presence of negative symptoms resulting in poor understanding and reasoning and surprisingly positive symptoms did not have any correlation with the decision making capacity.
RECOVERY PROGRAM ON THE EARLY PHASES OF PSYCHOSIS IN THE COURSE DISABILITY AND COSTS RELATED TO THE ILLNESS- LEHENAK

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Early treatment is crucial in order to prevent the relapse (1). Preventing relapse during the first years of illness has a critical impact on lifelong outcomes in schizophrenia. A better understanding and improvement in factors which influence relapse should diminish the risk of relapse and consequently improve the outcome of the illness.

Multidisciplinary approach appears to target in this way. A specialist first-episode service (Treatment Program of First Episodes in Psychosis Lehenak) was created. This program focuses in relapse prevention and improvement of evolutive course of the illness, reduction of disability and decrease of costs of care as a result of a sustained diminution in symptomatology and an increase on functionality of patients.

Objective: To describe implementation and preliminary results of an early multi-modal psychotherapeutic intervention (Lehenak) based on internationally validated previous programs.

Methods: The main aim of the program is clinical assistance. This assistance consists of pharmacology therapy and monitoring of patients and families. Individual and group psychological therapy for patients and families is provided, also Nursing care, Crisis intervention, Health education and ensure coordinating with other services. It is considered management of social resources and professional and vocational orientation. Additionally research is carried out focused on investigation of course, clinical efficacy and care cost-benefits

Results: During 2013 there were a total of 479 patients in the program of which 155 were new cases. 15% of the patients were hospitalized. 46.39% of patients received Individual therapy, 34.33% of patients received Family Therapy, 3.35% of patients received family therapy and 2.61% of patients received group family therapy.

Conclusions: During the time of the study both medical and psychosocial treatments specified in the “Lehenak” program have been successfully implemented. Research is still on course and results will be disseminated in order to facilitate its replicability in other contexts (regions).

References

RASGOS DE PERSONALIDAD EN PACIENTES DIAGNOSTICADOS DE ESQUIZOFRENIA TIPO PARANOIDE: IMPACTO EN EL CURSO EVOLUTIVO Y LA ADHERENCIA TERAPÉUTICA

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Objetivo: El presente estudio tiene como objetivo principal determinar el impacto de los rasgos de personalidad en pacientes diagnosticados de Esquizofrenia tipo paranoide sobre el curso evolutivo y la adherencia terapéutica.

Métodos:
-Sujetos: se valoraron un total de 48 pacientes diagnosticados de Esquizofrenia tipo paranoide que presentaban rasgos de personalidad definidos mediante el sistema categorial (Cluster A, Cluster B, Cluster C) según criterios diagnósticos DSM IV-TR, con edades comprendidas entre 18-50 años.
-Diseño: estudio observacional y retrospectivo. Se dividieron en tres grupos los pacientes diagnosticados de Esquizofrenia tipo paranoide según su eje caracterial: Cluster A (n=16), B (n=17) y C (n=15).
-Método: se registraron, mediante revisión de historias clínicas, variables sociodemográficas (edad, sexo, nivel de estudios, actividad laboral), clínicas (años de evolución, ingresos hospitalarios, intentos autolíticos, consumo de tóxicos) y de adherencia terapéutica (formulación inyectable, abandono de tratamiento y seguimiento).

Resultados: Los pacientes diagnosticados de Esquizofrenia tipo paranoide y con rasgos de personalidad Cluster B presentaron un consumo de tóxicos más elevado (p=0,003), un mayor número de ingresos hospitalarios por reagudización (p=0,009) y un mayor número de intentos autolíticos (p=0,000) estadísticamente significativo respecto a los otros dos grupos.
Los pacientes diagnosticados de Esquizofrenia tipo paranoide y con rasgos de personalidad Cluster A mostraron una peor adherencia terapéutica estadísticamente significativa: un número mayor de abandono de tratamiento farmacológico (p=0,001) y de abandono de seguimiento ambulatorio (p=0,023).
Los pacientes con rasgos de personalidad Cluster C presentaron un menor número de ingresos hospitalarios (p=0,009) y una mejor adherencia terapéutica estadísticamente significativa.

Conclusiones: La estructura caracterial de los pacientes diagnosticados de Esquizofrenia tipo paranoide podría tener un impacto importante en el curso evolutivo y adherencia terapéutica. En el abordaje terapéutico de estos pacientes, la evaluación y la intervención sobre los rasgos de personalidad podría asociarse a mejores resultados en la evolución y pronóstico de la enfermedad.
DISCREPANCY AND STABILITY OF SELF-ESTEEM AND SELF-SCHEMAS IN NONCLINICAL “PARANOID” INDIVIDUALS

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Objectives: Psychological models of paranoia underline the critical role of affective factors, suggesting that stable discrepancies between implicit (ISE) and explicit (ESE) self-esteem and self-schemas may be associated to delusional formation in nonclinical and clinical populations.

Methods: Measures of suspiciousness, depression, ISE, ESE and self schemas were obtained from 205 college students in order to test this hypothesis.

Results: Linear regression revealed that although low ISE did not predict suspiciousness, the discrepancy between ISE and ESE ($\beta=-.273$) and between ISE and negative self-schema ($\beta=.479$) did. However, this effect disappeared when depression was controlled for.

Conclusions: This suggests that the affective functioning in nonclinical paranoid population may differ from that of the clinical one. Results are discussed in the context of literature.
PREVENCIÓN DE UN ESTADO MENTAL DE ALTO RIESGO: A PROPÓSITO DE UN CASO

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Objetivos:
Descripción del caso de un varón de 19 años incluido en el programa intervención precoz en estados mentales de alto riesgo (PIPEMAR) por presentar una carga genética importante para desarrollar un trastorno mental grave (madre con alcoholismo y padre diagnosticado de esquizofrenia paranoide). Más suspicaz y aislado al comenzar la intervención.

Método y resultados:
Escala de inteligencia Weschler (WAIS – III): Presenta una Inteligencia situada en el rango Normal – Medio, con un CI Total de 90.
Test de Aprendizaje Verbal España – Complutense (TAVEC): No se puso de manifiesto ni el efecto de primacía ni de recencia. No se observó interferencia proactiva ni retroactiva. El rendimiento del paciente en las pruebas de recuerdo fue inferior en comparación con su grupo normativo.
Trail Making A y B: Presenta cierto deterioro tanto en atención sostenida como en atención dividida y en las capacidades para la organización de la propia conducta.
Wisconsin Card Sorting Test (WSCT): No presenta un pensamiento perseverativo ya que cambia de estrategia rápidamente y encuentra alternativas de manera eficaz.
Inventario Clínico Multiaxial de Millon (MCMI -III): Puntuación mayor en la escala de personalidad Evitativa. Dentro de la patología grave de la personalidad muestra una puntuación elevada en la escala Esquizotípica con presencia de rasgos Paranoides y Límites.
Entrevista Estructurada para síndromes prodrómicos (SIPS): Refleja un posible diagnóstico de Síndrome de Síntomas Positivos Prodrómicos Atenuados. Muestra suspicacia y contenido inusual del pensamiento. Episodios aislados de ilusiones o alucinaciones a las que no atribuye un carácter real ni le han resultado amenazadoras. Anhedonia social, abulia, expresión emocional disminuida

Conclusiones:
Tras un año recibiendo tratamiento psicológico a nivel grupal semanal el paciente ha mostrado una mejora significativa en sus conductas, habiendo disminuido la suspicacia y presentando mayor expresión emocional y mayor contacto social con iguales.
SUBJECTIVE WELL-BEING AND LONG ACTING INJECTABLE ANTIIPSICHOTICS IN SCHIZOPHRENIA.
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INTRODUCTION: Subjective well-being (SW) has shown a strong relationship with quality of life (1). It has also been strongly associated with adherence (2), long lasting symptomatic remission (3) and with D2 occupancy receptors (4).
The objective of this study is to evaluate the subjective response to neuroleptics in patients with schizophrenia treated with long-acting injectable antipsychotics..

METHODOLOGY: Cross-sectional observational study was carry out in including 42 patients with diagnosis of schizophrenia (CIE-10). Patients were previously treated with LAI antipsychotic, without changes in dosage during the last three months. Three groups were established: a first group of patients treated with paliperidone palmitate (PP), a second treated with risperidone long acting injectable (RLAI) and a third one with conventional long acting injectable antipsychotic (zuclopenthixol decanoate and fluphenazine decanoate) (LAI) (Table 1).
Subjective well-being was assessed using the Subjective Well-being under Neuroleptic Treatment Scale (SWN-K), using their total score. Higher scores reflect a higher level of SW.

RESULTS: We found significant differences between the groups with respect to the total score of the SWN-K (F = 6.98, df = 2, p = 0.003). The Turkey and Bonferrani-tests were used to determine homogeneity between groups, aiming two homogeneous groups, (i) patients treated with paliperidone palmitate and risperidone long-acting injectable and (ii) patients treated with conventional depot. The higher total SWN-K score was associated with patients treated with paliperidone palmitate and long acting injectable risperidone (p< 0.01) compared to the group treated with conventional depot (Figura 1).

CONCLUSIONS: In this study we could observe that patients treated with atypical long acting injectable antipsychotics have higher subjective well-being than those treated with conventional antipsychotics.
It is likely that the lack of differences found between the group of paliperidone palmitate and risperidone long-acting injectable may be due to our limited sample, especially scarce in the latter group.

REFERENCES:
SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF INPATIENTS DIAGNOSED OF ACUTE PSYCHOSIS

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Objectives:
Analyze the sociodemographic and clinical characteristics of patients admitted in 2009-2010 in La Rioja with acute psychotic disorder diagnosis.

Methods
We conducted a four year retrospective study of all patients who met the diagnostic criteria for ATPD (including F23 and F19.5 ICD-10) on admission to the Acute Mental Health Unit of San Pedro’s Hospital of Logroño during the period 2009-2010. Data was collected on the evolution of the patients in the Mental Health Unit in 2014. Socio-demographic variables and diagnosis are analysed using the software package SPSS-19.

Results
From 1054 patients hospitalized during this period, 52 patients (4.9%) had an ATPD episode.
61.5% of the 52 patients, were male, 70.2% single, and had a mean age of (SD) 35.9 (10.0) years. The mean duration of hospitalization was 12.7 (8.6) days, being diagnosed with F19.5 (28.8%), F23.0 (23.1%), F23.1 (32.7%) and F23.8 (15.8%). 61.5% had a personal history and 45.1% family history. 44% consumed toxics.

The mean age (SD) and the mean stay (SD) of F19.5 was 33.2 (6.2) and 11.5 (8.4), of F23.0 was 36 (9.6) and 10.3 (5.7), of F23.1 was 35.9 (12.5) and 17.8 (10.2), and of F23.8 was 40.6 (10.4) and 7.9 (1.6). These differences are significant in the average stay ($X^2 = 9.125, p = 0.028$), especially between F23.1 and F23.8.

43.8% of men and 5% of women had a diagnosis F19.5, while 55% of women and 18.8% of men had F23.1. In addition, 65.6% of men and 10% of women consume toxics ($X^2 = 15.438, p = 0.000$)

93.3% of patients diagnosed with F19.5 had a psychiatric history, compared to 41.7% of F23.0, 52.9% of F23.1 and 50% of F23.8 ($X^2 = 9.390, p = 0.025$).

Conclusions:
In our sample of patients with acute psychosis male, single, middle-aged with psychiatric history predominate.
Patients diagnosed with toxic psychosis are usually young men with a psychiatric history.
Women predominate in acute psychosis with symptoms of schizophrenia and have a longer stay.
Acute psychosis unspecified are older patients and those with a shorter stay.
AMBIGUOUS LATERALIZATION AND PSYCHOSIS
University Hospital of Valladolid, Valladolid, Spain

Objectives
To report a case of psychosis and lateralized hemispheric dysfunction.
To expose the current knowledge on the subject.

Methods
Clinical case: 19 years old patient diagnosed with ADHD at the age of 9. Difficulties relating with peers during the schooling period. Academic problems. Trichotillomania. Treated unsuccessfully with Methylphenidate. ADHD diagnosis is ruled out at the age of 17. Use of cannabis two years ago. He is sent to our Day Hospital in order to be correctly studied and diagnosed. Self-referential delusions 3 months ago. Atypical behaviours. Motor retardation. Increased latency time. Gradual isolation.
Psychometric evaluation: WAIS-IV, Bender-Gestalt Test, BVRT, Stroop Test, d2 Test of Attention, CARAS Test, SDMT, BDI-II, MCMI-II, MMPI-2.
Genetic testing (DAT1, DRD4, LPHN3).
Brain MRI.
Bibliographic review.

Results
Psychometric tests suggest a lack of homogeneity in the cerebral lateralization, not an attentional deficit itself. Good intellectual capacity. Visuomotor incoordination. Slow processing speed. Psychotic thought.
Slow risk for ADHD in genetic testing.
Diagnosis: F29 – Psychotic Disorder NOS [289.9].

Conclusions
Laterality is a defining characteristic of Homo sapiens which has been implicated in the genesis of psychotic-like symptoms. Variations in cerebral asymmetry predict verbal and no verbal abilities. Individuals with hemispheric indecision are predisposed to academic problems, dislexia and thought disorders. Linkage on psychosis and handedness could be a relevant factor in this case.
**SEGUIMIENTO DURANTE SEIS MESES DE UNA COHORTE DE PRIMEROS EPISODIOS DE PSICOSIS EN UN PROGRAMA ASISTENCIAL**

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Hospital Universitario La Ribera, Alzira, Valencia, Spain

**Objetivo:** Conocer la evolución a los seis meses de seguimiento de pacientes diagnosticados de un primer episodio de psicosis (PEP) incluidos en un programa asistencial de psicosis de inicio.

**Método:** Estudio de seguimiento o cohortes de un grupo de 35 pacientes diagnosticados de un primer episodio de psicosis afectiva (PA) o no afectiva (PNA) que contactaron con el servicio de psiquiatría en el periodo comprendido entre noviembre 2011-noviembre 2013. Los pacientes fueron incluidos en un programa estructurado clínico y psicoeducativo individual y familiar. Se describieron las características sociodemográficas, factores relacionados con la enfermedad (tipo de psicosis, tratamiento, diagnóstico a los seis meses), evaluación con escalas (Positive and Negative Syndrome Scale (PANSS), Young Manic Rating Scale (YMRS) y Clinical Global Impression (CGI) y evolución (existencia de recaída y tasa de retención).

**Resultados:** De los 35 pacientes, el 54,3% fueron varones, con edad media de 33,43 años, el 57,1% activos laboralmente, el 28,57% con antecedentes familiares de psicosis (30% en PA, 20% en PNA). El tiempo medio de psicosis sin tratamiento fue de 22,54 semanas (4 en PA, 29 en PNA). El 48,6% consumieron droga (cannabis en el 94,1%). Al inicio y a los seis meses las puntuaciones medias de las escalas fueron: PANSS -P 29,96 y 10,08, (p=,000), PANSS-N 16,08 y 14,52 (p=,489), YMRS 33,89 y 0 (p=,000) CGI 4,94 y 3,32 (p=,000). Recayeron el 14,7%. 34 de los 35 casos fueron tratados con antipsicóticos (26,5% de primera generación). Durante los 6 meses se realizó cambio de antipsicóticos en el 20,6%. La tasa de retención a los seis meses fue del 97,14%.

**Discusión:** Los programas estructurados en el tratamiento de las psicosis iniciales contribuyen a mejorar la evolución clínica del paciente, la adherencia al tratamiento y al programa y previene las recaídas.

**Referencias:**
Van Os J, Linscott RJ. Introduction: the extend psychosis phenotype-relationship with schizophrenia and with ultrahigh risk status for psychosis. *Schizophr Bull* 2012;38:227-30
EFECTIVIDAD DE LA TEC COMO TRATAMIENTO: A PROPÓSITO DE UN CASO CLÍNICO
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Hospital Clínic De Barcelona, Barcelona, España

Antecedentes y Objetivos
La Terapia Electroconvulsiva es un tratamiento controvertido que provoca discusión sobre la seguridad y eficacia en el paciente. La técnica consiste, en la aplicación de un estímulo eléctrico que provoca una crisis de tipo epiléptico con el fin de causar modificaciones bioquímicas cerebrales.

Objetivos
Describir la efectividad de la TEC mediante la exposición de un CASO CLÍNICO. Exponer el papel de Enfermería antes, durante y después de la TEC.

Métodos
Descripción del caso: Mujer de 49 años que presenta Síndrome Maniforme con síntomas psicóticos. Tras instaurar tratamiento antipsicótico y dada la no mejoría clínica, se inicia tratamiento de TEC, a razón de 3 sesiones semanales.

Resultado
Tras la primera sesión de TEC se observa una disminución de delirios y alucinaciones. En la cuarta sesión se procede al alta hospitalaria y continuar el tratamiento ambulatoriamente. Actualmente la paciente realiza de forma autónoma las ABVD, habiendo sido dada de alta de TEC.

Conclusiones
La mejoría de la paciente tuvo como punto de inflexión el inicio de la TEC. Fue un tratamiento eficaz versus el tratamiento oral, que estaba siendo inefectivo. Hasta la 2ª sesión de TEC, mantiene el mismo tratamiento oral, que se irá disminuyendo tras observarse la evolución favorable. Al alta definitiva del tratamiento, la paciente no ha mostrado efectos adversos derivados de la terapia.

Referencias
1- Bertolín Guillén JM: Eficacia de la terapia electroconvulsiva: revisión sistemática de las evidencias científicas.
TITLE: CLINICAL AND SOCIO-DEMOGRAPHIC CORRELATES OF INSIGHT IN SCHIZOPHRENIA

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Introduction: Insight in patients with schizophrenia is related to adherence to pharmacological and psychosocial treatment measures and functional outcome. Poor insight has been associated with the increased risk of relapse. The present study investigated clinical and socio-demographic correlates of insight and its dimensions in patients with schizophrenia.

Methods: Two hundred patients (114 males, 86 females) with schizophrenia diagnosed as per DSM IV, aged 16-55, having illness for not more than 6 years and not having co morbid psychiatric, physical and substance use disorders, were assessed on Positive and Negative Syndrome Scale (PANSS) and Global Assessment of Functioning (GAF) for psychopathology and functioning respectively. Schedule for Assessment of Insight (SAI) was used to evaluate insight. The SAI evaluates insight in three dimensions,

Results: The mean (±SD) age of the sample and duration of illness were 32.3 (±9.10) and 7.6 (± 5.5) years respectively. There was significant negative correlation between overall insight and psychopathology (PANSS, r= -0.16, p=0.03). Further analysis revealed that there was significant negative correlation of psychopathology with all three dimensions (treatment compliance, recognition of mental illness and ability to recognize abnormal mental events as pathological) of insight. A positive correlation was observed between overall insight as well as its three dimensions and global functioning (GAF, r= -0.2, p=0.05). However, no correlation was seen between insight, and other clinical and socio-demographic variables.

Conclusion: Patients with schizophrenia having severe psychopathology have poor insight into their illness. Insight also has a positive correlation with functioning. It is important to use psycho-educational interventions focusing specifically on enhancing patient’s understanding of illness for better compliance and overall outcomes.
HALLUCINATIONS OF BLIND SCHIZOPHRENIC PATIENTS, DIFFERENT FROM NONBLIND SCHIZOPHRENIC PATIENTS

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². CMI Psihiatrie, Romania
³. Policlinica CFR Ploiesti, Romania

Objectives: Because blind patients with schizophrenia are not so many, we don't have much information about their psychotic symptoms, neither about their treatment. The hallucinations of blind schizophrenic patients could be different from unblind patients, due to impairment of their visual function. Analysis of psychotic symptoms and antipsychotic treatment of blind schizophrenic patients could provide new information about their features and treatment.

Methods: We had three case studies, all of them diagnosed with schizophrenia, multiple episodes, currently in acute episode according to DSM V. The patients were treated with olanzapine 10mg/day.

Results: The psychotic symptoms of our patients had the same particularity, the presence of tactile hallucinations (the patients describe insects moving on and in the skin, with repeated attempts to remove them, producing secondary skin lesions). The patients had a good response and remission of these symptoms after 14 days of treatment with olanzapine 10mg/day. The PANSS score had a reduction on hallucinatory behaviour item from 5 to 1 for the first patient and from 6 to 2 for the second patient and from 5 to 2 the third patient, after 14 days of treatment.

Conclusions: We presume that tactile hallucinations could be specific for these three cases of blind schizophrenic patients. Treatment with olanzapine (an antipsychotic with a large receptoral spectrum) was a good choice in these cases.
FACIAL EMOTION RECOGNITION THROUGHOUT THE COURSE OF SCHIZOPHRENIA
F. Medini 1, A. Belkhria 1, I. Ben Romdhane 1, S. Hechmi 1, W. Homri 1, R. Labbane 1
1 Razi Hospital, Manouba, Tunisia

OBJECTIVES: The goal of the study was to explore face emotion recognition (FER) performance throughout the course of schizophrenia.

MATERIALS AND METHODS: We enrolled 15 patients hospitalized for a first episode of schizophrenia and 15 hospitalized for schizophrenia according to DSM-IV. The control group consisted of 15 healthy participants matched group of patients by sex, age and educational level. Clinical evaluation was performed by the Positive and Negative Syndrome Scale. Attention was evaluated by the test double dam zazoo signs. Working memory was assessed by the board Corsi for visuo-spatial span. The evaluation of the (FER) was performed using photographs of the six basic emotions of Paul Ekman.

RESULTS: For first episode patients: The average age was 26.8 years. The Index Performance testing is Zazoo 14.44. Score the Span Direct is 4.13 score the Indirect Span is 3.2. Recognition of fear is the most reduced (p = 0.007).
For multi-episodes patients: The average age was 38.1 years. The Index Performance testing Zazoo is 9.53 to score Span Direct is 3.2 score the Indirect Span is 2.06. Recognition of sadness is the most reduced (p = 0.03).
A positive correlation between neurocognitive impairment and disorder in FER was found (p =0.015).
In both groups the recognition of emotion joy is the least reduced.
There were no significant differences between the two groups in the overall score of the FER (p = 0.08).

CONCLUSION: Our results suggest that disorder in emotion recognition is associated with neurocognitive impairment and is present from the very first episode and remains stable over the course of the illness.
ASSOCIATION OF A REALITY DISTORTION MODEL WITH ACTIVATION STRENGTH OF THE SALIENCE NETWORK DURING CLINICAL INSIGHT TASK IN FIRST EPISODE PSYCHOSIS

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1. Helsinki University Central Hospital, Helsinki, Finland
2. Aalto University, School of Science, Espoo, Finland
3. National Institute for Health and Welfare, Helsinki, Finland

Objectives
The core of psychosis, reality distortion (RD), is defined as delusions or hallucinations with poor insight into the symptom. Previous studies on brain correlates of RD have used hallucination and delusion measures that capture prominence of the symptom, but may underestimate the insight component of RD. We aimed to study whether inclusion of insight contributes to explanatory power of RD model for function of a proposed core neurocircuitry in psychosis, the salience network (SN).

Methods
We modelled RD as an interaction between BPRS delusion score and SAI-E subscale of insight into the particular delusion. We measured blood oxygenation-related signal during rest periods and periods of clinical insight task that requires processing of one's psychotic symptoms. We extracted insight task-related activation strengths in 31 first-episode psychosis patients within a priori SN mask. We then compared the explanatory power of insight scores, delusion scores, and an interaction between them for the SN activation strengths.

Results
Regression of poor insight and delusion scores on SN activation strengths was insignificant. Inclusion of the interaction term in the model resulted in significant increase in explained variance (P = 0.016, F-test for change in R squared). The full model explained 23 % of the variance in SN activation strengths (P = 0.023).

Conclusions
In the context of insight-related brain processing in first-episode psychosis, SN function may be better explained by an interaction of the key dimensions of RD than by single scores alone. One possible interpretation is that insight-task related salience processing increases along with poor insight more if the delusions are prominent. Alternatively, a more intriguing interpretation is that the observed SN function reflects a neuronal core of psychosis, which can be modelled as an interaction between delusion and poor insight into delusion at the level of patient's conscious experience.
FOLIE A DEUX AS A FIRST PSYCHIATRIC EVENT – A CASE REPORT

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¹ Centro Hospitalar de Leiria, Leiria, Portugal

Objectives
Review of the literature about induced delusional disorder (ICD-10 F24) based on a clinical case and its report

Methods
Extended psychiatric interviews with the patient and the other intervener (the husband), consultation of the patient clinical file and review of the literature

Results / Case description
The patient was a 67 years old woman with no psychiatric history. After undergoing orthopedic surgery for implementing a knee total prosthesis, the patient developed septicemia, which was explained to her as being “lots of microscopic bugs on the blood stream”. 2 years after the surgery, the patient is admitted to the psychiatry ward after being evaluated on the ER, where she told us she knew there was a snake living on her knee, who had procreated and traveled around her body. She was accompanied by her husband who not only shared her beliefs, but was also willing to remove the snake at home, using a knife. After initiating anti-psychotic medication, this delusion grew weaker, but never fully remitted. During the time the couple was apart, the husband developed insight for the situation. After being discharged, neither the patient nor husband ever attended the scheduled appointments. Last observation, 6 months after leaving the hospital, shown that the couple was again sharing the same delusion.

Conclusions
Shared psychotic disorder is a rare clinical syndrome, which main feature is the transmission of a delusion from one person who is dominant (inducer) to another, who starts sharing partially or totally those beliefs. It’s mostly observed among people who live in close proximity and are in a relationship, often with slight social isolation. All kinds of content might rise, being infestation delusion one of the most frequent (5 – 25%). Studies show that by promoting separation between the subjects, there is 93% remission rate on the induced person.
A STUDY ON CLINICAL AND SOCIO-DEMOGRAPHIC CORRELATES OF ATTITUDE TO ANTIPSYCHOTIC MEDICATIONS IN SCHIZOPHRENIA

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¹Department of Psychiatry, All India Institute of Medical Sciences, Ansari Nagar, New Delhi 110029, India
²Institute of Genomics and Integrative Biology, New Delhi 110025, India

INTRODUCTION:
Patients with chronic schizophrenia require long term treatment. Attitude towards antipsychotic medications is a crucial determinant of medication adherence. Negative attitudes towards antipsychotic medications may result in poor medication adherence, thus increasing the risk of relapse.

The present study was conducted to investigate the clinical and socio-demographic correlates of the attitude of patients with schizophrenia to the antipsychotic medications.

METHODS:
A cross-sectional sample of 200 patients (114 males, 86 females) with schizophrenia diagnosed as per DSM IV, aged 16-55, having illness for not more than 6 years and not having co-morbid psychiatric, physical and substance use disorders were assessed on Positive and Negative Syndrome Scale (PANSS) and Global Assessment of Functioning (GAF). The subjects were also assessed on drug attitude inventory -30 (DAI-30).

RESULTS: Subjects had a mean (±SD) age of 32.3 (±9.10) years. The duration of illness was 7.6 (± 5.5) years. Mean (±SD) score on DAI-30 was 16.5 (±2.6) and on PANSS was 54.30 (± 17.37). The mean (±SD) score on GAF was 6.05 (±1.7). There was significant negative correlation between DAI-30 and scores on positive scale (r=-0.19, p< 0.05) of PANSS) and there was significant positive correlation between scores on DAI and GAF (r=- 0.63, P< 0.001). There was no correlation between scores on DAI and other clinical and socio-demographic variables.

CONCLUSION:
Patients with chronic schizophrenia having more positive symptoms and higher dysfunction have negative attitude towards the antipsychotic medications. The evaluation of patient’s attitude to antipsychotic drugs should be part of the management plan for ensuring better medication adherence.
PREDICTORS OF CHANGE IN THE DIAGNOSIS OF ACUTE PSYCHOSIS

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1-Hospital San Pedro, Logroño, La Rioja, Spain
2.-University of La Rioja, Logroño, La Rioja, Spain

Objectives:
Identify predictors of change in the diagnosis of patients with acute psychosis.

Methods:
A retrospective study of all patients hospitalized in 2009 and 2010 diagnosed with acute psychosis in psychiatric units of La Rioja, Spain. 52 patients were included with F23 diagnosis and/or F19.5, in all its variants, ICD-10 criteria. In 2013 its evolution is reviewed. Sociodemographic and clinical variables are discussed.
The variables included in the study were age, duration of hospitalization, marital status, toxic abuse, personal psychiatric history and familiar psychiatric precedents. For statistical analysis SPSS-19® was used.

Results:
From 1054 patients hospitalized during the period of 2009-2010, 52 patients (4.9%) were admitted due to an acute and transient psychotic episode. Of the 52 patients who started the study, 36 (69.23%) of them, conducted a follow-up in 2013. 72.22% (26) of patients changed the diagnosis of major severity after the study period. The mean age of this group was 35.32±10 years and the mean duration of hospitalization was 11.54±7.5 days. 73.08% of the sample had personal psychiatric history and 46.15% had psychiatric family history. The 89.5% (17) of patients switching diagnosis have a family history compared with 52.9% (9) of patients with no family history (X² = 5.969, p = 0.015).
Regarding the consumption of toxic, 88.24% of the patients without toxic consumption had a different diagnosis after the observation period, compared to 57.9% who consumed. We found statistically significant differences between the diagnostic stability and the presence or absence of toxic consumption (X² 4.11, p<0.042).
There were no statistically significant differences between the others variables of the study.

Conclusion:
The absence of toxic consumption and personal psychiatric history in the brief psychotic episode are predictors of poor prognosis, involving a subsequent diagnosis of major severity.
Family history of psychiatric disorder is a predictor of diagnostic instability.
HISTORY OF A DELIRIOUS MARRIAGE
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Hospital General Universitario de Elche, Alicante, España.

Introduction:
There is a limited bibliography on the condition and its incidence and prevalence are unknown as it appears infrequently.
The clinical profile consists in the transfer of a delirious idea from one person to another, who maintains a very close relationship over a long period of time.
The inducer usually suffers a chronic psychotic illness, and the induced person is usually less intelligent, more passive, easily influenced...
If the couple separates then the symptoms can disappear in the affected person.

Clinical case:
We present the case of a married couple with Folie à Deux.
The primary patient is a 37 years old male with paranoid schizophrenia who stopped taking medication 3 months before this episode. The secondary patient is his 34 years old wife with borderline intelligence and anxiety.
It should also be noted that the mother of the female patient has paranoid schizophrenia. Both patients attended Emergencies with psychomotor agitation and delirious ideas of prejudice towards their family, presenting important behavioural and emotional repercussions. The male patient also presented olfactory and kinaesthetic delusions.
It was decided to hospitalize the female patient for checks, because her behaviour disorders were more serious. In the case of the husband it was decided to follow up at home. However, later the discharge of this wife, it was necessary to admit him to hospital due to the persistence of the symptoms.

Discussion:
We find a patient with chronic psychotic disorder, and his wife, who suffers easily influenced personality, who have maintained a very close relationship with social isolation for many years.
The symptoms of the female patient declined after a few days with anxiolytic treatment and the temporary separation from her husband. For these reasons we arrived to the conclusion that we are witnessing a case of Folie à deux.

Bibliography:
NEUROLOGICAL SOFT SIGNS AND ABNORMAL FUNCTIONING OF THE DEFAULT MODE NETWORK IN SCHIZOPHRENIA AND UNAFFECTED RELATIVES

L. Galindo,1,2,3 F. Pastoriza,1,3 N. Roé1 D. Berge1,2,3 A. Mané1,2, M. Picado1,3 A. Bulbena1,2,3 O. Vilarroya1,3
1 IMIM Foundation, Barcelona, Spain
2 Neuropsychiatry and Addictions Institute (INAD) of Parc de Salut Mar, Barcelona, Spain
3 Universidad Autónoma de Barcelona, Spain

Objectives: The aim of this study is to explore the neurological soft signs (NSS) and the activity of the Default Mode Network and areas related with NSS, with Functional Magnetic Resonance Imaging during Resting State, in subjects affected by schizophrenia and unaffected relatives.

Methods: We recruited a group of 30 patients diagnosed with schizophrenia, with an illness duration range from 5 to 15 years, treated with atypical antipsychotic and stable clinically in the last 6 months. Patients who had received electroconvulsive therapy or clozapine were excluded. We also recruited a group of 23 unaffected siblings of patients with schizophrenia, without history of other mental, neurological or somatic diseases, and a group of 35 healthy volunteers. None of the three groups met criteria for substance use disorder or history of other mental disorder.

The three groups were clinically evaluated, the exploration of minor neurological signs conducted through the neurological assessment scale (3), and a functional magnetic resonance during Resting State was performed.

Functional images were reoriented to the first scan, normalized to the MNI EPI template and smoothed with an 8 mm Gaussian kernel, with SPM. The CONN- FMRI Toolbox v1.2 was used to create individual subject seed-to-voxel connectivity maps, corresponding the Seeds of the default mode network.

Results:

<table>
<thead>
<tr>
<th>NSS</th>
<th>t Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insula</td>
<td>3.39</td>
</tr>
<tr>
<td>Superior temporal gyrus</td>
<td>3.39</td>
</tr>
<tr>
<td>Middle temporal</td>
<td>3.39</td>
</tr>
</tbody>
</table>

Table 2. Resting State activity

<table>
<thead>
<tr>
<th>Patients vs controls</th>
<th>Insula</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNI(x,y,z)</td>
<td>t Value</td>
</tr>
<tr>
<td>Left BA 13</td>
<td>(+32, -06, -10)</td>
</tr>
<tr>
<td>Right BA 22</td>
<td>(-4, -88, +12)</td>
</tr>
<tr>
<td>Left BA38</td>
<td>-NSD-</td>
</tr>
<tr>
<td>Right BA39</td>
<td>-NSD-</td>
</tr>
</tbody>
</table>

Table 1. Neurological softs signs- Anova

<table>
<thead>
<tr>
<th>NSS</th>
<th>Patients</th>
<th>Siblings</th>
<th>Controls</th>
<th>Siblings</th>
<th>Controls</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>2.4*</td>
<td>1.7*</td>
<td>NSD</td>
<td>-1.7*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensorial</td>
<td>1.4*</td>
<td>NSD</td>
<td>NSD</td>
<td>NSD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integration</td>
<td>3.1*</td>
<td>NSD</td>
<td>3.4*</td>
<td>NSD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NSD: No significant differences

*P<0.05
<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>BA13</th>
<th>NSD</th>
<th>NSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insula Right</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precuneus Right</td>
<td></td>
<td>BA7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(-02,-75,+36)</td>
<td>(+40,+40,+26)</td>
</tr>
<tr>
<td>Middle frontal gyrus Left</td>
<td></td>
<td></td>
<td>(-18,-96,+12)</td>
<td>(-20,+4,+50)</td>
</tr>
</tbody>
</table>

NSD: No significant differences

Conclusions:
- The patients with schizophrenia and their healthy relatives presents more NSS. We found an engagement of the insula, precuneus and superior temporal gyrus during base line cerebral activity ws observed, which plays an important it’s been associates to de NSS.
- In the patients and siblings, we found an engagement of the right superior temporal gyrus, during baseline cerebral activity was observed, which plays an important part in auditory and language processing; engagement the left middle frontal gyri, which sustains a variety of Self-referential processes, and primary visual cortex, involving processes such mental imagery, visual perception and social cognitive information processing.

Key Words: Brain imaging, Schizophrenia: clinical, Neuroimaging: functional

References:
UNCLASSIFIABLE DELUSIONS (NOWADAYS)
1. Hospital Universitario De Fuenlabrada. Madrid.

OBJECTIVES
The aim of this work is to focus on which items of each diagnosis classification leaves a bigger gap within locate these cases that don’t fit properly in any current category. DSM and ICD are frequently criticized because of its positivist bias, ignoring social factors, forgetting the human dimension and not having under consideration the patient values, pretending to simplify the psychosis as a mere organic symptom.

MATERIALS AND METHODS
A comprehensive search of the literature through different classic and recent references. We report 4 cases not easily classifiable by DSM and ICD, pointing at the restrictive aspects of its categories and proposing the classic diagnosis approach for the best understanding of these patients

RESULTS
These 4 cases fit easily in the French classification of chronic delusions, moving from “none specified psychosis” to Paraphrenia, Kretchmer’s sensitive delusion of reference; Chronic hallucinatory psychosis (Ballet) and Serieux and Capgrass delusion.

CONCLUSIONS
An adjusted diagnosis it’s said to be a main requirement for a good treatment, being easy to assume that the use of this kind of classifications would help these patients and their therapists to work on a treatment and establish a prognosis more accurate than using catch-all categories.

REFERENCES
PSYCHOTIC DECOMPENSATION VS AFFECTIVE DISEASE
M. T. Benavides Jiménez; M.N García Recio; J.M Meca García.
Torrecárdenas Hospital; Almería, España.

Objectives:
To establish the differential diagnosis between psychotic decompensation and affective disease, in three patients before diagnosed of Residual Schizophrenia.

Methods:
Clinical daily observation for six months in Unit of Half A Stay, and functional evaluation by means of the scale HONOS to the beginning and end of the hospitalization.

Results:
We analyze the case of three males, with ages between 45 and 58 years diagnosed of Residual Schizophrenia, of more than twenty years of evolution and compensated from the point of view of the presence of psychotic positive symptoms.
The symptomatology that propitiated the revenue, was consisting of alterations sensoperceptivas of change of size of the environment or of the own body. Symptoms that can be included inside Alice in Wonderland's Syndrome.

Conclusions:
Alice in Wonderland's Syndrome was described by the first time in 1952 by C.W. Lippman. It is defined as a syndrome of complex disorders of the visual perception, also there is typical the distortion of the corporal image.
Diverse possible etiologies are described.
In case of ours three patients we fit the symptomatology in an anxious-depressive context and not as a psychotic decompensation. On having changed the diagnostic orientation, also we could change the therapeutic strategy obtaining the disappearance of the symptomatology.

References:
DETERIORO COGNITIVO EN ESQUIZOFRENIA E IMPRESIÓN CLÍNICA GLOBAL

Autores: Rosario Gutierrez Labrador¹, Juan Jose Perez Murillo¹, Eugenio Suarez Gisbert¹, Teresa Gonzalez Salvador ², Pilar RojanoCapilla ²

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Objectives: Analizamos el perfil cognitivo, de 22 pacientes con diagnóstico de esquizofrenia correlacionando perfil cognitivo y gravedad medida por la impresión clínica global en esquizofrenia.

Methods: Se seleccionaron 22 pacientes con Esquizofrenia (DSM-IVR), en tratamiento con Paliperidonalp, Risperidonalp y Clozapina, correlativos. Valoraron las capacidades neurocognitivas con escalas recogidas en la MATRICS. Memoria de Trabajo (Test de Dígitos (WAIS III), Velocidad de Procesamiento (Test de la Clave de Números (WAIS III)), Funcion Ejecutiva (Trail Making test (B)) y Atención (Trail Making test (A)). La valoración de la gravedad con la escala de CGI-SCH. Los datos fueron analizados con SPSS versión 15.0.

Results: No se ha hallado significación estadística entre la gravedad clínica y la memoria de trabajo, la velocidad de procesamiento, ni la atención, excepto en aquellos que se encuentran entre los más gravemente enfermos. En todos los demás grupos no se ha hallado significación estadística entre la gravedad clínica de los síntomas positivos y la memoria de trabajo, la velocidad de procesamiento de la información, ni la atención. Si se encontraba significación estadística entre la gravedad de los síntomas positivos y la función ejecutiva. Tampoco existía significación estadística respecto de la gravedad de los síntomas negativos y la memoria de trabajo, la velocidad de procesamiento de la información, ni la atención, mientras que era estadísticamente significativo con la función ejecutiva. Los cuadros levemente enfermos en gravedad global tienen mejor Velocidad de procesamiento y función ejecutiva.

Conclusions. La función ejecutiva parece ser la función cognitiva que más se correlaciona con la gravedad de la enfermedad, tanto en síntomas positivos como negativos y de gravedad global, habiéndose considerado como uno de los principales factores implicados en los déficits de funcionalidad del paciente esquizofrenico. El resto de las funciones están más conservadas en nuestra muestra hasta estadios más graves.
FROM MAGICAL THINKING TO BODY PERCEPTIONS: CENESTOPATHIC SCHIZOPHREÑA: A CASE REPORT.

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Objectives:
The cenestopathic schizophrenia is characterized by bodily feelings combined with emotional disturbances and other symptoms such as autonomic, motors and perceptive disorders and also brief psychotic episodes. Our goal is to present the diagnostic and therapeutic management in a 26-year female patient with cenestopathic schizophrenia, who presents variety of symptoms, mostly motor blocks, which prevented her from performing almost any movement, and the importance of good adherence to management (this disorder).

Methods:
Review of the clinical-pharmacological patient history, along with observation of the clinical course for several admissions in acute Mental Health Unit.

Results:
After a history of failure with several previous antipsychotic treatments and noting that psychotic anguish, delusional experiences, motor blockade and emotional impact by the clinical picture did not recover, we considered introducing paliperidone 12mg/day, significantly improving the clinic and observing how were progressively decreasing apragmatic behaviors and discomfort that generated the feeling of strangeness with the body, allowing to work with her on other aspects.

Conclusions:
One of the main problems we encountered while prescribing antipsycothic drugs is the frecuency of side effects, often resulting in the withdrawal of the medication. Factors such as efficacy, tolerability and early intervention are key to the prognosis of the disease, so our intention is to delve into the importance of relapse prevention since the beginning of the therapeutic approach

Bibliography:
COTARD’S SYNDROME: A CASE REPORT
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Objectives:
Cotard’s syndrome is classically described as melancholy, anxiety, ideas of doom and demonopathy, mutilation and suicide propension, analgesia, hypochondriacal ideas and destruction of organs, ideas of immortality and greatness. Our goal is, through clinical case study, demonstrating there mission of affective and psychotic clinic in a patient with Cotard’s syndrome, using electroconvulsive therapy (ECT), and describe the changes observed in the course of it.

Methods:
Review of the pharmacological and clinical history of the patient, along with the observation of the clinical course during an admission in our Acute Mental Health Unit.

Results:
Given the lack of response to oral antipsychotic treatment, we considered the option of Electroconvulsive Therapy with satisfactory results, which resulted in an initial improvement of all symptoms.

Conclusions:
Regarding the treatment of Cotard’s syndrome, the pathology which is considered causing the syndrome should be treated, although in cases of paranoid schizophrenia and major depression, the scientific evidence describes various psychopharmacological treatment options (for most of the cases described monotherapy antidepressant-SSRI or atypical antipsychotic or a combination of both is used), on the other hand, favorable results are described when electroconvulsive therapy is applied.

References:
LONG-ACTING ANTIPSYCHOTIC INJECTIONS OF PALIPERIDONE PALMITATE: EFFECTS IN THE NUMBER OF ADMISSIONS AND TIME SPENT IN HOSPITAL

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Objectives.
Record the number of admissions and time spent in hospital in patients with paliperidone palmitate (PP) followed-up in the Outpatient Psychiatry at Almería and describe the results during 6-23 months before and after the introduction of the PP.

Methods.
A total sample of 56 patients was selected of the record of patients with PP in the Outpatient Psychiatry. We searched the number of admissions and time spent in hospital through Diraya hospitalization and GESIPAC software. An assessment was made of the number of admissions and the number of days spent in hospital during a period of time between six and eighteen months, before and after the introduction of PP. The minimum period of study was arbitrarily established in six months, and the utmost in twenty-six months, as determined by the patient with longer PP prescription.

Results.
In the sample of 56 selected patients, 71.43% are men compared to 28.57% women. The number of admissions in the hospital were: before PP: 76; after PP: 6. The total days spent in hospital were: before PP: 1313 after PP: 72.

Conclusions.
These data are consistent with studies in this regard on antipsychotics of long-acting and the decrease in the number of hospital admissions and days of hospitalization, with savings in hospitalization costs. The possibility of a better adherence to treatment and the improvement in the psychopathology minimizes the risk of hospitalization, and it is possible that the number of days of stay in the hospital is also lower. Although there are multitude of variables that can represent a great bias, these data suggest that a more exhaustive study is required.

References.
Niaz Omair S., Haddad Peter M. Inyecciones de antipsicóticos de acción prolongada (ILDs). Mortimer Ann M, McKenna Peter J, eds. The year in schizophrenia.1 ed. Oxford; Clinical Publishing; 2010. p. 17-44
COST-EFFECTIVENESS COMPARISON OF LONG-ACTING INJECTABLE (LAI) ANTIPSYCHOTICS AND FUNCTIONAL RECOVERY IN SCHIZOPHRENIA-RELATED DISORDERS WITH AND WITHOUT COMORBID SUBSTANCE DEPENDENCE: A SIX-MONTH MIRROR-IMAGE STUDY

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Objective
Long-acting injectable (LAI) antipsychotics may lead to better psychosocial adjustment and prevent relapses but also to changes on pharmacological and service costs. Moreover, it is well known that comorbid substance abuse may be associated with higher medication nonadherence and poorer outcomes. The aim of the study was to assess the psychosocial functioning and the change of service utilization and costs for schizophrenia-related disorders with and without comorbid substance dependence before and after LAI treatment.

Methods
Multi-site 6-month mirror-image study, involving a General Mental Health Outpatient Unit and two Addiction Outpatient Units. We recruited patients with schizophrenia-related disorders who initiated LAI treatment for the first time between 2011 and 2013, after at least six months of oral antipsychotic treatment. Study assessments included sociodemographic data and psychosocial functioning measured by the Global Assessment of Functioning (GAF) scale. Cost-effectiveness comparison was made for service costs, medication costs and overall psychiatric costs.

Results
Twenty-one patients (91.3%), 76.2% male with a mean age (SD) of 40 (11) years, completed the six months follow-up. Most patients met DSM-IV criteria for schizophrenia (66.7%) and schizoaffective disorder (19.0%). Eleven patients (52.4%) had comorbid substance dependence. During the post-LAI period there was an improvement on psychosocial functioning (p<0.001) and a reduction in service uses, along with a 3-fold decrease on inpatient and outpatient service costs (p=0.002). Although medication costs significantly increased during the post-LAI period (p<0.001), overall psychiatric costs did not increase but tended to a 30%-cost reduction compared to the pre-LAI period (p=0.079). The same results were observed when patients with and without comorbid substance dependence were compared. Overall, there were no differences between groups in terms of functioning, medication and service costs.

Conclusions
This 6-month mirror-image study showed that LAI treatment might be a cost-effective option for schizophrenia-related disorders, even for those with comorbid substance dependence.
DIAGNOSTIC STABILITY IN PATIENTS WITH ACUTE AND TRANSIENT PSYCHOTIC DISORDERS

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Objectives
The aim of this study is to evaluate the incidence, socio-demographic factors and diagnosis stability in acute and transient psychosis disorders (ATPD).

Methods
We conducted a retrospective study of all patients who met the diagnostic criteria for ATPD (including F23 and F19.5 ICD-10) in Psychiatric Unit of Hospital San Pedro in Logroño, La Rioja, during the period 2009-2010. Data was collected on the evolution in 2014. Socio-demographic and clinical variables were analysed using the software package SPSS-19.

Results
From 1054 patients hospitalized during 2009-2010, 52 patients (4.9%) were admitted due to an ATPD episode. The sample was predominantly composed of males (61.5%) and singles (63.5%). The mean age was 35.87±10 years; 61.5% of the sample had personal psychiatric history and 53.8% had familiar psychiatric history. The mean duration of hospitalization was 12.73±8.6 days.

Most frequent subcategory was F23.1 followed by F19.5, F23.0, and F23.8 representing 32.69%, 28.84%, 23.07% and 15.38% of the sample.

From the 52 patients, 14 (26.92%) dropped out from follow-up. In the follow-up period the initial diagnosis remained unchanged in 10 (26.3%) patients. The higher rate of diagnostic stability was in F19.5 subgroup (41.7%) following by F23.0 (28.6%) and F23.1 (21.4%).

Diagnostic shift to schizophrenia was predominantly observed in the patients with initial F23.1 diagnosis (47.1% of this subgroup) followed by F23.8 (25%) and F19.5 (20%).

The percentage of transition to schizoaffective disorder (F25) was higher in F23.8 group (12.5%) compared with the F23.1 (11.8%) and F23.0 (8.3%).

Conclusions
We found in our sample that ATPD has a poor diagnostic stability involving a subsequent diagnosis of major severity. ATPD with symptoms of schizophrenia patients changed to more stable categories of the psychotic spectrum, indicating high probability of worse prognosis. The drug-induced psychosis subgroup maintained more stable diagnosis which could predict a better prognosis.
A DOUBLE-BLIND, PLACEBO-CONTROLLED, RANDOMIZED WITHDRAWAL STUDY OF LURASIDONE FOR THE MAINTENANCE OF EFFICACY IN PATIENTS WITH SCHIZOPHRENIA


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Objective: To evaluate lurasidone as maintenance treatment for schizophrenia.

Methods: Adult patients experiencing an acute exacerbation of schizophrenia received 12-24 weeks of open-label treatment with lurasidone (40-80 mg/d, flexibly dosed). Those who maintained clinical stability for ≥12 weeks were randomized to placebo or lurasidone (40-80 mg/d, flexibly dosed) and entered the 28-week, double-blind withdrawal phase. The primary efficacy endpoint was time to relapse. Secondary efficacy measures included the Positive and Negative Syndrome Scale (PANSS) and Clinical Global Impression–Severity of Illness Scale (CGI-S).

Results: Of 676 enrolled patients, 285 met protocol-specified stabilization criteria and were randomized to lurasidone (N=144) or placebo (N=141). Relapse occurred in a greater proportion of patients receiving placebo (41.1%) than lurasidone (29.9%). Time to relapse was significantly delayed in lurasidone-treated patients compared with placebo (log-rank test, \( p = 0.039 \)). Lurasidone was associated with a 33.7% reduction in risk of relapse versus placebo (Cox hazard ratio=0.663; 95% confidence interval, 0.447-0.983; \( p = 0.041 \)). Patients receiving placebo demonstrated significantly greater worsening on PANSS total and CGI-S scores compared with lurasidone-treated patients (PANSS mean change, +12.4 vs +8.3, \( p = 0.029 \); CGI-S mean change, +0.7 vs +0.4, \( p = 0.015 \); analysis of covariance with the last observation carried forward). The most commonly reported adverse events in patients treated with lurasidone for the entire study (open-label baseline through double-blind endpoint) were akathisia, insomnia, headache, nausea, and anxiety. The discontinuation rate due to adverse events in the double-blind phase was 13.9% for lurasidone and 15.6% for placebo. Minimal changes in weight, prolactin, lipid, and glucose parameters were observed.

Conclusion: This placebo-controlled, randomized withdrawal study demonstrated the efficacy of lurasidone for the maintenance treatment of patients with schizophrenia. Lurasidone was generally well tolerated, with minimal effects on weight and other metabolic parameters.

This study was sponsored by Sunovion Pharmaceuticals Inc.

ClinicalTrials.gov identifier: NCT01435928
ADEQUACY OF THE DIAGNOSIS OF SENSITIVE DELUSIONS OF REFERENCE (KRETSCHEMER'S SYNDROME)
Unidad de Gestión de Salud Mental. Hospital Clínico Universitario Virgen de la Victoria. Málaga.

Goals: The sensitive delusion referred by Kretschmer is based on the understandability of itself and the favorable evolution. In this clinical case study we consider the validity of this diagnosis even though is not described in the DSM.

Method: Description of a clinical case study of a 38 years old male without personal antecedents. The patient’s first debut was at this age, after suffering the hurricane Delta. From here, the patient started with persecutory delusional ideation with multiple interpretations of his co-workers, mainly based on the idea that they didn’t aware him and even premeditate about the Hurricane. There was intense worried about the possibility of suffering any damage and the feeling of being followed (he saw and listened his pursuers). The patient was hospitalized in the Acute Psychiatric Unit with the delusional ideation describe above, a tremendous phobic anxiety that includes avoidant behaviors (such as not going out and social isolation), loss of self-care and autolysis ideation. As previous personality he had obsessive traits, tendency to rumination and avoidance, and also difficulties with social relationships. The evolution with psychopharmacological treatment and therapy was fast, being favorable at discharge.

Results: The decision of this diagnosis comes from the difficulty of its inclusion in other categories such as Posttraumatic Stress Disorder or even Other Psychotic Disorders.

Conclusions: This case consists on a psychotic disorder with delusional ideation of reference and persecution in individuals sensitive to others criticism and with intense worrying about their image. A life changing event develops the psychotic symptoms that are focused on a conflict with his entire environment. This diagnosis disorder is not defined in the DSM, and we consider that Kretschmer syndrome would perfectly define the symptoms described above. (E. Kretschmer, 2000).
STABILITY OF THE TREATMENT OF PATIENTS WITH ACUTE PSYCHOSIS
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Objectives
Analyze the therapeutic adherence of the patients admitted by an acute psychotic episode.

Methods
A retrospective study of all patients hospitalized in 2009 and 2010 diagnosed with acute psychosis in psychiatric units of La Rioja, Spain. The study included 50 patients with F23 diagnosis and/or F19.5, in all its variants, ICD-10 criteria. In 2013 its evolution is reviewed.

Results
After admission, 92% of patients were taking an oral formulations (74 % only one and 26 % two) and 8% long acting neuroleptics (50 % only injectable and 50% also oral). 50% of injectables are administrated in F19.5 diagnosis and 50% in F23.1. 46% also takes benzodiazepines, 38 % hypnotics and 20% other drugs.
Only 38% have antipsychotic treatment. Antipsychotic is associated in 24% with benzodiazepines, 16% with hypnotics and in 22% with both of them.

At follow-up 35 patients were identified. 68.6 % continued with oral and 20 % injectable. From those who started with oral treatment, 75 % is maintained, 12.5% switched to injectable and 12.5% do not take treatment. The 71.4 % of patients with injectable have a diagnosis F20. While patients with oral 37.5% F20.
Patients with oral treatment 70.8% takes just one, 25.7 % more than one. Patients with injectable, 67.1 % are only with it, one oral is associated in 28.5 % and 14.2 % with two. 11.4% do not take neuroleptic.
The 74.3 % have only neuroleptic treatment, 20% are taking any benzodiazepine and 5.7 % combine it with the hypnotic

Conclusions
An oral antipsychotic is administrated mostly at the beginning and during the follow-up. The injectable predominates in schizophrenia. During the follow up the neuroleptic remains.

At the beginning we tend to associate an antipsychotic with benzodiazepines and hypnotics. This combination decrease during the follow up.
ATYPICAL COGNITIVE IMPAIRMENT IN A YOUNG SCHIZOPHRENIC PATIENT

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Introduction: Schizophrenia is a complex psychiatric pathology that might have an atypical presentation. Besides the known organic causes that constitute differential diagnosis, it is also important to identify comorbidities that might mask or exacerbate the predictable clinical evolution.

Although a progressive cognitive impairment is likely during Schizophrenia’s evolution, it is not expected that patients have a severe deterioration of cognitive functions at a young age.

Case report: 29 years-old woman, with eleven-year history of schizophrenia was admitted to a Neurology Department in order to investigate organic reasons for her recent cognitive impairment deterioration. The patient has progressively lost the ability to perform simple daily life activities for her own since the last three years. Neurocognitive assessments revealed multiple and severe dysfunctions. Memory, executive and attention tasks are extremely disturbed. Physical and neurological examinations revealed muscular stiffness and poor mimic of the face.

From the exams performed, no significant abnormalities were found on blood, urine samples or lumbar puncture. Cerebral MRI showed a deep left frontal white matter lesion suggesting a leukomalacia area.

Discussion: Although no significant correlations between grey and white matter data and clinical or cognitive measures have been found, numerous studies suggest the involvement of white matter volume reductions particularly in the frontal lobe of patients with chronic schizophrenia. In our case, besides the MRI study, no other abnormalities were found. For this reason, it might be acceptable to consider that the frontal lesion founded in our patient’s MRI made the difference in the rapid evolution of her cognitive impairment.

References:
Yao, L., et al. (2013). "Association of white matter deficits with clinical symptoms in antipsychotic-naive first-episode schizophrenia: an optimized VBM study using 3T." MAGMA.
EFFECT OF PREVIOUS DOSE OF ORAL ARIPIPRAZOLE (10–30 MG/DAY) ON THE EFFICACY AND TOLERABILITY OF ARIPIPRAZOLE ONCE-MONTHLY: POST-HOC ANALYSES OF TWO RANDOMIZED, CONTROLLED TRIALS

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Objectives: To present the efficacy and tolerability of aripiprazole once-monthly (AOM-400 mg) in patients switching after stabilization on 10 or 30 mg/day oral aripiprazole.

Methods: Data from two double-blind, placebo- or active-controlled trials assessing the efficacy and safety of AOM-400 mg (246 [NCT 00705783]; 247 [NCT 00706654]) were analyzed post hoc. Efficacy was evaluated by change from baseline in the Positive and Negative Syndrome Scale (PANSS) total score 4 weeks after initiation of AOM-400 mg. Tolerability was measured as common adverse events (AEs; ≥5%) in this period.

Results: 841 stable patients (study 246, n=576; study 247, n=265) with schizophrenia were assigned to AOM-400 mg. Of these, 105 were stabilized on 10 mg/day oral aripiprazole (study 246, n=75; study 247, n=30) and 212 on 30 mg/day (study 246, n=147; study 247, n=65). In both studies, AOM-400 mg maintained stability of symptoms; change from baseline in PANSS total at week 4: 246 study, 10 mg=0, 30 mg =−0.18; 247 study, 10 mg =−1.03, 30 mg=−1.83. Common AEs were injection site pain (range: 9.3% [10 mg/study 246] to 0% [30 mg/study 247]); insomnia (range: 9.2% [30 mg/study 247] to 2.7% [10 mg/study 246]); weight increase (range: 8.2% [30 mg/study 246] to 1.3% [10 mg/study 246]); agitation (range: 6.2% [30 mg/study 247] to 0% [10 mg/study 247]); akathisia (range: 7.7% [30 mg/study 247] to 2.7% [10 mg/study 246]); anxiety (range: 6.7% [10 mg/study 247] to 1.5% [30 mg/study 247]); and dizziness (range: 5.3% [10 mg/study 246] to 0% [30 mg/study 246 and 10 mg/study 247]).

Conclusions: Across two pivotal trials, AOM-400 mg maintained stability of symptoms in the month after initiation regardless of whether patients had been stabilized on 10 or 30 mg/day oral aripiprazole. AEs occurred at similar rates (≤10%) in both groups of patients and were similar to the entire study population.
ARIPIPRAZOLE ONCE-MONTHLY FOR LONG-TERM MAINTENANCE TREATMENT OF SCHIZOPHRENIA: A 52-WEEK OPEN-LABEL STUDY

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Objectives: The primary objective of this 52-week open-label extension study (NCT00731549) was to evaluate the safety and tolerability of aripiprazole once-monthly 400 mg (AOM-400 mg) in the long-term treatment of schizophrenia. The secondary objective was to evaluate the maintenance of the therapeutic effect.

Methods: Patients were new or had participated in 1 of 2 randomized, double-blind, placebo-or active-controlled lead-in studies (246 [NCT00705783]; 247 [NCT00706654]) assessing the efficacy and safety of AOM-400 mg. The study comprised a screening phase (if applicable), a conversion phase to oral aripiprazole (phase 1, if applicable), an oral stabilization phase (phase 2), and an AOM-400 mg maintenance phase (phase 3). Patients meeting stability criteria (phase 2) entered phase 3 and received open-label AOM-400 mg every 4 weeks for up to 52 weeks. Study visits were scheduled weekly in phase 1; every second week in phase 2; and in phase 3, weekly for the first 4 weeks, every second week for 8 weeks, and then every 4 weeks through week 52.

Results: 1,081 patients entered phase 3: 464 from study 246, 474 from study 247, and 143 new; 79.4% (n=858/1081) completed 52 weeks of treatment. The most frequent primary reasons for discontinuation were withdrawal of consent (8.2%), impending relapse (4%: 3.4% with adverse events [AEs]; 0.6% without), and AEs (2.9%). AEs reported by ≥5% of patients in the extension study were headache (7.6%), nasopharyngitis (7%), anxiety (6.8%), and insomnia (6.6%). The proportion of patients in phase 3 meeting impending relapse criteria was 8.25% (89/1079).

Conclusions: Over 52 weeks, patients participating in an open-label trial of AOM-400 mg had a high completion rate and low rate of discontinuation due to impending relapse. The safety and tolerability profile was similar to that observed in the lead-in studies. These results suggest that AOM-400 mg maintains effectiveness throughout long-term treatment.
Objectives: Patients with schizophrenia show poor prepulse-inhibition of the startle reflex (PPI). Moreover, these patients may have an altered sensitivity to stress, and also display abnormalities in the autonomic nervous system (ANS) and hypothalamic-pituitary-adrenal (HPA) axis function. To date, no studies have been conducted to determine the effect of acute stress on PPI.

Methods: We investigated whether there is a differential response in reactivity to acute stress caused by the socially evaluated cold-pressor test (SECTP) among a sample of 58 chronic male patients with schizophrenia (DSM-IV diagnostic criteria) and 28 healthy control subjects. A commercial human startle response monitoring system (CIBERTEC, S.A.) was used to generate and deliver the startle stimuli, and to record and score EMG activity. Prepulse stimuli (20) preceding the startle stimulus were used at 30, 60 or 120 ms. Individuals were assessed in two sessions (with and without SECTP) with a 72 h delay, and baseline measurements (T1) and 30 minutes post-startle probe (T2) were performed. Analyses using 3-way ANOVAs repeated measures were conducted, with one between-subjects variable of group (schizophrenia vs. control), and two within-subject variables: assessment conditions (SECTP vs. non- CPT) and PPI% test (30, 60 and 120 ms).

Results: There was no significant interaction between groups x assessment conditions x PPI% test. We found a significantly lower PPI% in patients with schizophrenia than in control subjects. Finally, all measures of PPI% (30, 60 and 120 ms) were lower in the SECTP conditions than in the non-SECTP ones.

Conclusions: The stress caused by SECTP worse PPI responses in both subjects with schizophrenia and healthy individuals. Our results support the theory that the stress caused by the cold condition generates an increase of activity in frontal cortex areas, inhibiting attentional tasks and information processing along the preattentive stages.
ANATOMIC AND FUNCIONAL BRAIN FINDINGS IN EMOTIONAL PROCESSING IN PSYCHOSIS: A REVIEW
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The aim of this paper is reviewing the literature about brain anatomic and functional findings during emotional processing in people with psychotic disorder.

A literature review was carried out about neuroimage research in psychosis. The search has been made in Medline and Psycodoc databases using Pubmed and Psychinfo search engines. A total of 325 articles was found.

The findings about anatomical and functional findings are characterized by controversy in some aspects. The major agreements are: Dysfunction in the limbic system related to emotion processing and regulation, found also in first episode patients; aberrant function brain activation in neuronal regions implicated in emotion and reward processing; hipoactivation in schizophrenia and strong lateralization of affective processing within the insular cortices; an alteration in white matter in studies with diffusion fMRI; decreased levels of NAA in chronic patients and an alteration in glutamate levels in prefrontal and limbic region.

Some of the controversial results are: Decrease gray matter density in ventral striatum doesn’t appear in every patient. It seems to be explained when controlling symptoms, such as emotional dysregulation. In addition, structural alterations are not exclusive for schizophrenic disorder.

Neuroimage studies are nowadays a great field of research in several mental disorders, which provide additional biological data about structural and functional deficits in a complex illness like psychosis.

References
SYMPTOMS IN SCHIZOPHRENIA NEGATIVE?

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Objectives: Emergency care is often a lack of proper physical assessment of patients with mental illness; this case puts us on alert for residual symptoms, being necessary to good physical examination.

Methods: Analysis of a case that goes to ER brought by emergency outpatient services

Results: Female patient, 57 years of age who came to the ER after 112 brought by the indication of its Center for Mental Health has been alerted by relatives of the patient to bring this eight days without picking up the phone or open the door of his home, firefighters opened the door of the residence, the house is full of junk and the patient lying on a couch with a significant state of disrepair.

Patient single, lives alone, is the second of three brothers. Paranoid Schizophrenia Diagnosed in 1977 with ambulatory control does its first entry in 2007 for worsening psychopathology following the death of his mother. Following Parquesol by CSM. This incapacitated civilly and her guardian is her sister.

The patient’s anamnesis refers to it bent legs and had no strength to get up so it takes three days without taking any food or liquids, unable to catch up the phone or open the door

DIFFERENTIAL DIAGNOSIS IN EMERGENCIES: decompensated Paranoid Schizophrenia? Discarded organic pathology? TREATMENT AND Evolutions specified drug treatment in the ER, call the psychiatrist on call, psychopathological examination is performed: the patient is conscious, oriented and cooperative. Poor general appearance with abandonment of self, important in ambulation, balance and fine movements with his left hand difficulty. Excessive sedation somnolence despite having several days without treatment of any kind. Discourse low tone, modulation and slowed. Accurate and consistent responses with marked response latency. No states currently delusional injury, although there are auditory hallucinations in the form of dialogic voices of neighbors who are not accompanied by anxiety.

Income is decided in Brief Hospitalization Unit of Psychiatry. From the first day of admission is striking sedation level not correlated with drug treatment, and the difficulties of movement and psychomotor slowing, so Cranial CT is requested.

Cranial CT : LOE right parietotemporal subcortical supratentorial intra-axial , of 32x35x27mm

CONCLUSIONS : centuries ago that has raised the question of how the relation between body and soul, the physical and the moral, sensitivity and understanding, psyche and soma, consciousness and the unconscious, thought and brain. From Hippocrates - Galen medicine, through the middle ages occupied theological discussions on the relationship between the soul, divine and immortal, and the body, human and mortal, as among Christians than among Muslims, affecting little the doctor thought that remained faithful to the Hippocratic-galenismo, followed by the Renaissance in which to Miguel de Cervantes in his Don Quixote refers to this relationship, " became so absorbed in his books that he spent his nights reading light clear and on cloudy days cloudy, and what with little sleep and much reading, his brain dried, so that he lost his judgment ... " to the present in which there is a considerable literature of the relationship between disease physical and mental, and especially publications that highlight what happens undetected physical illness in these patients. No doubt they are involved many factors, psychiatric patients entering the healthcare system less frequently and harder than other people, also, and this is the purpose of the discussion often are examined in less detail by medical staff for fear of them, so it must also target the poor training of psychiatrists in physical pathologies, this being important because they are often the only doctors who see them.

In conclusion we point to the need to address psychiatric patients with the same zeal as in the rest of patients, especially when we have them in our emergency departments. This case serves to give an example of this relationship between a serious physical problem, and serious mental illness, and the difficulty in diagnosis.
SUBJECTIVE EMOTIONAL RESPONSE IN ACUTE PSYCHOSIS
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The aims of the present study are to assess the subjective response of people with psychotic episode to affective pictures and study if there is a relationship between this and the symptomatology.

25 patients diagnosed of schizophrenia, bipolar disorder, schizoaffective disorder, brief psychotic disorder or non-specified psychotic disorder in a psychotic decompensation (DSM IV TR) were asked to assess subjectively 24 images of the International Affective Picture System in valence, arousal and dominance using the Self Assessment Manikin. The pictures are selected on the basis of their valence (positive, negative and neutral) and their social component (people in the pictures or not). Clinical variables are also assessed using PANSS scale.

The results show that there are no statistical differences in patient’s responses compared with Spanish standards. There are neither differences comparing responses on the basis of gender or diagnosis; but there is a relationship between the responses and the symptomatology.

People that get high scores in Positive Symptom PANSS perceive negative-social pictures with more control (less dominance) that the ones which lower scores in PANSS-P (U=14; p=0, 01). People who score high in PANSS-N assess negative pictures (social and no social) more arousal (U=10. 50; p=0. 29 and U=12; p=0. 041 respectively) than who rank lower. Although the absence of differences compared with the control scores can be explained because of the small sample size, that result is consistent with some previous studies. The relationship of the responses with the symptoms is an interesting result, as it highlights the issue of dimensional vs categorial diagnosis of psychosis, but in addition, it could shed light to aspects of emotional processing in acute psychosis.

References
“MY FAMILY IS CURSED”

E Rodríguez, A. Corral, C. García
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Objectives To discuss the differential diagnosis between a possible esquizofrenia and popular belief.

Methods A 20-year-old woman from Rumania presenting anxiety and insomnia according to her general practitioner is sent to mental health. While interviewed she explains seeing the devil, who shows-up to her occasionally since she was a child.

Results In follow-up appointments she explains her grandfather had been cursed so her family had suffered many misfortunes, standing out her 2-years-internment as a child at a psychiatric hospital, nearby where her father had been interned.

Conclusions The patients life, since childhood, has been shadowed by “the curse”. The notion that general believes strengthen the chronification of a possible psychiatric illness is supported.
CORTEX MORPHOLOGY AND SUBCORTICAL BRAIN GREY MATTER DEFICITS IN SCHIZOPHRENIA AND UNAFFECTED RELATIVES AND NEUROLOGICAL SOFT SIGNS

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3. Universidad Autónoma de Barcelona, Spain.

Objectives:
This study aimed at determining brain structural imaging on cortical thickness and decreased gray matter correlates of neurological soft signs (NSS) in subjects affected by schizophrenia and unaffected relatives, in comparison to the control population.

Methods
We recruited a group of thirty patients with a DSMIV diagnosis of Schizophrenia, treated with atypical neuroleptics, with an illness duration range from 5 to 15 years, and stable clinically in the last 6 months. Patients who had received electroconvulsive therapy or clozapine were excluded. Twenty-two first-degree relatives of patients with Schizophrenia without history of other mental, neurological or somatic diseases and thirty healthy controls. None of the three groups met criteria for substance use disorder or history of other mental disorder.

The three groups were clinically evaluated. NSS were assessed through the Neurological Evaluation Scale (NSS), and a structural magnetic resonance was performed.

Using high-resolution anatomical magnetic resonance images (MRI) at 3 Tesla were analysed in the whole brain using optimized voxel-based morphometry (VBM). Pathophysiological interpretation of such volumetric variations is not straightforward as they can be attributed to different factors, including cortical surface morphology and cortical ribbon thickness that have been shown to rely on distinct developmental and genetic factors.

Results
There is an association between greater presence of NSS and structural brain abnormalities (decreased gray matter volume of prefrontal, temporal, thalamus, striatum and cerebellar) in patients with schizophrenia and unaffected relatives. These associations referred to regionally specific morphometric alterations rather than to global atrophy of the respective structures. Exploratory analyses revealed correlations between NSS and distinct cortical areas, including dorsolateral and medial prefrontal cortices, lateral temporal, occipital, superior parietal and medial parieto-occipital cortices.

Conclusions
Structural alteration in the cerebello-thalamo-prefrontal network is associated with neurological soft signs in schizophrenia, a candidate network for cognitive dysmetria. Schizophrenia patients exhibited significant overall reductions of cortical sulcation in both hemispheres as compared with relatives and controls.

www.wpamadrid2014.com ABSTRACTS BOOK 168
A CASE REPORT OF PARAPHRENIA

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Objetives: A clinical current case demonstrates the force of classic nosologic entities like paraphrenia. Paraphrenia is a disorder similar to paranoid schizophrenia characterized by phantastic, paralogical and extraordinary imaginative delusions, with better-preserved affect and rapport and much less personality and cognitive deterioration.

Methods: Will be presented a clinical case observed in the Hospital Punta de Europa, Algeciras (Cádiz).

Results: Woman 58 years old with a diagnosis of paranoid schizophrenia for years. She is married and has four children. He has worked during two years ago. Since she was thirty years old does not go to medical consultation. The level of social functioning in recent years has been adapted and her personality is preserved. But her production of ideas is very rich in abstraction, fiction and contents, which is surprising given her limited cultural background. ¿Paranoid schizophrenia or paraphrenia?

Conclusions: A handful of psychiatric illnesses are nowadays quite considered as historical disorders, and constricted to classical textbooks. Other more common diagnoses according to standardized criteria have taken their place in clinical dairy practice. Paraphrenia has become one of these entities. Nevertheless it has unique peculiarities that keep it both aside and apart from other more common psychoses like schizophrenia or paranoid disorder. It is woth renewing our knowledge and consider our last centuries’ colleagues experience when a patient “doesn’t fit” in the more usual diagnoses.
Schizophrenia is a disease that has as one of its hallmarks the presence of deficits in social and interpersonal functioning.

We can classify the skills and functions involved in the regulation of social behavior into two categories:
Social competence includes activities such as: Communicate, listen, understand and respond appropriately; produce and interpret nonverbal communication.
Social cognition that includes activities such as: perception of emotions (PE), social perception (PS), Theory of Mind (ToM), and attributional style (EA).

Objective: Evaluate the effectiveness of a training program in competence and social cognition for people with schizophrenia (e-motional training ®).

Material and methods: Pre- post intervention study, 12 patients with schizophrenia attending our Day Hospital Psychiatry.

Intervention: e-Motional Training ® is a program created and designed by our research team, online, in video game format and developed from the data in the scientific literature. It contains two major modules:
The first part consists of a basic training in recognizing micro expressions and emotions. It also has tutorials and psychoeducational assessment tests.
The second part consists of a short cartoon where a series of social interactions are presented with realistic situations, and where the rest of cognitive processes including social cognition come into play. After viewing each scene presents a series of questions and the participant receives feedback.

Evaluation: All patients were evaluated before and after treatment with a specific psychological battery.

Results: The preliminary results obtained in this pilot study will be presented.

Conclusions: Social and communication ability, emotional intelligence and the ability to recognize facial emotions in people with schizophrenia improve skills after rehabilitation treatment with e-Motional Training.
DIFFERENCES IN PSYCHOTIC PATIENT CARE BETWEEN TWO MENTAL HEALTH UNITS WITH A DIFFERENT SOCIO-DEMOGRAPHIC PROFILE

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OBJECTIVES:
To identify possible socio-demographic and healthcare factors that could affect the development and management of the psychotic patient.

METHODS:
We compare two Mental Health Units (MHU) located in Llíria and Burjassot. Both units belong to the Department of Mental Health Valencia-Arnau de Vilanova-Llíria.

With a 1800 km2 land area, Llíria is more geographically disperse and has a more rural and ageing population. Burjassot has a younger and more urban population. Furthermore, Burjassot has a community based intervention programme.

The following data is collected from each MHU:
- Socio-sanitary: Number of psychiatrists, healthcare burden, days on waiting list, first visits, number of patients with a diagnosis of psychosis (*Including the following categories encoded in CIE-9: Schizophrenic disorders -295-, Delusional disorder -297-, Non-organic psychosis -298-), prevalence of psychosis, number of patients with a diagnosis of substance abuse or dependence, prevalence of substance abuse or dependence, total number of patients admitted and the percentage of patients with a diagnosis of psychosis admitted to the Psychiatric Hospitalization Unit, injection antipsychotics use.
- Demographic: population, land area extension.

RESULTS:
The MHU located in Llíria shows a lower use of injection antipsychotics compared with the MHU located in Burjassot, where there is a higher prevalence of psychotic disorders with a lower total number of patients admitted and a lower percentage of patients admitted to the Psychiatric Hospitalization Unit.

CONCLUSIONS:
Community-based intervention programmes allow a multidisciplinary approach and a closer follow-up on the psychiatric patient. The availability of these specific programmes at the MHU located in Burjassot, a higher use of injection antipsychotics and a greater proximity to the Psychiatric Outpatient Services, could be related to a lower number of admissions.
The present article is a descriptive study and the available data is limited. More detailed and prospective studies that include other factors are required.
PALIPERIDONE INTERACTIONS, A BIBLIOGRAFIC REVIEW
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Abstract: Objectives. In our clinic experience, many patients have more pathologies, usually organic, and they are, of course, polymedicated. Pharmacological interactions are a very important point when you need to introduce a new antipsychotic drug. We know Paliperidone is not a first hepatic step drug so we want to research about that topic.

Methods. We look in PUBMED with the keywords "Paliperidone" and "interactions", founding 62 results and reviewing all of them.

Results. Due to the Paloperidone pharmacodinamical characteristics, pharmacological interactions are minimal, so there is no need to adjust the other drugs dosage, when you introduce Paloperidone.

Conclusions. For pluripatological and polymedicated patients is interesting using a expensive dug as Paliperidona because you can reduce the adjustment time and the effects over other drugs involved. In fact, we can save in doctor visits and pharmacological and illness descompensations, making easier to do an integral support of the patient.
ACUTE PSYCHOTIC DISORDER INDUCED BY TOPIRAMATE: THE PICTURE AT 9 MONTHS
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OBJECTIVES
The present study provides further findings on topiramate-induced psychosis and the absence of such following discontinuation of drug treatment based on the case of a female patient with epilepsy after nine months of monitoring.

METHODS
We proceed to the description of a patient that suffered an acute psychotic disorder induced by topiramate, by reviewing all her medical history until the present moment, 9 months later. Research was made by PubMed server using the keywords “Topiramate” and “Psychoses, substance-induced” or “Psychotic disorders”.

RESULTS
Nineteen year-old female with no psychiatric history, undergoing drug treatment for Epilepsy to which Topiramate is intervened as anticolvusivant treatment. A week later, the patient shows signs of anorexia and weight loss, concentration decrease, thought blocking, perplexity, and delusional interpretations that caused acute anxiety, emotional incontinence, as well as feelings of guilt and hypothimia.

The patient is admitted to the psychriatic unit for further study, Topiramate is suspended in treatment for Valproic acid and, after seven days, the patient’s condition shows signs of remission. At present, 9 months later, she has shown no signs of psychotic or neurological symptoms, including seizures.

CONCLUSIONS
Topiramate is an antiepileptic drug, also proposed as a mood stabilizer for patients with bipolar disorder, also used as weight-loss treatment for some patients. Topiramate-based treatment has been linked to several side effects, Nervous System disorders being the most frequent. In spite of the scarcity of research on this area, the possibility of psychotic symptoms appearing cannot be overlooked; although less frequent, the disruption caused in the life of these patients is of high relevance.

This case supports previous evidence on topiramate-induced psychosis, as well as full remission of such symptoms upon suspending drug from treatment, following a nine-month monitoring.
PSYCHOTIC DEPRESSION: A CASE REPORT

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Objectives: clinical course of a 70 years old woman diagnosed with major depression with mood-congruent psychotic features after combined treatment with antidepressant and antipsychotic medication.

Method: psychopathological exploration and monitoring carried out in a mental health center twice a month for 3 months, neuroimaging and psychometric tests.

Results: The patient has no personal medical history of interest. The family history includes her sister's suicide by hanging. No changes in the CT scan neither in blood analysis are objectified. The patient scored 28 on the Hamilton scale (major depression). After the first month of treatment with sertraline, quetiapine and aripiprazole the persecutory delusions partially subsided, objectifying complete remission of impending disasters delusions. During the 3 months follow-up the sense of guilt worsens and acquires a delusional nature over time. The patient felt like she was a demon, blaming herself for her father's death and for her family's suffering, believing she could kill her grandson at any time.
According to her family, the patient's depressive symptoms worsens every two or three years over the last 30 years of evolution, culminating in a delirious episode that usually subsides completely in less than a month.
The remission of delirium is usually parallel to the mood improvement.

Conclusions: After a treatment with sertraline, quetiapine and aripiprazole, psychotic symptoms seems to turn from a paranoid pole to a melancholy pole, with partial remission of persecutory ideas and worsening of guilt ideas.

References
Kaplan and Sadock's Synopsis of Psychiatry
Essentials of Clinical Psychiatry by R. E. Hales
NEUROPSYCHOLOGICAL PERFORMANCE IS RELATED TO POSITIVE AND NEGATIVE SYMPTOMS IN SCHIZOPHRENIA.

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Objectives
The aim of this work is explore the influence of schizophrenic positive or negative symptoms and general psychopathology in neuropsychological performance.

Methods
Correlation analyses were conducted in 39 male patients with chronic schizophrenia (n=39) considering positive and negative symptoms and general psychopathology measured by Positive And Negative Symptoms Scale (PANSS).

Results
Positive symptoms (PS) negatively correlated with memory recognition measured by Rey Auditory Learning Test (r = -0.56; p = 0.001) and positively correlated with divided attention measured by Trail Making Test B (r = 0.56; p = 0.001). Negative symptoms (NS) negatively correlated with visuospatial perception measured by Benton Line Orientation Test (r = -0.64; p = 0.001) and cognitive flexibility measured by Wisconsin Card Sorting Test (r ≥ -0.40; p ≤ 0.03). General psychopathology (GP) negatively correlated with memory recognition (r = -0.41; p = 0.02), subtest vocabulary of WAIS-III (r = -0.42; p = 0.02), visuospatial perception (r = -0.60; p = 0.001) and cognitive flexibility (r ≥ -0.48; p ≤ 0.005).

Conclusions
NS and GP are related to worse visuospatial perception and cognitive flexibility. Otherwise, PS is related to worse verbal recognition memory and better divided attention. This results support the hypothesis that PS and NS may be associated with distinct neuropsychological deficits and neurological substrates according to previous reports.

References
EVALUATION OF THE MOTOR FUNCTIONAL CAPACITY ON SCHIZOPHRENIC PATIENTS

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The schizophrenic patient presents a bigger risk of obesity if compared to other individuals due to factors as style of sedentary life, inadequate dietetics choices and collateral effects of the antipsychotic medications. It’s conceptualized functional capacity as the ability of the individual to execute physical tasks, to join socially and preserve the mental activities, or even though the potential to execute the activities of the daily life (DLA), offering quality of life. The present study has as objective to evaluate the motor functional capacity and inflammatory markers on schizophrenic patients.

It’s a transverse study, with stabilized patients who are in clinical treatment at the ambulatory of the Clinic Hospital of “Porto Alegre”. It was approved by the ethic and research committee of the CHPOA with 110083 number of register. The patients who accepted to participate of the study signed the term of free and explained consent, and it was realized the six-minute walk test which consists of gaugings of cardiac frequency, respiratory frequency, oxygen saturation, arterial pressure and Borg scale, before, during and after a continuous walking at a corridor during 6 minutes and blood collect of the inflammatory markers (C-reactive protein and Von Willebrand factor).

It was evaluated 39 patients, being 33 of male sex and 6 of female sex. From equations of reference for predictions of the distance at the six-minute walk test according to Enright and Sherrill, it was obtained the maximum and minimum predicted distance of each patient. As only 3 of the 39 patients could get approached of the predicted inferior value, the men average was 385m compared to the average of the population in 576m (p<0.05) and the women presented an average of 404m comparing to the 494m (p>0.05) with the population.

It was concluded that the schizophrenic patient presents alterations on his functions and his functional capacity gets debilitated, being possible to interfere at the activities of the daily life and at the quality of life. It’s necessary additional studies to correlate the treatment time, the starting age, the use of medications and the non-pharmacologic treatment.
THE ROLE OF MACROPHAGE MIGRATION INHIBITORY FACTOR (MIF) IN SCHIZOPHRENIA

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Objectives Inflammation has been identified as an important risk factor for schizophrenia and thus cytokines may be involved in the pathogenesis and pathophysiology of this severe mental illness. Macrophage migration inhibitory factor (MIF) as a procytokine plays a key role in innate immunity and inflammation. The aim of the study was to investigate the role of MIF in schizophrenia as well as the mechanism underlying.

Methods We measured the serum level of MIF in first-episode schizophrenia patients, and compared them to healthy controls, matched by sex, age, body mass index (BMI). The severity of psychopathology was assessed using the Positive and Negative Syndrome Scale (PANSS). The relationship between MIF genotype (CATT-5 or CATT>5) and severity was investigated. To study the mechanism on how MIF influence the development of schizophrenia, adolescent mice were treated with MK801 for 14 days, behaviour tests and MIF expression were then assessed. Electrophysiology studies were carried out for figuring out the effects of MIF on NMDA receptor.

Results In human study, the patients with schizophrenia have significantly increased plasma MIF level, as compared with the healthy subjects. The first-episode patients with a lower MIF expression polymorphism have less severe schizophrenic negative symptoms but similar positive symptoms. In animal model, repeated exposure to the NMDA receptor agonist dizocilpine maleate (MK801) during peradolescence successfully induced negative schizophrenia-like behaviours in mice during their adulthood, which are also associated with increased MIF expression in plasma and adipose tissue. Furthermore, mouse recombinant MIF (rMIF) significantly attenuated NMDA receptor postsynaptic current in a dose-dependent manner.

Conclusions Our study indicated that MIF might contribute to both incidence and development of negative schizophrenic symptoms through NMDA receptor dependent mechanisms.
BACKGROUND: Research has suggested that poor insight in patients with schizophrenia is associated with poorer treatment compliance. One factor contributing to poor insight may be neurocognitive deficits. Besides, the subjective perception of these deficits do not always coincide with the neuropsychological test and clinical ratings.

OBJECTIVES: The aim of this current study is to explore the relationship between cognitive insight, clinical insight, treatment adherence, executive functions and sustained attention within patients with schizophrenia.

METHODS: We recruited a sample of twenty eight schizophrenic patients diagnosed with schizophrenia according to the DSM-IV criteria. We used:

- The BECK Cognitive Insight Scale (BCIS) to assess patients’ cognitive insight.
- The Schedule for Assessment of Insight (SAI; David, 1990) to assess clinical insight.
- The Drug Attitude Inventory (DAI-10) to assess treatment adherence.
- Two neuropsychological tests, the Berg’s Card Sorting Test (BCST) as a measure of executive function impairments, and the Conners Continuous Performance Test (CCPT) as a measure of sustained attention.
- Collection and statistical analysis of data was realized using SPSS software.

RESULTS: A statistically significant correlation was found between the clinical insight and the treatment compliance, and between the clinical and cognitive insight.

We did not found a statistically significant correlation between neuropsychological tests and clinical insight; but patients’ cognitive insight’s self certainty was found inversely associated with patients’ mean scores at the Conners Continuous Performance Test (PCPT).

CONCLUSION: This study doesn’t support the hypothesis that cognitive impairment may underlie poor insight in schizophrenia, and suggest that poor insight is among factors of poor compliance to treatment within schizophrenic patients.
MY MOTHER, MYSELF AND OUR PSYCHO. A CASE REPORT.
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Objectives
The shared psychotic disorder is the production of psychiatric symptoms in an individual within the context of a close interpersonal relationship with another who has an established mental illness. The objectives are present a case of a shared psychotic disorder, the consequences of these symptoms in the patient’s lives and the effective interventions and treatments.

Methods
We report the case of a mother and daughter who have their first contact with Mental Health after the fire of their house.

Results
During the interviews we saw psychotic symptoms, with delusions of damage in the daughter. Her mother presents these symptoms with the same intensity, affective and behavioural repercussion. Both of them were living isolated for years, with progressive abandonment of activities and self-care. Progressively during the weeks, we objective the primary case is her mother. She presents a persecutory delusional disorder from her youth, whose ideas have invaded her daughter’s life (inducted or secondary case), and develops a delusion creating a parallel life. In their treatment, we considered the separation of them. After this separation, during which the inducted patient has been hospitalized, the psychotic symptoms have improved, been asymptomatic and without antipsychotic treatment.

Conclusions
In this case, the persecutory delusional disorder in the primary case produced a progressive isolation in her daughter, with restriction in her activities and the development of the same delusions that her mother suffered and refilled her life with ero to and megalomania delusion. Even with the antipsychotic treatment, finally the only effective treatment was the separation of the patients and the break up of this symbiotic mother-daughter relationship.
SUBJECTIVE WELL-BEING AND EXPERIENTIAL NEGATIVE SYMPTOMS IN SCHIZOPHRENIA

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Objectives
Subjective well-being (SW) has shown a strong relationship with quality of life. It has also been associated with adherence and long lasting symptomatic remission. Negative symptoms (NS) in schizophrenia are related to poor physical functioning in a cross level and to social and occupational impairment in longitudinal level. The poor relationship between NS and SW is probably due to the fact that classic scales used do not consider the subjective experiences of patients. The aim of this work is to analyze the relation between SW and experiential NS in patients with schizophrenia.

Methods
Cross-sectional observational study was carried out including 42 patients, and schizophrenia diagnose (CIE-10). Subjective well-being was evaluated by Subjective Well-being under Neuroleptic Treatment Scale (SWN-K), using total score and subscales. Experiential negative symptoms was evaluated by Motivation and Pleasure Scale-Self Report (MAP-SR). Depressive symptoms were measured with Calgary Depression Scale for Schizophrenia (CDSS) and functioning measurements with Social Functioning Scale (SFS). Correlations between SWN-K and MAP-SR, SFS and CDSS were examined by Pearson's correlation coefficient. We use several linear regression models with SWN-L as dependent variable and MAP-SR, SFS a CDSS as predictors.

Results
MAP total score were strong correlated with SWN-K total score. (r= -0,702; p<0.01). These two variables have an indirect linear correlation. Other SWN-K subscales have the same correlation. Correlation between CDSS and SWN-K is strong and indirect and is stable in subscales (r=0,799; p<0,01). SFS score is strong correlated with SWN-K score (r=0,755 con p<0,001) and is stable in subscales. These correlations were stables in multivariate analysis.

Conclusions.
Contrary to previous published data, we have found strong correlation between SW and NS. Thus, we propose that it is due to the experimental issues measured in the negative domains that can be closely related with the SW.
THE RELATIVE EFFICACY OF CLOZAPINE ADJUNCTS FOR THE NEGATIVE SYMPTOMS OF TREATMENT RESISTANT SCHIZOPHRENIA: A BAYESIAN MCMC META-ANALYSIS OF RANDOMISED DOUBLE-BLIND PLACEBO CONTROLLED TRIALS

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Context: Clozapine, a drug with potentially serious adverse effects, is the only licensed medication for the treatment resistant schizophrenia (TRS) and a significant proportion of patients on this medication continue to remain unresponsive to their negative symptoms. Indications of increased efficacy in the negative symptoms from clozapine adjuncts have not been affirmed by the frequentist approach due to sample size limitations from small trials.

Objective: Evaluating the relative efficacy of clozapine adjuncts for the negative symptoms of TRS patients using the Bayesian Markov Chain Monte Carlo approach.

Methods

Data Sources: The PubMed database without language and time restrictions was searched for blind placebo-controlled randomised trials on clozapine and schizophrenia. Additional publications from the Cochrane Library, EMBASE and cross-references were also included.

Study Selection: From an initial list of 291 publications, there were 31 publications on double-blind randomised controlled trials comparing 19 active clozapine adjuncts with placebo and measuring the negative symptoms in TRS patients.

Data Extraction: Sample size, pre-trial and post-trial mean scores and standard deviations for the negative symptoms of each trial arm were extracted to compute relative efficacy in terms of standardised mean difference (SMD) for individual adjuncts.

Results: There were 22 trials on schizophrenia and nine on schizophrenia and schizoaffective disorder involving a total of 1274 patients. Statistically significant SMDs were identified in favour of memantine, mirtazapine, duloxetine, and topiramate; while D-cycloserine worsened the negative symptoms against placebo. The Bayesian network meta-analysis identified superior efficacy of memantine, mirtazapine, duloxetine and topiramate respectively over 16, 9, 4 and 3 active adjuncts.

Conclusions and Relevance: The Bayesian approach affirmed clinically and statistically significant results in favour of memantine, mirtazapine, duloxetine and topiramate. The evidence of relative efficacy of these agents should enable clinicians to reach an informed decision about selection of clozapine adjuncts in TRS patients.
PALIPERIDONE PALMITATE MAINTENANCE TREATMENT: AVOIDING POLYPHARMACY IN SCHIZOPHRENIA

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Objectives
Study the effect of paliperidone palmitate in avoiding polypharmacy in Schizophrenia.

Methods
We designed a descriptive study, reviewing clinical data of 40 outpatients with diagnosis of Schizophrenia. We established two groups of 20 patients: in treatment with paliperidone palmitate in treatment with other antipsychotic drugs. For each group the following data were registered: gender, age, marital status, place of residence, type of schizophrenia (paranoid/residual), years of evolution, need of inpatient treatment, rehabilitation treatment, type of antipsychotic treatment, absolute monotherapy (just one drug as treatment), antipsychotic monotherapy (just one antipsychotic in the treatment) use of anticholinergic drugs and use of benzodiazepines. Both groups were compared.

Results
Both groups were similar in demographic characteristics. There are differences in diagnosis: Paliperidone palmitate group (PP group) includes 75% of paranoid schizophrenia, and 25% of residual schizophrenia. Other antipsychotic drugs group (OtherAP group) includes 55% of paranoid schizophrenia, and 45% of residual schizophrenia. All other clinical data were similar, except of a higher number of patients with less than 5 year of evolution in paliperidone palmitate group: 20% vs 5% in other drugs groups. There are important differences in treatment and polypharmacy: 35% of absolute monotherapy in PP group vs 15% in OtherAP group; 70% of antipsychotic monotherapy in PP group vs 25% in OtherAP group. No significant differences were found in use of anticholinergic drugs/benzodiazepines.

Conclusions
Paliperidone palmitate is an eligible maintenance treatment in Schizophrenia, as it prevents the use of polypharmacy.
**PATRÓN DE USO DE NEUROLÉPTICOS INYECTABLES DE LARGA DURACIÓN CON MEDICACIÓN CONCOMITANTE EN HOSPITALIZACIÓN BREVE**

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**Objetivos**
La falta de adherencia al tratamiento psicofarmacológico es una de las causas fundamentales de recaídas y reingresos. La adherencia mejora cuando el número de fármacos utilizados y el número de tomas es menor y que la administración de medicación de depósito puede mejorar el cumplimiento terapéutico. Por ello un objetivo de todo tratamiento debe ser simplificar el régimen terapéutico. Queremos observar en una muestra de pacientes en tratamiento neuroléptico el uso de otros fármacos concomitantes durante el ingreso.

**Métodos**
Se ha recogido información relativa al ingreso de pacientes en tratamiento con antipsicóticos como fármaco principal, datos sociodemográficos, diagnóstico principal, tratamiento recibido y número de reingresos. Observamos la prescripción de otros psicofármacos: otros antipsicóticos, eutimizantes y/o antidepresivos. Los diagnósticos se agruparon en: esquizofrenia, otras psicosis, trastorno esquizoafectivo y trastorno bipolar.

**Resultados**
Se estudian 107 pacientes, 60,7% varones, edad media: 39,65 (SD: 12,27). El diagnóstico más frecuente es esquizofrenia (54,2%), seguido de psicosis (25,2%), trastorno esquizoafectivo (14%) y trastorno bipolar (6,5%). En 53,3% el tratamiento se inició durante el ingreso. En 53,3% el tratamiento incluía un antipsicótico inyectable de larga duración (ILD), siendo más frecuente paliperidona. 22,8% con neuroléptico ILD no recibían tratamiento con otro antipsicótico oral. El 34% en tratamiento recibía una combinación de dos o más antipsicóticos. Con ILD era del 28%. En cuanto al tratamiento con otros psicofármacos, con paliperidona ILD no recibían otros psicofármacos en el 56,75%, 16,2% tomaban eutimizantes y 27,2% antidepresivos. En el grupo de tratamiento oral estos porcentajes eran del 38%, 34% y 28%. La mayoría de los tratamientos orales (58%) fueron de mantenimiento; en 63,16% de los casos se inició tratamiento con un neuroléptico ILD.

**Conclusiones**
Durante los ingresos el tratamiento psicofarmacológico es de alta complejidad, aunque el uso de neurolépticos ILD parece disminuir en parte ésta y puede facilitar la adherencia terapéutica.
GENDER DIFFERENCES IN THE EFFECT OF CHILDHOOD TRAUMA EXPERIENCES ON PRODROMAL SYMPTOMS AND PERSONALITY DISORDER TRAITS IN YOUNG ADULTS AT HIGH-RISK FOR PSYCHOSIS

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Objectives: Childhood trauma experiences (CTE) represent a socio-environmental risk factor for the development of schizophrenia spectrum disorders and have a negative impact on the course and outcome of psychotic disorders. Few studies have addressed trauma in At-Risk Mental State (ARMS) for psychosis patients. Their findings suggested that CTE are related to attenuated positive symptoms, that sexual abuse increases the rates of conversion to psychosis and that females are more likely to report CTE than males. This study aimed to explore: 1) the presence of CTE in ARMS patients and whether it differed according to gender, and 2) the association of CTE with prodromal symptoms and personality disorder traits and the possible moderating role of gender on these associations.

Methods: Thirty-five ARMS patients (mean age 20.9 years; 60% male) were assessed for psychopathology, personality disorder traits, and history of CTE.

Results: Findings showed that different CTE have an effect on schizotypal and borderline personality disorder traits and several symptom dimensions in ARMS patients. Females showed significantly higher levels of sexual abuse and parental separation/loss but lower levels of emotional neglect than males. Furthermore, gender moderated the effects of physical abuse and sexual abuse on prodromal symptoms, showing a greater impact in females than in males.

Conclusions: The results suggest that different experiences of childhood abuse have an effect on symptom severity even before the onset of the first psychosis episode, and that they exert a stronger effect in females than in males. This study supports the importance of CTE as a relevant psychosocial factor at the early stages of psychosis. The association of patients’ subjective appraisal of CTE and symptoms is in itself a critical issue to understand and highly relevant for its potential impact on the outcome of the at-risk status.
PARAFRENIAS, PASADO Y PRESENTE
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Objetivos
En el presente trabajo, discutimos la validez del concepto de parafrenia, desde las definiciones clásicas hasta el reducido concepto actual.

Métodos
Revisión bibliográfica en motores de búsqueda PubMed, Cochrane con los siguientes descriptores: paraphrenia, late paraphrenia

Resultados
La parafrenia es un trastorno psicótico crónico de aparición normalmente tardía (30-40 años). Se caracteriza por delirios crónicos de temática fantástica e imaginativos siendo los fenómenos sensoperceptivos poco frecuentes. A diferencia de lo que suele suceder en la esquizofrenia no suele conllevar la defectualización característica de ésta y se mantienen las funciones superiores conservadas. Es un concepto mal delimitado que se emplea en muchas ocasiones como sinónimo de otros trastornos psicóticos. La prevalencia actual es difícil de determinar ya que los dos sistemas actuales de clasificación de las enfermedades mentales (DSM/CIE) no recogen dicho diagnóstico como entidad nosológica independiente.

Conclusiones
En nuestra práctica clínica diaria encontramos coincidencia con el concepto de parafrenia propuesto por Kraepelin y utilizado por autores posteriores1,2. Fenomenológicamente la parafrenia está entre la desorganización esquizofrénica y la sistematización del paranoico, destacando una conservación global impropia del progresivo defecto esquizofrénico. La expresión polimorfa del delirio parafrénico se aproxima más a la esquizofrenia que a la paranoia. Es característico que el paciente viva entre dos mundos (el delirio y la realidad). Fuera del delirio se halla en pleno vigor mental y mantiene funcionamiento sociolaboral y su sentido práctico y juicioso de la realidad. Existe una escasa relación de las alucinaciones, si las hay, con el delirio y suelen tener un papel revelador3.

Existe controversia en el tratamiento, abogando algunos autores por la ineficacia e incluso perjuicio del tratamiento antipsicótico para el enfermo parafrénico.

En definitiva, se nos plantean cuestiones como: debemos olvidarnos del diagnóstico de parafrenia por ser poco usado en la actualidad y no estar diferenciado en los manuales estandarizados de clasificación.
IMPAIRED FACIAL EMOTION PROCESSING IN HEALTHY SUBJECTS WITH HIGH GENETIC LOADING FOR SCHIZOPHRENIA: A FUNCTIONAL MAGNETIC RESONANCE IMAGING STUDY

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Objectives

Patients with schizophrenia show impairment in facial emotion processing. This study aimed to investigate facial emotion processing in healthy subjects with high genetic loading for schizophrenia using a functional magnetic resonance imaging (fMRI) and determine trait marker of schizophrenia for impaired facial emotion processing.

Methods

Block design fMRI of implicit facial emotion recognition was used in 17 nonaffected first-degree relatives of schizophrenia who had at least two patients within third-degree relatives in total and 17 age, sex, and education year-matched healthy controls. The task was composed of six faces expressing fearful, happy, and neutral emotion, and participants were asked to determine gender for the presented face during fMRI acquisition. Individual group analysis and inter-group analysis using whole brain analysis were performed in three emotional conditions.

Results

Hypoactivation in brain regions related to facial emotion processing during fearful and neutral face condition was demonstrated in first-degree relatives compared to healthy controls. No group difference was observed in happy face. Occipito-temporo-limbic area in fearful face condition and involvement of broader region including prefrontal cortex in neutral face condition revealed significant group differences. Nonaffected relatives showed less activity in right amygdala during fearful and neutral face condition.

Conclusions

The study presented that healthy subjects with high genetic loading for schizophrenia displayed abnormal brain activity in occipito-temporo-limbic-frontal network which is implicated in facial emotion processing. It indicates that abnormal facial emotion processing may be influenced by a genetic factor and could be trait marker in schizophrenia.
IMPAIRED REPETITION BLINDNESS IN PATIENTS WITH SCHIZOPHRENIA

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Objective
Experimental evidence has suggested that people with schizophrenia have deficits in cognitive inhibition. This study investigated whether the repetition blindness (RB), an inhibitory effect observed in rapid serial visual presentation (RSVP), is impaired in patients with schizophrenia. RB is the failure to detect second occurrences of a repeated item presented in RSVP. To date, only two studies have examined RB in patients with schizophrenia and the results are conflicting. With more suitable patient group and experimental design, this study was conducted to help to clarify the inconsistent results.

Methods
Twenty schizophrenic patients and 20 control subjects participated in the experiment. A RSVP paradigm, where lists of stimuli were presented successively at a single location on a computer screen, was employed. Each list contained ten symbols with one or two letters. Participants were asked to decide whether one or two letters presented in the list by pushing either the left or right button. The one letter trials were filler trials. For the two letter trials, a 2x2x3x2 mixed factor repeated measure design was used, with repetition (repeated or unrepeated), lag (short or long), and rate (125 ms, 150 ms, or 250 ms) as within-subject factors and group (patient or control) as a between-subject factor. The dependent variable was the mean error rates in each experimental condition.

Results
The mean error rates were analysed using a four-way repeated-measure ANOVA. Planned comparisons were also conducted. The results showed that patient group had higher error rates than control group in each experimental condition. In addition, patient group did not show any RB effect in any condition while control group showed significant RB effect in short lag with the rates of 125 ms and 150 ms.

Conclusion
Therefore, patients with schizophrenia showed deficit in RB effect, suggesting their inhibitory process is impaired.
ECOLOGICAL VALIDITY OF THE SCHIZOTYPY DIMENSIONS AND STRESS-REACTIVITY MODEL OF PSYCHOTIC-LIKE EXPERIENCES

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Objectives: This study employed Experience Sampling Methodology (ESM) to assess: a) the real-world expression of positive (PS) and negative (NS) schizotypy, and b) the validity of the stress-sensitivity model, which suggests that daily life stressors may play a critical role in the expression of psychotic-like experiences (PLEs). In order to test the validity of the stress-sensitivity hypothesis across the psychosis continuum, the association of stress and positive symptoms was examined in both nonclinical schizotypic participants and early psychosis patients.

Methods: Participants were 206 nonclinical young adults and 29 early psychosis patients. In both samples, participants were signaled randomly eight times daily for one week to report on their thoughts, feelings, symptoms, stress, and contextual factors. Nonclinical participants completed the Wisconsin Schizotypy Scales and were assigned SCID-II interview dimensional ratings of spectrum personality disorders.

Results: PS was associated with momentary PLEs and paranoid symptoms, whereas NS was associated with a subset of these symptoms and negative symptoms. PS showed associations with emotional dysregulation and subjective stress, whereas NS with diminished positive affect and pleasure. The momentary expression of interview ratings of schizotypal, paranoid, and schizoid personality disorders closely resembled the differential pattern described for self-reported PS and NS. Stress appraisals were associated with PLEs and paranoid symptoms in high PS and early psychosis participants. Time-lagged analyses indicated that stress at the preceding signal predicted PLEs at the current signal for high PS and early psychosis participants.

Conclusions: PS and NS were differentially expressed in daily life in terms of spectrum symptoms, affect, social functioning, and stress-reactivity. The results are consistent with models linking stress-sensitivity with the experience of psychotic symptoms at both nonclinical and clinical levels of the psychosis continuum. Furthermore, the findings demonstrate that ESM is an effective method for predicting PLEs, as well as their precursors, in daily life.
EXPERIENTIAL NEGATIVE SYMPTOM AND LONG ACTING INJECTABLE ANTIPSYCHOTICS IN SCHIZOPHRENIA

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Objectives
Negative symptoms (NS) in schizophrenia are related to poor physical functioning in a cross level and to social and occupational impairment in longitudinal level. Classic negative scales usually evaluate symptoms that are not included in this domain and are based on the observation during interviews and information obtained from family, instead of subjective patient experience.

The aim of this work is to evaluate experiential negative symptoms in patients with schizophrenia and treated with long acting injectable antipsychotic

Methods
Cross-sectional observational study was carried out including 42 patients, and schizophrenia diagnose (CIE-10). Three different groups were established according to treatment; a first group of patients with Paliperidone Palmitate, a second group with risperidone long acting injectable and third one with other conventional long acting injectable typical antipsychotics (zuclopenthixol decanoate and fluphenazine decanoate).

Experiential negative symptoms was evaluated by Motivation and Pleasure Scale-Self Report (MAP-SR), which is a self-report validated scale, that evaluate the experiential deficits of the negative symptoms domain. Higher scores reflect greater pathology.

Results
A variance analysis of the three groups was done and as result significant differences were observed in MAP-SR total score F= 5.87; df= 2; p= 0.006). Bonferroni-corrected paired comparisons showed that patients treated with Paliperidone Palmitate, have less negative symptoms. These differences were statistic significant related to patients treated with conventional long acting injectable (mean difference= -3.09; IC95% = -5.33, -0.86; p=0.005). In addition, the differences were not statistic significant related to patients treated with risperidone long acting injectable.

Conclusions
We conclude that patients with long acting injectable antipsychotic treatment have less experiential negative symptom than patients with conventional antipsychotics. The absence of substantial differences between Paliperidone Palmitate group and long acting injectable risperidone may be due to limitations of the sample.

References
GENDER, SMOKING BEHAVIOUR AND PLASMA CLOzapine CONCENTRATIONS IN 42 PATIENTS WITH SCHIZOPHRENIA

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Objectives
Plasma Clozapine concentrations demonstrated large inter-individual variability, due to many factors such as genetic and environmental factors.
The aim of this study was to determine the relationship between gender, cigarette smoking and plasma concentrations of Clozapine (CLZ) and its metabolite Norclozapine (NCLZ) in Tunisian patients with schizophrenia.

Methods
Forty two patients with schizophrenia were assessed using clinical data forms. Steady-state plasma concentrations of CLZ and NCLZ were assayed using high-performance liquid chromatography. Comparisons of dosage and plasma CLZ concentrations were undertaken between males (n = 8) and females (n = 34), smokers (n = 10) and non-smokers (n = 32).

Results
There were no significant effects of gender on daily doses of CLZ (relative to dose per kg of body weight) between males and females patients.
NLZ/CLZ plasma concentration ratio were higher in male patients and after 15, 30, 45 and 60 days follow-up (p = 0.003, 0.045, 0.005, 0.012, 0.033).
There were no significant differences in plasma CLZ, NLZ concentrations and NLZ/CLZ plasma concentration ratio between smokers and non-smokers.

Conclusions
In our study, only gender was significant in affecting NLZ/CLZ concentrations ratio in patients with schizophrenia, with male patients having higher metabolism than female. More studies taking into account other factors in metabolism of CLZ should be realized.
ARE COGNITIVE DEFICITS IN SCHIZOPHRENIA IMMUTABLE?
EFFECTIVENESS OF INTEGRATED PSYCHOPHARMACOLOGICAL AND PSYCHOSOCIAL INTERVENTIONS PROVIDED AT A TERTIARY IN-PATIENT REHABILITATION UNIT

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Objectives:
Cognitive Deficits (CD) are fundamental features of schizophrenia and are difficult to treat. Robust association of cognitive functions with community functioning justifies their choice as legitimate targets for interventions. We ascertained the effectiveness of integrated psychopharmacological and psychosocial interventions provided at a modern in-patient rehabilitation setting on cognitive functions of people with schizophrenia.

Methods:
We evaluated retrospectively existing data of John Milne Centre, a tertiary care treatment and rehabilitation centre for people with severe mental illness, located in metropolitan Western Australia. Cognitive functions measured at admission and discharge of consecutive patients with schizophrenia using the Brief Assessment of Cognition in Schizophrenia (BACS) were analysed.

Results:
The mean age of our sample of 41 males and 18 females was 31 (sd 8.4, range 18-54) and their average length of admission was 157 days (sd 79.4). CD were prominent with the mean BACS composite Z score being -1.95 on admission and -1.45 on discharge. Symbol coding and verbal memory revealed more pronounced deficits. The scores on BACS sub-tests of verbal memory (p= 0.034), token motor task (p= 0.031), verbal fluency (p= 0.006), Tower of London (p=.009) and composite score (p=0.000) improved significantly by discharge. The proportion of patients who could be classified as not impaired at discharge ranged from 20% for symbol coding to 83% on Tower of London test.

Conclusions:
Our analysis revealed that though CD were pervasive among people with schizophrenia the extent of impairment was heterogeneous among individuals and various cognitive domains were affected differently. Sustained evidence based treatments at specialised clinical settings seem to be effective in ameliorating CD. However, certain cognitive domains appear recalcitrant. Further controlled studies evaluating the individual and synergistic efficacy of various evidence based treatments on CD and the extent of generalisation of improvements of cognition to everyday functioning are warranted.
INSIGHT AND AGGRESSIVE BEHAVIOR IN ACUTE SCHIZOPHRENIC PATIENTS
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Objectives
Violent behavior in psychiatric inpatients is a public health problem that implies clinical consequences. Aggressive behavior in hospital ward is frequently associated to poor compliance to treatment and to low clinical insight. Most of studies focused on the clinical and cognitive dimensions of insight while the relationship between metacognitive dimension of insight and aggressive behaviors was not investigated yet. The aim of this study was to clarify what type of relationship occurs between different dimensions of insight and aggressive behavior in acute psychiatric patients.

Methods
We recruited 45 acute schizophrenic patients, according to DSM IV-TR criteria. To assess different dimensions of aggression we used the Aggression Questionnaire-AQ and the Modified Overt Aggression Scale-MOAS. In order to evaluate the metacognitive dimension of insight we used the Insight Scale-IS, while the G12 item of the Positive and Negative Syndrome Scale-PANSS and the Beck Cognitive Insight Scale-BCIS were used to assess clinical insight and cognitive insight, respectively.

Results
A positive correlation between the IS score and the hostility, angry and physical aggression subscores of the AQ was highlighted, while no correlation between the score of IS and MOAS total score was found, except for positive correlation between the score of IS and MOAS aggression against property sub-score. Further, no correlation between the score of the G12 item of the PANSS and the AQ scores and MOAS was found, as well as no correlation between BCIS scores and MOAS and AQ scores was found.

Conclusions
Our results demonstrated that in acute schizophrenic patients a higher level of metacognitive insight, but not clinical nor cognitive insight, was associated to higher levels of hostility. We suggest that a higher ability to monitor one’s own altered processes of thought and the related discomfort, feeling of destabilization, could contribute to enhance resentment and suspicion, components of hostility.
RELATIONSHIP BETWEEN DIFFERENT COGNITIVE DOMAINS AND FUNCTIONING IN SCHIZOPHRENIA

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Objectives
Several studies have found a relationship between cognition and functioning in patients with schizophrenia. Recent studies show that social cognition is highly relevant for functional disability in schizophrenia, more so than neurocognition. The aim of the present study was to determine the role of different cognitive domains (neurocognition and social cognition) with respect to functioning in a sample of patients with schizophrenia.

Methods
A cross-sectional study was performed on a sample of 68 patients with schizophrenia (66.2% male). The mean age was 41.2 years (SD 8.4), with average scores of 15.5 (SD 5.0) on the PANSS-positive scale, 20.4 (SD 7.6) on the PANSS-negative scale, and 36.7 (SD 11.4) on the PANSS-general psychopathology scale. Patients were assessed using the MATRICS Consensus Cognitive Battery (MCCB) and the Functioning subscale of the Global Assessment of Functioning (GAF-F). Stepwise linear regression was conducted with GAF-F as the dependent variable, and the different MCCB domains as independent variables.

Results
T-scores for the different cognitive domains were as follows: Speed of processing 39.3 (SD 11.7), Attention/vigilance 40.7 (SD 9.7), Working memory 40.3 (SD 12.7), Verbal learning and memory 35.2 (SD 15.0), Visual learning 36.2 (SD 14.1), Reasoning and problem solving 42.1 (SD 12.3), Social cognition 40.4 (SD 13.2).

Two cognitive domains were significant predictors (Adjusted R-square value=34.4%) of the GAF-F score: Social cognition (β=0.398; p<0.001) and Reasoning and problem solving (β=0.343; p=0.004).

Conclusions
Among the seven cognitive domains known to be affected in schizophrenia, linear regression analysis showed that only Social cognition and Reasoning and problem solving have a significant influence on the functional outcome of patients with schizophrenia.

References:
FACTORS AFFECTING ADHERENCE TO MEDICATION IN PATIENTS WITH PSYCHOTIC DISORDERS

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Objectives:
Many patients with psychotic disorders have difficulties adhering to medication¹,²,³,⁴. This may result in sub-optimal management and control of the illness. The objective of the present study was to assess patient adherence to medication and its association with factors related to the patient and treatment.

Methods: In this cross sectional study we use a convenience sample of patients with schizophrenia, schizo-affective and bipolar disorders attending in the mental health departments of three general hospitals in Lisbon great area. Data is being collected through individual interviews. We have applied socio-demographic questionnaire and additional measures to assess symptom severity, treatment adherence and attitudes towards medication.

Results: We use a convenience sample composed of one hundred-ten patients (mean age 39,1;sd 9,1; gender female 50,9%) with the following diagnoses: schizophrenia (34,5%), schizo-affective (6,4%), bipolar disorder (55,5%) and other psychosis (3,6%). 67,3% of those respondents have stopped taking the medication and 39,1% of cases had to be hospitalized for this reason. The side effects are the main reason given by patients for not take the medication prescription by doctors (50%).

Conclusion:
Many factors have been associated with medication non-adherence including patient characteristics, the relationship between health care provider and patient, the treatment regimen and the health care setting⁵. With this study we expect to gain further knowledge on the factors related patients and treatment that might influence compliance and, therefore, contribute to the development of effective strategies to promote medication adherence⁶ in psychotic disorders.

References:
GLOBAL ASSESSMENT OF FUNCTIONING AND QUALITY OF LIFE IN SCHIZOPHRENIA

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Objectives
The Global Assessment of Functioning (GAF) Scale was developed to provide an assessment of the clinician’s view of the individual’s overall level of functioning. The information that this scale provides is useful in planning treatment and measuring its impact, and in predicting outcome. The GAF comprises two separate subscales: Symptoms (GAF-S) and Functioning (GAF-F). An association between the GAF score and quality of life has been described in patients with schizophrenia. The aim of this study was to evaluate correlations between GAF, GAF-S, GAF-F and quality of life in a sample of patients with schizophrenia.

Methods
A cross-sectional study was performed on a sample of 83 patients with schizophrenia (65.1% male). The mean age was 41.6 years (SD 8.2), with average scores of 16.2 (SD 5.1) on the PANSS-positive scale, 20.6 (SD 7.3) on the PANSS-negative scale, and 38.2 (SD 11.5) on the PANSS-general psychopathology scale. Patients were assessed using the GAF and the Quality of Life Scale (QLS). Pearson correlation coefficients between the GAF, GAF-S, GAF-F and the QLS were calculated.

Results
The GAF showed a correlation of 0.224 (p=0.049) with the QLS total score. No correlation was found between GAF-S and QLS, while a statistically significant correlation of 0.640 (p<0.001) was obtained between GAF-F and QLS.

Conclusions
There is an important relationship between GAF and quality of life in patients with schizophrenia. However, this relationship is not due to the correlation with symptom subscale of the GAF, but to the correlation with the functioning subscale of the GAF.

References
DECREASE IN FRONTAL, PARIETAL AND LIMBIC GRAY MATTER VOLUME IN LATE-ONSET SCHIZOPHRENIA: A VOXEL-BASED STRUCTURAL MAR STUDY

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Objectives
Structural brain abnormalities in gray matter have been previously found in schizophrenic patients. However, there are no data available on whole brain grey matter changes specifically in late-onset schizophrenia.

Methods
Gray matter volume was measured in 20 patients with late-onset schizophrenia and 17 well-matched healthy controls by using voxel-based morphometry analysis. Psychotic symptoms were assessed using the Positive and Negative Syndrome Scale (PANSS). Correlations between gray matter volume and PANSS scores, age of psychosis onset, duration of psychosis, and chlorpromazine equivalent value were analyzed.

Results
Patients with late-onset schizophrenia showed significantly lower gray matter volume in the precuneus, cingulate gyrus, right precentral and right postcentral gyrus compared to healthy controls. No significant correlations were MRI found between gray matter volume and age of psychosis onset, duration of psychosis, chlorpromazine equivalent value, PANSS-positive symptoms, PANSS-negative symptoms, PANSS-general psychopathology, and PANSS-total score.

Conclusion
Patients with late-onset schizophrenia have reductions in gray matter volume in the precuneus, cingulate gyrus, right precentral and right postcentral gyrus.
PHARMACOLOGICAL TREATMENT OF PATIENTS WITH SCHIZOPHRENIA IN STOCKHOLM COUNTY, SWEDEN

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Objectives
To investigate the entire Stockholm county population of patients with schizophrenia regarding antipsychotic medication.

Methods
This cross sectional study included all inhabitants in Stockholm County with a registered diagnosis of non-affective psychosis (ICD-10 F20 – F29) between Jan 1st 2000 and Dec 31st 2012 who had at least one contact with a healthcare provider in the region during 2012. The patients were identified in the regional data warehouse (VAL). Data regarding outpatient visits in primary and specialist care, hospitalizations and dispensed prescriptions during 2012 were retrieved.

Results
The study population consisted of ~6300 patients diagnosed with schizophrenia (139 of them with a first time registration of schizophrenia during 2012) and ~9650 patients with other non-affective psychosis. The cohort contained 56% men in total.

The highest schizophrenia prevalence was observed in the 50 – 59 year olds, which was also the largest age group. Rates of per-oral treatment were similar across age groups (48-58%) and the rate of depot treatment varied between 0 and 19%, with a highest occurrence in the 60-79 year olds. There was no sex difference as regards treatment with depot antipsychotics.

A majority of the patients initiated on depot treatment during 2012 (63%) did not have any antipsychotics dispensed in the preceding three months.

A total of 42% of the newly diagnosed were not dispensed any antipsychotics during that year, whereas the proportion of the entire patient population not receiving antipsychotics was 20%.

The most commonly dispensed per-orally administered antipsychotics were olanzapine, clozapine and levomepromazine whereas among the depot antipsychotics zuclopenthixol, risperidone and perphenazine were most commonly dispensed.

Conclusions
This large population-based study in the health region of Stockholm, Sweden (2,1 million inhabitants) showed a variation in treatment as regards antipsychotic drug dispensed and form of administration.

Disclaimer: This study was undertaken as a cooperation between the Stockholm County Council and pharmaceutical companies through an open invitation to all pharmaceutical companies with interests in psychotropic drugs. The work was financed in part by Janssen-Cilag AB, H. Lundbeck AB and Otsuka AB.
A NEW LINUX BASED PSZICHOMETRIC SOFTWARE TO ASSESS SOCIAL COGNITION IN SCHIZOPHRENIA

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Objectives
Impaired social cognition in schizophrenia is strongly linked to poor social functioning and quality of life, and seen as a viable treatment target. Our aim was to present a pilot study about a computerized social cognition test specifically developed for the objective, and for the complex exploration of the impairment of social cognitive domains in schizophrenia.

Methods
47 schizophrenics and 48 controls were examined. The program functioning as a questionnaire was written only for this purpose. It is a bash shell script, based on other text processing-, image viewer-, sound-, and movie player tools coming from the program environment of Ubuntu Linux. It allows researchers to display images and text-based questions, plays sounds and movie files. Answers are selected from a list, clicking by the computer’s mouse. The answers and reaction times are stored as text files, so the analysis of the results can be performed by any spreadsheet program. The following tests were presented:

- Verbal theory of mind (ToM): faux pas-, metaphors- and irony tasks.
- Nonverbal ToM: eyes test.
- Verbal empathy: empathy questions of irony tasks.
- Nonverbal empathy: pairing photos expressing the same emotions.
- Social knowledge and social perception: 10-40s movies translated into hungarian.
- Gestures: pairing photos expressing the same non-verbal social messages.
- Emotion perception: naming emotions from faces; pairing photos expressing the same facial and postural emotions; naming emotions from prosody.
- Attributional style: externalizing bias (EB) and personalizing bias (PB) with IPSAQ.

Results
Patients performed significantly worse (<0.0001) than controls in verbal- and nonverbal ToM, verbal empathy, gestures, social perception, emotion perception, and PB. No significant between-group differences were found in non-verbal empathy (p=0.139), social knowledge (p=0.518), and EB (p=0.109).

Conclusions
With the presented new test-battery we detected significant impairments of several social cognitive domains in schizophrenia.
THE FAILURE TO DEACTIVATE DURING CONTEXT PROCESSING MAY BE THE REASON FOR IMPAIRED THEORY OF MIND IN SCHIZOPHRENIA. AN FMRI STUDY

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Objectives
Schizophrenics are impaired in irony comprehension due to their theory of mind (ToM) dysfunction. Our previous study showed, that patients with good neurocognitive skills are able to solve irony tasks supposedly using non-ToM based compensatory strategies. In this study we investigated irony understanding in a group of schizophrenic patients with good intellectual/neurocognitive skills and the underlying brain activations/deactivations with fMRI.

Methods
14-14 patients and controls were evaluated with a normal range of IQ to listen to 15-15 irony- (I), and control scenarios (C) during scanning. Our event-related design started with a context phase, followed by a 2-4s inter-stimulus interval, then the ironic statement appeared, and a comprehension question followed. Between trials an inter-trial interval of 5-7s were used.

Results
There were no between-group differences in IQ (p=0.16) and in task performance (irony:p=0.05;control:p=0.155). Between-group comparison of the I>C contrast during the context revealed significantly stronger activations in the patients in several cortical and subcortical regions. During the context controls showed widespread deactivations in the temporal-, the parietal- and in the prefrontal cortex, while we found no deactivations in the patients. During the ironic statement controls activated mainly the key regions of the ToM network, such as the medial prefrontal cortex. Despite the good performance in irony tasks, patients did not activate the ToM network. During the ironic statements patients deactivated the right middle frontal gyrus, while controls showed no deactivations.

Conclusions
We found no task-induced deactivations during context processing and no activation of the ToM network during the ironic statements in schizophrenics. Our findings support, that schizophrenics' ToM impairment results from their impaired processing of contextual information, furthermore, the use of non-ToM based compensatory strategies in resolving irony tasks.
CLASSICAL DESCRIPTIONS OF SCHIZOPHRENIA: A CASE REPORT
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Objectives
Are the classics outdated? We describe the clinical case of a 20-year-old patient who was hospitalized after the initial psychotic episode and whose presentation is reminiscent of the descriptions of schizophrenia proposed by classics such as Schneider, Jaspers and Conrad.

Methods
This study presents a case report and the results of a literature review that was performed using Pubmed and textbooks.

Results
Classical descriptions of schizophrenia are presented in the context of a recent case.

Conclusions
With the development of manuals that contain international classifications, important psychopathological aspects are occasionally lost in clinical practice. Thus, knowledge of classical descriptions of psychiatric disorders is essential for good psychiatric practice.
FOLIE À DEUX : A CASE REPORT (RELATO DE CASO)
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Objectivos:
Folie à deux foi pela primeira vez descrita por Lasègue and Falret em 1877 e é uma doença psiquiátrica rara, caracterizada por uma pessoa psicótica primária que, gradualmente, impõe as suas crenças delirantes sobre a outra pessoa. O objectivo deste trabalho é discutir 2 casos clínicos compatíveis com as descrições de folie induite de Gralnick.

Métodos:
Descrição de caso clínico. Revisão da literature com base em pesquisa na plataforma pubmed e livros de texto.

Results:
Os doentes tiveram melhoria clínica após serem medicados com antipsicóticos.

Conclusão:
Muitos anos depois de ter sido descrita pela primeira vez, a psicopatologia e tratamento de folie à deux torna-a numa doença interessante e desafiante para os psiquiatras.

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Hageman I1 and Jørgensen MB Folie à deux Ugeskr Laeger . 2009 Dec 14 ; 171 (51) :3770-1
INDIVIDUALIZED METACOGNITIVE TRAINING IN SCHIZOPHRENIA: TWO CASE STUDIES.
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Objectives. The Metacognitive Training for Schizophrenia (MCT) is an intervention that addresses biases, beliefs and cognitive errors. In order to evaluate the efficacy of this intervention in the psychopathology of two subjects, we hypothesized that MCT: 1) decreases the positive and negative symptoms 2) promotes appropriate interpretations and attributions and 3) improves the quality of life, insight and mood.

Methods. A single case design based on subtype AB (pre and post) and follow-up was evaluated by these assessment instruments: Positive and Negative Symptoms Scale (PANSS), Peters Delusions Inventory-21 (PDI-21), Beck Depression Inventory II (BDI-II), the Quality of Life Scale (QLS) and the Disability Scale (WHO / DAS). The intervention was implemented in two outpatient males diagnosed of A) Chronic Undifferentiated Schizophrenia and B) Paranoid Schizophrenia.

Results. Clinically significant changes in psychopathology and psychosocial functioning in both subjects were observed. Regarding psychopathology, a significant reduction of positive symptoms and delusions was observed, whereas no changes were observed in the BDI-II. The psychosocial assessment highlights a significant improvement in awareness of cognitive biases, intrapsychic and interpersonal functions and family functioning.

Conclusions. The present study shows the efficacy of an individualized MCT program improving positive symptoms, delusional thinking, insight and awareness of cognitive biases, as well as quality of life and psychosocial functioning, suggesting that it may be a very useful tool in clinical and psychosocial practice.
ACUTE EFFECTS OF NABILONE AND NICOTINE ON ATTENTIONAL PROCESSING IN HEALTHY PARTICIPANTS: A BRAIN EVENT-RELATED POTENTIAL STUDY

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In schizophrenia, cognitive impairments are prominent and strong predictors of the patient’s functional status. While efficiently relieving positive symptoms (i.e. hallucinations), antipsychotics exert no benefits over cognitive impairments. In healthy individuals, long-term cannabis use has been strongly associated with the emergence of schizophrenia-like cognitive impairments. Moreover, increased levels of cannabinoid receptors (CB1R) have been observed in several cortical regions of schizophrenia patients. While ~ 60-80% of schizophrenia patients are smokers, it’s hypothesized that nicotine is used for its cognitive enhancing properties in the realm of attention.

Objectives: 1) To examine the implication of an acute dose of the selective CB1R agonist nabilone on attentional processing; 2) To examine the effect of the co-administration of nicotine and nabilone on attention, where the combined effect of nicotine is expected to counteract the nabilone mediated impairments.

Methods: Brain even-related (ERP) potential indices of voluntary (P3b) and involuntary (P3a) attentional processing were assessed through an auditory odd-ball paradigm during four randomized, double-blinded, testing sessions (placebo; 0.5 mg nabilone; 6 mg nicotine; and nicotine + nabilone) involving 20 healthy non-smoking males.

Results: Nabilone (vs. placebo) did not significantly impair P3b or P3a. Nicotine (vs. placebo) enhanced P3b and P3a in individuals with low baseline amplitudes while decreasing P3b in individuals with high baseline amplitudes. The combined nabilone and nicotine treatment (vs. placebo) did not significantly affect attention.

Conclusions: The nabilone dose might have been too small to demonstrate a significant attentional processing impairment as predicted. Nicotine enhanced voluntary and involuntary attention in individuals with lower baseline processing. Whereas this effect ceased when nicotine was co-administered with nabilone. Nicotine mediates its effects via the cholinergic system, thus these preliminary findings demonstrate the importance of further investigating the interactions between the cholinergic and the cannabinoid systems and their implications on attentional processing.
MAGICO-RELIGIOUS BELIEFS IN SCHIZOPHRENIA: A STUDY FROM EASTERN PART OF NEPAL
Nidesh Sapkota

Objectives:
a. To determine attitude of patients and relatives with respects to magico-religious beliefs and its influence on psychopathology.
b. To examine the relationship between psychopathology and major socio-demographic variables.

Methods:
All 50 consecutive cases of Schizophrenia attending psychiatric services during study period were thoroughly evaluated. All the cases were diagnosed as per ICD 10 DCR criteria. The Supernatural attitude questionnaire was applied.

Results:
We studied 50 cases, among them 48% of the patients belonged to the age group 25-34 years, majority of them were male (62%), 82% were Hindus and 64% married. Majority of the patients had undergone magico-religious treatment (n= 35). Among the sample 68% of them were consulted faith healer and 42% performed religious treatment during the illness period. Belief in supernatural influences is common in patients’ relatives from urban background and with adequate education. Local and community belief in such phenomena appeared to be a factor in influencing the decision to seek magico-religious treatment.

Conclusion:
There is a common belief in relationship between supernatural influences and mental illness among the relatives of the patients. Such beliefs and magico-religious treatment does occur during the course of the illness.
THE CORRELATION AMONG THE SYMPTOMS OF SCHIZOPHRENIA: EMOTIONAL DISTRESS, PSYCHOTIC SYMPTOMS AND COGNITIVE FUNCTION

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Objectives
Patients with schizophrenia tend to experience emotional distress, psychotic symptoms and cognitive damage. To help patients cope with their emotional response effectively, we need to know much more details about psychotic symptoms, emotional distress, and cognitive function. The purpose of this study was to understand correlations among these three aspects in schizophrenic patients.

Methods
Subjects of the study were schizophrenic patients (inpatients and outpatients) in southern Taiwan. N=25. Assessment projects including mood (Beck Depression Inventory, BDI, Beck Anxiety Inventory, BAI), psychiatric symptoms (The symptoms check list-90r, Scl-90r) and cognitive function (Wechsler Adult Intelligence Scale –III, WAIS-III; Trial Making Test, TMT). The correlations were assessed with Kendall’s coefficient of rank correlation.

Results
The results showed that there was a significant correlation(p<.05) between psychotic symptoms (Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Hostility, Phobia Anxiety, Psychoticism, Paranoid Ideation, Additional Items) and emotional distress; A between Obsessive-Compulsive and TMTB; Additional Items and VIQ was on the verge of a significant correlation(p=.06); A significant correlation(p<.05) between BDI and cognitive function(VIQ, PIQ, FIQ ,TMTB); A significant correlation(p<.05) between BAI and and VIQ ; Depression and TMTB was on the verge of a significant correlation (p = 0.06). Detailed data will be presented in the table.

Conclusions.
The overall results showed that there was a positive correlation between psychotic symptoms and emotional distress, psychotic symptoms and Emotional distress were negative correlated with cognitive function in schizophrenic patients.
USE OF PALIPERIDONE IN THE PERSISTENT DELUSIONAL DISORDER
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Objectives: The persistent delusional disorder (F22; CIE-10) is a severe psychotic disorder. However, the effect on psychosocial functioning is variable and may be relatively preserved. For this reason, the patients are slow to go a psychiatrist. We present a case with delusional symptoms of persecution, since two years ago. The patient comes to the psychiatrist because he has depressive symptoms and behavioural alterations in relation to delusions. We expose psychopathological examination of the patient at the start and after treated with paliperidone and continue psychiatric review.

Methods: We review the medical history of the patient to collect information on the evolution. We do literature search on the treatment of the persistent delusional disorder to date.

Results: After starting and adjustment of treatment with paliperidone, the patient showed an improvement. Psychotic symptoms disappeared as well as affective and behavioural symptoms. We reach a dose of 9mg daily.

Conclusions: The persistent delusional disorder is a severe mental disorder. The warning symptoms may be dysfunctional behaviours secondary to delusions. The literature says the pharmacotherapy should be equivalent dose of about 5-10mg of haloperidol. The paliperidone has proved effective for the treatment of the persistent delusional disorder.
EXPERIENCIA EN EL USO DE PALMITATO DE PALIPERIDONA POR LOS RESIDENTES DE PSIQUIATRÍA EN EL CENTRO DE SALUD MENTAL


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Objetivos: Valorar la evolución de los pacientes a los que se les pautó Palmitato de Paliperidona tras seis meses del inicio. La adherencia al tratamiento en los pacientes con enfermedad mental grave es un tema que está en continuo debate y está muy presente en el día a día del profesional sanitario responsable. En este campo es de suma importancia la labor de la medicación depot. Como residentes de psiquiatría, queremos describir nuestra experiencia con Palmitato de Paliperidona en el centro de salud mental.

Métodos: Seleccionamos una muestra recogida en 30 días naturales de pacientes con trastornos psicóticos vistos por residentes en nuestro CSM y hemos seguido su evolución durante 6 meses. Se valoró ausencia de síntomas psicóticos, mejoría de funcionalidad, visitas a urgencias, adherencia al tratamiento, dosis de mantenimiento y si están en monoterapia.

Resultados: Se recogió una muestra de n=8. El 50% con diagnóstico de Esquizofrenia Paranoide. Sólo hubo dos atenciones en urgencias sin sintomatología psicótica. Una paciente precisó un ingreso por ideas autolíticas. El 62,5% estaban en monoterapia. El 50% estaba a dosis de 150mg. Todos refirieron mejora en el funcionamiento general. Todos aceptan tratamiento, excepto un paciente que precisa del programa asertivo comunitario para la pauta.

Conclusiones: El tratamiento con Palmitato de Paliperidona ha demostrado ser eficaz en el manejo ambulatorio de pacientes con trastorno psicótico con escasa o nula adherencia al tratamiento. Disminuye el número de visitas a urgencias y hasta la fecha no han precisado ingreso por descompensación psicótica. En general los pacientes presentan buena adherencia al tratamiento.
SÍNDROME NEUROLÉPTICO MALIGNO COMO VARIANTE DE LA CATATONÍA LETAL. A PROPÓSITO DE UN CASO CLÍNICO.
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Objetivos:
El concepto de catatonia lo formula Kahlbaum (siglo XIX), definiéndola como una enfermedad cerebral fluctuante, reseñando la importancia de la evolución.

Actualmente mayor relación entre catatonia y cuadros afectivos pero no podemos ignorar otras causas médicas. Enfatizar la relación entre catatonia, síndrome tóxico serotoninérgico y síndrome neuroléptico maligno.

Método:
Revisión caso clínico.

Resultados:
Mujer de 36 años, ingresa por presentar síntomas catatónicos de cinco días de evolución, restricción alimentaria, hídrica y retención urinaria, fiebre, sudoración profusa, intensificándose el cuadro de temblor y la rigidez.

Se indica ingreso en Unidad de Cuidados Intensivos ante sospecha de un Síndrome Neuroléptico Maligno. Se descarta patología orgánica.

Retiramos neurolépticos y pautamos Benzodiazepinas, Dantroleno y Bromocriptina, medidas de soporte se inicia Terapia Electroconvulsiva con remisión de síntomas catatónicos.

Conclusiones:
Aunque estos síndromes tienen una baja incidencia, sabemos que cuando se presentan poseen gran morbimortalidad, sin diagnóstico preciso y sin enfoque terapéutico adecuado. Es necesario efectuar un estudio pormenorizado.

La literatura advierte del infradiagnóstico y nos invita a revisar los criterios diagnósticos. A pesar del empleo de antipsicóticos atípicos la catatonia sigue estando presente.

Creemos que la Terapia Electroconvulsiva es una estrategia que no debería verse relegada a casos refractarios y ser parte del tratamiento de mantenimiento; ya que reintroducir neurolépticos desencadena cuadros catatoniformes. Estimamos oportuno una buena formación en esta técnica e incrementar su disponibilidad.
NEGATIVE SYMPTOMS AND FUNCTIONALITY IN SCHIZOPHRENIA

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Objectives

Negative symptoms have been associated with functional outcome in patients with schizophrenia, such that more severe negative symptoms are associated with poorer functioning. The Scale for the Assessment of Negative Symptoms (SANS) was developed for the assessment of negative symptoms in schizophrenia and consists of 25 items which are grouped into five subscales: Alogia, Affective Flattening or Blunting, Avolition-Apathy, Anhedonia-Asociality and Attention. The aim of this study was to investigate the relationship between the different subscales of negative symptoms and functionality.

Methods

A cross-sectional study was conducted in sample of 53 outpatients with schizophrenia (mean age 40.6 years, SD: 8.0; 61.5% male). Patients were evaluated using the SANS. To assess functionality, the functioning subscale of the Global Assessment of Functioning Scale (GAF-F) was used. Linear regression analysis was performed with the GAF-F score as the dependent variable and the scores on the five SANS subscales as the independent variables.

Results

The mean total SANS score for our sample was 12.7 (SD: 5.0). In the regression analysis, two negative symptom subfactors were significant predictors of the GAF-F score (adjusted R²=56.7%): Anhedonia-Asociality (β=-4.78, p=0.003) and Avolition (β=-2.73; p=0.023).

Conclusions

Our results point to a possible differential relationship between different negative symptoms and functioning in patients with schizophrenia.

References:


EFFECTS OF CHRONIC ANTIPSYCHOTIC TREATMENT ON OXIDATIVE STRESS MARKERS IN PHENCYCLIDINE MODEL OF SCHIZOPHRENIA

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Objectives
Phencyclidine (PCP), an N-methyl-D-aspartate receptor antagonist, is a psychostimulans capable of producing a broad range of psychotic symptoms and cognitive disturbances. Perinatal PCP administration to animals represents an experimental model of schizophrenia. Numerous evidences suggest that redox dysregulation during neurodevelopment play a role in, at least, some aspects of pathophysiology of this disease. Limited data are available on the effects of antipsychotics on oxidative stress in PCP neurotoxicity. The aim of this study was to elucidate and compare the effects of haloperidol, clozapine and risperidone chronic treatment on the levels of oxidative stress parameters in the brain of rats perinatally exposed to phencyclidine.

Methods
The Wistar rats were treated on 2, 6, 9 and 12 postnatal (PN) days with either phencyclidine (10 mg/kg) or saline (NaCl 0.9%) by subcutaneous administration. At PN35, six groups of rats (three saline-treated and three PCP-treated) started to receive drugs: haloperidol (NaCl-Hal and PCP-Hal groups), clozapine (NaCl-Clo and PCP-Clo groups) and risperidone (NaCl-Rsp and PCP-Rsp group) administrated orally in drinking water for nine weeks. Animals were sacrificed on PN100. The levels of reduced glutathione (GSH) and lipid peroxides were determined in dorsolateral frontal cortex and hippocampus by spectrophotometry.

Results
All antipsychotics restored decreased GSH levels in cortex and hippocampus of animals perinatally exposed to PCP. Clozapine also caused significant increase of GSH in cortex in NaCl-Clo group compared to control. Perinatal PCP treatment increased the level of lipid peroxides in hippocampus. After clozapine and haloperidol treatment the lipid peroxides levels were decreased in both brain regions in clozapine groups and in PCP-Hal group, while risperidone treatment caused significant decrease in the cortex in both risperidone groups.

Conclusions
Further studies are necessary in order to clarify the effects of antipsychotics on oxidative stress and the possible role of its modulation in the management of schizophrenia.
The significance of motivation in the context of psychosocial treatment in schizophrenia indicates the importance of therapists evaluating the motivational outcomes. There has been no consensus on the domains which should be measured and the instruments required [1, 2].

**Objectives.** To identify outcome domains which could be measured to determine the clinical effectiveness of motivation enhancement.

**Methods.** A formal evidenced-based method – the ‘constituency approach’ [3] – was used to help participants come to an agreement on suitable outcome domains.

**Results.** Twelve participants developed consensus on four areas of measurement: (1) “desire for recovery”; (2) action in terms of (a) the ability to sustain goal-directed activities, (b) frequency/duration of behaviours associated with constructive action, (c) the propensity to formulate future plans and drive to achieve them in terms of work and career; (3) symptoms of mental distress; and (4) satisfaction with, and quality of, life.

**Conclusions.** This consensus process developed a conceptual map of the outcome domains required to assess the effect of motivation enhancement. The task to be undertaken in the future is to identify a standard set of measures which can be used.

**References**


RELATIONSHIP BETWEEN THE 5 PANSS FACTORS AND THE COGNITIVE DOMAINS OF THE MATRICS CONSENSUS COGNITIVE BATTERY

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Objectives
The Positive and Negative Syndrome Scale (PANSS) is the most widely used instrument for the clinical assessment of patients with schizophrenia. Although the scale originally comprised 3 factors, later factorial analyses have generally favored 5-factor solutions, and Wallwork et al. (2012) have recently proposed a consensus 5-factor model. The MATRICS Consensus Cognitive Battery (MCCB) was developed for the comprehensive assessment of cognition in schizophrenia, includes 7 cognitive domains, and has been recently standardized in our country. The objective of the present study was to study the relationship between psychopathology and cognition in schizophrenia using these two consensus instruments.

Methods
The present cross-sectional study included a sample of 70 clinically stable patients with schizophrenia (68.6% male), aged 18-60. Clinical assessments were carried out with the PANSS, using Wallwork’s consensus 5-factor model. The MCCB was used for cognitive assessment. Pearson’s bivariate correlations between the 5 PANSS factors and the 7 MCCB cognitive domains were calculated.

Results
No significant correlations were found between the PANSS Positive or Excited factors and any of the MCCB cognitive domains. The Negative factor was significantly correlated only with Verbal learning ($r=-0.281; p=0.018$), while the Depressed factor was correlated only with Social cognition ($r=0.260; p=0.030$). The Cognitive factor showed the most extensive relationships with MCCB cognitive domains, with significant correlations with Speed of processing ($r=-0.278; p=0.020$), Attention/vigilance ($r=-0.254; p=0.034$), Working memory ($r=-0.267; p=0.025$), Verbal learning ($r=-0.402; p=0.001$), and Reasoning and problem solving ($r=-0.286; p=0.016$), and a trend for Visual learning ($r=-0.216; p=0.073$).

Conclusions
The PANSS Cognitive factor in Wallwork’s consensus 5-factor model shows significant correlations with most of the MCCB cognitive domains. This, together with the marginal correlations found between other PANSS factors and the MCCB, confers external validity to this Cognitive factor.
CLINICAL AND NEUROPHYSIOLOGIC FEATURES OF ACTIVE CONVULSIVE EPILEPSY IN RURAL KENYA: A POPULATION-BASED STUDY
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Objectives:
Epilepsy is common in sub-Saharan Africa but is poorly characterized. Most studies are hospital-based, and may not reflect the situation in rural areas with limited access to medical care. We examined people with active convulsive epilepsy (ACE), to determine if the clinical features could help elucidate the causes.

Methods: We conducted a detailed descriptive analysis of 445 people with ACE identified through a community-based survey of 151,408 people in rural Kenya, including the examination of electroencephalograms.

Results: Approximately half of the 445 people with ACE were children aged 6 to 18 years. Seizures began in childhood in 78% of those diagnosed. An episode of status epilepticus was recalled by 36% cases, with an episode of status epilepticus precipitated by fever in 26%. Overall 169 had an abnormal electroencephalogram, 29% had focal features, and 34% had epileptiform activity. In the 146 individuals who reported generalized tonic-clonic seizures only, 22% had focal features on their electroencephalogram. Overall 71% of patients with ACE had evidence of focal abnormality, documented by partial onset seizures, focal neurologic deficits, or focal abnormalities on the electroencephalogram. Increased seizure frequency was strongly associated with age and cognitive impairment in all ages and nonattendance at school in children (p < 0.01).

Conclusion: Children and adolescents bear the brunt of epilepsy in a rural population in Africa. The predominance of focal features and the high proportion of patients with status epilepticus, suggests that much of the epilepsy in this region has identifiable causes, many of which could be prevented.
INVESTIGATION OF FACIAL AFFECT PROCESSING FOLLOWING COGNITIVE BEHAVIOUR THERAPY FOR PATIENTS WITH SCHIZOPHRENIA: AN EVENT-RELATED POTENTIAL (ERP) STUDY

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2. University of Ottawa Institute of Mental Health Research, Ottawa, Ontario, Canada
3. University of Guelph, Guelph, Ontario, Canada
4. The Royal Mental Health Centre, Ottawa, Ontario, Canada

Objectives: Cognitive Behavior–Therapy (CBT) for psychosis has proven effective in improving persistent positive symptoms in patients with schizophrenia. Schizophrenia is associated with poor social and occupational functioning, including difficulties interpreting emotions and intentions of others. Recognizing emotional facial expressions is particularly vital to normal social interactions, and deficits in this capacity have been found to predict negative social outcomes in schizophrenia. Group CBT may also be a promising approach for improving information processing difficulties and by so doing, facilitating cognition and daily functioning. The aim of the study was to assess the effects of group CBT on electrophysiological measures of facial expression processing in patients with schizophrenia in comparison to a control group.

Methods: The current study used event-related potentials (ERPs) to examine facial expression processing deficits in schizophrenia patients (n=9) compared with nine healthy controls (HC) in an emotive identification task. Patients’ symptoms and neural processing during the emotive identification task were assessed at baseline and end of group CBT treatment follow-up.

Results: Preliminary results showed attenuated N170 amplitude and slower N170 latencies in response to fearful facial expressions in patients with schizophrenia, compared with HCs. N170 latencies were also slower in the patient group, versus HC group, to sad and joy facial expressions. Following treatment, patients with schizophrenia showed faster N170 in response to fearful facial expressions. Furthermore, following treatment, patients’ symptoms score, measured by the PSYRATs, for loudness and amount of negative content of auditory hallucinations decreased.

Conclusions: This study provides evidence that patients with schizophrenia have deficits in structural encoding of fearful facial expressions (evidenced by reduced amplitudes and increased latencies of N170). Additionally, this study provides evidence that CBT decreases encoding time to faces with fearful expression, suggesting that CBT may mediate improved social cognition by increasing information processing speed to threatening expressions.
USE OF LONG-ACTING INJECTABLE ANTIPSYCHOTICS IN EARLY PSYCHOSIS PATIENTS

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Objectives: To make a brief analysis of our use of long-acting injectable antipsychotics among patients suffering early psychosis and need psychiatric hospitalization.

Methods: It is a descriptive cross-sectional study. We have included all psychotic patients admitted in the hospital ward during their first five years of illness (considering this phase as the critical period in the trajectory of psychosis) between 2012 and 2103. From 89 patients, 24 began this type of pharmacological treatment. All of them received the hospital discharge with symptomatic recovery or with low symptoms intensity. Sample size: 24 (n=24).

Results:

<table>
<thead>
<tr>
<th></th>
<th>number of patients</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral antipsychotics</td>
<td>65</td>
<td>73%</td>
</tr>
<tr>
<td>LAI antipsychotics</td>
<td>24</td>
<td>27%</td>
</tr>
</tbody>
</table>

Gender distribution

<table>
<thead>
<tr>
<th>Gender</th>
<th>Mean age</th>
</tr>
</thead>
<tbody>
<tr>
<td>79% Male</td>
<td>27.23</td>
</tr>
<tr>
<td>21% Female</td>
<td>29.42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of illness before LAI</th>
<th>1st year</th>
<th>2nd-3rd year</th>
<th>4th-5th year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ward incomes before LAI</th>
<th>1st income</th>
<th>2nd income</th>
<th>3rd income or more</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>10</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cause of LAI treatment initiation</th>
<th>Total percentage (number of patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication noncompliance</td>
<td>25% (6)</td>
</tr>
<tr>
<td>Joint decision making</td>
<td>33% (8)</td>
</tr>
<tr>
<td>High aggressiveness risk</td>
<td>13% (3)</td>
</tr>
<tr>
<td>Ineffectiveness of other drugs</td>
<td>17% (4)</td>
</tr>
<tr>
<td>Adverse effects of other drugs</td>
<td>8% (2)</td>
</tr>
<tr>
<td>Other</td>
<td>4% (1)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAI antipsychotics</th>
<th>Paliperidone palmitate LAI</th>
<th>Risperidone LAI</th>
<th>Zuclopenthixol decanoate</th>
<th>Fluphenazine decanoate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2013</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>50%</td>
<td>38%</td>
<td>8%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Conclusions: use of long-acting injectable antipsychotics in these patients supposes an effective pharmacological strategy for symptomatic control, prevention of relapses and psychiatric incomes. Nevertheless, our results should be warily considered because our sample has been studied in a hospitalary setting without a direct comparison with the oral treatment group.
ARE URINARY TRACT INFECTIONS ASSOCIATED WITH ACUTE EPISODES OF SCHIZOPHRENIA?

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4. Colombo South Teaching Hospital, Kalubovila, Sri Lanka

Objectives
To establish any association between urinary tract infections and acute episodes of schizophrenia

Methods
A Case control study conducted in University Psychiatry unit, National Hospital of Sri Lanka (NHSL), Colombo, Sri Lanka. Thirty four cases with acute episode of schizophrenia and 30 normal controls matched for age and gender were selected. Cases were patients who met the International Classification of Disease (ICD-10) criteria to diagnose schizophrenia who attended the inward and outpatient care of the unit. Urine full report (UFR) and urine culture were performed in all cases and controls to detect and confirm urinary tract infections (UTI). Data was analyzed using SPSS software.

Results
Number of cases was 34 and controls were 30. Mean age of cases was 34.8 years while in controls it was 34.1 years. In cases 18 (52.9%) were males and in controls, 16 (53.3%) were males. Among patients who had acute episodes of schizophrenia 5 (14.7%) became positive for UFR and from controls 2 (6.6%) became positive. (Odds ratio=2.4). Urine culture was positive in 1 case and 1 control each. (Odds ratio=0.88).

Conclusions
Patients with acute schizophrenia are more likely to have positive urine full report than normal healthy controls. But they are not more likely to experience urinary tract infections than the normal healthy controls during their acute episode of schizophrenia.
FAMILIAL LIABILITY, THE BDNF-VAL66MET POLYMORPHISM AND PSYCHOTIC-LIKE EXPERIENCES
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2. Egean University, Izmir-Turkey
3. Maastricht University Medical Centre, Maastricht-The Netherlands
4. Institute of Psychiatry, London-UK

Background/Objectives:
Familial liability to both severe and common mental disorder predicts psychotic disorder, psychotic symptoms and psychotic-like experiences (PLE). However, the relation between familial liability and psychosis outcome may be associated with genetic variation. We investigated the influence of familial liability on PLE in a nonpsychotic, general population based group, and the potential moderating effect of the BDNFVal 66Met polymorphism.

Methods:
PLE and familial liability were assessed in 313 individuals (mean age 38.6±13.3; gender: 43% males). Familial liability was obtained using the questions from Family Interview for Genetic Studies and dichotomized to none or at least one mental disorders in the first degree relatives (parents and siblings). PLE (visual and auditory hallucinations) were assessed through relevant questions in CIDI 2.1 G section on psychotic disorders. The sample undergone clinical reinterviews with the Structured Clinical Interview for DSMIV. BDNF val66met (rs6265) was genotyped using standardized procedures.

Results:
Familial liability was associated with PLE (OR= 1.8; CI: 1.1-3.0; p: 0.012). The association between familial liability and PLE was significant in individuals with Val/Val allele (OR= 2.2; CI: 1.2-4.1; p: 0.009) whereas there was no evidence for an association between familial liability and PLE in Met carrier individuals.

Conclusion:
Individuals with a familial liability for mental disorders are more likely to report PLE. Val/Val genotype reported more PLE when exposed to familial liability than did individuals carrying Met allele. Therefore, the observed gene-environment interaction effect may be partially responsible for individual variation in response to familial liability.
Objective: To determine whether the morals, customs, beliefs and the evolution of society influence the clinical aspects of acute psychosis in Madagascar.

Method: The study includes all studies about acute psychosis, carried out in Madagascar, from the 1970s to 2009, and having assessed socio-demographic, clinical and treatment aspects of this pathology.

Results: The incidence of acute psychosis increased with a tendency to an equal proportion of male and female patients, whether it is for acute psychosis with or without triggering factor. The latter is dominated by socio-cultural factors, before the 90s, and by emotional factors in the 2000s. Delirium tends to be polymorphic but always with a predominance of the persecution theme. The duration of the hospitalization decreased. An increased dosage of prescribed neuroleptics has been noticed.

Conclusion: In Madagascar, as elsewhere, acute psychosis evolves with the economic, social, cultural and sociological environment. To take into account these factors is then part of an appropriate treatment of this pathology.

Keys words: acute psychosis – culture – society – Madagascar
Long-term cannabis use has been associated with the expression of psychotic symptoms and cognitive impairments in vulnerable individuals, though the mechanism by which this occurs is unclear. It has been suggested that certain neuroadaptive changes, such as an increase in cannabinoid-1 (CB1) receptors in the dorsolateral prefrontal and anterior cingulate cortices, may be associated with the pathology of schizophrenia (SZ). Additionally, elevated smoking rates seen in SZ may be an attempt to correct neuropathologies associated with deficient nicotinic acetylcholine receptors using exogenous nicotine. In healthy individuals, cannabis use can induce a full-range of transient SZ-like positive, negative, and cognitive symptoms, while nicotine has shown cognitive-enhancing properties.

Objectives: To assess the acute effects of the selective CB1 receptor agonist nabilone and to evaluate cannabinoid-nicotinic receptor interactions on the mismatch negativity (MMN) event-related potential. It is hypothesized that nabilone will diminish MMN amplitudes, but not when administered in combination with nicotine.

Methods: 20 male non-smokers and non-cannabis-users were assessed using a 5-stimulus 'optimal' multi-feature MMN paradigm within a randomized, double-blind, placebo controlled design (placebo; nabilone [0.5 mg]; nicotine [6 mg]; and nicotine + nabilone).

Results: MMN amplitudes under the nabilone condition were significantly reduced as compared to the placebo and combination conditions, however, these effects were only present at the mastoid (vs. frontal) scalp sites. There were no latency differences between the conditions.

Conclusions: Nabilone impaired auditory sensory memory, whereas its co-administration with nicotine prevented this impairment. This effect may be important for auditory cortex activity in particular as the results were restricted to the mastoid scalp sites. Given the high prevalence rates of tobacco and cannabis use in SZ, elucidating the contribution of concomitant nicotine use to cognitive abnormalities induced by both acute and long-term cannabis use is of clinical and scientific relevance.
ARGUMENTATIVE MARKERS OF DELUSIONAL BELIEFS
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2,Université Paris 8 Vincennes-Saint-Denis, SAINT-DENIS

Objective
The main objective of the linguistic approach applied to the study of delusion is to bring out specific argumentation models in subjects’ speech. Based on argumentation theory, we focused on argumentative markers present in speech. Our objective was to study, how patients with schizophrenia argue their delusional beliefs.

Method
Our population consisted in five diagnosed with schizophrenia according to the DSM-IV-TR. Subjects’ delusional symptoms were assessed by the PANSS and SAPS scales. This preliminary study was divided into three parts:
1 – Semi-directed interviews exploring four themes. The goal of this interview was to explore the different dimensions in the argumentation of beliefs. All interviews were fully transcribed and analyzed with the software IRAMUTEQ. This analysis helped to identify statistically significant clusters of words.
2 – Argumentative markers were linked to the corresponding sentence in order to restore their argumentative value.
3 – The interviews were analysis in order to highlight the principal beliefs and the associated arguments.

Results
Preliminary results show that subjects use mainly justificative operators in the argumentation of their beliefs. We confirm the secondary hypothesis by with the lack of concessive argumentative markers. The main belief is not one that appears the most in the speech, but it is most argumented. Finally, principal belief appears to be supported by others beliefs.

Conclusion
Our preliminary results lead us to believe that delusional beliefs are translated into the textual speech. Thus, it allows us to consider a different treatment of delusion. Considering questions of Chadwick and Lowe, to the interest to determine what beliefs that can be changed, these results may indeed allow different therapeutic care of delusion in schizophrenia.
QUALITY OF LIFE IN SEVERE MENTAL DISORDER
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2. CIBERSAM, Spain

Objectives
Quality of life is a fundamental goal of current therapeutic strategies in patients with severe mental disorder (i.e., schizophrenia and bipolar disorder). Quality of life in patients with schizophrenia has been typically considered to be worse than in those with bipolar disorder. The objective of this study was to compare quality of life in patients with schizophrenia, patients with bipolar disorder, and a group of healthy control subjects.

Methods
A cross-sectional study was performed with a sample of 83 outpatients with schizophrenia [SCH] (mean age 41.6 years; SD:8.2), 44 outpatients with bipolar disorder [BD] (44.8 years; SD:8.2) and a sample of 72 healthy controls [HC] (41.3; SD:10.4). Patients with schizophrenia had mean Positive and Negative Syndrome Scale (PANSS) scores of 16.2 (SD:5.1) for the positive scale, 20.6 (SD:7.3) for the negative scale, and 38.2 (SD:11.5) for the general psychopathology scale. Patients with bipolar disorder obtained a mean Hamilton Depression Rating Scale (HDRS) score of 6.8 (SD:4.6) and a mean Young Mania Rating Scale (YMRS) score of 3.2 (SD:3.5). The Quality of Life Scale (QLS) was administered to all participants. In order to compare results between the three groups, ANOVA was performed. For the post-hoc analyses, Scheffé’s statistical analysis was used.

Results
The total QLS score was 107.9 (SD:13.7) in the HC group, 67.9 (SD:22.8) in the BD group, and 56.1 (SD:27.1) in the SCH group. These differences were statistically significant (p<0.001). Post-hoc differences for all comparisons were significant as well: HC vs. SCH (p<0.001); HC vs. BD (p<0.001); SCH vs. BD (p=0.019).

Conclusions
Patients with severe mental disorder show a decreased quality of life compared to healthy subjects. This decrease is greater in patients with schizophrenia, compared to patients with bipolar disorder.

References
“A THUNDERBOLT IN A SERENE SKY”: THE CONCEPT OF BOUFFET DELIRANT REVISITED WITH A CLINICAL CASE REPORT
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1. Coimbra University Hospital Centre, Portugal

Objectives
To present a literature review and a clinical case report about the historical concept of bouffé delirant, focusing on its diagnosis, modern pertinence and utility, and treatment.

Methods
Description of a clinical case. Literature search on MEDLINE with the terms “bouffé delirant”, “acute and transient psychosis”, “brief psychotic disorder”, “reactive psychosis” and “psychogenic psychosis”. Only papers in English, Portuguese, Spanish and French were included.

Results
Bouffé Delirant is a nosological concept created by Valentin Magnan in the 19th century, characterized by sudden psychomotor agitation, aggressive behaviour towards the self and the others, confusion, delusions and hallucinations. Relatively uncommon, it is more frequent in women, is self-limited and has a good prognosis. The patients usually return to their premorbid functioning levels. It can be triggered by extreme and intense psychosocial distress.

Conclusions
Bouffé Delirant concept does not appear in modern classification systems, however, it is included in the ICD-10 category “Acute and Transient Psychotic Disorders” and is similar to the DSM-5 category “Brief Psychotic Disorder”. It is also equivalent to the Scandinavian concept of “reactive psychosis”. The treatment usually consists on atypical antipsychotics and benzodiazepines. Psychotherapy, after compensation and remission, could also be beneficial.
THE AMERICAN DREAM: A PECULIAR CASE OF DELUSION
A.M. Ribeiro1,2, A.S. Costa1, A. Costa1,2, R. Moreira1,2, I. Costa1, A. Roma Torres1
1. Psychiatry and Mental Health Clinic, Centro Hospitalar São João, Porto, Portugal
2. Department of Clinical Neurosciences and Mental Health, Medical School of University of Porto, Portugal.

Objectives: The purpose of this work is to present and discuss a case report, with a brief literature review of the subject.

Methods: The authors present a case report of a female patient, aged 36, single, living alone, graduated and unemployed. This patient was admitted to our inpatient unit in January, 2014. At initial interview, her speech showed the presence of grandiose delusion (regarding professional connection with Clint Eastwood and Hollywood’s movie industry), with no evidence of formal thought, mood or perception disturbance, and no insight about the symptom. It was proposed admittance for diagnostic clarification and treatment. She reported a previous admission in another psychiatric unit in 2010, for the same motive, but soon after abandoned any psychiatric care. At the inpatient unit, it was performed psychiatric and psychological evaluation, as well as laboratory and neuroimaging examination.

Results: Laboratory and image investigation showed results within normal range. Psychiatric evaluation, along with psychological assessment, led to the probable diagnosis of persistent delusional disorder, which gradually developed for 10 years, with progressive sociofamiliar and professional impairment. The patient began pharmacological and occupational therapy and showed significant improvement. After discharge, she was referred to day hospital for rehabilitation.

Conclusions: This case sheds light on the disruption that can be caused by a major psychiatric disorder, particularly without psychiatric attendance. Moreover, it shows the importance of a multidisciplinary approach (pharmacological, psychological, social, familiar, occupational) for successful rehabilitation and reintegration in the community.
SCHIZOPHRENIA IS A MYTH – ANALYSIS OF SYMPTOMS – PART TWO: HOW ARE HALLUCINATIONS FORMED

KC. Gurnani
SN Medical College, Agra, India

Objectives: The first part of this series was presented at Prague International Conference held in Oct’ 2012 by the author wherein it was demonstrated that hallucinations are not perceptual phenomenon but rather, in a majority of patients, are a kind of misunderstanding with their own inner imagery. By simple explanation to them they could be convinced about the fallacy of their concepts and once convinced, they also gave up their delusions which they had built up secondarily to those hallucinatory experiences. The paper was one amongst the trilogy; the other two had analyzed the work of Kraepelin. The author has also authored the book: ‘Schizophrenia – A Myth: Analysis of the mighty maze of mind – In Kraepelinian Era.’

But still there are some patients, for whom, the experience is alien one and who keep on insisting that the voices are coming from outside.

A patient of mine having the similar hallucinatory experiences and who had been convinced that those experiences were from his inner imagery, once complained that while engorged with his inner ruminations, one day he felt the rumination to suddenly change in quality and he perceived that as if the rumination was coming from outside and it was having a kind of auditory quality.

A chance observation at two different occasions had made me face two situations wherein I could produce experimental auditory hallucinatory experiences in myself.

Methods: To prove the validity of these experiences, I had five volunteers doing PG course from my department to face similar experimental situations.

Results: The results were interesting. Those students could also perceive auditory hallucinations. More numbers of normal subjects are being planned for similar experiments.

Conclusions: The findings from these experiments and the observation of that patient have been put together to make a hypothesis about how the hallucinations are formed.
INFLUENCE OF SOCIAL COGNITION ON DAILY FUNCTIONING IN SCHIZOPHRENIA: STUDY OF INCREMENTAL VALIDITY AND MEDIATIONAL EFFECTS.

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1, University of Barcelona, Barcelona, Spain, 2, Institute of Biomedical Research August Pi Sunyer (IDIBAPS), Barcelona, Spain, 3, Centre for Biomedical Research on Mental Health (CIBERSAM), Instituto de Salud Carlos III, Barcelona, Spain, 4, Barcelona Clinic Schizophrenia Unit, Hospital Clinic, Barcelona, Spain

Introduction and objective:
While the role of impaired neurocognition in accounting for functional outcome in schizophrenia is generally established, the influence of social cognition on this relationship is far from clear. We aimed to explore in depth the nature of the relationship between neurocognition, social cognition and daily functioning in people with chronic schizophrenia.

Material and Methods:
Twenty-one participants diagnosed with schizophrenia and 15 healthy controls completed the assessment of symptom severity, neurocognitive status (MATRICS-recommended tests), social cognition (Theory of Mind and affect processing) and other functional measures. A statistical mediation model based on hierarchical regression analyses was used to establish the mediation path with significant variables.

Results:
Global mean of social cognitive tasks (ER-40, Hinting task and Eyes test) correlated with neurocognitive assessment and both daily functioning scales (GAF and SFS). There were no significant correlations with psychiatric symptom severity. The statistical comparison of regression models showed incremental validity and statistically significant mediational effects in the relationship between neurocognitive performance and social functioning.

Conclusion:
This study adds to evidence underlining the importance of targeting social cognition in rehabilitation treatments to achieve social functioning improvements. If evidence emerges of a more complex relationship between neurocognitive performance and functioning than currently thought, this may lead to an improvement in our understanding of the links between them.
THE LIVING DEAD – A CASE REPORT ABOUT COTARD’S SYNDROME

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Objectives: The authors describe a clinical case of a 71 year old male experiencing nihilistic delusions about being dead from the waist down and the non-function of his internal organs.

Methods: A detailed report of the clinical case was made as well as a literature review on the topic “Cotard’s Syndrome”, “Hypochondriac depressive delusion” and “Differential diagnosis of Cotard’s Syndrome”.

Results: Description of the clinical case.

Conclusions: Cotard’s Syndrome is an uncommon neuropsychiatric disorder in which patients experience delusions or false beliefs that they are dead, do not exist, are putrefying or have lost their vital organs. First reported in the 1700s, the disorder is still largely a mystery today. It remains important to recognize the syndrome because specific underlying mechanisms are present, and prognostic and therapeutic consequences have to be taken into account.
ACUTE-ONSET DELUSIONAL MOOD AFTER N-ACETYLCYSTEIN TREATMENT
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¹. Psychiatric Hospital Centre of Lisbon, Lisbon, Portugal

Objectives
N-acetylcysteine (NAC), a precursor to the amino acid cysteine, has been emerging as an interesting add-on treatment in several psychiatric conditions. These results may be linked to its metabolic profile: antioxidant properties through glutathione production; anti-inflammatory properties; and modulation of the glutamatergic and dopaminergic systems of neurotransmission.

Despite interesting and promising results, it has not been possible to provide definite answers about the potential effects of this drug.

Methods
Case report of a patient who developed an acute-onset delusional mood after treatment with NAC; bibliographic search using PubMed/MedLine database with the following keywords: n-acetylcysteine; psychoses; OCD; bipolar; schizophrenia.

Results
We report and discuss the case of a 24-year-old man with previous history of a single psychotic episode due to use of cannabinoids. The patient remained subsequently asymptomatic without any medication for four years, until one week prior to the first evaluation when he was treated with NAC for smoking cessation. The patient developed a clinical picture characterized by apprehension, perplexity and a mysterious, puzzling and stage-like scenery of the perceived environment. This led the patient to immediately stop NAC treatment with subsequent slight relief of the symptoms. At the time of evaluation, psychiatric examination revealed slight anxiety and overvalued persecutory ideas. The remaining examination was normal. He was treated with Olanzapine (5mg/day) and Pregabalin (100mg/day). The treatment resulted in complete remission of all symptoms.

Conclusions
Studies suggest that NAC may be useful in the treatment of several psychiatric conditions such as marijuana addiction, reduction of nicotine use, cocaine addiction, pathological gambling, OCD, trichotillomania, nail biting, skin picking, schizophrenia and bipolar disorder. However, our case report suggests that it may also precipitate or worsen psychotic episodes.

Additional research will be required before a complete understanding of its usefulness can be obtained.

References

BACKGROUND: Child abuse and neglect have been found to be causally related to an increased risk of a wide range of psychiatric disorders. This study is concerned with between childhood trauma history and first episode psychosis.

METHODS: Sixty patients with first episode schizophrenia were evaluated using The Childhood Experiences of Care & Abuse Questionnaire and Childhood Trauma Questionnaire as completed to elicit experiences of sexual and physical abuse during childhood in first-episode psychosis cases and population-based controls.

RESULTS: Our findings show that no relationship between childhood trauma and first episode psychosis. There was a control group and they are also have childhood trauma. It is mean childhood trauma was also found associated with healthy individuals. The patients and controls nearly same mean scores of CTQ.

CONCLUSIONS: This study questioned the traumatic experiences before the age of 18 years, but as events were not dated we could not study the relationship between the timing of the event and the trauma at admission. Also maybe almost healthy people in Turkey have childhood trauma history.

KEY WORDS: First episode psychosis, Childhood experiences care & abuse , Childhood Trauma.
THE RELATIONSHIP BETWEEN CHILDHOOD TRAUMA AND AGGRESSION IN SCHIZOPHRENIA
Hýra Selma Kalkan
Mental Health and Disorders Hospital of Manisa. Turkey

Objective: Early traumatic experiences and first contacts with the parents might play a role in many psychiatric disorders. The purpose of this study is to investigate the relationship between childhood traumas and aggression in schizophrenia and to investigate how these might affect clinical status.

Methods: The present study was done with a hundred patients who were diagnosed as schizophrenia by structured clinical interview for DSM-IV criteria. The patients were informed about the study by a written Informed consent form and they were assessed by Sociodemographic and Clinical Interview Form, Positive and Negative Syndrome Scale (PANSS) Childhood Trauma Questionnaire(CTQ-28), Buss-Durkee Agression scale.

Results: There were significant correlation between aggression level, severity of the disease and childhood trauma in our study. There was a positive correlation between severity of the disease, negative and general symptoms and sexual abuse. Positive symptoms were related to physical abuse, positive correlation was found between aggression risk with emotional and physical neglect. Negative and general symptoms had positively related to indirect aggression. Positive symptoms and physical aggression were correlated while aggression risk and hostility were positively related. Total aggression scores were the highest with the ones that had physical abuse. Physical aggression and anger were positively related to physical abuse besides no correlation with sexual abuse. Hostility and emotional neglect were related as well as a positive correlation between indirect aggression and emotional neglect were to be found.

Conclusions: We found that there was a correlation between aggression level and childhood traumas in patients with schizophrenia. Our results suggest that, childhood traumas and aggression level are inter-related and might affect clinical status and treatment of schizophrenia.

Keywords: Schizophrenia, Childhood traumas, Aggression.
THE RELATION BETWEEN CHILDHOOD TRAUMA HISTORY AND PSYCHOTIC SYMPTOMS IN PATIENTS WITH FIRST EPISODE PSYCHOSIS

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Objective: To research the relation between childhood trauma on psychopathology in 60 patients with first-episode psychosis.

Method: Psychopathology was assessed by Scale for the Assessment of Positive Symptoms (SAPS), Scale for the Assessment of Negative Symptoms (SANS) and Brief Psychiatric Research Scale (BPRS), at first admission. Childhood trauma was assessed by Childhood Trauma Questionnaire (CTQ) after discharge. CTQ evaluates emotional, physical and sexual abuse and physical and emotional neglect during childhood.

Results: We found significant difference on positive symptoms with history of childhood trauma. Childhood physical abuse (CPA) score correlated with SAPS conceptual disorganization score (p=0.023). Childhood emotional neglect (CEN) score correlated with SAPS delusions (p=0.006) and hallucination (p=0.003) of the patients score respectively. Also histories of childhood sexual abuse (CSA) was found in correlation with SAPS delusions (p=0.015) and hallucination (p=0.002) of the patients respectively. There was gender difference between patients, the effect of sexual abuse in women was stronger than men. BPRS - General Psychopathology Scale items somatic concern (p=0.029), anxiety (p=0.042), guilty (p=0.021) and depression (p=0.019) was found to be related with CPA. Although unusual thought content (p=0.042) and poor attention (p=0.022) score was also found to be related with CEN.

Conclusion: Our findings suggest that childhood trauma may alter the presentation of psychosis in first admission. There is a high prevalence on psychotic symptoms of childhood trauma in patients with first-episode psychosis. Childhood trauma was found associated with positive but with not negative symptoms.

Key Words: First episode psychosis, Childhood Trauma, Psychopathology, Positive Symptoms, Negative Symptoms.
¿LOS TRASTORNOS DEL LENGUAJE SON CAUSA O CONSECUENCIA DE LA PSICOSIS?

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Lo más seguro es que todos estaremos de acuerdo en considerar que los trastornos del lenguaje son la consecuencia directa, a menudo la más evidente, de ese nuevo orden de la experiencia y de esa trama relacional centrípeta introducida por la psicosis. Pese a que esta respuesta contente a la mayoría, no está de más desgranar algunas reflexiones relativas a las relaciones connaturales entre el lenguaje y la psicosis. En el terreno de la psicopatología, esta trabazón inspiró los brillantes estudios de Ludwig Daniel Snell y de Eugenio Tanzi sobre el neologismo en la paranoia y se concretó, a principios del pasado siglo y después de comenzar a circular la doctrina freudiana, en la descripción del grupo de las esquizofrenias, las locuras discordantes, el automatismo mental y las psicosis alucinatorias crónicas.
THE PSYCHO-SOCIAL REHABILITATION OF PATIENTS WITH SCHIZOPHRENIA
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Objectives. Evaluation of the effectiveness of psycho educational programs in comprehensive rehabilitation of patients with schizophrenia

Methods. A comprehensive survey was carried out of 142 female patients at the age 18 – 35, which have diagnosis the schizophrenia in period of stabilization state.

Results. The integrative model of psychoeducational work was proposed, which includes application of various information modules, techniques of cognitive-behavioral therapy, training effects, problem-oriented discussions, and family psychotherapy. The psychoeducation was determined to be superior over conventional complex treatment intended for reduction of negative symptoms, productive symptoms and general psychopathological symptoms of patients with schizophrenia. It is supported by dynamic analysis of the clinical disturbances and psychopathological ones on the PANSS. The improvement of psychosocial functioning and quality of life of the patients with schizophrenia who participated in the psychoeducational activities was determined.

Conclusions. It is proved that psychoeducation not only increases the amount of knowledge intensifies confidence in the fight against the disease, but solves the problem of social reintegration of the patient.
IDEACIÓN DELIRANTE DE CAPGRAS Y SÍNDROME DE FRÉGOLI: A PROPÓSITO DE UN CASO.

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Objetivo: El delirio de Capgras es el más frecuente entre los "Síndromes de identificación errónea delirante (SIED)" que incluyen otros tres subtipos básicos: el síndrome de Frégoli, el síndrome de intermetamorfosis y el síndrome de los dobles subjetivos. Son alteraciones psicopatológicas bien estructuradas y resistentes a neurolépticos. Es infrecuente la coexistencia de dos de los subtipos en un mismo paciente, lo que describimos en este caso realizando revisión bibliográfica del tema.

Métodos: Mujer de 37 años diagnosticada de Esquizofrenia Paranoide desde los 17. La paciente presenta la creencia irrefutable de que las personas que se encuentran alrededor han sido disfrazadas (delirio de Capgras) junto con la habilidad para hacer rápidos cambios en su apariencia durante sus actuaciones (síndrome de Frégoli), todo ello con ideación delirante de perjuicio y control de base. Existen alucinaciones auditivas, visuales y cenestésicas, manteniendo un discurso prolijo sin fuga de ideas. Durante su evolución ha presentado anhedonia, aplanamiento afectivo y aislamiento social, por lo que no ha concluido los estudios ni ha realizado actividad laboral, aunque actualmente acude a un centro de actividades con buena adherencia. Nula conciencia de enfermedad.

Resultados: Durante su ingreso se realizan analíticas completas, RMN sin alteraciones significativas y evaluación neuropsicológica que describe déficits cognitivos en funciones ejecutivas de categorización e ideación de estrategias, sin otra alteración significativa. Se trata a la paciente con Quetiapina hasta 300mg/día y Aripiprazol hasta 30mg/día con mejora de la repercusión conductual y emocional y la funcionalidad (PSP al ingreso (agosto 2012):11, actualmente (marzo 2013):30), aunque sin remitir la sintomatología delirante.

Conclusiones: La coexistencia de dos delirios que no remiten, empeora el curso de la enfermedad, fundamentalmente a nivel cognitivo y funcionalidad. Esto requiere un importante trabajo de rehabilitación e implica considerar conjuntamente aspectos clínicos, de neuroimagen y neuropsicológicos.
ALONE (OR) WITH BUGS?
A DELUSIONAL PARASITOSIS CASE REPORT
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Delusional parasitosis (DP) – also known as Ekblom syndrome, delusion of infestation, psychogenic parasitosis, dermatozoenwahn, and dermatozoic delusion – is an uncommon psychiatric condition characterized by the idea that own body is infested by invisible mites, insects, or other parasites.

It is mainly considered a monosymptomatic hypochondriacal psychosis meeting DSM-IV-TR criteria for delusional disorder, somatic type, but it may also be associated with other psychiatric or organic diseases. It has been reported that delusional parasitosis can also occur as a shared psychotic disorder (folie à deux or folie à trois) and even as by proxy.

Patients are typically middle-aged (or older) women. Complaints are usually about skin infestation, but the involvement of the gastrointestinal tract has also been described. Usually patients bring numerous samples (skin, clothes and environment) for examination, and practically all of them refuse psychiatric help.

They experience a significant decline in quality of life, including a decreased work productivity or job loss, disability and social isolation. Patients with DP spend much time and money trying to get rid of the “infestation” and go from one doctor to another hopping to finally finding a specialist who can offer the “right” treatment.

We report a case of delusional parasitosis in a 71-years-old Caucasian man with a 3-year-long history of infectology, urology, and neurology consultations, previous to his psychiatric (Liaison) referral.

Delusional parasitosis often presents to nonpsychiatric medical professionals. A better awareness of such illness by general physicians, an early recognition, a good rapport, a timely referral, and emphatic treatment are management cornerstones in these patients.
IDENTIFYING PSYCHOSIS IN A REMOTE RURAL SETTING:
THE FEP-INCET STUDY
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Objectives
“Psychotic disorders in an African setting: Incidence, early course, and treatment pathways (INCET Study)”, funded through an NIMH (1R21MH093296-01) grant, aims to develop a method for screening and a protocol for assessment and follow-up for FEP that is feasible and culturally sensitive within a remote rural region of South Africa. This preparatory study will establish methods for the first incidence study of FEP on the African continent.

Methods
Consultation was conducted with the local tribal chief and traditional council, local traditional healers’ organization, health and education authorities, primary health care nursing staff, local religious leaders and other community stakeholders. We conducted an ethnographic study of the behavior and perspectives of local people with respect to pathways to care for mental illness; and translated, adapted and piloted instruments for use in the main study. Forty-one key informant interviews and 7 focus groups comprising key stakeholders were conducted focusing on knowledge, attitudes and practices as well as causal beliefs for symptoms of mental illness, and pathways and barriers to care. Traditional healers (50) were recruited and trained in the recognition of psychotic symptoms, and referred 200 clients seeking their help for mental health complaints to investigators who administered the CAPE, ASSIST and SCAN.

Results
A strong local team was built; collaborative relationships in the community were established; important insights into local beliefs, knowledge and practices in the region were gained; complex pathways to care for people with psychotic symptoms were mapped; and key instruments were successfully piloted.

Conclusions
In under-resourced settings, traditional healers are able to identify psychotic symptoms and are keen collaborative partners in improving pathways to care for community-dwelling individuals seeking help for psychotic-like complaints.
IMPACT OF REWARD ON PAIN: COMPARISON BETWEEN PATIENTS WITH SCHIZOPHRENIA AND HEALTHY CONTROLS
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Objectives:
Although it was classically assumed that schizophrenia patients are less sensitive to pain this topic is still controversial. Furthermore, it was suggested that alteration in pain sensitivity in schizophrenia is associated with demotivation. Objective: Assessing the impact of reward on detection and tolerance to an experimental pain in schizophrenia patients and in healthy controls.

Methodology:
The experimental pain was induced using the Cold Pressor task (CPT). Detection was defined as the time when it took for a volunteer to experience pain, and tolerance as the time when the pain became too hard to bear. Volunteers were divided into four groups:
A group of 25 healthy controls rewarded (HCR).
A group of 25 healthy controls not rewarded (HCNR).
A group of 25 schizophrenia patients rewarded (PR).
A group of 25 schizophrenia patients not rewarded (PNR).
Reward was an amount of 70 euros.

Results:
For detection of pain
No significant difference between PNR and HCNR: 9.7 sec (9.4) versus 8.14 sec (6.15), p>0.05.
No significant difference between patients rewarded and healthy controls rewarded (PR/HCR): 30.84 sec (30.45) versus 22, 17 (18.30), p>0.05 which have better scores than patients and healthy controls not rewarded (PNR vs HCNR).
⇒ PNR=HCNR<PR=HCR

For Tolerance to pain
HCNR had a higher tolerance than patients not rewarded (PNR): 36.43 sec (49.35) versus 18.22 (21.40), p = 0.05.
No significant difference between PR) and HCR: 74.9 sec (61.17) versus 66.16 sec (56.14), P> 0.05) which have better scores than HCNR.
⇒ PNR<HCNR<PR=HCR

Conclusion:
In the absence of reward, stabilized patients with schizophrenia have the same threshold of detection of pain than controls but lower tolerance. When rewarded, patients and controls have the same profile of sensibility to pain (detection and tolerance). This study suggests that sensibility to pain could be influenced by reward system.
MEJORÍA COGNITIVA Y DE LA INTERACCIÓN SOCIAL TRAS EL CAMBIO DE CLOZAPINA A PALMITATO DE PALIPERIDONA: A PROPÓSITO DE UN CASO
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Objetivos
Describir el caso de un paciente de 57 años, diagnosticado de trastorno esquizoafectivo a los 27 años e institucionalizado en 2006 tras más de veinte ingresos por descompensaciones que cursaban con pensamiento desorganizado, conductas bizarras y desinhibición sexual. No llegó a terminar psicología pues, amén de su posible predisposición, en su camino se cruzaron los tóxicos. Su ruptura biográfica se produce tras una sesión de hipnosis durante las prácticas de la carrera. Comenzó con clozapina en 1991 tras fracasar varios antipsicóticos. Cuando lo conocí, presentaba retraimiento social, evitando el contacto ocular, su discurso era muy pobre y se refería a sí mismo en tercera persona. Vestía de manera bizarra, ocultando su cara dentro de una capucha que cerraba todo lo posible. Una mañana, cuando estaba en tratamiento diario con clozapina 500 mg, risperidona 12 mg, olanzapina 10 mg y oxcarbazepina 900 mg, se duchó y bajó a desayunar en albornoz: había decidido no tomar más medicación “para estar mejor o termina de una vez de enfermar”. Se instauró tratamiento quincenal con Risperdal® Consta® 150 mg.

Resultados
Comenzó a mostrarse abierto y confiado. Supe entonces que su idea delirante axial es que su hipnotizador se le quedó dentro hace 32 años siendo el responsable de su discurso en tercera persona. Viste adecuadamente y camina mirando al frente y no al suelo como hasta entonces. Aceptó tomar valproato y pregabalina. Cuando estuvo disponible cambié a palmitato de paliperidona 300 mg mensuales y entonces recuperó la motivación retomando su antigua pasión: la lectura.

Conclusiones
Palmitato de paliperidona es un fármaco seguro, eficaz, bien tolerado y de cumplimentación fuera de toda duda, capaz de producir una marcada mejoría clínica en pacientes graves que llevan décadas de evolución tórpida, y que han sido tratados con todos los antipsicóticos típicos conocidos, algunos de toxicidad incuestionable.
CAMBIO DE CLOZAPINA A PALMITATO DE PALIPERIDONA: SEGURIDAD Y EFICACIA EN UN AMPLIO NÚMERO DE PACIENTES
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Objetivos
Uno de nuestros pacientes se negó a seguir tomando clozapina y tras instaurar tratamiento con palmitato de paliperidona presentó una notable mejoría. Esta experiencia y el paradójico dato de que solamente un 10% de los pacientes con clozapina se encontraba en monoterapia antipsicótica llevaron al cuestionamiento del dogma según el cual no se retira la clozapina salvo que se presenten graves efectos secundarios.

Método
De 29 pacientes tomando clozapina, con dosis entre 100 y 600 mg diarios (media 298 mg) 26 tomaban otros antipsicóticos. En estos se inició una retirada gradual de clozapina, a intervalos de tres a seis semanas, bajando cada vez la dosis diaria en 100 mg hasta los 300 mg, en 50 hasta los 150 y en 25 hasta suspender. Entre cada bajada los pacientes son evaluados y si se considera necesario se ajusta al alza la dosis de palmitato de paliperidona.

Resultados
Actualmente en 13 pacientes (50%) se ha completado la retirada y en los 13 restantes las dosis oscilan entre 25 y 200 mg (media 102 mg). Ninguno de ellos toma otros antipsicóticos además de clozapina y/o palmitato de paliperidona. Ningún paciente ha presentado exacerbación significativa de la sintomatología psicótica, apreciándose en algunos casos un claro alivio de los síntomas negativos, mejorando la conexión con el entorno y la motivación.

Conclusiones
Muchos pacientes siguen tratamiento con clozapina porque fracasaron fármacos antiguos que posiblemente no tomaban, y pese a la clozapina llevan politerapia antipsicótica. Hoy disponemos de un fármaco más seguro, mejor tolerado, de cumplimentación fuera de toda duda y al menos tan eficaz como clozapina. Mientras disponemos de ensayos rigurosamente diseñados, no podemos renegar de lo que la experiencia nos muestra, y privar a nuestros pacientes, por muy crónicos que sean, de la posibilidad de mejorar su calidad de vida con palmitato de paliperidona.
THE COMPUTERIZED COGNITIVE REHABILITATION TO IMPROVE THE EFFECTIVENESS OF INDIVIDUAL PLACEMENT AND SUPPORT

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Objective: We report an investigation on the island of Tenerife in which we apply to a group of people with severe mental disorder with employment failure to use a cognitive rehabilitation program "Cogpack" and see if there are improvements in different areas (attention, memory, executive functions, etc.) and whether these improvements are transferred to the employment with the Individual Placement and Support methodology.

Method: We performed an initial evaluation with two randomized groups (one with cogpack treatment and another group without cogpack) through a battery of tests that measured symptoms of the disease, memory, processing speed, attention and verbal learning. Cognitive and psychopathology assessments were conducted at baseline and approximately 3 months later. After of that, we will begin the intervention in the group with cognitive rehabilitation program for 2 months.

Results: A total of 56 consumers signed consent and completed baseline evaluation. We will present results and differences about hours worked, number of weeks worked, time to get a job and salary.

Conclusions: We will present the results of a randomized controlled trial evaluating the effects of adding cognitive remediation to a vocational rehabilitation program compared with vocational rehabilitation alone.
LONG-TERM IMPROVEMENTS IN AUDITORY VERBAL HALLUCINATIONS: CLINICIAN VS. PATIENT PERSPECTIVES

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Objectives: In the assessment of auditory verbal hallucinations (AVH), the symptom structures were represented differently by clinician’s rating and patient’s self-report. This study aimed to examine which dimensions of persistent AVHs improve from the clinician and patient perspectives over the course of 1 year treatment and how physical characteristics of AVH are related to subjective stress of patients.

Methods: 87 patients with DSM-IV schizophrenia suffering from AVHs were repeatedly assessed at baseline, 6-month (n = 68) and 1-year (n = 51) using both the clinician-rated Psychotic Symptom Rating Scales - Auditory Hallucination Subscale (PSYRATS-AH) and self-reported Hamilton Program for Schizophrenia Voices Questionnaire (HPSVQ).

Results: The prevalence of AVHs was significantly decreased during the first 6 months ($\chi^2$ McNemer, $p = 0.008$) without further decrease during the latter 6 months. Significant decreases were observed in PSYRATS-AH item scores of ‘frequency’, ‘duration’, ‘degree of negative content’, ‘amount of distress’, and ‘disruption to life’ during the first 6 months. Over the 1-year study period, ‘duration’, ‘belief re-origin of voices’, ‘degree of negative content’, ‘amount of distress’, and ‘intensity of distress’ gradually improved. From patients’ viewpoint, HPSVQ item scores showed significant decreases in frequency and distress during the first 6 month. Gradual improvements in ‘duration’, ‘distress’, ‘how bad they make you feel’, and ‘clarity’ were observed over one year. Physical characteristics including duration, loudness and clarity were significantly associated with subjective distress and functional impairment mainly during the first 6 months.

Conclusions: This study demonstrated that substantial differences in the assessment of AVH between clinicians and patients with regards to the relationships among key domains of AVHs. Therapeutic interventions need to focus on the alleviation of physical characteristics, followed by psychosocial approaches to emotional or cognitive disturbances caused by AVHs.
IMPACT OF THE PSYCHOEDUCATION IN THE SCHIZOPHRENIA
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Schizophrenia represents a grave and invalidating pathology generating a lot of suffering for the patients and their circle of acquaintances. It is a crippling disease with often an echo on the family, professional life and the major risk of exclusion and marginalization. Several triggering factors were individualized, among which some people can be even controlled avoided. A better coverage involves good information of the patient and his family.

OBJECTIVE: estimate the degree of information and of knowledge of the patient about his own disease. And Estimate the place of the psychoeducation in the current practice.

METHODOLOGY: 2 parallel studies within the hospital Ar-Razi interview with the patients presenting a schizophrenia and her family.
TEMÁTICA: ESQUIZOFRENIA Y TRASTORNOS PSICÓTICOS. CANNABIS Y PSICOSIS:

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Introducción: El consumo de sustancias es frecuente en los pacientes adolescentes, documentándose hasta en el 50% de los casos que requieren atención psiquiátrica. El porcentaje de este hallazgo dual es lo suficientemente alto para llamar la atención sobre un problema no abordado en su totalidad.

Objetivos: Analizar a propósito de un caso las características clínicas, epidemiológicas, abordaje diagnóstico del cuadro, así como la comorbilidad del consumo de sustancias y otros trastornos psiquiátricos.

Material y método: Caso clínico: Varón de 20 años con consumo perjudicial de cannabis desde los 13 años y antecedentes familiares de TAB presenta episodio psicótico con alucinaciones auditivas egodistónicas e ideación delirante de perjuicio que requiere ingreso en Unidad de Hospitalización Psiquiátrica. Tras el ingreso, el abandono del consumo de cannabis y la introducción de tratamiento antipsicótico, el paciente consiguió la remisión de la clínica psicótica.

Resultados: Se determinó que la sintomatología clínica del paciente durante su ingreso perduró más allá del consumo de cannabis e interactuaron con la susceptibilidad del paciente hasta desencadenar la enfermedad.

Conclusiones: El consumo precoz de cannabis en adolescentes con una vulnerabilidad genética específica constituye factor de riesgo para el desarrollo de episodios psicóticos y de esquizofrenia. Es importante la concienciación en la población de la influencia del cannabis en el origen de la psicosis.
CURRENT CANNABIS USE AND AGE OF PSYCHOSIS ONSET: A GENDER-MEDIATED RELATIONSHIP? RESULTS FROM AN 8-YEAR FEP INCIDENCE STUDY IN BOLOGNA

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Objectives:
Cannabis use is related to psychosis and is associated with an anticipation of the age at onset. The aim of our study was to evaluate the effect of substances use on the age of psychosis onset, whilst accounting for the effect of gender.

Methods:
We analysed data collected from January 2002 to December 2009 in the Bologna First Episode Psychosis (Bo-FEP) study. In total, 160 patients were included. The frequency of drugs use was recorded using the Cannabis Experience Questionnaire (CEQ) items. Subjects were divided into non-drug users (ND), only cannabis (OC), cannabis with other drugs (CD) and only other drugs (OD). We compared age of onset for males and females on the basis of their drugs use.

Results:
OC subjects experienced their first experience of psychotic symptoms 6.2 years earlier than ND subjects, having the highest hazard of an earlier onset. A similar pattern was found in both genders, with female cannabis users showing the highest risk for early onset, followed by male cannabis users.

Conclusions:
The effect of cannabis use on age of onset was found in both genders. Generally, it has been argued that the later onset of psychosis in women could be due to oestrogens providing a protective effect. Exogenous cannabinoids tend to suppress the release of gonadal hormones, therefore cannabis use may destroy the protective effect of oestrogens.

References:
THE IMPACT OF SUBSTANCE USE AT PSYCHOSIS ONSET ON FIRST EPISODE PSYCHOSIS COURSE: RESULTS FROM A 1 YEAR FOLLOW-UP STUDY IN BOLOGNA

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Objectives:
Substance abuse is a well established risk factor for First-Episode Psychosis (FEP), but its influence on FEP course is less clear. Starting from our baseline observation that substance users were younger than non-users at the psychosis onset, we hypothesized that substance use at baseline could be an independent risk factor for a worse clinical course.

Methods:
An incidence cohort of patients with FEP collected in an 8year period (2002-2009) at the Bologna West Community Mental Health Centers (CMHCs) was assessed at baseline and at 12month follow-up. Drop-out, hospitalizations and service utilization were used as clinical outcomes.

Results:
Most of the patients were still in contact with CMHC at 12month follow up. Substance users had a significantly higher rate of hospitalizations during the follow-up after adjusting for age, gender and other potential confounders (OR 5.84, 95% CI 2.44-13.97, p≤0.001).

Conclusions:
This study adds to previous evidence showing the independent effect of substance use on FEP course. The identification of a "potentially modifiable" environmental predictor of the course of the illness such as substance use at psychosis onset allows us to envisage the possibility of ameliorating the course of the illness by managing this factor.

References:
EFFECT OF ANXIETY IN DEPRESSIVE SYMPTOMS, FUNCTIONAL OUTCOMES AND ADHERENCE TO TREATMENT IN FEPS

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Objective: To evaluate the factors related to anxiety in a sample of FEPs and compare adherence, functional outcomes and depressive symptoms among patients with initial high and low anxiety.

Methods: 77 FEPs were evaluated during 6 months. The protocol included demographic and clinical information. Adherence (Morisky Green), anxiety (STAI), functionality (FAST) and Depression Scale (HAMD 21) was recorded. X2 and T Student and logistic regression models were used.

Results: Of the total sample, 63.6% had high anxiety versus 36.4% whose presented low anxiety. 67.3% of patients with high anxiety showed poor adherence, while 57.1% of those with low anxiety showed good adherence (\( \chi^2 = 4.400, P = 0.036 \)).

For the high anxiety group, functionality decreased more than for those with low anxiety. (B = 0.040, p = 0.026).

Significant differences were obtained between both groups (High vs. low anxiety), regarding depressive symptomatology; the high anxiety group obtained a higher increase compared to the low anxiety group. (B = 0.121, p = 0.038).

Conclusions: FEPs with high basal anxiety had worse adherence, depressive and functional outcomes than those with low anxiety. Therefore, as current clinical guidelines recommend, specific interventions for anxiety in FEPs with comorbid anxiety should be made, since it not only affects the basal adherence and functionality but also associated with increased depressive symptoms during follow-up.
CATATONIA. NOSOLOGICAL CONCEPT. IMPORTANCE IN DIAGNOSTIC ORIENTATION IN BIPOLAR PATIENTS, AND BONDING PRIORITY RELATIVE TO MOTOR SYMPTOMS IN AFFECTIVE DISORDERS

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Objectives:
In routine practice, the motor manifestations of inhibitory character, with expression semiological, perhaps different from that described by the classics, are frequent - modulated chronopathologicaly through the application widespread psychopharmacological measures-, and guided by the expectations of finding the patient completely silent and stationary, reaching to underestimate the diagnosis of schizophrenia in waiting for the expression in this case of the classical catatonic form, perhaps raising the diagnostic specificity in excess. However conversely we found in the assessment of catatonic type motor symptoms, a decrease of sensitivity in the - closer - Nosological and evolutionary link, with bipolar disorder.
We set the objective of Nosological review - through the classical concept of Kalhbaum, highlighting the presence of positive and negative motor symptoms, in other syndromes-affective, disorganized, negative-as power in the current diagnostic orientation, of the expression of motor symptoms in affective disorders, and especially in bipolar disorder.

Methods:
Concerning the review of three cases of Psychiatric Inpatient Unit, it is carried out the review of current psychiatric action in addressing the catatonic syndrome, from the therapeutic attitude - exploration, neuroclinical evidences, and analytical tests of exclusion of organicity, semiotic approach and patoirechronic including the various cross-cultural forms, and enhanced diagnostic orientation with the therapeutic response and prognostic and functional evolution.

Results:
Supporting the follow-up of cases, that the stability of patients initially diagnosed with schizophrenia Catatonic looks weakened, in favour of the orientation of motor symptoms, and affective mixed affective disorder

Conclusions:
It should be considered, expressions of serious motor inhibition, even as a priority in the context of Bipolar disorder.
CATATONIA. CONCEPTO NOSOLÓGICO. IMPORTANCIA EN ORIENTACIÓN DIAGNÓSTICA EN PACIENTES BIPOLARES, Y VINCULACIÓN PRIORITARIA RELATIVA A SINTOMATOLOGÍA MOTORA EN TRASTORNOS AFECTIVOS

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Objetivos:
En la práctica habitual, son frecuentes las manifestaciones motrices de carácter inhibitorio, con expresión semiológica, quizás diferente a la descrita por los clásicos,- modulada cronopatológicamente a través de la aplicación generalizada de medidas psicofarmacológicas-, y guiados por las expectativas de encontrar al paciente totalmente mutista e inmóvil, llegando a poder infravalorar el diagnóstico de Esquizofrenia en espera de la expresión en este caso de la forma catatónica clásica, quizás elevando en exceso la especificidad diagnóstica. Sin embargo de forma inversa encontramos en la valoración de cuadros motores de tipo catatonoforme, una disminución de la sensibilidad en la vinculación nosológica y evolutiva- más estrecha-, con el trastorno bipolar.

Planteamos el objetivo de revisión nosológica- a través del concepto clásico de Kalhbaum, destacando la presencia tanto de la sintomatología motora negativa y positiva, en otros síndromes- afectivo, desorganizado, negativo-, como potencia en la orientación diagnóstica actual, de la expresión de sintomatología motora en los trastornos afectivos, y especialmente en el trastorno bipolar.

Métodos:
A propósito de la revisión de tres casos de la Unidad de Convalecencia Psiquiátrica, se realiza revisión de la actuación psiquiátrica actual en el abordaje del síndrome catatoniforme, desde la actitud terapéutica- exploración, pruebas neuroclínicas, y analíticas de exclusión de organicidad, abordaje semiótico y patocrónico incluyendo las distintas formas transculturales, y de orientación diagnóstica refrendadas con la respuesta terapéutica, y evolución pronóstica y funcional.

Resultados:
Se sustentan del seguimiento de casos, que la estabilidad diagnóstica de pacientes inicialmente diagnosticados de Esquizofrenia catatónicas se ve debilitada, a favor de la orientación de sintomatología motora, y afectiva mixta del Trastorno afectivo.

Conclusiones:
Hay que considerar, las expresiones de inhibición motora grave, incluso de forma prioritaria en marco de Trastorno Bipolar.
PREDICTORS OF COGNITION IN MANIC AND DEPRESSIVE FEP DEBUT

INTRODUCTION

Mixed symptomatology is associated with poorer functionality in patients with chronic evolution but there are few studies about mixed symptoms in first psychotic episodes (FEP) that debut with manic symptomatology (FEPM).

OBJECTIVES

To analyse depressive symptomatology, functionality and cognition in mixed FEPM patients.

METHODS

47 FEPM and controls were included, paired by sex, age and educational level. We evaluate them at baseline and 6 months later. We collected sociodemographic variables and we divide the sample in depressive and non depressive symptomatology.

RESULTS

The mean age of FEPM was 27.04. 66% were men. 42.6% were workers and 87.25% had a secondary school or higher educational level. 49% abused illegal substances. In the moment of the hospital admission they had poor functionality (EEAG 40.74%). 50% had mixed symptoms. We compared FEPM with depressive and non depressive symptomatology, at baseline we found that the mean age was lower in depressive (26.06 vs 27.78) and they had worst functionality (32.55 vs 46.81). Six months later, both groups reduced considerably depressive symptomatology (5.75 vs 5.15) and they improve their functionality (68.30 vs 70.35). We did not find significant differences in cognition, except digit tests (t=2.16, p=0.037). We compared FEPM with controls and we found that the first ones had significant lower punctuations in memory, attention, verbal fluency and executive functions (p<0.05).

CONCLUSION

50% of these FEPM present at baseline, depressive symptomatology. In early phases of illness, the evolution of mixed episodes is only slightly worse than those without mixed symptoms, finding significant differences only in work memory. These data are better than would be expected when comparing patients with long evolution. Results reflect the need of intensive treatment since first episode, and support the neurodegeneration theory.
METABOLIC SYNDROME IN OUTPATIENTS WITH MENTAL ILLNESSES TREATED WITH DEPOT ANTIPSYCHOTICS
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Although the incidence of obesity and other cardiovascular risk factors is increasing among the general population, patients with severe mental disorder have a higher prevalence of overweight, metabolic syndrome (MS) and smoking, and a substantially greater mortality, compared with the general population. In addition, mood stabilizers, anticonvulsants, and antipsychotic medications have been linked to risk for adverse metabolic changes in this patients.

OBJECTIVES: The main objective of this study is to assess the overall prevalence of metabolic syndrome (MS), monitoring all parameters required by the International Diabetes Federation (IDF) criteria. Secondarily, it’s aimed to evaluate the association between different long acting injection antipsychotics and metabolic syndrome (MS).

METHODS: Cross-sectional study of 72 patients with severe mental disorder treated with depot antipsychotics, once evaluated. It takes place between April and July of 2014, in the context of mental health service under clinical practice conditions.
Inclusion criteria: outpatients of either sex ageing between 18 and 75, diagnosed with Schizophrenia, Bipolar Disorder and Delusional Disorder. All of them have been treated with depot antipsychotics for at least three months.
Exclusion criteria: patients who showed symptoms of decompensating and needed a medication increase or hospital admission.

RESULTS AND CONCLUSIONS: The sample consists of 72 patients: 41 men and 31 women with the following diagnoses: Schizophrenia in 53 patients, Bipolar Disorder in 4 patients and Delusional Disorder in 11 patients. They all are treated with long acting injection antipsychotics, and most of them receive several antipsychotics. Most of them are overweight. Based on the cardiovascular risk of persons with severe mental disorder, and the evidence that certain medications can contribute to increased risk, screening and regular monitoring of metabolic parameters such as weight (body mass index), waist circumference, plasma glucose and lipids, and blood pressure are recommended to manage risk in this population(1). Treatment decisions should incorporate information about medical risk factors. It would be necessary to try to change these patients lifestyle and to comprehensively asses antipsychotics side effects before choosing long-term treatments (2).

References:
SOCIAL COGNITION IN THE COURSE OF PSYCHOSIS AND ITS CORRELATION TO PSYCHOTIC SYMPTOMS

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Objectives: It is well known that patients suffering from psychotic spectrum disorders are limited in their Social Cognition (SC) abilities and this leads to problems in social functioning. Evidence suggests that SC deficits are linked to negative and disorganization symptoms and are present even before the beginning of overt symptomatology. Our goal was to investigate the Social Cognition abilities in samples of patients in the course of psychosis and its correlation to clinical symptomatology.

Methods: We examined 28 First Episode Psychosis patients (FEP), 16 patients with a diagnosis of chronic schizophrenia (CHRONIC), 9 persons diagnosed as Ultra High Risk for psychosis (UHR) and 23 healthy controls (HEALTHY). We used the Perception of Social Inference Test (PESIT) to measure Social Cognition and Positive and Negative Symptom Scale (PANNS) to assess psychotic symptomatology. PANSS was calculated with its new 5-factor parameters (Positive, Negative, Cognitive, Excitement and Depressive Factor). FEP patients were examined with PESIT soon after their admission and were under medication for a few weeks only.

Results: PESIT total score was statistically significant different between 4 groups [Welch’s F(3,24.905)=38.998, p<0.001]. The PESIT total score of HEALTHY group (103.65) was statistically significant different from all other groups [UHR group (92.56), FEP group (79.68) and CHRONIC group (74.06)] and UHR group was statistically significant different from FEP and CHRONIC group. There was a negative correlation between PESIT total score and NegFac PANSS score [r (42)= -0.319, p=0.035] and between PESIT total score and CogFac PANSS score [r (42)= -0.465, p=0.001].

Conclusions: Social cognition is found impaired in FEP and Chronic patients but is also partially impaired in UHR which adds to the notion that SC is a trait characteristic of psychosis. The correlation of SC with some psychotic symptoms is also confirmed.
NEGATIVE SYMPTOMS OF SCHIZOPHRENIA IN CLINICAL PRACTICE: BEYOND PHARMACOTHERAPY

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Objectives
Negative symptoms of schizophrenia are the main reason of weakened functioning and overall deterioration of the patient’s condition. The three main challenges for a psychiatrist treating the negative symptoms are modest therapeutic response, persistence of symptoms and reduced quality of life for the patient. Today these symptoms are understood better, but still insufficiently, and while their treatment has progressed, it is still inadequate. However, the combination of atypical antipsychotics and psychosocial intervention alleviates the negative symptoms more positively than the use of pharmacotherapy only.

Methods
The retrospective study covered 76 patients diagnosed with schizophrenia who were ordered to receive involuntary psychiatric treatment due to the crime they committed. Negative symptoms were dominant in their clinical manifestations. The study was conducted between 2008 and 2013. Half of the patients were not accepted by their families nor supported by their social environment, while the other half received psychosocial treatment, beside pharmacotherapy. BPRS and PANSS were used to evaluate the results.

Results
The results show a 20% improvement of the psychic condition in the group of patients who were supported by their environments and who were subject of psychosocial intervention. The improvement was registered on both scales. In the group of patients who were not accepted by their families, negative symptoms persisted despite the application of pharmacotherapy and were resistant to the therapy applied.

Conclusions
Treatment of negative symptoms of schizophrenia is a complex and long-term process. Combination of several therapeutic modalities will achieve some results. However, social isolation and long-term stay in a psychiatric institution largely hamper the recovery of this group of schizophrenic patients.
IGF-1 AND CORTISOL LEVELS IN FIRST EPISODE PSYCHOSIS AND CHRONIC SCHIZOPHRENIA PATIENTS

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Objectives: To investigate the relationship between serum levels of Insulin-like Growth Factor 1 (IGF-1) and cortisol in three different populations, first episode psychosis and chronic schizophrenia patients compared to healthy controls. The aim of the study was to test the hypothesis that IGF-1 and cortisol levels are altered at the onset of psychosis. We also aimed to replicate the finding that IGF-1 and cortisol are correlated with psychotic symptomatology.

Methods: Single blood samples were collected at 08:00, from 28 First Episode Psychosis patients (FEP) being drug naive, 16 patients diagnosed with chronic schizophrenia (CHRONIC) under medication, and 23 healthy controls (HEALTHY). We used the Positive and Negative Symptom Scale (PANNS) to assess psychotic symptomatology. PANSS was calculated with its 3-subscales (Positive, Negative and General Psychopathology).

Results: Mean IGF-1 score was higher in (FEP) group (288.61 ng/ml) compared with (CHRONIC) group (266.66 ng/ml) and (HEALTHY) group (239.03 ng/ml). There is no statistically significant difference between the different groups $H (3)=4.287, p=0.232$. Mean cortisol levels were found to be higher in the FEP group (12.96 pg/ml), followed the HEALTHY (11.94 pg/ml) and the CHRONIC group (10.42 pg/ml), but the differences among the groups were not statistically significant $F (3, 72)= 1.446, p=0.236$. There was a strong negative relationship between IGF-1 and Positive subscale $r_s (14)= -0.526, p=0.036$ in the CHRONIC group.

Conclusions: The results do not confirm the hypothesis for alteration of IGF-1 levels both in FEP and in CHRONIC stage of psychosis. Neither the stress system, as evaluated through single serum cortisol sample, exhibited aberrant function. The minimal contradictory hitherto data along with the significant correlation between IGF-1 and positive psychotic symptoms in chronicity should set the basis for further investigation.
EVALUATION OF THE IMPACT OF A PSYCHO-EDUCATIONAL INTERVENTION ON KNOWLEDGE LEVELS AND PSYCHOLOGICAL OUTCOMES FOR PEOPLE DIAGNOSED WITH SCHIZOPHRENIA AND THEIR CAREGIVERS IN JORDAN: A RANDOMIZED CONTROLLED TRIAL

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Objective
The aim of this study was to examine the effectiveness of psycho-education delivered via a printed booklet for people diagnosed with Schizophrenia and their primary caregivers’ in Jordan. It was hypothesised that treatment as usual and psycho-education delivered by a booklet would improve patients’ and primary caregivers’ knowledge of schizophrenia, improve patients’ positive and negative symptoms and reduce their relapse rates, and improve primary caregivers’ burden of care and quality of life better than treatment as usual alone.

Method
A single blind parallel randomized controlled trial was conducted between September 2012 and September 2013 at four mental outpatient clinics in Amman, Jordan. 121 patients with their primary caregivers were allocated randomly to an experimental (Psycho-educational intervention plus treatment as usual in outpatient clinic) group (n = 58) or control (treatment as usual alone) group (n = 63).

Outcomes, measured prior randomization (pre-test), immediately post-intervention (Post-test 1) and at three months after intervention (Post-test 2) were patients and primary caregivers’ knowledge of schizophrenia, patients’ positive and negative symptoms and relapse rates, primary caregivers burden of care and quality of life.

Results
Participants receiving psycho-education and treatment as usual had better knowledge of schizophrenia at both post-tests, reduced positive and negative symptoms at post-test 1 and further reduction at post-test 2 compared with participants in control group. Patients hospitalisation and caregivers outcomes had reduced burden of care and better quality of life (P<0.001, all outcomes).

Conclusion
Psycho-education delivered via printed booklets improves outcomes for people diagnosed with Schizophrenia and their primary caregivers in Jordan better than treatment as usual. Our hypothesis is supported.
PSYCHOTIC DISORDER AND HALLUCINATIONS IN A POPULATION WITH INTELLECTUAL DISABILITY

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Objectives: Prevalence, symptoms and signs of psychosis in populations with intellectual developmental disorders (IDD) have not been sufficiently studied. The objective of this study is to present data about the prevalence and characterisation of psychotic disorders in a sample of community and residential patients with intellectual developmental disorders and comorbid mental disorders.

Methods: A specialized mental health community centre for persons with IDD (550 patients) and a specialized socio health residential provider for persons with IDD (600 patients) were recruited to participate in the study. Medical records were reviewed and patients with a diagnosis of functional psychosis F.20-F.29 and previous hallucinations were identified. Level of IDD, type of hallucination, medication response, verbal capacity, and sensory deficit were collected. Descriptive analysis were conducted.

Results: Medical records identified 100 patients (18%) with psychosis in community care and 79 (13%) patients with psychosis in residential services. 38.5% of the hallucinations were only auditory, 14.5% were only visual, 24.5 were mixed and 23.5% were suspected hallucinations as the characterization was challenging given the difficulties the professionals had to obtain the required information. 14% of the sample had comorbid epilepsy, more frequent in residential sample ($\chi^2=9.152; p<0.004$). Hallucinations responded to medication in 62% of the cases. There were no significant differences in hallucination types depending on level of ID, residential or community care, or presence of epilepsy.

Conclusions: Further research is needed in order to elucidate if there are differences between psychotic symptoms in population with ID and general population. Our results do not support the hypothesis of psychosis being more prevalent among residential services.
SOCIAL SUPPORT IN BIPOLAR DISORDER
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Objectives:
Social support was defined by Thoits (4) as helpful actions performed for an individual by significant others, such as family members, friends, and coworkers. Social support in bipolar disorder has not been extensively studied and the research has produced somewhat contradictory results. The aim of this study was to assess perceived social support in remitted patients with bipolar disorder, and to evaluate the association between social support and sociodemographic and clinical factors.

Method:
This is a cross-sectional study. Sixty participants with bipolar I disorder meeting criteria of remission were included. All participants were assessed with Hamilton Depression Rating Scale and Young Mania Rating Scale. Perceived social support was measured by the Short-Form Social Support Questionnaire (SSQ-6).

Results:
We found that social support was deficient during the inter-episode period of bipolar disorder. The mean availability and satisfaction scores were, respectively, 11.3±7.4 and 25.5±7.3. The two dimensions of the SSQ6 (satisfaction and availability of support) were associated with number of previous hospitalizations (Availability p= 0.006, Satisfaction p=0.001), and Hamilton Depression Rating Scale (Availability p= 0.036, Satisfaction p=0.002).

Conclusion:
Social support represent clinically relevant psychosocial factor that significantly impact the lives of individuals with inter-episode BD. it is a meaningful target for psychotherapeutic intervention between episodes.

References:
TREATMENT RESPONSE AND OUTCOME IN PATIENTS WITH FIRST-EPISODE PSYCHOSES TREATED WITH PALIPERIDONE PALMITATE

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Objectives: To analyze the differences in treatment response and outcome among a sample of patients with First Episode Psychosis (PEP) who were treated with antipsychotic daily and treated with paliperidone palmitate.

Methods: This study is based on a prospective naturalistic observational study performed on a sample of patients whom were hospitalized in an acute unit of a general hospital between. The patients presented a First Psychotic Episode (FPE) compatible with the diagnostic criteria for DSM-IV (APA, 2000) schizophreniform disorder, schizophrenia, or schizoaffective. A total of 82 patients were included. Two groups of “antipsychotic daily” and “paliperidone palmitate” were compared according to treatment response. A clinical reevaluation was performed after six months since hospital admission had taken place. Using the PANSS scale, the remission of the psychotic episode was assessed, which was done according to the criteria proposed by the Remission of Schizophrenia Working Group (Andreasen et al. 2005).

Results: We found that 58.3% of patients treated with paliperidone palmitate responded quickly, at 4 weeks after initiation (reduction in PANSS total > 50%), achieved symptomatic remission in 6 months (with monotherapy 75% of them, 30% more than in patients treated with other APS, p=0.008)

Conclusions: Treatment with Paliperidone Palmitate proves to be effective from the start in PEP, achieving high rates of: a) rapid response to treatment, and b) remission at 6 months.
WORKING ON FEAR AND CONFUSION, CHALLENGES IN PSYCHOEDUCATION IN SCHIZOPHRENIA

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Objectives:
- Assess the scope and benefit of psychoeducation in relatives of patients with schizophrenia
- Weigh up the patient’s issues that have shown improvement after their families have attended psychoeducational groups.
- Observe whether the number of relapses that the patient may have is related to their families attending these groups.

Methods: Review of articles indexed in electronic databases about published articles related to "Family Psychoeducation in Patients with Schizophrenia". Key words entered were: "psychoeducation", "family" and "schizophrenia." Notable is the increasing importance of the psychosocial approach to schizophrenia, both to reduce the number of relapses and improve its social aspects, to improve the relationship of household members with the patient and his disease. We will try to review the information in different databases, the problem of the different groups and psychoeducation in the same application on the patient, and try to elucidate the factors relevant to the effective implementation of it

Conclusions: The conclusions that we have observed is that different aspects of family and patients have been improved after attending psychoeducational groups, including emotions expressed in the family, and the decrease in the number of relapses . In some studies, the results were not conclusive and some mentioned the families’ difficulty in attending the group.
VIOLENT CRIME, SUICIDE, AND ALL-CAUSE MORTALITY IN PATIENTS WITH SCHIZOPHRENIA-SPECTRUM DISORDERS: A SWEDISH TOTAL POPULATION STUDY OVER 38 YEARS

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Objectives
Individuals with schizophrenia-spectrum disorders are at increased risk of violent crime, suicide, and premature mortality. However, rates and risk factors for these outcomes need clarification as a basis for population-based and targeted interventions.

Methods
A total population cohort study in Sweden of patients with schizophrenia-spectrum disorders (n=24,297) from 1972 to 2009. Patients were matched to general population (n=485,940; age and sex matched) and also to unaffected sibling controls (n=26,357). First, we investigated rates of conviction of a violent offence, suicide, and all-cause mortality, with follow-up until violent conviction, emigration, death, or end of follow-up (December 31, 2009). Second, associations with sociodemographic, individual, familial, and distal risk factors were examined, for men and women separately, using Cox proportional hazards models. Finally, we examined time trends in adverse outcomes between 1972 and 2009 comparing patients with unaffected siblings, and associations with changes in the number of inpatient beds.

Results
Over the study period, adjusted odds of any adverse outcomes for patients compared to general population controls were 7.5 (95% CI: 7.2-7.9) in men and 11.1 (95% CI: 10.2-12.1) in women. Three risk factors before diagnosis were predictive of any adverse outcome: drug use, criminality, and self-harm, which were also risk factors for these outcomes in unaffected siblings and general population. Over the period 1973-2009, odds of these outcomes increased in schizophrenia-spectrum patients compared to unaffected siblings.

Conclusions
Schizophrenia-spectrum disorders are associated with substantially increased rates of violent crime, suicide, and all-cause mortality. Risk factors included both those specific to individuals with schizophrenia-spectrum disorders, and those shared with the general population. Therefore, combining population-based and targeted strategies will be necessary to reduce the substantial rates of adverse outcomes in persons with schizophrenia-spectrum disorders.
POOR SELF CARE CORRELATES WITH GOOD INSIGHT IN CHRONIC SCHIZOPHRENIA

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Objectives
The aim of this study is to establish whether there is a connection between the different components of functionality and the level of insight in chronic Schizophrenic patients.

Methods
40 patients aged 18-65 and with diagnosis of psychosis, attending two Day Centres were transversally assessed with the Scale for unawareness of Mental Disorders (SUMD) and the Personal and Social Performance Scale (PSP). Scores of every of the PSP subscales were compared with the global SUMD Score.

Results
There were no significative differences on the SUMD scores between the group of patients with low score (good functionality) and higher score (>4, higher impairment) with the exception of the self care subscale which resulted:

PSP Self care <4 (n=21): SUMD 10.43 (3.23)
PSP Self care >4 (n=19): SUMD 6.11 (3.07)

Conclusions
Patients with higher impairment in self care (higher score in PSP A) were more aware of their illness. Further investigation are needed to elucidate the different role of the components of functionality and how some of them may contribute to self stigma and depression. In patients with very chronic course of the illness a low level of self care seems to help to reach insight. This findings may be different in samples of younger patients.
ASSESSMENT OF THE EFFICACY OF SOCIAL COGNITIVE REMEDIATION GROUP THERAPY IN SCHIZOPHRENIA

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Objectives: assessment of the treatment efficacy of social cognitive remediation group therapy (SCRT) versus control skill training group therapy (CG) using different outcomes measures that include clinical, cognitive and neuroimaging assessments.

Methods: 22 patients were randomized to 16 sessions of group-based SCRT and 20 were randomized to a format- and time-matched CG. Pre- and post-intervention assessments included PANSS, social cognition and neurocognitive tests and Magnetic Resonance Spectroscopy (MRS) to measure N-Acetyl Aspartate (NAA) level in the medial prefrontal cortex.

Results: SCRT group showed statistical significant improvement on different social cognitive measures and composite score than control group (p = 0.00). This improvement was associated with increased NAA levels in SCRT compared with decreased levels in the control group. The effect size over time was close but didn't reach the statistical significant value (p = 0.09).

Conclusions: the current study supports the efficacy of a targeted social cognitive remediation for outpatients with schizophrenia. The neurobiological changes that accompany social cognitive intervention need further investigations.
TOBACCO RELATED DISORDERS - A HIDDEN COMORBID DSM DIAGNOSES IN PATIENTS WITH SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

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Learning Objectives:
1.- To find out whether physicians explore nicotine dependence/Abuse/withdrawal in schizophrenic population.
2.- To know if physicians document nicotine dependence/Abuse/withdrawal in schizophrenic population on Axis 1.
3.- To highlight the importance of complete nicotine screening in psychiatric population and then documenting it on Axis 1.

Introduction: The treatment of smoking behavior in psychiatric patients remains a challenge for most mental health professionals. The population of mentally ill persons is being disproportionately affected by the tobacco epidemic. In Canada, about one in five people are affected by mental illness, and an estimated 50% of them (and up to 90% of patients diagnosed with schizophrenia) are smokers.

Methods: Charts of all psychiatric emergency room patients were reviewed retrospectively. Data for emergency psychiatric visits at the Kingston General hospital and Hotel Dieu Hospital was obtained from a five-year period, April 2006 to March 2011. The data was compiled from a computerized log created to record all psychiatric presentations to the 2 tertiary care hospitals (Kingston General hospital and Hotel Dieu Hospital). Collected data included patients' visit times, dates, genders, ages, and primary diagnosis. Schizophrenic patient population was sorted out and retrospective charts were reviewed done to find out whether nicotine dependence/Abuse/withdrawal was explored and documented.

Results: Out of 502 patients diagnosed with schizophrenia and other psychotic disorders, only 43.4% (218 patients) were found to have documented nicotine use status [24% (119 patients) recognized as smokers and 20% (99 patients) as non-smokers] either in their history or in one of their diagnostic Axes. Remaining 56% (284 patients) did not have any signs of their nicotine use status reported, which means that more than a half of the patients had not been assessed in regards to their nicotine usage or results of their assessments have not been documented. Knowing that up to 90% of patients diagnosed with schizophrenia are nicotine smokers, results of our study proves poor approach to patients' detailed and holistic assessment and its poor documentation.

Conclusions:
1.- Nicotine related disorders and smoking history are not being recognized in patients diagnosed with schizophrenia and other psychotic disorders. We found only 43% patients, who were diagnosed with schizophrenia and other psychotic disorders, to have their nicotine smoking status reported in their medical documentation.
2.- Even if recognised in the history, there is a lack of appropriate documentation of existing nicotine-related disorders in the diagnostic Axis 1, which results in nicotine related disorders being underdiagnosed and overlooked. None of the patients enrolled in our study had their nicotine smoking status documented under Axis I, whereas 88% of patients had it reported only in their history.
3.- There is a great need for implementation of appropriate education for all mental health professionals in regards to the appropriate nicotine use and nicotine related disorders recognition and diagnosis. As well, we find it crucial to highlight the importance of documentation of nicotine related disorders in order to address best available treatment options and promote smoking cessation in psychiatric patients' pollution.
Our nosology is clearly weak and it slows the process of knowledge. The concept of psychosis and schizophrenia is related to obsolete constructs; this can not seem to grasp the "quid novum" resulted from research about vulnerability and prodromal conditions. The current nosology of schizophrenia tends to give only a categorical framework that flattens any evolutionary perspective on the one hand but on other hand it neglects the autistic nuclearity. The early intervention model proposed a new way of "stage-modelling" of early and prodromal psychotic conditions. This model focuses the attention on a fluid conceptualization of the perspective of illness, where the auroral elements show a weak clinical relevance and even more weak during prodromal or premorbid phases of schizophrenia. In phenomenological psychopathology these early disturbances are better investigated as anomalous self-experiences and could be interpreted as an expression of a late disturbance of the self-pre-reflexive consciousness. Unfortunately, the current diagnostic construct fits only the conditions of overt disease. Is it possible, then, to link the research contributions from phenomenological psychopathology of basic self and neuroscientific evidences in order to define a new model of staging? Is it possible to imagine a non-predetermined disorder that turns to disease "on the road"?
WPA-0023 BUILDING A TEAM INVOLVED IN PREVENTION AND TREATMENT OF PRIMARY POLYDIPSIA IN A PSYCHIATRIC OUTPATIENT/INPATIENT POPULATION: A PILOT STUDY

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Educational Objectives:
At the conclusion of this session, the participant will be able to:
1. Recognize Primary Polydipsia;
2. Be involved as an active part in a professional network;
3. Make a therapeutic intervention, appropriate for his/her educational level.

Background: The disturbances of water homeostasis among psychiatric patients have been widely recognized, particularly the condition whereby patients consume excessive quantities of liquid, which is termed "polydipsia." Long-term effects of excessive fluid consumption may include bladder dilatation, potentially leading to hydronephrosis and renal failure, hypocalcaemia, congestive heart failure, gastrointestinal dilatation and hypotonicity, hypothermia, and osteopenia with an increased incidence of fractures. Seen in both episodic and chronic polydipsia, water intoxication can be a reoccurring condition, which carries with it a substantial risk of morbidity and mortality.

In a previous study we found that there is a lack of information on this topic, not only regarding the patients, but also the caregivers' professionals involved in their care.

Purpose: In this study we tried to increase the awareness of the professionals on this topic and actively involve them in the prevention/therapeutic process.

Methods: Approximately 100 mental Health Professionals and Volunteers will be approached to participate in 5 types of small groups workshops (5-10 participants/group) on the topic of Primary Polydipsia in psychiatric population (Community Outreach Teams - COT; Provincial Psychiatric Hospital - Providence Care, Kingston Ontario. The groups will include: case managers, nurse, social workers, psychologists recreational, case managers, occupational therapists, spiritual care; family doctors and nurse practitioners; medical residency program; home operators.

Initial and final evaluation of their knowledge, will be done by using a questionnaire with 10 questions (7 multiple choice and 3 open questions) related to this topic. The open questions will offer us the opportunity to have ideas related to how to build a possible network, where each professional has his place and is able to perform his specific role. A brochure with the materials collected (guidelines) will be published in the future.

The change in knowledge was measured pre-post intervention using t-tests.

Results: An increase in awareness on this topic was demonstrated, as well as active involvement in building a network, finding the best intervention strategies and realizing a guideline of intervention at each level.

Conclusion: Results from this study helped us to understand whether more work to be done in the direction of actively involving the medical staff and volunteers in well-coordinated assistance of psychiatric patients diagnosed with Primary Polydipsia.
WPA-0066  5-HTP HYPOTHESIS OF SCHIZOPHRENIA
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**Background and aims:** To pose a new hypothesis of schizophrenia that affirm and unifies conventional hypotheses.

**Methods:** Outside the brain, there are 5-HTP-containing argyrophil cells that contain tryptophan hydroxylase 1 without L-aromatic amino acid decarboxylase. Monoamine oxidase in the liver and lung metabolize 5-HT, rather than 5-HTP, and 5-HTP freely crosses the blood-brain barrier, converting to 5-HT in the brain. Therefore I postulate that hyperfunction of 5-HTP-containing argyrophil cells may be a cause of schizophrenia. I investigate the consistency of this hypothesis with other hypotheses using a deductive method.

**Results:** Overactive 5-HTP-containing argyrophil cells produce excess amounts of 5-HTP. Abundant 5-HTP increases 5-HT within the brain (linking to the 5-HT hypothesis), and leads to negative feedback of 5-HT synthesis at the rate-limiting step catalyzed by tryptophan hydroxylase 2. Due to this negative feedback, brain tryptophan is further metabolized via the kynurenine pathway. Increased kynurenic acid contributes to deficiencies of glutamate function and dopamine activity, known causes of schizophrenia.

**Conclusions:** The 5-HTP hypothesis affirms conventional hypotheses, as the metabolic condition caused by acceleration of tryptophan hydroxylase 1 and suppression of tryptophan hydroxylase 2, activates both 5-HT and kynurenic acid. In order to empirically test the theory, it will be useful to monitor serum 5-HTP and match it to different phases of schizophrenia. This hypothesis may signal a new era with schizophrenia treated as a brain-gut interaction.
WPA-0071 ARE THERE EVIDENCE THAT SOCIAL CLASS AT BIRTH INCREASES RISK OF PSYCHOSIS? A SYSTEMATIC REVIEW
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Background- In the 1950's researchers showed an association between low socio-economic status (SES) and psychosis (Hollingshead and Redlich, 1958). Two competing theories social causation and social drift were proposed to explain the findings. In the intervening years, contrasting evidence emerged as some studies showed no association between SES and schizophrenia (Goldberg et al, 1963; Hare et al, 1972). At present the nature of the relationship is still unclear; currently there are no reviews in the literature examining the association between social class at birth and psychosis.

Methods- A systematic search of the literature using a combination of keywords (1n2) was performed in October 2012 in the online databases (a) Medline (1946-2012) (b) Pubmed (c) Embase (1980-2012) (d) Psycinfo (1806-2012) (e) Web of science (1899-2012). Reference lists were also hand-searched. The search provided 3240 studies; following screening of the titles and abstracts by inclusion and exclusion criteria and quality assessment of the full text, 14 studies was identified to be appropriate for the review.

Results- Seven studies showed an association between low SES and psychosis. Four studies showed no association and three studies showed an association with high SES.

Conclusion- There is not enough evidence to support the association between social class and psychosis. While some findings showed an association between low social class and psychosis, there were a number of conflicting studies showing no association or a link with higher social class. Interestingly, the results followed a temporal pattern indicating the need of further investigation.

Key words:
1. Social class, social status, socioeconomic, socio-economic, SES
2. Psychosis, Psychoses, schizophrenia.
WPA-0127 IMPACT OF CARE AND SUPPORT RENDERED BY FAMILIES ON SCHIZOPHRENIC PATIENTS FOLLOWING DISCHARGE

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Background
We recruited with schizophrenia four weeks post-discharge from Zomba mental hospital and followed them for six months to find out if care and support had an impact on their staying well and avoid relapse in their local communities.

Aims:
To establish skills and knowledge family members hold which help them take care of their schizophrenic relative. We hypothesized that good support and care would be positively associated with good recovery and reduced relapse rate among schizophrenic patients.

Method:
This study was carried out in Zomba city and areas surrounding Zomba mental hospital. We used both quantitative and qualitative approach to research. Simple random sampling was used to get a sample of 70 participants in this study. In-depth interviews were used to collect data from discharged schizophrenic patients while focus group discussions were used to get views from family members and nurses who take part in the provision of care and support.

Results:
Our findings indicate that where patients following discharge receive good support and care from family members the rate of relapse becomes significantly low and patients also live a more productive life in the society. However, 31% of family members felt they had no knowledge as how to handle their sick relative at home hence they were unsure on what to do to help.

Conclusion:
We recommend to intensify carer education in order to equip guardians with necessary knowledge which in the long run reduce re-admissions and hence resolves problem of congestion in the mental hospitals.
Background and Aims: Early treatment in the course of psychosis can improve prognostic outcomes, facilitate adaptive functioning, symptom management, and reduce burden. Unfortunately, medication nonadherence and discontinuation of psychosocial treatment are common problems early in the course of treatment for psychosis resulting in increase risk of relapse in this critical stage. Approximately one-third of individuals with serious mental illness disengage from services, with younger age being a higher risk factor. This study examined the pathways in youth self-determination and self-management of treatment by investigating youth and parents' changing perceptions of illness in the early course of psychosis.

Methods: Twenty-eight (n=28) interviews were conducted using a semi-structured interview guide, standardized self-report forms, and hospital inpatient records on 12 adolescents following their FEP hospitalization and 16 parents.

Results: Data were collected from adolescents (19.3 years, SD=2.3), three years after initial hospitalization (16.2 years, SD=1.2) to capture a range of experiences across the early period of illness. Highly adherent adolescents experienced identifiable temporal phases of early psychosis, comprised of emergent and specific themes. Parents described parallel pathways, with some distinct experiential differences. Five dominant themes that emerged across time were symptom recognition, awareness of change, negative appraisals, positive appraisals, and treatment self-management.

Conclusions: This study provides data on the adolescent experience of psychosis at this early stage and examines identified themes can help guide development of interventions that may accelerate progress along this trajectory to self-management, facilitating early engagement and adherence to treatment and thereby promoting improved outcomes over the trajectory of illness.
WPA-0262 PALIPERIDONE PALMITATE VERSUS CONVENTIONAL DEPOTS IN PATIENTS WITH SCHIZOPHRENIA: A 24 MONTHS STUDY
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Objective
The purpose of the present study was to investigate whether or not the schizophrenia treatment under evidence-based clinical practice conditions with Paliperidone Palmitate in comparison with conventional depots antipsychotics, will improve the patient evolution and prognosis in schizophrenia.

Method
This is a 24 months follow up study, the patient population consisted of 30 outpatients, all diagnosed with schizophrenia, who received treatment with Paliperidone Palmitate (n=15). A comparison was conducted with the same number of patients who received treatment with depot conventional antipsychotic.

Results
All patients were evaluated every three months and the following scales were used for assessment and measurement: Positive and Negative Syndrome Scale (PANSS) Global illness Severity (Global Clinical Impression CGI), Treatment Satisfaction Scale, Remission Criteria (Andreassen criteria), Personal and Social Performance (PSP), Psychotropic-Related Sexual Dysfunction Questionnaire (PRSexDQSALSEX) and the Subjective Well-being under Neuroleptic Scale (SWN-K).

At endpoint, we found statistical differences among both study groups: The Paliperidone Palmitate group showed significantly higher remission rates (p < 0.05) and treatment satisfaction scores (p < 0.05). Also an improvement in global clinical impression (p < 0.05), PSP (p < 0.05) and SWN-K (p < 0.05) Paliperdone Palmitate group showed significantly lower sexual dysfunction (p<0.05) at endpoint compared to conventional depot.

Conclusion
The presented data demonstrated that Paliperidone Palmitate was an efficacy and safety treatment and could improve the outcomes prognosis and the clinical course of the illness in schizophrenic patients when compared with conventional depot antipsychotic.

References:
Background & Aims: Acute and transient psychotic disorders (ATPD) as a distinct diagnostic entity have been accepted in ICD-10. But the studies delineating its demographics and factors affecting its outcome are few. Our aim was to study the socio-demographic profile of patients of ATPD and the variables associated with the onset of illness and their effect on illness outcome.

Method: It was a retrospective study. The records of patients admitted from 1st January to 31st December 2012 and diagnosed as ATPD (according to the ICD-10 diagnostic criteria) were analyzed. Socio-demographic variables and variables associated with the onset of illness were noted. Duration of hospital stay was used as a proxy measure for clinical outcome. Statistical analysis was done using SPSS-17.

Results: A total of 185 patient-records were analyzed. 49.19% were males and 50.81% were females. Most of the cases (60%) were in the age group 20-39 years. The majority was married, unemployed, studied up to middle school, living in a nuclear family and belonged to rural background. Age (p=0.046) and marital status (p=0.033) affected the outcome significantly. 45.9% had a precipitating stress, 27.02% were using substance and 23.24% had history of psychiatric illness in family prior to onset of their illness. 54.05% had onset in months from May to October. 37.84% had DUI ranging from 7-15 days. Duration of Untreated Illness (DUI) significantly affected the clinical outcome (p=0.048).

Conclusions: ATPD show slight female preponderance and occur in early adulthood. There is no precipitating stress in most cases and lesser DUI predicts favorable clinical outcome.
WPA-0316 FUNCTIONAL OUTCOME MEASURES OF SEVERE MENTAL DISORDERS IN HOMES FOR SPECIAL CARE
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This study involves clients with severe mental disorders, living in Homes for Special Care. This study is built as a peer support recovery oriented model for clients living in group homes and their caretakers.

Goals: to improve the outcomes of clients living in group homes and to increase the quality of life of home operators and their helpers.

Methods
Subjects: Clients followed by Community Treatment Teams (n=30), living in group homes; Caretakers (n=15).
Instruments: The Socio Demographic information; The Brief Psychiatric Rating Scale; The Quality of Life Enjoyment and Satisfaction Questionnaire.
Interventions: educative intervention for clients and caretakers. There are 3 working groups: one conducted by an occupational therapist and two groups conducted by two clients with Schizophrenia, trained by that specific OT. Each study group includes ten clients and five caretakers. The principal investigator or one of the sub investigators participates to the entire program in order to offer professional help when needed.

Results and Discussions
The outcome measurements done monthly for three months are compared at the end with the baseline. As expected, the dynamic of change is not linear due to the changes in group operators’ knowledge, anxiety related to the awareness of the possible social complications, increase of control because of the structured educational program.

Conclusion
This pilot study is offering valuable data related to the recovery process and helps us to learn how to organize a peer support and build new life skills.

Key words: Schizophrenia, peer support, home for special care
WPA-0251 COMPARISON OF EFFICACY AND MEMORY CHANGES AMONGST THREE DIFFERENT MODES OF ELECTRODE PLACEMENTS OF ECTS IN SCHIZOPHRENIA

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Background and Aims:

Electroconvulsive therapy (ECT) is used widely in cases of schizophrenia where rapid response is needed. Cognitive changes and memory disturbances are commonly encountered with the conventional bi-temporal ECTs and we need to compare the other modes of ECTs for cognitive and memory changes as well as symptom remission. The aim of this study was to compare effectiveness of the three modes of ECTs and their effects on cognition, memory and autobiographical memory.

Methodology:

It was a Longitudinal, Prospective, Double-blind study done in a tertiary teaching hospital. Three assessment tools namely the Positive and Negative Syndrome Scale (PANSS), Weschler's Memory Scale (WMS) and Autobiographical Memory Interview (AMI) were used in the study. The sample consisted of 82 patients diagnosed as schizophrenia as per the DSM-IV TR criteria who were clinically adjudged to require ECTs and were divided into 3 groups. Assessments using the Positive and Negative syndrome scale (PANSS), Weschler's Memory Scale (WMS) and Autobiographical Memory Interview (AMI) were done after the first and eighth ECT of their course. The data collected was tabulated and analyzed by appropriate statistical tools.

Results and Conclusion:

The total PANSS scores reduced significantly in all three groups. The AMI scores significantly reduced in all the three groups in our study but was significantly better in right unilateral and bifrontal ECT as compared to bitemporal. All types of ECTs caused significant memory loss on WMS but bifrontal and right unilateral led to significantly better memory profiles as compared to bitemporal ECTs.
WPA-0340 NEEDS ASSESSMENT FOR REHABILITATION OF SCHIZOPHRENIA OUT-PATIENTS IN INDIA

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Background
Psychiatric rehabilitation is an important component in the management of the mentally ill. It focuses on functioning, role outcomes and optimum quality of life. Assessing felt needs is an important step in planning and delivering rehabilitation services. In efforts to achieve recovery, it is critical to understand the subjective needs of patients. In India, caregivers play a vital role in rehabilitation. Hence, their perception of what patients need, is equally important.

Objective
To elicit the felt needs of out-patients with schizophrenia and to compare with the needs expressed by their caregivers.

Methodology
As part of the psychosocial rehabilitation project for out-patients with schizophrenia, patients and their care givers were interviewed independently for felt needs, using a tool with 9 different domains. Convenient sampling method was used.

Results and Discussion
Patient-care giver dyads were interviewed. All patients were receiving treatment. Most patients were living with their caregivers. Statistical differences emerged between felt needs of patients and their caregivers. Caregivers expressed more needs than patients. These were in the domains of patient's self-care and other living skills, role functioning and physical health. On the other hand, majority of the patients expressed needs in managing symptoms, emotional well-being and role functioning.

Conclusion
Patients and caregivers expressed differing needs in various areas. Any rehabilitation plan for out-patients should therefore be based on felt needs of both the patients and caregivers.

References:
WPA-0438 ACCELERATED AGING IN SCHIZOPHRENIC AND NON-SCHIZOPHRENIC PATIENTS WITH SEVERE MENTAL ILLNESS

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Reduced life-expectancy of 12-32 years in schizophrenia and an odds ratio of 2 for cardiovascular (CV) mortality have consistently been found. Accelerated aging is a candidate explanation of this outcome. Accumulation of Advanced Glycated Endproducts (AGEs), non-invasively measured by skin autofluorescence (AF), shows a steady increase during lifespan from < 10 years to > 80 years, has been shown to be a predictor of CV mortality in diabetes and chronic kidney disease and is considered as a marker of aging. Our aim is comparison of skin-AF levels in patients with schizophrenia or severe mental illness with those in the general population and to identify possible explanatory variables.

Methods. Skin-AF in normoglycemic outpatients aged 32-70 years were measured and compared with the normative data of the general population. Variables were obtained from patients record and patients interview.

Results. 285 patients were measured, 202 with schizophrenia or related disorders. The AF-values were markedly and significantly increased in all 5 age cohorts (20-29, 30-39, etc), both in the psychoic and in the non-psychotic group. Calendar age explained 27% of the AF-variance compared to 60% in the general population. Correction for smoking, duration of illness or antipsychotic drugs did not alter the results.

Conclusion. AF-levels were considerably elevated in all age cohorts in outpatients with severe mental illness, irrespective of the presence of a psychotic disorder. Skin AF may help estimating the biological age and may contribute to installment of treatment of CV-risk factors at the appropriate biological age of this CV-high risk population.
Background and aim: This study aimed to assess the association between social support, quality of life, psychotic symptoms, and depression in participants with schizophrenia in Thailand.

Methods: This is a cross-sectional study conducted in 80 participants with schizophrenia. Depression was evaluated using The Thai version of Calgary Depression Scale for Schizophrenia (CDSS-Thai). The six social support deficits (SSDs) scale, the World Health Organization Quality of Life, Thai version (WHOQOL-BREF-THAI), and the Positive and Negative Syndrome Scale (PANSS) were used to assess social support deficits, quality of life, and psychotic symptoms, respectively. Logistic regression and linear regression was used to determine the associations between these factors and depression.

Results: Three out of six social support deficits were significantly associated with depression in participants with schizophrenia, including lack of reciprocity between family members, difficulty in relationship with relatives, and dissatisfaction with support from family, with the odds ratios of 6.3, 12.7, and 19.1, respectively. Those with at least one social support deficit were 10.0 times more likely to be depressed than those without a social support deficit. Participants with schizophrenia and depression had significantly reduced quality of life in the aspect of psychological (mean difference -4.5±1.1), social (MD -1.5±0.5), and environment (MD -4.5±1.2), compared with those without depression. We also found that depression was significantly associated with increased positive symptoms (MD 5.9±1.1), negative symptoms (MD 4.4±1.2), and general psychopathology (MD 4.5±1.2).

Conclusion: Our study suggested that social support deficits and lower quality of life were significantly associated with depression in patients with schizophrenia. Moreover, depression was significantly associated with the increase in psychotic symptoms. Early detection of depression as well as enhancing social support should be emphasized in intervention to improve depression in participants with schizophrenia.
WPA-0474 A TALE OF TWO ‘DEVELOPMENTAL’ DISORDERS: SCHIZOPHRENIA WITH FAMILIAL CAVERNOMA  
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A case of a 38 yr old female diagnosed with Schizophrenia, resistant to multiple antipsychotics. While in the ward patient’s mother developed a fainting spell and generalized weakness. CT scan was done to rule out a cerebrovascular accident. Incidentally it revealed a cavernous malformation which had bled to cause the symptoms. During the same time the patient’s sister was diagnosed to have the same condition following development of seizures. Since a familial cavernoma syndrome was suspected and patient was not responding to adequate treatment with multiple antipsychotics, a CT scan was done and which revealed a cavernomatous malformation.

Since this a rare finding and a possible evidence contributing to the neurodevelopmental hypothesis of schizophrenia, it warrants adequate attention.

But is the treatment resistance due to the cavernoma? Is the patient a rapid metaboliser or is it due to some unknown reasons.
WPA-0321 CHANGES IN SERUM LEVELS OF BRAIN DERIVED NEUROTROPHIC FACTOR AND NERVE GROWTH FACTOR-BETA IN SCHIZOPHRENIC PATIENTS BEFORE AND AFTER TREATMENT

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Background and aims: Schizophrenia is one of the most enervating and complicated diseases among psychiatric disorders. Recent studies suggest the existence of effective immunological changes in the pathophysiology of this disease. Neurotrophins such as Brain Derived Neurotrophic Factor (BDNF) and Nerve Growth Factor-β (NGF) have an important role in the protection and development of the neurons. The aim of this study was to determine the changes in blood serum levels of these two neurotrophins in schizophrenic patients before treatment and forty days after treatment.

Methods: During this case-control study serum levels of BDNF and NGF were measured by enzyme-linked immunosorbent assay (ELISA) in twenty six patients with schizophrenia psychosis and also twenty six healthy people as a control group. All patients were treated with clozapine or risperidone for forty days. A PANSS scale questionnaire has been used for diagnosis and also to recognize the severity of the disease based on positive and negative symptoms. Neurotrophin concentrations were compared before and after the treatment and with control groups using paired t-test and analysis of variance (ANOVA) test.

Results: BDNF and NGF levels in the case group were more than levels after treatment, however these differences were significant just for NGF. Concentrations in both neurotrophins in the group of patients were higher in the control group. A statistically significant difference was observed between changes in the NGF levels in the case and the control group, while no significant difference was existed between the two groups as changes in BDNF.

Conclusions: The main conclusion to be drawn from this study is that the rise in BDNF and particularly NGF may have a crucial role in causing schizophrenia. And probably the clozapine and risperidone facilitate to treat the disease by reducing the concentration of neurotrophins.
WPA-0361 EEG COHERENCE TO OCTAVE ILLUSION IN FIRST-EPISTODE PARANOID SCHIZOPHRENIA WITH AUDITORY HALLUCINATIONS
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Background and Aims: The exact mechanism behind the auditory hallucination in schizophrenia remains unknown. A corollary discharge dysfunction hypothesis has been put forward in this regard but it needs further confirmation. EEG to the Deutsch octave illusion might offer a support.

Methods: We invited 23 patients suffering from the first-episode paranoid schizophrenia with auditory hallucinations and 23 healthy volunteers to hear silence, normal and reversed sequences of octave illusion, and analyzed their EEG theta responses. Clinical characteristics of patients were rated using the Positive and Negative Syndrome Scale.

Results: After both sequences of octave illusion, the task-related theta power values of frontal and temporal areas were significantly lower, and the task-related theta coherence values of intrahemispheric frontal-temporal areas were significantly higher in schizophrenia than those in healthy volunteers. Moreover, the task-related power values in both hemispheres were negatively and the task-related coherence values in right hemisphere were positively correlated with the hallucination score in schizophrenia.

Conclusion: Our results have shown a lower activation but the higher connection within frontal and temporal areas in schizophrenia under octave illusion, indicating a weak but over-synchronized frontal area to exert an action to the ipsilateral temporal area, thus supporting the corollary discharge dysfunction hypothesis.
Objectives: Cognitive behavioral therapy and social skill training has been proposed as a promising treatment modality in schizophrenia patients. The objective of this study was to evaluate the effectiveness of CBSST (Cognitive Behavioral Social Skill training) in patients with chronic schizophrenia.

Methods: 26 middle-or older-aged hospitalized patients with schizophrenia were selected in a mental hospital. 11 participants were randomly assigned to CBSST treatment and 15 participants were assigned to usual treatment. CBSST was administered over 12 sessions for 6 weeks in single group and the participants were assessed by blinded raters for baseline, 6 and end of treatment.

Results: Compared to patients with usual treatment, those with CBSST treatment showed a significant reduction of HAMD score, although scores for other psychiatric symptoms did not differ significantly. In terms of QoL (Quality of life) analysis, scores of overall quality of life was more significantly increased in CBSST group than usual treatment group. According to ILSS (Independent Living Skill Survey), patients receiving CBSST performed social activities significantly more than the patients in usual treatment group.

Conclusion: Psychosocial intervention for chronic schizophrenic patients is very important not only for the management of primary psychiatric symptoms, but also for QoL and social rehabilitation. The results of this study suggest that CBSST could be an effective way for them, such as improvement of depressive mood, overall life quality and social activities. This study is a pilot study performed in inpatient treatment setting. The further studies are required to clarify the advantage of CBSST on chronic schizophrenic patients,
Psychoeducation for patients with Schizophrenia just after recovery from acute psychosis was completed at the psychiatry emergency unit in Kofu Hospital of Hyogo, a public psychiatry hospital in Japan. We have researched how psychoeducation affects patient’s understanding of illness and taking medicine. We also have examined how the rate of re-hospitalization is decreased by our psychoeducation. We used KIDI (Knowledge of Illness and Drugs Inventory) and DAI-30 (Drug attitude inventory-30). These are tests to evaluate the patient’s understanding of the illness and attitude towards taking medicine. We examined them for almost 2 years (May 2010-March 2012).

The scores of KIDI and DAI-30 after psychoeducation were higher than those before. Furthermore, the higher scores were maintained for 6 months after discharge. We examined the rate of re-hospitalization after 3, 6, and 12 months. There was a significant difference in the rate of re-hospitalization (including both voluntary admissions and involuntary admissions) between psychoeducated patients and non-psychoeducated patients in all time periods. There was also a significant difference between the two patient groups in the rate of only involuntary admissions in 6 months and one year. We concluded that psychoeducation for patients with Schizophrenia just after recovery from acute psychosis reduces the rate of re-hospitalization and relapse within one year. We will present our findings at the WPA seminar in September.
**WPA-0463 THE EFFICACY OF CEREBELLAR VERMAL HIGH FREQUENCY RTMS IN SCHIZOPHRENIA: A RANDOMIZED DOUBLE BLIND SHAM CONTROLLED STUDY**

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**Background:** Early invasive electrical stimulation studies suggested that accentuation of cerebellar vermal activity might prove valuable in symptomatic treatment of refractory neuropsychiatric diseases via modulation of emotion and affect.

**Objective:** This study aimed to test this hypothesis in schizophrenia patients using high frequency noninvasive cerebellar vermal stimulation.

**Methods:** Forty patients (20 active & 20 sham group) having schizophrenia underwent twenty sessions of high frequency (theta range) stimulation to the cerebellar vermis using transcranial magnetic stimulation. Assessments included Positive and Negative Symptoms Scale- Positive scale score, Negative scale score and General Psychopathology score, Calgary Depression Scale for Schizophrenia, Simpson-Angus Extrapyramidal Side Effects Scale.

CDSS, PANSS and Simpson-Angus Extrapyramidal Side Effects Scale rating and side effect questionnaires at baseline, 2nd week and 4th week.

**Results:** Overall, there was significant reduction in severity of negative symptoms and depressive symptoms in the patient’s vs sham group (effect size was 0.160 and 0.130 respectfully).

**Conclusion:** Excitatory cerebellar stimulation could induce cortical neural modulation to bring functional and neurochemical changes in frontal lobe to improve negative symptoms and mood in patients suffering from schizophrenia.

Key words: Positive, negative; depression; neural modulation; effect size
WPA-0449 A PRACTICAL STUDY ON COGNITIVE REMEDIATION THERAPY (CRT) USING THE FRONTAL/EXECUTIVE PROGRAM (FEP) FOR PATIENTS WITH SCHIZOPHRENIA

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Background and aims:
The effects of the Frontal/Executive Program (FEP) on the cognitive and social functions of patients with chronic schizophrenia were investigated.

Methods:
Interventions for cognitive impairment were conducted on a one-on-one basis twice weekly for a total of 44 times for four patients diagnosed with schizophrenia after obtaining their consent. Neuropsychological assessment and assessments of social function and psychiatric symptoms were made before and after the interventions.

Results:
The results showed improvements in the total score and verbal memory subscale score of the Brief Assessment of Cognition in Schizophrenia * Japanese version (BACS-J) as well as the overall patient assessment of the Schizophrenia Cognition Rating Scale * Japanese Version (SCoRS-J). These results indicate that FEP improves scores on cognitive function and social function tests, which are its targets.

Conclusions:
FEP is thus considered a useful tool in Cognitive Remediation Therapy (CRT) for patients with schizophrenia. Further, in the four cases all of this research, a phenomenon which is also considered a side effect of the FEP was observed, it was considered that this is a result of activation of the patient has been activated.
FRONTAL SLOW-WAVE ACTIVITY, NEGATIVE SYMPTOMS AND FUNCTIONAL ABILITIES IN SCHIZOPHRENIA
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Objectives: Increased temporal and frontal slow-wave delta (1 to 4 Hz) and theta (4 to 8 Hz) activity are the most consistent resting-state abnormality reported in SZ. Since frontal regions are putatively associated with negative symptoms it is hypothesized that frontal dysfunction, as index by slow-wave activity, will be associated with functional impairments.

Methods: Forty-one SZ patients and 37 age-matched normal controls were recruited. Patients were administered the Positive and Negative Syndrome Scale (PANSS), the Conner’s CPT clinical index (CPT-CCI) assessed attention and the Brief University of California San Diego Performance based Skills Assessment (UPSA-B) assessed functional capacity. Eyes closed resting MEG data were collected at 1000 Hz using a 306-channel Vector-View system. T1-weighted structural MRI for each subject was obtained for magnetic source analysis. Frequency-domain MEG source imaging localized delta and theta sources. t-tests examined group differences, and correlations examined associations between delta/theta activity and measures of negative symptoms, attention and functional capacity.

Results: Elevated delta and theta activity in right frontal and right temporo-parietal regions was observed in SZ versus HC Hierarchical regressions showed that associations between slowing and symptoms, cognition, and functional capacity were only observed in right-frontal delta. In SZ, step-wise regression with PANSS-N, IQ, CPT-CCI, and UPSA-B indicated that PANSS-N is the strongest predictors for frontal-delta slowing (R2=0.24, p=0.01). Given no significant interaction terms were shown in any hierarchical regressions, analogous stepwise analyses.

Conclusions: In SZ, right-frontal delta activity was uniquely associated with negative. In the full sample, increased right-frontal delta activity predicted poorer attention and functional capacity, suggesting that slowing is a general risk factor for poor performance on these measures. Given that slowing is associated with negative symptoms, symptoms that generally are not responsive to pharmacological treatment, present findings suggest novel treatments should focus on reducing frontal slowing to improve negative symptoms and functional outcome.

REFERENCES
ANALYTICAL STUDY OF FUNCTIONALITY AND COGNITION IN SEVERE MENTAL DISORDER

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Introduction
Patients with Severe Mental Disorder (SMD) present along its evolution cognitive and functionality impairment. The Proper compliance of pharmacological treatment favors a better prognosis. The aim of this study is to determine the variables that may be related to the functionality and cognition in the SMD.

Materials and methods
The study involved 38 patients from the department 02-03 of the Valencian Community. These patients were diagnosed with SMD and were hospitalized during 2012 in a ward of short-term hospitalization in Castellón; they were treated with paliperidone palmitate (AEMPS’s code of the study: MVG-PAL-2014-01). This work is part of a project that values different variables through scales of Monitoring, Cognition and Functionality. The Functioning assessment short test (FAST) evaluates: autonomy, occupational functioning, cognitive functioning, financial issues, interpersonal relationships and leisure time. The Screen for Cognitive Impairment in Psychiatry (SCIP) measures: verbal learning, delayed recall, verbal fluency, working memory and processing speed.

The variables were collected with SPSS 22. We made a logistic regression with FAST scoring. For SCIP an ordinal logistic model was applied from which the odds ratio was calculated.

Results

<table>
<thead>
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<th>Variable</th>
<th>Coef.</th>
<th>Err.</th>
<th>IC Inf</th>
<th>IC Sup</th>
<th>Sig.</th>
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<td>.000</td>
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<tr>
<td>Cumplimentac.</td>
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<td>5.4</td>
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<tr>
<td>Agresividad</td>
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<td>3.9</td>
<td>-1.1</td>
<td>14.9</td>
<td>.090</td>
</tr>
</tbody>
</table>

The Functioning assessment short test (FAST)

Conclusions
- The use of depot pharmacological treatment favors less cognitive impairment.
- Since the natural course of SMD is associated with cognitive impairment, prolonged use of injectable antipsychotics could reduce the damage at this level.
- Aggressiveness is an indicator of severity of SMD and therefore has been associated with greater cognitive impairment.
- Diagnoses of schizophrenia and bipolar disorder have better cognition compared with schizoaffective disorder, probably because of the difficulty in diagnosis and management.
- Patients with Family History of SMD had better functionality, possibly related to the early detection of the disease in familiar environments with psychiatric disorders.
THE INFLUENCE OF THE DIAGNOSIS AND THE ROUTE OF ADMINISTRATION OF THE ANTIPSYCHOTIC IN THE MONITORING
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Introduction
The right monitoring of the pharmacological treatment benefits a better prognosis of the Severe Mental Disorder (SMD). Nowadays, we have the injectable long-term antipsychotics available to improve this aspect. The aim of this study is to determine the variables that can be related to the pharmacological monitoring through the Drug Attitude Inventory (DAI).

Materials and methods
The study involved 38 patients from the department 02-03 of the Valencian Community. These patients were diagnosed with SMD and were hospitalized during 2012 in a ward of short-term hospitalization in Castellón; they were treated with paliperidone palmitate (AEMP’s’s code of the study: MVG-PAL-2014-01).
This work is part of a project that values different variables through scales of Monitoring, Cognition and Functionality. The DAI values the monitoring starting with patient’s attitude to treatment, using a questionnaire of 10 items. The variables were collected with SPSS 22. We made a linear regression with DAI’s scoring as answer and the possible explicative variables. The positive coefficients point out a largest scoring in the DAI.

RESULTS
We noticed positive results and statistically significant in the DAI. These positive results were in those patients diagnosed with schizophrenia. The patients who had annotated oral antipsychotics in their discharges showed a negative scoring in the DAI. On the contrary, those who took long-term antipsychotic after six months of their discharges showed positive results, but they do not reach the statistical significance.

Conclusions
• The patients diagnosed with schizophrenia showed a greatest monitoring of the treatment, probably because of the clinic’s improvement and a greatest supervision.
• The patients in treatment with long-term antipsychotic showed a greatest monitoring than those treated with oral antipsychotics, probably related to a better sanitary supervision and because it is more comfortable oral administration.
• For all this, long-term antipsychotics should be considered as first choice drug in patients with a worse monitoring.
PALIPERIDONE PALMITATE TREATMENT IN SCHIZOPHRENIA

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Objectives:
Use of paliperidone palmitate, a new antipsychotic in schizophrenia.

Methods:
In 71 schizophrenic patients (DSM IVTR) treated with other antipsychotic without improvement, these medications were suspended gradually in 5 days (14-21 for Clozapine) and were replaced with paliperidone palmitate i.m. 150 mg during six months as only antipsychotic. Basal PANNSS and ICG were measured in the first day and after six months. Patients were collected from Ramón y Cajal and Casta Guadarrama hospitals, and from the private practice of the principal author. 56 of the patients were men (78,8 %) and 15 women (21 %). 12 of the patients were in their first episode. Mean age were 39,5 years. Previous improvements were only partial. 11 patients presented previously a history of parkinsonism. We gave biperidene to 9 of them because they had more severe history of parkinsonism precedents. 16 patients were treated with benzodiazepines.

Results:
Medium basal PANNS were 99 points, and after six months 42 points (50 % improvement). Medium basal ICG was 5,5 and 2,2 after six months (improvement of 51 %).

Secondary effects didn’t appear and it was no necessary to suspend any treatment. The treatment presented good tolerance. The patients in their first episode presented more improvement than the rest of them.

Conclusions:
We believe that injectable paliperidone palmitate is a first election treatment in every evolutionary stage or at the beginning in schizophrenia because of its effectiveness, tolerance and adherence facilitation.
Sexual and Gender Identity Disorders
Sexuality is an important component of physical, intellectual, psychological and social well-being of all individuals. It is a dynamic outcome of physical capacity, motivation, attitudes and sexual conduct. Avasthi and colleagues, in 2008, found that 17% of individuals have sexual problems which may further go up if avoidance of symptom disclosure due to cultural factors is considered. With one fifth of the World population residing in SAARC (South Asian Association for Regional Co-operation) countries, and very significant cultural sensitivity affecting the presentation of sexual problems, the research done on this population needs much discussion not only for the native population but also the native migrants to other countries, as the lack of understanding of native culture can lead to patient dissatisfaction and poorer health outcomes. At the core are issues related to recent research like neurobiology and neurochemistry of sexual function and dysfunctions, epidemiological studies and cultural issues affecting the presentation of sexual problems. Dhat syndrome in particular has generated much interest in the South Asian and Indian context, particularly due to the strong link it has with the native culture. Many important research findings also come from other South Asian countries like Sri Lanka and Nepal which are now catching up fast with quality research. With the tremendous changes occurring in Sexual Medicine in recent years, training in this area needs much focus at undergraduate and postgraduate level to dispel the myths and generate interest in this field.
MATERNITY AND PATERNITY WISHES IN TRANSSEXUALS
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4. UNED. Spain

Objectives This study examines the maternity and paternity wishes in transsexual subjects attending a gender identity unit.

Methods Semi-structured interviews were conducted by internet in Male-to female (MtFs) and Female-to- male (FtM) transsexuals attending a gender unit.

Results Most transsexuals (81% of MtF and 86% of FtM) reported maternity or paternity wishes respectively. A high percentage (39% of MtF and 56% of FtM) had search information about assisted reproduction and/or about adoption of children. The adoption of children was the option more wished and theoretically feasible for MtF (46%). The artificial insemination of the girl partner with a semen donor was the option more wished and theoretically feasible in the group FtM (57%), however some of them (14%) would prefer to be the oocyte donor for their partner. Three FtM have undergoing assisted reproduction, two of them successfully. The main difficulties for these possibilities in almost all participants were the economical problems.

Conclusions. The study suggests that maternity and paternity wishes in transsexuals are similar to the general populations, however the important difficulties for reaching it. Health care providers may be able to provide information to support decisions consistent with patients’ wishes and economical possibilities.
QUESTIONNAIRE ON SEXUAL ATTITUDE AND FUNCTION 2009: A NOVEL CLINICAL AND EPIDEMIOLOGICAL COMPUTER BASED TOOL
K.K. Pirkalani, Z. Talaei Rad
Mehr Medical Group

Objective: To study sexual problems of our patients and standardizing it for patients with or without religious and cultural restrains we developed a questionnaire with 240 phrases that were extracted from a pool of 1400 sentences addressing sexual problems. Sixty four scales under four headings (sexual general characteristics, deviations, dysfunctions and psychodynamic syndromes) (16 items each) were evaluated based on criteria of DSM-IV and ICD 10. Five validity scales (honesty, desirability, debasement, guilt feeling and overall validity) were also used for better assessment.

Methods: A total of 1300 patients in the four variants of the test were evaluated during a time span of 7 years. The questions were presented to examinees at 8th Grade and higher in a calm environment and the results were evaluated by a computer software specifically developed for this purpose.

Results: The last version of the test was completed by 734 patients with excellent compliance. It was of nice politeness and comprehensiveness. For almost all scales the sensitivity and specificity were around 85 and 92% respectively.

Conclusion: We conclude that QSAF 2009 is an excellent tool both in clinics (diagnosis and follow up) and epidemiology with high sensitivity and specificity. It has also application in cross cultural studies, medico – legal issues and medical documentation. It prevents face to face interviews, breaks patients' resistance and is less time consuming than scheduled interviews.

Keyword: Sexual Assessment, Deviation, Dysfunction
RECIProCAL INTERACTION BETWEEN SEXUALITY AND PERSONALITY: PARALLEL ASSESSMENT OF PATIENTS WITH QSAF- 2009 AND MCMI-III

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Mehr Medical Group

Objective:
To evaluate mutual interaction between sexuality and personality we tried to study 111 patients with QSAF 2009 and MCMI-III.

Methods:
Hundred and eleven consecutive patients with sexual problems (76) or personality disorders (35) were examined with two tests. Only volunteer personality disorder patients were enrolled to this trial. The results were compared with 325 examinees evaluated with QSAF and 1600 patients evaluated with MCMI-III.

Results:
All patients with sexual problems showed at least two scores higher than 72 in their MCMI-III. This was more prominent in sexual deviations than dysfunctions. Homosexuals had higher scores in schizoid and schizotypal, pedophiles in schizoid and antisocial, voyeurs in schizoid and avoidant, masochists in dependent and self defeating personality scales ….
Sexually deviated persons remain clinically latent and show themselves as alien, aloof and eccentric. Almost all deviated persons show high scores in personality disorder scales. On the contrary, only a minority of personality disorder patients show prominent sexual problems in the form of deviation. They predominantly have disturbed sexual self image, show inhibited sexual desire problems (dependent, schizoid and avoidant) personality, dyspareunia and vaginism (avoidant and schizotypal personality), spouse abuse (borderline and antisocial personality) postcoital disorders (borderline, dependent and narcissistic personality) and extramarital relationship in a series of disorders including histrionic personality …. as studied by the QSAF 2009 which evaluates 64 sexual scales.

Conclusion:
Evaluation of personality disordered patients in regard to sexuality and vice versa is essential for better understanding the pathogenesis of each disease and helps in smoother treatments.

Keywords:
Sexuality, Personality, Assessment
MILK RELATIONSHIP AND INCEST
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Mercy Hospital

The milk relationship and not the blood relationship among people help to avoid incest. All the siblings who have taken milk from the same breasts[ mother] and have rights to have milk from the breasts of the other women[ sisters of the mother, step mother and wet nurse], will have only minimal fear of contagion[Frazer’s theory of magical thinking ] with each other and hence they will not have sexual attraction with each other which ultimately prevents incest among them. Sexual attraction between persons will be there only if they had strong fear of contagion earlier in their life during their psycho sexual identity development. Not only, the mother’s milk but also the father’s milk, semen, is significant in this regard. When the milk relationship and the semen relationship are very strong between two persons marriage is prohibited between them.

Key words: Incest/milk relationship/semen relationship/ sibling /Frazer’s theory of contagion.
SEXUAL DYSFUNCTION AND ITS EFFECT ON COUPLE HARMONY IN PATIENTS WITH DEPRESSIVE AND ANXIETY DISORDER AT A CONSULTATION-LIAISON PSYCHIATRY INPATIENT SERVICE
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Ankara University School of Medicine, Turkey

Objectives: It is known that in general psychiatric disorders affect sexual functionality. Particularly in depression sexual functionality is affected as aversion and being not satisfied. Although it is considered that sexual impulses created anxiety and depression, anxiety and depression can increase sexual arousal both for animals and human beings though.

Methods: This research was conducted at in-patient service of Consultation-Liaison Psychiatry Department in Ankara University Faculty of Medicine. 74 Patients diagnosed with depressive disorder and / or anxiety disorder was conducted to the study. The sociodemographic data form, hospital anxiety and depression scale (HADS), Golombock Rust Inventory of Sexual Satisfaction (GRISS), Dyadic Adjustment Scale (DAS) have been applied. The relationship between the anxiety and depression levels, sexual dysfunction and couple harmony was investigated.

Results: The mean age of patients was 40 (SS: ±10). It has been shown that patients who have anxiety disorder and / or depression have trouble in satisfaction and consensus subscale of couple Dyadic Adjustment Scale. It has been shown that concomitant sexual dysfunction can also lead to emotional expression and adherence problems(p<0,05).

Conclusion: When considering, the sexuality is an important parameter in the compatible life of couples in families that form the core foundation of our society, the necessity arises for questioning in detail the cause of anxiety disorders and depression of patients applied with mental health which is an area that can be overlooked by the professionals of sexual function.
SEXOLOGY OUTPATIENT CLINIC IN SÃO JOÃO HOSPITAL CENTRE A REFLEXION OF LAST FIVE YEARS
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São João Hospital Centre, Oporto, Portugal

Objectives: The Sexology Outpatient Clinic of São João Hospital Centre is specialize attendance of users with sexual problems or dysfunctions. The aim of this study was to analyze the characteristics of the Sexology Outpatient Clinic users in the last five years.

Methods: This was a retrospective study carried out at the Psychiatry and Mental Health Clinic of São João Hospital Centre (Oporto, Portugal). Users enrolled were admitted in the outpatient clinic from 2009 to 2013 (n=227). Data were collected from medical records in order to fulfill an investigation protocol focuses on sociodemographic, clinical variables, psychosexual history and current relation. Gender Identity Disorders were excluded.

Results: Mainly users were male (n=134, 59%), with ages between 40 and 55 years old (n=86, 38%), married (n=179, 79%), employment (n=134, 59%), heterossexual (n=220, 97%), with regular partner (n=207, 91%) and satisfactory relationship (n=127, 56%). Most of them were referred by family doctor (n=98, 43%) and by their own motivation (n=161, 71%). The main diagnosis in female users was hipoactive sexual desire disorder and in male users was erectile dysfunction, most of them were psychological etiology (n= 102, 45%).

Conclusions: Only knowing the realities of the users observed in a sexology consultation, we can analyze the existing needs, promote adequate healthcare, improve sexual health approach and create the appropriate assistance network.
ADULT ATTACHMENT STYLES AND STRESS HORMONES IN A SAMPLE OF SUBJECTS WITH GENDER IDENTITY DISORDER


\[\text{1 Department of Medical Basic Sciences, Neuroscience and Sense Organs, University of Bari, Italy.}\]

**Objectives**

Early life experiences may greatly influence the functioning of psychological and biological systems that regulate perceived stress. Previous studies reported that the characteristics of one’s attachment style may favor the rise of a gender identity disorder (GID). The present study aimed to evaluate how attachment style may influence the perception of stress and the development of a GID, in adulthood.

**Methods**

We report here on 50 adult subjects with GID, administered with the Adult Attachment Interview (AAI, to examine retrospective accounts of parent-child relationships) and the Exploration of Close Relationship (ECR, to measure how adults perceive and behave in close relationships). Cortisol plasma levels have been also determined in all subjects, as biological markers of perceived stress.

**Results**

The analysis of parent-child attachment profiles showed that GID patients mostly had an “insecure” attachment (70% of the cases).

Patients with GID also tend to behave mostly with “avoidant” (25%) and “anxious” (36%) styles in adult relationships. A significant ratio (45%) of subjects with GID also showed an hypothalamic-pituitary-adrenal axis (HPA) dysregulation. Subjects with AAI “entangled” attachment had significantly higher cortisol levels, with respect to subjects with other attachment styles (p=0.03).

Also, subjects with ECR “anxious” profile also had higher cortisol levels, with respect to non-anxious subjects (p=0.05).

**Conclusions**

Our results seem to support the idea that the attachment styles represent a key-factor in determining an abnormal perception of stress, which may turn in increase susceptibility to stress and eventually contribute to the development of a GID.
COMPARISON OF EFFECT OF SSRIS AND TRAZODONE ON SEXUAL FUNCTION IN PATIENTS WITH MDD
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2 Psychiatrist, Farabi hospital, Department of psychiatry, Kermanshah University of Medical Science (KUMS)
3 Kermanshah Health Research Center (KHRC), School of Population Health, Kermanshah University of Medical Sciences (KUMS), Kermanshah, Iran.

Background: Selective Serotonin Reuptake Inhibitors (SSRIs) are common treatment for patients with major depression disorder (MDD). But, adverse effects of SSRIs on sexual function are an important issue in treatment of these patients, and there is a discrepancy in reported frequency of SSRIs, and other antidepressant medications associated sexual dysfunction. Therefore, the study aimed to assess sexual dysfunction in patients who were under treated of SSRIs, and serotonin receptor antagonists and reuptake inhibitors (SARIs).

Method: In a single blind randomized controlled trial in Kermanshah, Iran (2009-2010) 195 patients who met DSMIV-IR criteria for MDD were enrolled in the study and two questionnaires of Hamilton Rating Depression Scale (HAM-D) and sexual function questionnaire (SFQ) were filled. Eligible patients were allocated in three groups of treatment with fluoxetine, sertraline, and trazodone for 8-14 weeks randomly. Repeated measures of 4 weeks interval of HAM-D, and SFQ in end of trial were performed in. Analysis for comparing sexual dysfunction among three groups and men and women was performed.

Results: the patients were 102 men, and 93 women in three groups of fluoxetine, sertraline, and trazodone (64, 67, and 64 respectively). There was no difference on sexual dysfunction among three groups before treatment (P>0.05). After treatment, both men, and women patients in fluoxetine groups had the most frequency of impairment in desire/drive items (43-51%, 44-50% respectively), while they were in trazodone group had the lowest frequency of impairment in these items (12-18% in men, and 23-24% in women). Trazodone also was associated with lower rate of impairment in arousal/orgasm items in men (9-15%) than two other drugs. In comparison with fluoxetine, and trazodone, sertraline was associated with intermediated impairment in sexual function (39-42%) in desire/drive items, and (32-39%) in arousal/orgasm items), i.e.; lower than fluoxetine, and more than trazodone.

Conclusion: Two classes of antidepressants drugs were associated with sexual dysfunction in this study that necessitates careful assessment of patients who are under treatment of antidepressants. There are also different frequencies of sexual impairment among SSRIs, and SARIs drugs and between SSRIs drugs in this study. Further research for better identification of the differences is recommended.

Key words: SSRIs, Trazodone, Sexual function, MDD
THE FREQUENCY AND QUALITY OF SEXUAL DYSFUNCTION DISORDERS IN INPATIENTS OF CONSULTATION LIAISON PSYCHIATRY AND ITS ASSOCIATION BETWEEN DYADIC ADJUSTMENT OF COUPLES.

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Ankara University Faculty Of Medicine Psychiatry Department

**Introduction:** Sexual dysfunction is often implicated in depression and anxiety disorders, but association between sexual dysfunction and adjustment of couples rarely investigated. The aim of the present study is to examine frequency and quality of the sexuality disorder in depressive and anxiety disorder patients and to clarify the association between sexuality and dyadic adjustment of couples.

**Methods:** This is a preliminary study which was conducted at inpatients of Consultation Liaison Psychiatry Division, patients that diagnosed as depression and anxiety disorders. All patients filled out a socio-demographic and occupational data form, hospital anxiety and depression scale, golombok-rust inventory of sexual satisfaction, dyadic adjustment scale, maudsley obsessive compulsive symptoms list and family evaluation scale. Data of research is still being collected.

**Results:** Preliminarily, we know that %69.1 research group is female, %49 of them are graduated from high school or less, %60 of them are not working, mean marriage year is 16.

**Conclusion:** After examining frequency of the sexuality disorder in depressive and anxiety disorder patients we will clarify the association between sexuality and dyadic adjustment of couples.
WRITING TO HEAL INFERTILITY-RELATED DISTRESS – EMOTIONAL DISCLOSURE IN ANDROLOGY

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2Department of Dermatology, Andrology Unit, University of Bonn, Germany

Objectives: The expressive writing paradigm was developed by James W. Pennebaker. It is based on the essential idea that actively inhibiting thoughts and feelings about traumatic events can serve as a cumulative stressor. The efficacy of expressive writing has been investigated in a large number of randomized controlled studies and many studies confirmed its positive influence on a wide range of physiological and psychological parameters. In the present study, expressive writing has been studied for the first time in men with a diagnosis of male infertility. This diagnosis is perceived as stigmatizing by many affected men, making it difficult to disclose it to significant others.

Methods: Men with a diagnosis of male infertility due to a pathological spermiogram were included. After random allocation to two treatment conditions the intervention group wrote on three days about highly emotional topics, the control group wrote about neutral topics. Primary outcome measure was the Infertility Distress Scale three months after the intervention, secondary outcome measures included infertility-related thoughts of helplessness, sexual satisfaction, personality dimensions and sperm parameters.

Results: 56 patients could be randomized. After three months intention to treat analysis showed a significant positive effect of the intervention on infertility-related stress (d=0.92), thoughts of helplessness (d=0.64), sexual satisfaction (d=0.33) and harm avoidance (d=0.50).

Conclusions: This study showed for the first time the efficacy of expressive writing in reducing infertility-related stress in male infertility. It is a low-threshold intervention with a very positive cost-benefit ratio, which can be recommended by andrologists. The self-help manual “Writing to heal” by James Pennebaker makes the writing technique easily accessible to affected men.
UNCONSUMMATED MARRIAGE: ETIOLOGY & MANAGEMENT - AN INDIAN PERSPECTIVE

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Objectives: Study the etiological factors and report the results of several treatment modalities in unconsummated marriages.

Methods: During a 3 year period 278 cases of unconsummated marriage were evaluated. A detailed medical & psychosexual history was obtained; clinical examination & laboratory investigations were carried out to identify the causative factors for unconsummated marriage. Sexual counseling, sex therapy, SSRI & PDE 5 inhibitors were tried for its treatment.

Results: Inability to consummate the marriage was due to Lack of knowledge about sexual anatomy and physiology, prevalence of sexual myths and misconceptions, performance anxiety & pressure from relatives. The study shows Premature ejaculation in 63 (24.66%), ED in 105 (37.77%), and a combination in 62(22.3%), Vaginismus in 31 (11.15%), Homosexuality in 8 (2.87%) Female Hyposexual Disorders in 4 (1.48%). Obsessive Compulsive Disorder & Panic Disorder each in 2 (0.71%) while & Schizophrenia in 1 (0.35%) of patients. Out of all, 78 (29.13%) responded to Sex Education & Brief Sex Therapy, 25 (3.20%) on 25 to 50 mg. Clomipramine fail to consume, 36 (12.94%) with Clomipramine plus Sildenafil, 42 (15.10%) with Sildenafil & 38 (13.66) with Tadafil, while 98 (35.25%) were able to consume marriage after 10 to 25 sessions of sex Therapy.

Conclusions: Unconsummated Marriage is a highly prevalent problem in Indian culture as scientific sex education is not imparted on routine basis right from school level education. Psychological factors dominate the etiology. Sexual counseling, sex therapy and short term use of PDE5 inhibitors can help overcoming the hurdles of non-consummation of marriage. Psychiatrist need to work as sexologist in Country like India.
SEXUALITY OF PATIENTS WITH SCHIZOPHRENIA: GENDER DIFFERENCES

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¹. Farhat Hached university hospital, Sousse -Tunisia

Objectives:
Was to assess the prevalence of sexual dysfunction in patients with schizophrenia and investigate gender factors associated.

Methods:
It’s a descriptive study held in psychiatric department in Farhat Hached hospital. One hundred outpatients with schizophrenia had participated in this study. All these patients had remission criteria.
We administered to our patients a record exploring the sociodemographic and clinical characteristics, PANSS and Arizona Sexual Experience Scale (ASEX) to assess sexual dysfunction. ASEX scale was translated into Arabic language. Comparison was between female and male groups.

Results:
The average age of our sample was 37.6 ± 10.2 years. 70% were male and 57% were single.
The average ASEX total score was 17.7 ± 5.6.
Sexual dysfunction was present in 55% of patients with schizophrenia (total score ≥ 19 or ASEX Item ≥ 5 or ≥ 3 items 4).
The two gender groups was comparable regarding age, age of onset, years of onset of schizophrenia, the mean PANSS score and dose of treatment.
Women had higher total ASEX score than men (20.8 ± 5.9 vs 16.6 ± 5; p = 0.002). Arousal disorders and orgasm were higher in women (p = 0.005 and p = 0.001).
There was a relationship between the ASEX total score and dose of treatment (r = 0.36, p = 0.001) and with the severity of symptoms (r = 0.31, p = 0.005).

Conclusions:
More than half of our patients with schizophrenia had a sexual dysfunction. Women had more sexual dysfunctions in particular arousal and orgasm.
A MATTER OF GENDER – THE REFLECTIONS THAT ADOLESCENTS DEMAND US

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Objectives
Identity development is the major task adolescents face, which includes gender identity. Some adolescents relate to gender identities, expression and roles that challenge the norm. Therefore, mental health professionals who deal with this age group should be aware of these non-conformative identities and understand what is gender and what does it represent to adolescents nowadays.

Methods
Taking as a starting point the thoughts related to gender of some adolescents attending Day Care Hospital at our unit, we review trans umbrella terms, gender social roles across the ages, and gender identity development theories.

Results
Trans umbrella is a term to refer to all gender identities which challenge traditional societal expectations of congruent gender expression and designated birth sex. The different terms included in the trans umbrella are social constructs which vary over time and culture. The concept of gender has also changed across the centuries and these concepts, combined with growing scientific knowledge, have influenced gender social role and identity development theories.

Conclusions
The struggle for originality in adolescent identity development is revealed by the questioning of the expected roles and binary norms, which may be felt as restraints of their own self-expression. Feeling different impels adolescents to seek for identification, recognition, and acceptance between peers. However, not all gender non-conformative adolescents seek mental health services. We question the focus on gender identity in adolescents attending these services, since it may distract professionals from the real problem. Gender is, to these adolescents, just a portion of their identity and not the core of their dysfunction.
GENDER DYSPHORIA: PSYCHIATRIC HISTORY, PSYCHOPATHOLOGY AND PERSONALITY
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Objectives
There is a lot of controversy in the literature on mental pathology associated with gender dysphoria. We propose to review psychiatric history, current psychopathology and personality in a sample of transgender individuals.

Methods
We have studied 56 people, 27 male transsexuals and 29 female transsexuals who asked for psychological aid in a public unit of gender identity disorders. It was performed using consecutive sampling between February and May 2013. Meeting the diagnostic standard established in the international manuals was the selection criteria. We use specific assessment tools for transsexuals and the Millon Clinical Multiaxial Inventory. 42.86% of them were in evaluation period (before hormonal treatment) and 57.14% were reviews (user request).

Results
73.21% of them do not have psychopathology.
7.14% of them presented psychiatric history (depression, substance use, self-harm gestures or conversion symptoms).
7.14% of them had taken antidepressant to treatment their moderate depressive symptoms, of whom 75% were in evaluation process. One person (1.79%) had suicidal thinking. 8.93% of them showed mild signs of anxiety and 3.57% mild depressive symptoms. In total, 17.86% had mild or moderate anxiety-depressive symptoms, 70% were female transsexuals and 30% male. No one had severe symptoms.
16.07% of them had personality traits (histrionic, narcissistic, obsessive, avoidant, dependent, antisocial or paranoid). There was only one individual (1.79%) who had personality disorder diagnosis (narcissistic).

Conclusions
The results show low frequency of psychiatric comorbidity and normal personality profiles. Slight signs of anxious-depressive symptomatology is more likely in female transsexuals.
A possible bias is noted in relation to sampling, which in any case tend to overestimate the results probably because patients asking for psychological help somehow present some form of psychopathology.
It would be necessary to extend the study to analyze factors associated with psychopathology, with the goal of making more effective interventions.
ATTACHMENT STYLES IN MALE-TO-FEMALE TRANSSEXUALS BEFORE AND AFTER SEX REASSIGNMENT SURGERY
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Objectives: Gender Identity Disorders (GID) have been considered as a set of very complex clinical conditions. They can lead to problematic and traumatic outcomes for the given individuals, their families and the society. In order to better understanding of GIDs, the aim of the present study was to compare attachment styles between three groups including transsexuals after sex reassignment surgery (SRS), transsexuals before SRS and normal individuals.

Methods: Thirty five Male-to-Female (MF) transsexuals (20 transsexuals before SRS, 15 transsexuals after SRS) and twenty normal females participated in this study. All participants completed Adult Attachment Inventory (AAI).

Results: The results revealed that the higher average scores in insecure attachment styles (avoidant and ambivalent) belonged to transsexuals before SRS, transsexuals after SRS and normal individuals, respectively. The difference between transsexuals after SRS and normal individuals was not significant in none of the attachment styles.

Conclusions: Based on these results, one can conclude that transsexuals after SRS in contrary to transsexuals before SRS, are closer to normal individuals in attachment styles.
INTERPERSONAL PROBLEMS, TRANSSEXUALS AND SEX REASSIGNMENT SURGERY

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Objectives: Gender Identity Disorder (GID) is characterized by a strong and persistent sense of inappropriateness of biological sex in given individuals. Understanding, preventing and treating of this psychological disorder seriously challenge clinicians. In order to better understanding of GIDs, the aim of the present study was to compare interpersonal problems between three groups including transsexuals after sex reassignment surgery (SRS), transsexuals before SRS and normal individuals.

Methods: Thirty five Male-to-Female (MF) transsexuals (20 transsexuals before SRS, 15 transsexuals after SRS) and twenty normal females participated in this study. All participants completed the Interpersonal Problems Inventory (IIP-60).

Results: The results revealed that the higher average scores in dimensions of interpersonal problems belonged to transsexuals before SRS, transsexuals after SRS and normal individuals, respectively. The difference between transsexuals after SRS and normal individuals was not significant in interpersonal problems dimensions.

Conclusions: It can be concluded that transsexuals after SRS in contrary to transsexuals before SRS, are closer to normal individuals in terms of lower interpersonal problems.
CORRELATION BETWEEN CROSS-SEX HORMONES, TEMPERAMENT AND MENTAL WELL-BEING: STUDY IN A SAMPLE OF SUBJECTS WITH GENDER IDENTITY DISORDERS

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Objectives
Temperament profiles between male and female transsexuals are established in literature (1). The aim of this study was to assess the temperament profiles of subjects with gender identity disorder (GID) and to explore the association between their temperamental characteristics and mental and general health, before and after the administration of hormonal therapy.

Methods
Seventy subjects with GID were recruited among those attending the Day Hospital Care Unit of the University of Bari. All subjects were tested before and after administration of hormonal therapy to ease transition to the opposite sex (45 MtoF; 25 FtoM). All subjects were evaluated with the TEMPS-A (2), to assess their affective temperaments; and with the TCI (3), to assess their temperament and character. Functional health status and mental well-being were assessed using a self-reported reported instrument (SF-36; 4).

Results
After hormonal treatment, MtoF subjects became more fearful, cautious and apprehensive, as well as more affiliative, sentimental, warm and acquiescent, with respect to the FtoM subjects. MtoF subjects also showed higher levels of spiritual acceptance, when compared with FtoM subjects. MtoF subjects also had better functional health status and greater subjective well-being, after hormonal treatment.

Conclusions
Consistent with the previous literature (5), our findings favour the idea that hyperthymic temperaments tend to have a better adaptive social functioning, after transition to the opposite sex. GID subjects with hyperthymic temperaments probably have personality traits that might be positively judged in social terms.

References
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IMPACT OF SURGICAL TREATMENT ON THE QUALITY OF LIFE IN A SAMPLE OF SUBJECTS WITH GENDER IDENTITY DISORDERS

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Objectives
The impact of sex reassignment surgery (SRS) on quality of life (QoL) of transsexuals has been widely described (1), while limited data are available on the impact of both treatments on their subjective QoL and social relations. The aim of the study was twofold: a) to evaluate subjective QoL and social relationships of subjects with gender identity disorder (GID), after SRS; b) to explore the relationships between clinical and socio-demographic characteristics with QoL in GID subjects, before and after SRS.

Methods
Seventy subjects with GID (45 males; 25 females), who attended a specialized day hospital care unit for SRS were evaluated for the presence of psychiatric symptoms by the BPRS (2), subjective QoL, by the Manchester Short Assessment of Quality of Life (MANSA; 3), and characteristics of their social contacts by the Social Contact Assessment (SCA).

Results
Older age, lower education, unemployment and the single status were associated to a significantly lower subjective QoL, among subjects with GID. After SRS, subjects with GID showed an amelioration of both subjective and objective QoL as well as an increase of the number and frequency of their social contacts. GID subjects with lower QoL before SRS showed higher levels of psychiatric symptoms, after sex reassignment.

Conclusions
Our findings suggest that surgical treatment improved both perceived QoL and social functioning of GID subjects. The emergence of psychiatric symptoms after surgery among transsexuals seems related to a poorer quality of life before medical evaluation is started. Careful clinical and psychosocial evaluation of subjects with GID before SRS treatment seems highly advisable.

References:
EFFECT OF HIGH ALTITUDE ON ERECTILE FUNCTION IN OTHERWISE HEALTHY INDIVIDUALS
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²) Medical Officer, 144 Medical Battalion, Goma, Siachin.
³) Consultant Psychiatrist, AFIMH, RWP.

Objective: To determine the effect of high altitude on Erectile function in otherwise healthy individuals and associated socio demographic factors.

Study Design: Descriptive study.

Place and duration: Goma Hospital, Siachin. January 2014 to March 2014.

Patients and Methods: 122 married male patients living at an altitude of more than 15000 feet for more than 3 month and less than one year were included in the study. Erectile dysfunction (ED) was assessed using International Index of Erectile Function-5 (IIEF-5). Age, education, smoking, monthly income, any drug intake, altitude, duration of stay and weather conditions were correlated independently with ED. Data was analyzed using Statistical Package for Social Sciences (SPSS) version 20.

Results: Out of 122, 26(21.3%) had no ED, 18 had mild, 28(14.8%) had mild to moderate, 36(29.5%) had moderate and 14(11.5%) had severe ED. Advancing age, low monthly income, smoking, high altitude, cold weather and longer duration of stay had significant association with ED (p-value<0.05) while education and use of any drug were not found significantly associated in our study.

Conclusion: This study showed a high prevalence of erectile dysfunction among otherwise healthy individuals when exposed to high altitude. Special attention should be paid on individuals with more age, less income and those working or residing at higher altitudes in peak winter season. Smoking and stay for longer durations should also be discouraged.

Key words: erectile dysfunction, high altitude, male, socio demographic factors
WPA-0452 SEX ADDICTION: MYTH OR REALITY?
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BACKGROUND AND AIMS
Since the concept of sexual addiction was first introduced in the 1970's, two schools of thought have emerged amongst sexologists and mental health providers regarding whether hypersexual behavior can appropriately be characterized as an addiction, or rather, a symptom or manifestation of a co-existing Axis I or Axis II Disorder.

METHODS
A literature review is being conducted to explore these opposing viewpoints. Articles published from the year 2000 to present relating to the topic of sex addiction/hypersexuality/sexual compulsivity/impulsivity will be reviewed to determine whether or not hypersexual behavior can be characterized as an addiction or if it can only co-exist with a current Axis I or II disorder.

RESULTS
Despite standard, and even increasing use of the term "sex addiction" in media and popular culture, mental health professionals remain divided in regards to this subject. From a biological standpoint, there are neurochemical changes associated with hypersexual behavior: the limbic system is activated in a manner similar to the reward system in drug addiction. At the same time, sex "addicts" can experience a psychological withdrawal (ie marked dysphoria, anxiety, sweats, and increased heart rate) as experienced by those addicted to cocaine or amphetamines.

CONCLUSIONS
Critics of sex addiction argue that increased sexual activity is a way of alleviating affective symptoms, or is reflective of the impulsivity associated with concomitant Axis I or Axis II pathology. The notion of hypersexual behavior as an addiction warrants further exploration, especially since the way it is defined may dictate diagnosis and treatment modality.
WPA-0451 SEXUAL FUNCTION IN SCHIZOPHRENIA
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BACKGROUND AND AIMS
This study surveys patients with schizophrenia or schizoaffective disorder, to understand the relationship between sexual function and treatment with antipsychotic medication. The study compares patients on single versus multiple antipsychotics as well differences between first and second generation agents.

METHODS
Patients diagnosed with schizophrenia or schizoaffective disorder at Beth Israel Medical Center are eligible. Once patients are evaluated to ensure they meet enrollment criteria and are consented, they are administered the Positive and Negative Syndrome Scale (PANSS), Abnormal Involuntary Movement Scale (AIMS), and either the International Index of Erectile Function for men, or the Female Sexual Function Index for women. Inclusion criteria include age 18-65, able to participate in a structured interview, fulfill DSM-IV criteria for Schizophrenia or Schizoaffective disorder, and on stable doses of one or more antipsychotic medications for at least six weeks. Exclusion Criteria include patients taking Selective Serotonin Reuptake Inhibitors (SSRIs), and inability to provide informed consent.

RESULTS
Presently, data suggests sexual function is impaired secondary to antipsychotic use. Further extrapolation of data is pending further enrollment.

CONCLUSIONS
Preliminary results point to better sexual function with certain second generation antipsychotics. It also appears that patients on single antipsychotic may have better sexual function than patients on multiple agents.
Sleep Disorders
SLEEP DISTURBANCES AND OTHER PSYCHOSOCIAL FACTORS IN FEMALE POPULATION AGED 25-64 YEARS IN RUSSIA

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Objective: To study the prevalence of sleep disturbances (SD) and its relation with other psychosocial factors in female population aged of 25-64 years in Russia (Novosibirsk).

Methods: Under the third screening of the WHO "MONICA-psychosocial" (MOPSY) program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk. The response rate was 72.5%. Estimation of sleep was assessed by the questionnaire Jenkins. Chi-square test ($\chi^2$) was used to assess the statistical significance.

Results: The prevalence of SD in the female population aged 25-64 years was 65.3%. Poor sleep associates with high personal anxiety more frequently (93.8%) than good sleep (p<0.01). The rate of major depression was 4-fold higher in women with poor sleep (p<0.001). Prevalence of high vital exhaustion as well as low close contacts index grows linearly with deteriorating quality of sleep (p<0.001). Changes in marital status are in 2-times higher and conflicts in family are also increased in women with SD (p<0.05). Those women rarely have the opportunity to relax at home (p<0.05). With regard to job stress poor sleep is associated with stopping or reducing the additional work in 2-times higher. Women with SD in 3-times more likely to report decline in their working capacity and responsibility at work (p<0.001).

Conclusions: The prevalence of SD in female population 25-64 years in Russia is high. SD often related to high personal anxiety and vital exhaustion, major depression, high job and family stress.
NARCOLEPSY VERSUS MALINGERING – A REVIEW WITH A CASE REPORT

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Objectives: Narcolepsy is a clinical syndrome of chronic daytime sleepiness, cataplexy, hypnagogic hallucinations, and sleep paralysis. It is the second most common cause of disabling daytime sleepiness, after obstructive sleep apnea. Only one-third of patients will have all four symptoms; thus, the diagnosis should be considered even in patients with daytime sleepiness alone. Narcolepsy typically begins in the teens and early twenties. Patients are prone to fall asleep, at inappropriate times, and even to doze off with little warning - episodes referred to as “sleep attacks”. Loss of hypocretin neurons, genetic factors, and brain lesions can cause narcolepsy. There is also an association with specific HLA alleles. The diagnosis is confirmed with a polysomnogram and a multiple sleep latency test (MSLT). This case report describes a 49-year-old man, heavy vehicle driver, referred to the Departments of Neurology and Psychiatry, with suspicion of narcolepsy and depressive symptoms, appearing after a stressful event. We then review the clinical data, differential diagnosis (with special regard to psychiatric disorders), and treatment options for narcolepsy.

Methods: References for this Review were identified through searches of PubMed with the terms “narcolepsy” and “pseudo-narcolepsy”. The final reference list was chosen on the basis of relevance to the topics covered (eg, originality, contribution to narcolepsy diagnosis or treatment).

Results / Conclusions: A variety of alternative conditions must be considered whenever narcolepsy is suspected. In this particular case, the clinical picture and the results of the sleep study supported the diagnosis of narcolepsy. However, the age of onset, the HLA phenotyping, and the onset of symptoms after a stressful event, did not favor the diagnosis, which posed many doubts, especially when evaluating the patient’s capacity for work. In conclusion, careful inquiry into psychological factors in unusual cases of narcolepsy may be warranted.
PRAMIPEXOLE IMPROVED MIRTAZAPINE-INDUCED RESTLESS LEGS SYNDROME
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Antidepressants can cause restless legs syndrome (RLS). Here, we present the case of mirtazapine-induced RLS which improved with add-on pramipexole.

An 80-year-old woman had started showing symptoms of depression 1 year before she presented at our hospital. She had no history of depressive-episode sleep-related movement disorders, such as RLS, or periodic limb movement. She scored 22 on the HAM-D-21.

On admission, mirtazapine was initiated and then increased to 45 mg daily. Two days after the increase to 45 mg of mirtazapine, the patient suddenly began to present restlessness of her legs, predominantly at the beginning of a night's sleep. She was clinically diagnosed RLS as per se International Restless Legs Syndrome Study Group Rating Scale (IRLS), having an IRLS score of 25.

Once pramipexole was initiated at 0.125 mg daily, RLS subsided promptly and substantially. Increasing the pramipexole dose to 0.25 mg improved the patient's depressive symptoms such as loss of interest and psychomotor inhibition. She was discharged upon scoring 0 on IRLS, as well as 5 on HAM-D.

Mirtazapine is most likely one of the second-generation antidepressants that induce RLS. The pathophysiology of antidepressant-induced worsening of RLS remains unclear, but dopaminergic hypofunction combined with serotonergic and noradrenergic hyperfunction has been proposed as a possible cause. Elderly patients may have particular vulnerability involving monoamine dysfunction.

Pramipexole has been a well-known treatment for RLS and a potentially efficacious augmentation strategy for antidepressants. In this case, pramipexole gave our patient a treatment benefit for both her depressive symptoms and RLS.

We hypothesize that patients under depression with RLS have been underestimated because of their complicated complaints or hidden sleepless symptoms. Although guidelines for pharmacological management of comorbid depression and RLS have been proposed, further research is essential to establish the most appropriate algorithm for treating such patients.
REM SLEEP BEHAVIOR DISORDER PRESENTING IN AN 85 YEAR OLD MALE
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We present the case of an 85 year old male, referred to the emergency department for “suicide attempt”(sic), with self-inflicted cuts in both wrists and abdomen. On arrival, he was baffled and unable to understand what had happened. He explained that he had never had suicide or self-harm thoughts and reported being asleep “and dreaming that someone was killing me”(sic). He had a vague recollection of getting up, going to the kitchen to get a knife and trying to cut himself but couldn’t comprehend why he would do that.

He reported no previous psychiatric history and denied low mood or suicide thoughts, at present or in the past. There was no psychopathology present on mental examination.

He had a medical history of high blood pressure, congestive heart failure and pulmonary hypertension and was taking medication accordingly.

In the absence of psychopathology and psychiatric history, our primary diagnostic hypothesis was of REM sleep behavior disorder.

Sleep is a process required for proper brain functioning and it is an active process associated with a high degree of brain activation. There are several distinct types of sleep, with particular characteristics, functional importance and regulatory mechanisms. Sleep disorders occur when these regulatory mechanisms fail.

Parasomnias are a group of sleep disorders characterized by physiological or behavioral phenomena that occur during or are potentiated by sleep. In REM sleep behavior disorder, there is failure of the mechanism creating generalized skeletal muscle atonia. Without this suppression of muscle tone, individuals can literally act out their dreams.

A wide variety of drugs and comorbid conditions can precipitate or worsen REM sleep behavior disorder.

As in the case presented, the clinical significance of parasomnias often relates more with the medical consequences or the level of distress than with the frequency of the abnormal events.
BIBLIOMETRIC APPROACH OF INSOMNIA, PSYCHIATRIC COMORBIDITY AND UPDATE OF HYPNOTIC DRUGS

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Objectives: A bibliometric approach regarding scientific publications related to insomnia, drugs authorized in insomnia, and psychiatric comorbidity, as well as its evolution during the 20th years, was performed.

Methods: Using the MEDLINE database, we selected those documents whose title included the descriptors insomni*, sleep disorder*, drug* (and synonyms), and psychiatric comorbidity, like ADHD, depression, anxiety, addiction or abuse substances disorder. We reviewed drugs approved for insomnia treatment. As bibliometric indicator of the production, Price’s Law was applied.

Results: A total of 4383 original documents were obtained and 2737 of these documents are corresponding to some aspects about drugs therapy. Documents related with insomnia and psychiatry were depression=796, anxiety or stress= 859, addiction or abuse= 81. The material studied is closer to an exponential adjustment (y=42.803e0.1029X; r = 0.9856) than to a linear adjustment (y=15,201x -9.5586; r = 0.977). There are different insomnia treatment approved for this use: benzodiazepines, analogues of benzodiazepines, melatonin agonist (melatonin prolonged release, ramelteon), antihistaminic drugs. The pharmacokinetic (Tmax, Cmax, duration of action) and pharmacodynamics characteristics are different.

Conclusions: Scientific productivity in insomnia has increased during the period 1983–2013, being the most prevalent studies in depression and anxiety. Melatonin has been the last drug approved for insomnia treatment.
REPORT OF A CASE.
IMPORTANCE OF MULTIDISCIPLINARY WORK IN DAY HOSPITAL (DH)

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ANAMNESIS
30 years old male, married. He works as a telecommunications technician, now on sick leave. In February 2011 he required admission to the Psychiatric Unit for a psychotic episode. He gradually improved and appropriately criticized his psychotic symptoms. After this clinical remission he presented depressive episode. Since then it has been admitted in several Mental health network resources.
Diagnosis on admission: schizoaffective disorder.

PSYCHOPATHOLOGICAL EXAMINATION:

OBJECTIVES:
To regulate schedules and habits, behavioural activation. To ensure clinical improvement and adjustment of treatment. Sleep normalization. To manage psychotic symptoms and relapse prevention.

EVOLUTION AND INTERVENTION:
During admission a significant daytime sleepiness associated with obstructive sleep apnoeas (OSA) was observed. This problem conditioned the implementation of activities in our DH, which was resolved with the implementation of CPAP machine and pharmacological adjustment. This allowed adequate participation in various group and individual activities to facilitate the achievement of the objectives.

CONCLUSIONS:
Patients with untreated OSA experience a tendency to sleepiness that brings a state of passivity, lack of initiative, hypomimia and psychomotor retardation. There are studies linking OSA with psychiatric co-morbidity, especially depression and anxiety disorder, which shows us the importance of sleep can have on these aspects.

BIBLIOGRAPHY:
KLEINE-LEVIN SYNDROME IN A TEENAGE GIRL: A CASE REPORT

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Kleine-Levin syndrome is a rare sleep disorder characterized by recurrent episodes of hypersomnia, accompanied by cognitive or mood disturbances, and behavioural disturbances like hyperphagia or hypersexuality with inappropriate or odd behaviour.

We report the case of a 13-year-old girl, with two symptomatic episodes and an asymptomatic interval, in a period of 3 months. During symptomatic episodes she was admitted to the Paediatric Unit and referred to Psychiatry because of the abnormal behaviour. We describe the onset and course, clinical examinations, other tests (blood test, hormonal test, cerebrospinal fluid analysis, electroencephalograms CT and MRI), management and treatment. Differential diagnosis with menstruation-related hypersomnia and psychiatric disorders is also discussed.
THE EFFECT OF SANSONINTO ON THE INSOMNIA IN SOCIALLY ISOLATED MICE


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Objectives: Sansoninto (SAT) is a hypnotic herbal medicine used for individuals with a sleeping disorder even with a sense of fatigue. There are almost no previous reports of this medicine being tested on animals with insomnia caused by environmental stress. Thus, we have evaluated the effects of SAT on socially isolated mice.

Methods: Male ICR mice, aged four weeks, were used for this study. It was performed either in an independent, isolated rearing or in a group rearing for nine weeks prior to administering SAT in their drinking water for seven days. The doses were carried out in 730 mg/kg. After given this medication, we investigated their brain waves, the motor activity for 24 hours, and the corticosterone concentration in plasma in order to evaluate insomnia and a behavioral change.

Results: Prior to SAT being given, the statistics show that the level of motor activity during the lighted period increased. Wake-time of the subjects under the isolated rearing increased for both lighted and unlighted periods. NREM sleep time shortened, and REM sleep time showed no change. Proceeding SAT being given, the medication showed a sign of effect on controlling the amount of activities created by the mice as well as the length of their awake-time and sleep-time. Details on NREM sleep period could not be measured on electroencephalogram, theta waves on this study. The corticosterone concentration in isolated rearing increased, and SAT reduced this as well.

Conclusions: Socially isolated mice showed much more motor activity during the day, and their sleep hours were shorter than those of group rearing – the differences were most likely influenced by their stress load. SAT reduced the motor activity shown on this test and prolonged the length of the subjects’ sleeping period; thus, it suggests that SAT has effects on insomnia caused by surrounding environment.
USE OF THE MELATONIN IN THE TREATMENT OF PANIC DISORDER AND INSOMNIA
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Objectives

Melatonin is a natural hormone made by your body's pineal gland. During the day the pineal is inactive. Melatonin levels in the blood stay elevated for about 12 hours - all through the night - before the light of a new day when they fall back to low daytime levels by about 9 am. Daytime levels of melatonin are barely detectable.

The chief characteristic of panic disorder is the occurrence of panic attacks coupled with fear of their recurrence. In clinical settings, agoraphobia is usually not a disorder by itself, but is typically associated with some form of panic disorder. Many of those clients have insomnia. They reported that their performances and productivity are negatively affected because of sleep disorders.

Methods

In this study we treated during 8 weeks about 30 clients with panic disorder with Melatonin us adjuvant medication commonly with antidepressants and benzodiazepines.

Melatonin was given to people near their normal sleep time in dosage between 1 -3mg pro die.
We use to demonstrate if melatonin is effective and safe for insomnia two scales: 1) Pittsburgh Sleep Quality Index and 2) Epwort sleepiness scale.

Results

We found that melatonin restored their sleep efficiency and improved their sleep. We found that melatonin is effective and save in shortening the time it takes to fall asleep and reducing the number of awakenings, but not necessarily total sleep time. Melatonin also helps people to stay alert during the day.

Conclusions.

Melatonin appears to be effective in the treatment of panic disorders with insomnia.
PRE-SLEEP AROUSAL AND SLEEP IN UNIVERSITY STUDENTS

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Objectives: To explore the pre-sleep arousal contributing factors and to analyze its contribution to sleep difficulties.

Methods: The sample comprises 468 medical and dentistry female students, aged between 17-24 years (mean=19.34, sd=1.27). The Pre-sleep Arousal Scale/PSAS, Arousal Predisposition Scale/APS, Eysenk Personality Inventory-12/EPI-12, Hewitt and Flett and Frost Multidimensional Perfectionism Scales/H&FMPS, FMPS, Profile of Mood States/POMS, and Emotion Regulation Questionnaire/ERQ were used to assess pre-sleep arousal, the arousal propensity, introversion/extroversion personality traits, perfectionism, negative affect, and emotion regulation, respectively. The worries interfering with sleep were assessed with one item and sleep disturbances with a questionnaire. Current and lifetime global sleep disturbances indexes (SDI) were calculated summing the scores of the items assessing current or lifetime difficulties initiating sleep (DIS), maintaining sleep (DMS) and early morning awakenings (EMA).

Results: Introversion (Beta=.135, p<.05), negative affect (Beta=.190, p<.01), worries interfering with sleep (Beta=.347, p<.01), arousal propensity (Beta=.125, p<.05), and emotions suppression (Beta=.130, p<.05) were pre-sleep arousal (PSAS total score) significant predictors in a model that explained 41.2% of its variance. Perfectionism was not a significant predictor of PSAS total score. The PSAS total score was associated with sleep latency (rs=.392) number of awakenings (rs=.269), low sleep duration (rs=-.166), sleep deficit (rs=-.189), sleep depth (rs=.263), current/lifetime DIS (rs=.350, rs=.289), current/lifetime DMS (rs=.169, rs=.213), current/lifetime SDI (rs=.319; rs=.267) and sleep quality (rs=.340) (all p<.01). Current/lifetime early-morning awakenings and sleep needs were not associated with pre-sleep arousal.

Conclusions: Pre-sleep arousal interferes with sleep quality and quantity and is predicted by introversion, arousal predisposition, negative affect, maladaptive cognitive coping (e.g. worry), and emotions suppression. These findings confirm the cognitive theory of sleep and clarify the predictive factors of pre-sleep arousal that should be the focus of clinical interventions in students with sleep difficulties.
THE ASSOCIATION BETWEEN HYPNOTIC CRAVING AND HYPNOTIC USE: A VALIDATION STUDY OF THE HYPNOTIC CRAVING SCALE
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Objectives
Although most hypnotics are recommended for short-term use, long-term hypnotic use is very common in clinical settings. Hypnotic dependence is a phenomenon that is under-investigated. Craving is considered to be an important contributor in substance dependence. We developed a self-rating scale, the Hypnotic Craving Scale (HCS), to measure the extent of hypnotics craving. We have reported the factorial structure and internal consistency of the scale previously. The current study aims to validate the HCS by examining the association between the scores of the HCS and frequency of hypnotic use.

Methods
Participants included 163 hypnotic users. Potential subjects with severe medical and/or psychiatric disorders were excluded. They were required to complete the HCS, the Insomnia Severity Index and a questionnaire for demographic data and hypnotic use. The HCS contains 17 items that were divided into three factor subscales according to results of a exploratory factor analysis: F1- desire to use hypnotics, F2 - lack of control over hypnotics use, and F3 - relief from negative subjective experiences.

Results
The HCS total score as well as all the factor scores were shown to significantly correlated with the frequency of hypnotic use. Hierarchical regression shows that the HCS scores remains to be significant predictors for frequency of hypnotic use after controlling for insomnia severity. The HCS scores can increase the proportion of variance explained for about 37.3% (F = 31.46, p < .001).

Conclusions
The HCS was shown to be a valid scale for the measure of hypnotic craving as it is associated with the frequency of hypnotic use. It can be used for the evaluation of hypnotic craving in both clinical and research settings.
QUALITY OF SLEEP IN ANXIOUS PATIENTS
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Objectives
1. To determine the prevalence of sleep disorders in patients diagnosed of any anxiety disorder.
2. To study specific characteristics of sleep disturbances in patients with anxious disorders.

Methods
The sample is composed of 225 outpatients treated in outpatient psychiatric clinic, that had been diagnosed with some type of anxiety disorder by psychiatrist and interviewed with:
Hospital Anxiety and Depression Scale (cutoff 13-14)
Pittsburgh Sleep Quality Index (cutoff 5-6).
Statistical analysis was performed using SPSS version 19.0 for Windows.

Results
The sample was composed of 68% women and 32% men. Mean age of the sample was 36.8 years (SD: 8.1). From the whole sample 81% of the patients analyzed presented sleep disturbances, corresponding higher prevalences to women, with statistically significant differences in the scales of subjective sleep quality and sleep disturbances. In the analysis by age, older age patients have a higher number of alterations than younger groups.
Significant alterations were detected in subjective sleep quality, daytime dysfunction and sleep medication in all types of anxiety disorders.
Posttraumatic Stress Disorder is the disorder that presents more alterations in the sleep-wake pattern, with statistical significance, followed by Generalized Anxiety Disorder. Phobic disorders present low sleep problems.
Specific sleep disturbances and relation with clinical and sociodemographic variables are described in specific anxiety disorders.

Conclusions
Sleep disorders are present in a high proportion of patients with anxiety disorders.
The high prevalence of sleep disturbances and the implications for the prognosis of anxiety disorders make it advisable for the analysis of sleep disturbances and parameters determining predictors of relapse in anxious patients.
More investigations are needed to study sleep disturbances with bigger samples and in anxiety and other psychiatric diagnoses.
ASSOCIATION BETWEEN SLEEP DISORDERS AND METABOLIC SYNDROME IN OBESE ADOLESCENTS

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Introduction: A parallel increase of obesity and chronic partial sleep loss prevalence has been observed in modern societies. The proportion of adolescents that sleep <7 h per night has increased from 15.6 -37.1 % in the last twenty years. Chronic partial sleep can be equated with an allostatic load situation contributing the development of the metabolic syndrome (MS).

Objectives: To determine the association between sleep disorders and the presence of metabolic syndrome in obese adolescents in a pediatric hospital.

Methods: Cross-sectional study; sample were 52 adolescents ages from 12-18 years. A group of obese adolescents with BMI >95th percentile or ≥ 2 DS according to WHO, to present MS according to the IDF criteria teen vs a group of obese adolescents without MS were compared. Adolescents were assessed by pediatric services, nutrition, endocrinology and mental health. Subjects were performed anthropometric evaluation, glucose, cholesterol, HDL, triglycerides. Pittsburgh Sleep Questionnaire Scale and severity of insomnia was applied.

Results: Men age was 14.48 years ± 1.72, 63% girls and 37 % boys. Higher frequency of poor sleepers (p = .006), decreased sleep latency (p = .049), sleep disturbances (.008), initial insomnia (P.005) and daytime sleepiness (p = 0.002) was found in obese adolescents with MS also had higher plasma cholesterol levels (p = .039), HDL (p = .000) and greater waist circumference (p = -045) compared to obese without MS. Not so in the subjective quality of sleep (p = .165), sleep efficiency (p = .105), and daytime dysfunction (p = .726). Positive correlation between glucose levels and poor sleepers r = .696 (p = .001) and between weight and poor sleepers r = .712 (p = .05) and positive correlation between the number of MS components and poor sleepers r = .442 (p = 0.005).

Conclusions: According to results, the sleep disorders can play a role in the etiology of metabolic syndrome, that’s why is very important that we can make interventions that increase the amount and improve the quality of sleep as a primary preventative measures for metabolic disorders.

References:
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POSTMENOPAUSAL SLEEP DISORDER: EFFECT OF VALERAIN AND LEMON BALM COMBINED CAPSULES, A TRIPLE BLIND RANDOMIZED PLACEBO CONTROL CLINICAL TRIAL

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2) Neda Nazem Ekbatani¹, M.Sc in Midwifery
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Sleep disorder in menopause women, which have high prevalence, may affect their quality of life and must manage by safe pharmacologic or non pharmacologic methods.

Objectives: To determine effect of Valerian and Lemon balm combined capsules on Sleep problems.

Methods: In this triple blind randomized control clinical trial, 100 volunteer healthy menopause women with aged 50-60 years, who complained of sleep disorders, were selected randomly in clinics of West of Tehran (50 in each group). After filling in informed consent, intervention group received two combined capsules of 160 Mg Valerian and 80 Mg Lemon Balm in a day and control group received 50 Mg Starch as placebo capsules two times in a day for one month. Study tool had two main parts of Personal characteristics and Pittsburg Sleep Quality Index (PSQI). In this study all ethical points were considered and approved by Tehran University Research Ethics Committee.

Results: The average age of the experimental group was 52.5 ± 7.8 and 53.7 ± 3.5 in the control group with a menopausal onset age of 47.6± 4.1 and 49.1 ± 3.9 respectively. Equality of demographic characteristics and PSQI before intervention had been checked in two group and there were no difference. 36% of the experimental group but only 8% of the placebo group showed an improvement in the quality of their sleep and sleep scores were found to have decreased by 5 points. (P = 0.0001).There was significant difference in PSQI between intervention and placebo group (p > 0.05)

Conclusion: Findings from this study add to scientific evidence that support use of valerian and Lemon balm combined capsules in the clinical management of sleep disorder in menopause. No side effects had been seen during study and one month after finishing intervention. It is suggested to continue this study with more duration.

Keywords: Sleep disorder, Menopause, Pittsburg Sleep Quality Index (PSQI).
WPA-0130 THE RELATIONSHIP BETWEEN THE QUALITY OF SLEEP WITH GEOGRAPHICAL DIRECTION DURING SLEEP.
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Abstract

Objectives: Sleep as one of the affluence of God in human existence and comfortable for health of body and soul. Sleep is under the influence of external and internal factors like age, sex, drug, illness, psychological pressure, job, lifestyle and Earth's magnetic field on the quality and quantity of sleep. In this study we wanted to find the relationship between geographical direction during sleep with the quality of sleep.

Methods: In a cross-sectional descriptive study, 200 students from universities of Iran, Mazandaran province, were selected randomly. After omission the cases, based on removal criteria, the number of the samples of the research was 153. Tools collecting information were standard Pittsburg sleep quality inventory (PSQI) for quality of sleep, Symptom Checklist-90-Revised (SCL-90-R) to study psychiatric symptoms and a demographic questionnaire to record a personal information, filled by individuals. Software Spss16 with chi-square test used for statistical analysis.

Results: 30.7\%(47 cases) have slept in north-south direction, 22.8\%(35) in south-north, 26.2\%(40) in east-west and 20.3\%(31) in west-east. Among PSQI sleep scales, there was a strong relationship between sleep disturbance with geographical direction of sleep (p<0.001). No significant relationship between sleep direction and other scales has been found.

Conclusion: considering the high prevalence of sleep difficulties and strong relationship between geographical direction with quality of sleep, with regard to this study, sleep in north-south can be advised to improve sleep quality and is necessary in sleep hygiene.

Key Words:
Geographical sleep directions - PSQI - Quality of sleep
Background: The relationship between trauma and dissociative symptoms is known. The relationship between dissociation and sleep quality was not yet analyzed and the role of sleep quality in the trauma-dissociation relationship is not known.

Aims: Investigate whether traumatic experiences are associated with dissociative experiences, subjective quality of sleep and sleep disturbances.

Methods: 136 subjects aged ≥ 16 years old (women: 76.5%; single: 82.4%; ≥ 12 years of education: 97.1%) were recruited/assessed through a Psychological Support Online webpage with the Traumatic Experiences Checklist/TEC (categorizing participants as normal: 0-5, and at risk: ≥ 6 experiences), the Dissociative Experiences Scale/DES, and the Pittsburgh Sleep Quality Index/PSQI.

Results: Twenty-one participants had more than 6 traumatic experiences and higher scores on DES, worse subjective sleep quality, more subjective disturbed sleep, and bigger subjective sleep latency.

The levels of trauma, dissociation and sleep quality were not significantly different regarding sex, educational level, marital status. But sleep quality was significantly different regarding age, having the youngest the worse quality and efficiency of sleep, and regarding marital status, having those with partner worse quality and efficiency of sleep.

TEC correlated significantly positive and moderately with dissociation, subjective disordered sleep, and PSQI total score.

DES positively and significantly correlated only with subjective disordered sleep.

Conclusions: Interventions aimed at sleep issues may benefit taking in consideration traumatic experiences and dissociation.
Social and Cultural Psychiatry
Objectives: Elderly depression and suicide are one of the most serious mental health problems in Korea. The aim of this study was to investigate the factors associated with depressive symptom among elderly persons in community sample.

Methods: A cross-sectional study was conducted for a total of 1,010 community-dwelling adults aged 60 years and older enrolled from recipients of home visiting care by community health center. Geriatric Depression Scale was administered to determine whether the participants experienced depression or not. We collected demographic, lifestyle, psychosocial and clinical data in face-to-face interview. Pain and suicidality were assessed with General Pain Measure and Suicide Intention Scale.

Results: The prevalence of depressive symptom was 40.9%. Pain, living alone, no exercise, numbers of disease were significantly associated with depression. Pain (OR 4.9, CI 95% 3.0-8.2, OR 3.5, CI 95% 2.1-6.1) was the strongest correlate among them in uni- and multivariate analysis.

Conclusions: This study suggests than depression is common among the elderly especially, with no exercise and living alone. Pain and comorbid medical disease management seem to be the valid targets for reducing geriatric depression.
EFFECT OF MARRIAGE ON MENTAL ILLNESS.
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Marriage is a social system through which a man and women come closer to each other and start living together to fulfill certain social and personal needs. In India it is a popular belief in community that marriage is a cure for mental disorders ranging from conversion disorder to psychoses. Psychiatrists are not only approached for advice in this matter but also they face with consequences of ill planned marriage. There are no scientific studies in this area. Marriages are arranged by the parents and influenced by a number of factors such as astrological compatibility, caste regulations, geographical proximity and expectations of dowry. On majority of occasion the family doesn’t disclose about psychiatric illness and it creates lots of family problems. Areas covered are effect of Marriage on Females and males with Schizophrenia and Bipolar Affective Disorder. The result are discussed in female patient of schizophrenia who got married, as after marriage female leave her parents home and live with inlaws. Further studies were done on both male and female patients with schizophrenia, studies are discussed in mood disorders as well. This symposium will broadly cover outcome of marriage in psychoses. Following these studies we will be able to answer about role of marriage in various types of psychoses. The results will help us in finding role of the marriage on clinical conditions, martial adjustment, effects on family jointness and type of illness and adjustment.
ANTHROPOLOGICAL-PSYCHIATRIC-PSYCHOANALYTICAL-SOCIOLOGICAL IMPORTANCE OF OEDIPUS IN THE STRUCTURING OF THE INDIVIDUAL AND IN ITS DISEASE
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We propose an anthropological-psychoanalytical-sociological conception of the individual, based on the importance of the performance of Unconsicienceness and the Oedipus Conflict. Freud, considers the mind as a system: the psychic system. Within the 4 Freudian models of the psychic system the mind procedes from the body whose regular function is to charge-discharge-recharge. Oedipus would be, nuclear, nodular, universal, foundation laying, structuring of human psychisms, complete and irresolute, where they resignify and acquire cathexis (subsequently, pathogenic) all the remaining Conflicts. According to the complementing series, Oedipus would become non prone to conscienclousness by means of: 1) Repression (delegating space to the Oedipus Complex), 2) Splitting leaving room for primitive-projection-negation Dicociation. Thus Originating all three forms of basic performance of the psychic system and three basic Organizations of Personality: Neurosis-Borderline-Psychosis. Mental disease is to Psychoanalysis the reactivated and updated reedition (culture) of the Oedipus Conflict, acting by means of an oral, anal, phallic-urethral fixation point, producing alterations in the progression (personality disturbances) and regression (symptoms) within the psychic system. First series: Oedipus (protofantasy) would not be inherited but the developing capacity thereof would be. Second: childhood sexuality: Freud explains childhood sexuality: as a: psycho-evolutional scheme of the libido-agression in connection with Oedipus. Third: adult traumatic situations (loss of universal objects resignified in adulthood: Culture) Oedipus would not be inherited but the capacity to develop it (biology) within the relationship within the object (culture) would be. Social roles, group forming company, family are explained as a painful attempt and failure to resolve Oedipus.
PSYCHOECONOMIC NOSOLOGY
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In our exchange society, appropriative behavior is not only restricted to the appropriation of production but also to psychic appropriation, on which tendencies and possible hierarchical orders of domain and appropriation of manifest economy will be based. Our ultimate goal is to inaugurate a new approach in an attempt to create a new Psychoeconomic Nosology.

We intend to assemble medical, psychological, sociological and macroeconomic knowledge in order to initiate and channel psychosociological procedures from a medical and social perspective.

Community life involves supply and demand, appropriation and disappropriation. Human behavior, its dysfunctions, and the physiopathological disorders resulting from such appropriation have been theorized, classified and legislated, but the driving nature of the social psyche-soma has not been understood or subject to an interdisciplinary classification from the point of view of a psychoeconomic pathology.

In this sense, physiological functions are somatic-social, while psychoeconomic functions are psychosocial functions.

From now on, our intention is to derive psychoeconomic variables from a psychobiosocial approach, and to develop devices through health-disease variables for an understanding and therapy.
HIKIKOMORI IN SPAIN: A DESCRIPTIVE STUDY
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Objectives: Hikikomori syndrome (HS), first described in Japan, is a psychopathological and sociological phenomenon in which people, especially young, have a complete social isolation at home, without any interest to attend school or work. HS is a symptom observed in different mental disorders, such as schizophrenia, depression or anxiety. A subgroup of HS doesn’t have other diagnosis. The prevalence outside Japan is unknown, although cases have been reported in other countries. The difficulty of detection and access, and the lack of specific services, has underestimated its prevalence. The creation of community psychiatric care services, such as the Mobile Crisis Unit (EMSE) in Barcelona, has revealed a significant prevalence of HS. The aim of this study is to describe HS patients treated by EMSE.

Methods: A total of 183 patients with HS assisted between 2008 and 2013 were reviewed. Data collected included socio-demographic, clinical, social and therapeutic information and the Severity of Psychiatric Illness (SPI) score.

Results: The mean age is 40 years (SD 18), mostly male patients (71.6%). The 84.7% lives with their family, who alert in 73.5% cases. The 35% have a psychotic disorder, 23% anxiety disorder, and for the 3% there’s no other diagnostic. The 29% need to be hospitalised. The mean GAF is 42.

Conclusions: HS is one of the most frequent reasons for consultation in the EMSE (20%). This shows that its prevalence has been underestimated due to lack of specific data and specialized home care services. HS have high psychiatric severity and negative to treatment, making difficult its home management, and 27% cases need involuntary inpatient treatment.
The occurrence of postpartum psychosis in a male patient after the birth of his first child is described in this case report. An association with the phenomenon of the couvade syndrome that is observed in all cultures has been made in other case reports (1). Stressful life event of pregnancy in a partner related to the onset and development of a first episode of psychotic episode is reported in this clinical case. The term of Couvade Syndrome is used in psychiatry to describe psychic manifestations in men during their partners pregnancy or during the postpartum period. Not many studies make reference to this syndrome, but it has described a wide range in its prevalence (13%-97%). Therefore, it may be more useful to think that almost all parents manifest any symptoms but not the syndrome per se which would imply that we are in front of a dimensional phenomenon (2). Although no one knows for sure what its causes are, it has been proposed different theories. In any case, this phenomenology is interesting because the need to understand these events leads us beyond the purely biological aspects that is what it has been used to justify the psychopathological disturbances of women. We should consider the stressful and emotional connotations of what it means to be a mother and father in society(2). This case represents the extreme end of that spectrum and suggestions are made for early identification and treatment.

REFERENCES:
INFORMATION AND ATTITUDES OF THE RELATIVES OF INDIVIDUALS WITH MENTAL ILLNESSES ON NON-MEDICAL APPLICATIONS THEY USE FOR THEIR PATIENTS

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

Material and Method: First degree relatives of the patients monitored in psychiatry polyclinic participated in the research between January 2012 - May 2012. (n=80). Data of the research were collected through “Descriptive Information Form”, “Information and Attitude Data Form for Non-medical Applications” and “Help Seeking Attitude Scale”.

Findings: 60% of participants have resorted to the applications regarding non-medical treatment for their patients whom they present care, 34.3% of those have stated they have applied to these practices as these persons are in desperation and hopelessness and 26.5% due to their personal belief. 89.1% of participants have sought religious/spiritual application but 67.5% have indicated that they do not want to keep on this application, 78.7% said that application has not affected well-being status. It has been found that help seeking attitudes of the individual who use non-medical applications. However, considering the characteristics of care providers, it is seen that the features such as being woman, being mother, living in the same house with patient, bringing to hospital forcibly, existence of financial income support increase the desire and attitude of help seeking.

Discussion and Conclusion: As use of non-medical applications is at high rates in psychiatric cases, health workers should raise their awareness on this subject and give information about the importance of the continuance of medical treatment. The sustainability of communication with the family members in charge of patient care may be supporter for prevention of the side effects (drug interactions etc.) and the chronicity of diseases.
POSITIVE PSYCHOTHERAPY: A TRANSCULTURAL PSYCHODYNAMIC METHOD
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Objectives
To analyse elements and techniques of Positive Psychotherapy (PPT) – a humanistic psychodynamic method developed by Nossrat Peseschkian since 1968 – and to compare it with the needs and requirements of a cultural-specific psychotherapy. To discuss with the audience the possible characteristics of transcultural psychotherapeutic methods.

Methods
The application of PPT in treatment and training over the past 25 years is analysed, and results of its application in more than 20 countries and cultures are shared. Different intervention techniques of PPT are explained and discussed from a transcultural perspective.

Results
The positive conception of human nature, the holistic approach, the use of stories and anecdotes, the inclusion of the family in the therapeutic process, the half-structured first interview and the short-term duration have made it possible to apply Positive Psychotherapy in different cultures effectively.

Conclusions
Positive Psychotherapy has proven efficient in the application in different cultures. It consists of several elements which one would expect from a method to be identified as a transcultural psychotherapeutic method.

References
FOOD INSECURITY AMONG INDIVIDUALS WITH SERIOUS MENTAL ILLNESSES IN THE U.S.
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Food insecurity is defined as a condition at the household level wherein the availability of nutritionally adequate and safe foods is limited or uncertain, often due to constrained financial resources. From a global perspective, food insecurity is a social determinant of health, influencing risk for and course of chronic health conditions like diabetes and cardiovascular disease. Food insecurity is also an often overlooked social determinant of mental health, and is likely especially prevalent and problematic among persons with serious mental illnesses who are treated in public-sector mental health systems.

We compared the prevalence of food insecurity among 300 individuals with serious mental illnesses to national rates available from the U.S. Department of Agriculture. We then examined associations between the presence of food insecurity and diverse demographic and clinical variables. In another study, we examined area-level limitations in access to food and the prevalence of both physical (diabetes and congestive heart failure) and mental illnesses (schizophrenia and affective disorders) in a large population of individuals with Medicaid insurance coverage.

Individuals with serious mental illnesses have high rates of food insecurity, which is likely associated with poorer course/outcomes. Furthermore, such persons tend to live in areas with limited food access.

Psychiatrists and other mental health professionals have the opportunity to assess and begin to address at both the individual/clinical and the community/policy levels a variety of social determinants of mental health, including food insecurity.
SOCIAL NETWORK, MENTAL HEALTH AND ADJUSTMENT IN IRAQI REFUGEES IN SWEDEN

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Objectives: The objective was to study changes in social network in Iraqi refugees in Sweden related to mental health and adjustment.

Methods: In a mixed-methods, two stage research design study (Creswell, 2009), 40 Iraqi patients and non-patients were interviewed with a semi-structured interview including biographical network map and scales concerning mental health (CES-D, PHQ-15, MINI) in Stage 1. Network maps were analysed regarding changes over time, structure and functioning, relation to meaning and self-image and to mental health and adjustment. In Stage 2, a questionnaire was developed, including standardized mental health instruments, on the basis of findings from interviews and completed by 500 Iraqis. Analysis concerned degree, type, source and continuity of social support related to mental health and adjustment.

Results: Interviewees described severe losses and weakening of daily network outside of family and relatives. However, many interacted regularly with transnational networks through the internet, describing interaction as both supportive and impeding integration in society. Difficulty in building new networks was related to trauma and mental ill-health concerns, both prior to and after coming to Sweden. Underutilized resources for resilience were also identified.

Conclusions: Social network issues are important to assess and address in order to support mental health and adjustment, through identification of both risk and protective factors.
SUICIDE ATTEMPTS AND FINANCIAL CRISIS IN GREECE: A STUDY IN A GENERAL HOSPITAL
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Objectives. Among the most controversial issues in the non-scientific community and the Greek media, has been the issue of the increased rate of suicides in the last years. As a result, there was a good reason for the study of this phenomenon. We therefore studied the change of type or frequency of suicide attempts referred to a big General Hospital and the possible link of those with the financial and social crisis in Greece.

Method. Collection of retrograde data on a semester basis of the Emergency and Outpatient Departments of the Psychiatric Sector of Evangelismos General Hospital between the years 2008 and 2013. Data were analyzed with a SSPS package using t-test, ANOVA and Multiple Regression analyses.

Results. The number of suicide attempts peaked in the first and second trimester of 2010 (N= 95 and 99 consecutively), but the overall number of suicide attempts didn’t overall differ significantly, ranging from 65 to 99 attempts per semester. A statistical difference was found, however, as for the reason stated for the attempt. During the deepening of the crisis, the main reason for the attempts was financial difficulty, correlating significantly with the degree of GDP decline, especially for the year 2012, where recession was biggest. (p<0.01). In the first semester of 2013 there was no correlation of the attempts with the financial difficulties.

Conclusions. The yearly number of suicide attempts didn’t differ significantly between 2008 and 2013 in our hospital. The reason stated for the attempts during the worst years financially, i.e 2010 and 2012, was financial insecurity. The fragmented way of this matter by the Greek media is discussed.

www/wpamadrid2014.com ABSTRACTS BOOK 340
MAGICO RELIGIOUS INTERVENTIONS IN MAJOR MENTAL ILLNESS- A CROSS SECTIONAL STUDY AMONG PRIMARY CARE GIVERS.
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Magico religious interventions are culture specific and rampant worldwide. They have a profound influence on the adoption of treatment modes, belief systems, expectations and coping ways of caregivers. The Magico religious interventions has been used as sole treatment options in physical and mental illness which can influence the management, course and prognosis in major mental illness which often require long term treatment adherence1.

Objective: The primary objective of the study was to find the proportion of patients subjected to Magico religious interventions at the onset of major mental illness and secondary objectives to assess the determinants like cultural, social, demographic factors, coping skills and knowledge of the family about mental illness that influences the decision for the same.

Methods- A cross sectional semi-structured questionnaire was given to key relatives of 144 patients diagnosed with major mental illness (psychotic and mood disorders) by DSM IV TR, who had attended the outpatient department or were inpatients in the Department of Psychiatry, of a tertiary care hospital in South India. Coping skills were assessed using the Coping skill Inventory-Short form [2].

Results- 53% of participants had adopted Magico religious interventions alone at the onset of mental illness. Higher educational level had a protective role against resorting to magico religious intervention and emotion focused disengagement was found significantly high among those resorting to magico-religious interventions.

Conclusion- Higher education status had a protective role in treatment advocacy (odds ratio 0.192, CI- 0.072-0.511). The emotion focused disengagement in coping is an important determinant in resorting to magico religious interventions (odds ratio3.136; CI-1.126-8.738). Drug defaulters were significantly more in those resorting to magicoreligious interventions(odds ratio 3.766; CI-1.868-7.592).

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THE SOCIO DEMOGRAPHIC FACTORS RELATED TO MIGRANTS MENTAL HEALTH IN IRAN

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Objectives: This study aims to explain and explore factors affecting mental health of migrants who live in Karaj Hesarak during the time of the research. Hesarak is a large suburb of Karaj city near the capital of Iran which is surrounded by Alborz Mountains from the north.

Methods and Material: Data were collected by a structured questionnaire from 400 migrants who were systematic-randomly selected. The statistical methods included Pearson coefficient correlation for hypothesis test, ANOVA for mean test, multiple regression and path analysis for measurement of model test.

Results: According to the research findings, there is a significant relationship between the immigrants mental health and education ($r=-0.19$), religious orientation ($r=0.38$), social capital ($r=0.41$), coping strategies ($r=0.15$), acculturation stress ($r=-0.50$), social class, housing conditions, social-marital status and type of migration. Regression results show that they have explained 55 percent of the changes in the dependent variables ($R^2=0.55$). Regression results show that the five variables: social capital, religious orientation, coping strategies, acculturation stress and marital status have had significant effects on the dependent variables. It should be mentioned that social capital has direct and the most causal effect on the dependent variable. In Path analysis mode, it had directly much causation effect on migrant's mental health.

Conclusion: According to the views of different scientists, it is likely that factors such as unsuitable verbal skills, social and economic limitations, bewilderment in responding to an unknown environment, conflict between traditional values, norms and customs and what prevails in the new society and finally the stress of acculturation endanger mental health among immigrants and cause high levels of mental pressure.

Key Words: Immigration, Mental health, religious orientation, Social capital, Acculturation stress, coping strategies
FOCUSSING ON RECOVERY: A GERMAN STUDY WITH THE RSA-QUESTIONNAIRE
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In Germany as well as in other countries recovery is a key theme of modern psychiatric services. Also the Center of Psychiatry, Psychotherapy and Psychosomatic Medicine at Klinikum Bremerhaven-Reinkenheide is going to be restructured according to recovery based policies: The locked psychiatric emergency ward will be closed, a psychiatric community center in downtown Bremerhaven is projected.

Before starting these transformation procedures patients’ and staff’s attitudes were assessed by the Recovery Self Assessment Questionnaire (RSA) with 32 items. On May 22nd and May 23rd 2012 the questionnaire was filled in by 97 patients (88% of patients treated at that time) and by 60 staff members.

On the one hand one of the main results is that patients and staff mostly agree with statements concerning typical therapy attitudes, e.g. item 1 “help to feel comfortable”: 84% of patients and 82% of staff agree/strongly agree. On the other hand agreement with typical recovery issues is generally lower and for some items significantly different between patients and staff, e.g. item 7 “hope”: 71% of patients and 52% of staff agree/strongly agree, item 8 “self-management”: 63% of patients and 22% of staff agree/strongly agree, item 23 “involvement”: 32% of patients and 30% of staff agree/strongly agree. The results will be presented and discussed in detail.

As a consequence of the study have we not only prioritized structural changes but have also placed more emphasis on training staff in recovery attitudes and have additionally intensified the impact of peers as “recovery companions” in our team. The result of these steps will be checked in a second survey in 2014.
MENTAL HEALTH AND IMMIGRATION (IN PRISON),
DENYING MYTHS
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Introduction: According to INE data, around 10% of the Spanish population in 2009 was immigrant. Numerous topics between immigration and health issues have been investigated: abuse of emergency services for this group, being vectors of infections, etc. From these topics does not escape the immigrant prison population. As part of our work we attend the prison of Pamplona.

Objectives: We intend to confirm or deny the widespread assumption among the general population about over abuse of health resources by the immigrant population. We conducted a descriptive study of the percentage of demand of Psychiatry Service by foreign population in relation to total demand.

Methodology: During the second half of 2012 and throughout 2013 there were in Pamplona Prison 297 prisoners. In that time 124 patients attended the Psychiatric clinic. We present a descriptive study where we collect social issues such as gender, age, nationality, diagnosis and analysis variables.

Results: The immigrant population within the prison is 25.2% of all inmates (75 of 297): 45 Latin Americans, 15 African and 15 European. The average of age is 35.16 years old.
In the psychiatric clinic were visited 124 new patients, out of which 24 were foreigners (19.35%). There were 15 Latin American, 5 European and 4 Africans. Considering diagnoses predominate substance abuse (13 patients), mainly alcohol (7), followed by Adaptative disorder (7). Regarding pathology we found 2 cases of psychotic spectrum of Schizophrenia and 4 Psychotic episodes.

Conclusions: As the immigrant population is 25,2% we should have expected the same percentage in the Psychiatric clinic, but we attended just 19,35%.
Although the perception may be another one, it is not true that immigrants are major consumers of mental health resources.
There is a predominance of the Latin American countries. There was no prisoners of Asian origin, which is pity because there are know as little frequenters of mental health resources. There is a predominance of disorders due to substance abuse, especially alcohol.

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NGILMU AS A CULTURE BOUND PHENOMENON IN PATIENTS WITH PSYCHOSIS IN JAVA, INDONESIA

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Objectives: Culture plays a large role in colouring the psychopathology of various psychiatric disorders. It is strongly believed in most of Indonesian that psychosis as a result of Ngilmu. Ngilmu itself is widely known as an act of studying or searching for knowledge which associated with magic, spirits and spirituality. Despite how common this belief is in Indonesia, this phenomenon, however, has not been well studied.

Methods: A descriptive preliminary study was performed to patients with psychotic symptoms in psychiatric wards of Dr. Soetomo Hospital Surabaya which have previous history of “ngilmu”.

Results: Only six percent of patient with psychosis has a previous history of Ngilmu and all of which came from Javanese ethnic group. Almost all of them are male from young adult age group. The majority of patients with history of Ngilmu are single and high school or junior high school graduates. They are generally single but have worked before. Disorganized Schizophrenia is the most common diagnosis, and most of them have Schizoid personality trait.

Conclusions: Further studies should be performed to analyse this phenomenon, as Ngilmu can present as a stressor or even a sign of prodromal stage in schizophrenia. Psychiatrist plays a large role in educating lay people on mental health and psychiatric disorder, including raising awareness on the aetiology and symptoms of psychosis. The belief of Ngilmu as a cause of psychosis may lead to a prolong duration of untreated psychosis (DUP), as families and society tends to seek help from witch doctors, Samans or spiritual leader for treatment if they belief that the illness is caused by spirits or magical origin.
ULYSES PERNAMBUCANO AND RENÉ RIBEIRO: THE HISTORY OF SOCIAL PSYCHIATRY IN PERNAMBUCO (BRAZIL)

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The psychiatry in Pernambuco, in their line of greatest prominence and gives it the main feature of his "personality", is a psychiatry sensitive to cultural - Ulysses Pernambucano (1892-1943), its main reference, termed his approach "social psychiatry ". In the year of the centenary of one of the main disciples of Ulysses, René Ribeiro (1914-1990), proposes to retell the history of psychiatry in Pernambuco in the interface with a culturalist / social approach, from the events that marked the biography of this author in his role as a psychiatrist and anthropologist (in this field, having been a disciple of Melville Herskovits (1895-1963), in the Northwestern University-USA). This paper presents results of a historical research whose ultimate goal was to highlight how the Escola de Psiquiatria Social do Recife (School of Social Psychiatry of Recife), his first generation, was linked to a project linked to the figure of psychiatry Pernambucano, promoting an interdisciplinary encounter between psychiatry and anthropology. On the one hand, will find it is René Ribeiro protagonist in this history, present in key moments of development of psychiatry and anthropology at Pernambuco; on the other, will be covered in the perspective lines of convergence / divergence between these two dimensions, mental health and culture, as addressed by that which became known as the School of Social Psychiatry of Recife, that, from a common thread, namely the biography of René Ribeiro.
DOES BULLYING IN CHILDREN BY PEERS INCREASE THE RISK OF PSYCHOSIS FOR VICTIMS? A SYSTEMATIC REVIEW

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Objectives: Recent large prospective studies have shown that maltreatment, such as trauma and abuse in childhood, increases the risk of psychotic symptoms in later life. The role of bullying in the development of psychosis for victims is unclear, as there are conflicting results in the literature. There remains a need to review the current evidence to further our understanding of this association. It is hypothesised that bullying by peers during childhood increases the risk of psychosis for victims. Our aim was to systematically review the literature to clarify this relationship.

Methods: A systematic search of the literature using a combination of keywords (1∩2∩3) was performed in January 2014 in the online databases (A) Medline (1946-2014) (B) Pubmed (C) Embase (1980-2014) (D) Psycinfo (1806-2014). The search provided 2842 studies; following screening of the titles and abstracts by inclusion and exclusion criteria and quality assessment of the full text, 7 studies was identified to be appropriate for the review. The key words used for the search were as follows:

Group 1. Bullying, Bullied, Trauma, Abuse, Violence, Victimisation
Group 2. Children, Child, Adolescent, Adult, Peers, Student
Group 3. Psychosis, Psychoses, Schizophrenia,

Results: Five studies showed that bullying increases the risk of psychosis for victims, whilst two studies did not. Furthermore, three studies showed that victims who later became bullies themselves also had an increased risk of psychosis.

Conclusion: Although the majority of studies supported the hypothesis that bully victimisation increases the risk of psychosis, the results should be interpreted with caution due to the limited number of studies available in the literature. The role of confounding risk factors, which were not examined in this review, should also be considered. Our study has implications for clinicians working with children, as early detection and intervention may change the course of psychopathology.
Objectives: We sought to investigate the differences and similarities of psychiatric training and treatment among the sites visited in Asia and in the United States of America (USA).

Methods: Trainees and faculty at sites in Taiwan, Malaysia, the Philippines, and the USA were interviewed in person or via e-mail by the authors regarding a wide array of issues directly relating to psychiatric care. Doctor/patient interactions and resident training were also observed in some sites.

Results: Worldwide, psychiatry continues to be an underutilized and underfunded resource. The need for robust psychiatric care is unmet the world over. Many factors contribute to this, including lack of funding, lack of interest by medical professionals, and lack of adequate training programs. In this article, we compare psychiatric training and practice among various institutions in Taiwan, Malaysia, the Philippines, and the United States of America. We explore the differences and similarities among core patient populations, patient loads, and training approaches, as well as inpatient and outpatient treatment, with particular focus on training. This includes duty hours, resident workloads, and resident expectations, which varied greatly from nation to nation, and even from institution to institution within nations. While we found that the contrasts were quite striking, the similarities were even more so. These institutions had much more in common than was expected. Of note, the practitioners were strong advocates for their patients, often struggling against institutional, and even national, marginalization of mental healthcare. All shared a respectful, compassionate, and scientific approach to mental health patients, unfunded or funded, psychotic, manic, or depressed, young or old, that exemplified the growth of, and struggles for, the recognition, acceptance, and treatment worldwide of mental illness.

Conclusion: Psychiatry is a burgeoning field with a great deal that can be learned and shared across international boundaries to further its advancement.
3 YEARS OF IWAKI (FUKUSHIMA): STATE OF INHABITANTS OF IWAKI CITY 3 YEARS AFTER THE HUGE EARTHQUAKE AND NUCLEAR POWER PLANT ACCIDENT
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Teikyo Heisei University Graduate School Team (THUGST) has been continuing to support Iwaki city mental health service for 3 years long. Iwaki city is located in south east area of FUKUSHIMA prefecture and 40km south to FUKUSHIMA DAIICHI nuclear power plant which had melted down and polluted around soon after the huge earthquake and tsunami on the 11th March 2011.
Iwaki was also damaged by tsunami, but has supplied many refuges and residents for the inhabitants within 20km from FUKUSIMA DAIICHI nuclear power plant. Iwaki is an important city from the viewpoint of logistics after the disaster.
With regard to our team activities for Iwaki city mental health service, outreach support to refugees, home visiting consultation, counselling or psychoeducation for the inhabitants and the stuff of mental health service and so on.
We’d like to show the data (now processing) of supporting activity for three years long, and argue the meaning of our activities from some aspects of mental support of the inhabitants and health service stuff of devastated areas.
Result and Conclusion: Sorry. Now processing
THE ROLE OF RACIAL DISCRIMINATION IN THE DEVELOPMENT OF MENTAL HEALTH DISORDERS IN LATIN AMERICAN IMMIGRANT CHILDREN.

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PURPOSE:
To determine whether there is an association between the prevalence of mental health disorders in Latin American immigrant children and the perception of racial discrimination by their families.

METHOD: A two-phase study in the Latin American population aged between 6 and 12 years old, from 7 public schools in Palma de Mallorca. In the first phase the Child Behavior Checklist (CBCL) was used as a screening tool to identify mental health disorders in children, and in the second phase the Diagnostic Interview Schedule (DISC-P IV). Both were validated in Spanish. The variable of racial discrimination perception was collected by means of a self-administered questionnaire completed by the parents of the children included in the clinical study.

RESULTS: A total of 334 first and second generation Latin American immigrant children were evaluated. The prevalence of mental health disorders was higher amongst those immigrant children whose parents felt racial discrimination (37.20%), in comparison with those families who did not (14.8%). The prevalence was also higher amongst those children whose parents believed that their children received a different treatment for being foreigners (40.7%) compared to those migrant children whose parents did not (16.2%). The correlation between all the evaluated variables was statistically significant (p<0.001)

CONCLUSIONS
The prevalence of mental health disorders is higher in those Latin American immigrant children whose parents had a perception of racial discrimination, directed towards both them and their children.
PATOLOGÍAS RELACIONADAS CON EL USO INADECUADO DE LAS NUEVAS TECNOLOGÍAS
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La globalización, las nuevas formas de comunicación y el uso de sus tecnologías como el Celular e Internet, ponen de manifiesto la discusión sobre conductas que pueden ser asociadas o catalogadas con patologías que tradicionalmente son usadas por la comunidad psiquiátrica en los Manuales de Clasificaciones Internacionales pero que aún no han sido aceptadas como tal.

En la Sección III del DSM V se propone como condición que requiere de un mayor estudio al juego mediante el uso de Internet: “Internet gaming disorder”.

Los objetivos de la presentación consisten en hacer una revisión histórica de la definición de los criterios a través de una construcción multidimensional y establecer una conceptualización en el uso inadecuado de las tecnologías, con un enfoque psicologico, sociológico, estudios relacionados, desafíos futuros y acciones preventivas a nivel educacional, sanitario y la investigación en Salud Mental.
LOW RATES OF DIAGNOSED DEPRESSION AND REPORTED SUICIDAL IDEATION IN HOSPITALIZED BLACK CANADIANS

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Objectives. Historical studies report blacks to have lower rates of diagnosed depression and suicidal behavior than other groups. This study assessed rates of assigned diagnoses of depression and suicidal ideation among hospitalized African and Caribbean immigrants in Montreal, Quebec, Canada.

Methods. Study subjects were inpatients drawn from the emergency department of a community hospital serving an inner city multiethnic neighborhood. Of 517 patients hospitalized in psychiatry in 1999, 360 were either Euro-Canadian (N=318) or black (N=42). Data on suicidal ideation were available for 258 of these patients of which 232 were Euro-Canadian and 26 were black. Chi-square analyses were used to test differences in the proportion of Euro-Canadian versus black patients on 1) assigned diagnoses of depression by the general emergency department, and by the psychiatric emergency (consultation diagnosis) and ward (discharge diagnosis); and 2) reported suicidal ideation and behavior during hospitalization.

Results. A smaller proportion of black patients (13/42) were diagnosed with depression by the general emergency department ($\chi^2=7.95$, df=1, p<.01), but not by psychiatric services, than Euro-Canadian patients (172/318); and a smaller proportion of black patients (7/26) were reported to have suicidal ideation ($\chi^2=6.37$, df=1, p<.05), but not behavior, than Euro-Canadian patients (123/232).

Conclusions. Black Canadians admitted to psychiatry are under-diagnosed with depression by emergency services, but not psychiatric emergency or inpatient services; and are judged to have less frequent suicidal ideation throughout their hospitalization, even though their rate of suicidal behavior is no different than Euro-Canadian patients. As reported in the historical literature, risk of depression and self-harm may be underestimated in black patients, at least at some stages of hospitalization.
COMPLEMENTARY AND ALTERNATIVE MEDICINES USAGE IN TUNISIAN PATIENTS WITH BIPOLAR DISORDER: ASSOCIATIONS WITH ADHERENCE TO TREATMENT

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Objectives
Despite the advances of medicine, the overall use of Complementary and Alternative medicines (CAM) is growing. Little research has examined the use of CAM among adults with bipolar disorder and especially its potential impact on adherence to medical treatment. The aim of this study was to examine CAM use in patients with bipolar disorder and its associations with perceived effectiveness of conventional treatment and medication compliance.

Methods
A cross-sectional study was conducted in a sample of outpatients diagnosed with bipolar I disorder (DSM-IV). A questionnaire was developed and used to assess perceived treatment effects, and resort to CAM. Medication Adherence Rating Scale (MARS) was used to assess adherence.

Results
The study enrolled 70 outpatients. Their mean age was 40 and 58 % were females. Forty percent of patients showed none or partial adherence. The quarter of patients believed that their condition could be healed without medication, 64 % of them had used traditional or alternative medicine, mostly “Quranic Healing” and 15% felt that alternative therapies are more effective than conventional medicine. Resort to CAM was associated with a poor medication adherence (p=0.01).

Conclusions
It is crucial to have a better knowledge of suboptimal medication compliance factors in bipolar disorder. Resort to certain types of traditional medicines could be one of them. Further research is needed.

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ASSESSMENT OF SOCIAL AND EMOTIONAL WELLBEING AMONG AUSTRALIAN ABORIGINAL PEOPLE
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Objectives: The assessment of social and emotional wellbeing (SEWB) among Australian Aboriginal people is complex and challenging. Adoption of a yarning approach and demonstration of cultural competency and sensitivity is important. There are limited tools available that can be used to assist in the assessment process. The objective was to develop a culturally appropriate screening instrument to screen for SEWB problems among Australian Aborigines. The focus of the assessment was on current (i.e. here and now) SEWB problems and consequently it was entitled Here and Now Aboriginal Assessment (HANAA).

Methods: An Aboriginal mental health glossary was developed to identify important terminology for understanding SEWB concepts. The HANAA was based on ten key domains identified from the glossary. The HANAA is implemented by initiating a semi-structured interview to cover each domain. The respondent is encouraged to tell their story in narrative form which can be reported by the interviewer in the space provided on the form. The aim is to rate each domain as either a ‘problem’ or ‘no problem’. At the end of the interview a ‘recommended action’ is determined.

Evaluation of the HANAA included exploration of its cultural appropriateness, feasibility, inter-rater reliability and validity on a sample of 30 Aboriginal participants.

Results: The HANAA was well accepted by participants and easily implemented by interviewers. Reliability was very good with kappa measured agreements between Aboriginal and non-Aboriginal interviewers ranging from 0.5 to 1.0. Agreement between interviewers and treating clinicians in identifying the main SEWB problem and recommended course of action was also good.

Conclusions: The HANAA is culturally appropriate assessment tool which can be used by various types of service providers with limited mental health training to screen for SEWB among Australian Aboriginal people.
CROSS-CULTURAL ANALYSIS OF MENTAL HEALTH (CARE) SITUATION OF IMMIGRANTS WITH A TURKISH DESCENT LIVING IN GERMANY
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Objectives: Detailed knowledge about the mental health of immigrants in Europe is limited due to a lack of representative data. The international study-group on “Mental Health and Migration” (www.segemi.de) aimed to provide epidemiological data and enrich those by collecting qualitative data. The presentation focus is on depression rates among people with a Turkish descent living in Germany and explanatory models (EMs).

Methods: The epidemiological part on prevalence rates among people with a Turkish descent is a combination of random sampling, snow-ball and personal contact approaches. Data have been collected with the Patient Health Questionnaire-4, General Health Questionnaire-28, a socio demographic questionnaire and the Composite International Diagnostic Interview in Turkish and German. To detect barriers and resources towards the mental health care system of people with a Turkish descent, explanatory models (EMs) of people with and without a Turkish descent living in Berlin and Turks living in Istanbul have been obtained.

Results: One main methodological result is the epidemiological mixed-method approach itself, showing challenges on achieving data on target groups that are difficult to reach. Data show higher emotional distress for people with a Turkish descent living in Germany, especially higher depression rates. There are differences in EMs between and within the assessed groups with different socio-cultural backgrounds. Especially for the understanding of depression there are differences between Germans and people with a Turkish descent living in Berlin. Compared to people with a Turkish descent, Germans show rather disorder-oriented EMs. But we found differences as well for education level and gender.

Conclusion: There is a need for further research on the causes for the increased depression rates among people with a Turkish descent living in Germany. In regard to the EMs, we need to be sensitive for differences between groups but for similarities as well.
JOB LOSS EFFECTS ON MENTAL HEALTH
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Introduction:
The focus of the research into the job loss effects on mental health. Job loss is understood as a critical event, and Gerald Caplan’s crisis theory is used as a context of the work. Supposed elements of the construct “mental health” were depression, anxiety, self-efficacy and optimism.

Objective:
The objective of this study refers to the research of the course / psychodynamics of crisis with high-stressful life event- job loss.

Methods:
Sample was 83 males and 117 females, who lost their job in different periods. All of them were examined:
• Socio-demographic characteristics questionnaire
• Material status and financial pressure scale
• Specially created questionnaire for the social support assessment
• Proactive coping scale – for examination of coping strategies
• The general self-efficacy scale (GSE)
• Life orientation test (LOT)
• General Health Questionnaire (GHQ28)
• Minnesota Multiphasic Personality Inventory (MMPI-201)

Results and Conclusion:
Applying these instruments job loss is proved to bring problems to mental health. The most significant results show that people who lost their job suffer from deep depression, somatization, social dysfunction and anxiety-insomnia.

References:
FROM THE AIRPORT TO A PSYCHIATRIC HOSPITALIZATION UNIT

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1. Objectives: It is known that airports are settings with symbolic and functional characteristics for psychiatric disturbances (1, 2). The aim of this study is to evaluate the clinical profile of inpatients transferred from Madrid airport to a short-term hospitalization unit of Psychiatry of a General Hospital.

2. Methods: A cohort of inpatients from the airport who was interned throughout year 2013 was gathered. Clinical data were obtained retrospectively during 2013. On this purpose we elaborated a protocol with social, demographic and clinical variables that was completed with the clinical report of the hospitalization. The data has been analysed with SSPS v.20

3. Results: During the year 2013, there were 22 patients admitted in our unit of Psychiatry referred from the airport. They were from 11 different nationalities, most of them European. The most represented countries were: Spain (38%), Italy (14%), EEUU (14%). Among the foreigners, 21% spoke in Spanish language, the rest in other languages. 29% of non Spaniards patients were homeless or wandering in the airport for weeks, 18% were undocumented when arriving to the hospital, all of them foreigners. The majority of the sample (60%) had previous psychiatric hospitalizations, 18% have not ever been interned. The most frequent diagnosis were bipolar disorder with manic episode (32%) and schizophrenia (27%). The length of hospitalization varied from an average of 14,6 days for Spaniards to 19,5 days for foreigners.

4. Conclusions: Most of the psychiatry inpatients referred from the airport were transferred against their will and the principal cause referred was “creating disturbance at the airport”, followed by “found wandering at the airport”. There is an extra challenge on the assessment of these patients due to language barriers, cultural differences, legal and management of resources for expatriation.

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CROSS-CULTURAL ATTENTION MODEL FOR REINTEGRATED FARC-EP’S MEMBERS WITH MENTAL ILLNESS

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Colombia has been immersed for years in a civil war which has had an impact in several areas in our society including mental health. This has forced the armed group fighters take refuge in remote areas within Colombian geography, reducing contact with the civilian population, thus creating the concept of guerrilla culture, where members are identified through beliefs, values and attitudes. These cultural variables allow a particular cosmogony, therefore normal and abnormal mental phenomena may be disturbed, especially if these can be useful in the field of war, such as some psychotic states.

In order to contribute to an effective reintegration of future FARC-EP ex-combatants with some type of mental illness, associated or not with the conflict, we propose a cross-cultural study, hoping to find cultural determinants that explain the normality and abnormality of mental phenomena in this population, and in order to improve the quality of life of these individuals. The study is qualitative, where members diagnosed with mental illness will be clustered in groups of maximum 12 members and minimum 6, in order to form focus groups favoring arising of attitudes, feelings, beliefs, experiences and reactions participants around the guerrilla culture and mental illness concept.

Participants in this project will be chosen at convenience through medical records of the Floralia Mental Health Center linked with the Kennedy Hospital in Bogota, where patients chosen will suffer any type of mental illness and must have belonged to a guerrilla. The stipulated period for this project is projected for one year.
IMPROVING MENTAL HEALTHCARE ACCESS FOR IMMIGRANTS AND REFUGEES IN PARIS: THE MEDIACOR EXPERIMENT
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In this poster, our goal is to present an innovative unit created by a public health structure catering to immigrants and refugees in order to improve the regulation of patient referrals by reducing appointment delays, adapt therapeutic responses, and coordinate the work of health and social service professionals. Overall, the result is an improved healthcare access for this population as well as better quality of care and institutional response.

In 2009, facing an increasing number of referrals, the Centre Minkowska created an interdisciplinary work-group, named MEDIACOR (“Mediation, Counsel, and Orientation Group”), including therapists, social workers, anthropologists and interns. Its goal is to screen referrals based on a clinical medical anthropology approach to mental healthcare.

This unit has allowed the Centre to compile and analyze data on both problematic and successful referrals, and to carry out epidemiological research on patients’ healthcare trajectories and obstacles to healthcare access. This research had found that obstacles to healthcare access for immigrants and refugees do not only stem from cultural or linguistic obstacles, but also miscommunication between clinicians and patients or between institutional actors, or lack of professional resources (ie. funding interpreters or cultural mediators) and training.

By identifying immigrants and refugees’ healthcare trajectories and quantifying both the nature and impact of obstacles met by this population, the Centre Minkowska has been able to alert stakeholders and make new policy proposals may in order to improve the referral process, and ultimately improve patient care.
Introduction: The increased rates of psychotic illness among migrants are associated with social inequalities, family fragmentation, host country culture and also with the stress of the migratory process.

Objectives: We this study we try to analyse the subjective experience of mental illness of migrants with psychosis in Portugal and how cultural identity and psychosis meaning are influenced by the Portuguese culture.

Methods: We analyse illness narratives present in migrants with psychosis observed in a migrant psychiatric consultation. Ethnographic methods and semi-structured interviews were used to investigate: explanatory illness models, symptomatology, body perception, identity, insight, treatment compliance, health locus of control, treatment satisfaction and therapeutic relationships.

Results: Illness narratives of migrants assimilate aspects of Portuguese culture that are renegotiated with previous culture. The feelings of alienation and distress are both associated with migration process and with the illness course. Various systems of illness explanations co-exist and are related to different treatment satisfaction and therapeutic relationships.

Conclusions: Psychotic illness among migrants reflect the complex interplay of the migration process and cultural identities, incorporating cultural aspects of the home and host country.
CULTURE-SPECIFIC STIGMA TOWARDS MENTAL ILLNESSES AND ITS EFFECTS ON HELP-SEEKING PREFERENCES AND BARRIERS TO TREATMENT AMONG CHINESE IN THE UK

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Objective: The British Chinese population is one of the fastest growing ethnic minorities in the United Kingdom (UK). However, at present, the scope of data provided from current literature is not comprehensive enough to give a full picture of mental health of Chinese population in the UK. Culture and stigma are found to be influential elements that contribute to biased views, beliefs and perceptions towards mental illness in Chinese communities, affecting how individuals seek help when they experience psychiatric disturbances as well as factors that prevent them from getting treatment. This study aims to address two main research objectives: (1) examine the relationship between cultural factors and attitudes towards mental illness and psychiatric treatment, and (2) explore whether increased cultural influences on help-seeking preferences translate to barriers to mental health treatment.

Method: A cross-sectional questionnaire survey is carried out among Chinese immigrants above the age of 18 years old in the UK. It is an anonymous, self-administered bilingual (English and Chinese translations) questionnaire which comprises of 50 items enquiring information on demographics, ethnic identity, Chinese values, acculturation, views and attitudes towards mental illness and psychiatric treatment, as well as perception of barriers towards mental health intervention. Likert scale is utilised to quantify alignment of the responses. Four experimental mental health situation vignettes are also created to address potential treatment barriers. Participants are randomly assigned to one of the four situation vignettes where they are given a series of solutions and are asked to rate the likelihood that they will execute them. Data collected from the survey are analysed using SPSS software (version 21.0).

Results and Conclusions: Pending with expected date of completion in April 2014. (Obtained approval from Congress Secretariat to be allowed to submit a preliminary abstract here and will follow up with results and conclusions by April 2014.)
IMMIGRATION, SOCIODEMOGRAPHIC FACTORS AND CLINICAL SEVERITY IN ACUTE UNIT
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Objectives:
Description of socio-demographic and clinical variables of immigrant patients in the acute psychiatric unit of the Hospital Donostia.
To determine the relationship between socio-demographic variables of immigration (origin, years in Spain, have family in Spain and current occupation) and clinical variables (discharge diagnosis, use of toxic and clinical severity Hamilton and Beck depression scales and PANSS).

Methods:
Cross-sectional study, collecting for two years immigrant patients admitted to the acute ward. Analysis of sociodemographic and clinical variables, correlation analysis of the data. An "ad hoc" protocol that was completed by interview and clinical history.

Results:
Thirty patients being were selected, predominantly female (53.3%) living in Spain for 6-10 years (40%), single (46.7%), mostly from Latin America (63.3%).
In all origins the most frequent diagnosis was psychosis, finding significant differences (ANOVA p = 0.034) to assess the severity of symptoms (PANSS PG), being the highest scores for patients of African origin, and the lowest for European patients.
In assessing the years that patients are in Spain, it was observed a greater tendency of psychotic disorders in the first years of migration and subsequently depressive disorders, with not significant statistically relation (ANOVA p = 0.177 and Fisher interval p=0.078).
Regarding the relationship between living with family and current consumption of toxic, most were single with a statistically significant association (p = 0.014).

Conclusions:
The profile of the immigrant patient in the acute unit is usually a woman, from 6 to 10 years resident in Spain, Single, Latin.
Psychosis is the most common discharge diagnosis.
Consumption of toxic in the last month was more common in single patients, statistically significant association.
No other significant relationships between migration sociodemographic characteristics and clinical severity were found.
Further studies are needed to clarify the association between immigration and clinical severity.
SEXUAL ABUSE AND MENTAL DISORDERS IN AN ADULT POPULATION OF THE OUTPATIENT SERVICE OF THE DEPARTMENT OF PSYCHIATRY OF THE HOSPITAL DE CLÍNICAS IN ASUNCIÓN-PARAGUAY

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Sexual abuse affects people from different social classes, independently of their culture and religion, in all countries.

Objective: To analyze the sexual abuse suffered by people who attended the outpatient service of the Department of Psychiatry of the Faculty of Medical Sciences.

Methodology: Cross-sectional descriptive study. A total of 254 clinical records of patients who attended the service for psychotherapy between 2010 and 2012 were analyzed. The SPSS 15.0 statistical package for Windows was used to analyze the information and DSM-IV-TR to diagnose.

Results: 95.4% (42) was women and 4.5% (2) men; 31.8% (14) was between 19 and 25 years, 38.6% (17) 26 and 35. 72.7% (32) was single, 11.4% (5) married or unmarried partners and 2.3% (1) separated. Out of the total, 17.3% (44) was victim of sexual abuse: 61.4% (27) sexual abuse and physical and psychological violence, 20.5% (9) sexual abuse and 18.1% (8) sexual abuse and psychological violence. 29.5% (13) received violence from partners, relatives and outside of the home, 25% (11) from their parents, relatives and outside of the home, 4.5% (2) from parents, partners, relatives and out of the home, 15.9% (7) outside of the home while 36.4% (16) had mood disorders; 18.2% (8) anxiety disorders, 15.9% (7) personality disorders, 4.5% (2) psychotic disorder, 13.6% (6) two or more disorders, 6.8% (3) dual pathology, 4.5% (2) with psychotic disorders.

Conclusions: Population of young single women that received violence from their partners and other relatives, who suffered mood, anxiety and personality disorders. Keywords: sexual abuse-mental disorders-adult.

Referencias Bibliográficas:
VIOLENCE AND MENTAL DISORDERS IN AN ADULT POPULATION THAT ATTEND THE OUTPATIENT SERVICE OF THE DEPARTMENT OF PSYCHIATRY OF THE HOSPITAL DE CLÍNICAS IN ASUNCIÓN-PARAGUAY.

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Violence is a phenomenon that unfortunately persists in our societies as a determining risk factor for the development of mental disorders.

**Objective:** To characterize the intrafamily violence linked to mental disorders in the adult population that attended the outpatient service of the Department of Psychiatry for psychotherapeutic care.

**Methodology:** cross-sectional descriptive study. A total of 254 clinical records of patients who were 19 years and more, receiving psychotherapy in the Outpatient Service between 2010 and 2012 were analyzed. The SPSS 15.0 statistical package for Windows was used to analyze the information and DSM IV-TR to diagnose.

**Results:** 35% (89) had mood disorders, 77.5% (69) with violence: 37.7% (26) psychological, 10.1% (7) physical, 26.1%(18) psychological and physical, 5.8% (4) sexual abuse, 14.5% (10) sexual, psychological and physical abuse, 2.3% (2) abuse and psychological violence, 2.3% (2) others. 17.7% (45) had anxiety disorders, 66.7% (30) with violence: 33.3% (10) psychological and physical, 30% (9) sexual, physical and psychological, 13.3% (4) sexual and psychological, 10% (3) others. 11% (28) had personality disorders, 82.1% (23) with violence; 6.7% (17) two or more disorders, 100% with violence; 3.9% (10) psychotic disorders, 70% (7) with violence. 2.8% (7) dual pathology, 71.4% (5) with violence. 1.6% (4) problems related to substances, 75% with violence. 13.4% (34) diagnosis postponed, 61.8% (21) with violence and 7.9% (20) others diagnoses, 55% (11) with violence.

**Conclusions:** mood, anxiety, personality disorders prevailed. High percentage of violence in a population with different disorders. Keywords: violence-mental disorder-adult.

Referencias Bibliográficas:
INTRAFAMILY VIOLENCE IN AN ADULT POPULATION ATTENDING THE OUTPATIENT SERVICE OF THE DEPARTMENT OF PSYCHIATRY OF THE UNA ASUNCIÓN-PARAGUAY

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Violence is a form of social relation causing a deep damage in the psycho-social development of people in the expression of their multiple capacities and comprehensive mental health.

Objective: To characterize forms of intrafamily violence in adult patients attending the outpatient service of the Chair of Psychiatry of the Faculty of Medical Sciences.

Methodology: Cross-sectional descriptive study. A total of 254 clinical records of patients that received psychotherapy care between 2010 and 2012 were analyzed. SPSS 15.0 statistical package for Windows was used to analyze the information and chi-square to determine statistical significance.

Results: Most patients were female, 70.1% (178); from the capital, 48% (121); single 65.3% (166); 37% (93) was between 19 to 25 years. 27.5% (70) suffered psychological violence, 5.5% (11) physical violence, 21% (54) psychological and physical violence, 3.5% (9) sexual abuse, 10.6% (27) sexual, physical and psychological abuse, 3.1% (8) sexual and psychological abuse, 2.4% (6) others combinations, 5.1% (13) no type of violence, 22% (56) without information at the time of the study. Statistical significant correlation (p value:<0.0011) between being a woman and abuse victim; trend (p value:<0.08) between being a man and suffering neglect. Co-relation (p value p:<0.02) between being a woman and victim of partner and (p value:<0.008) between being a man and victim outside of home.

Conclusions: Male and female patients suffered different forms of violence. Clear gender violence in female victims of abuse and their partners, trend to neglect towards men victims outside of the domestic environment. Keywords: intrafamily violence-patients-mental health.
PSYCHOSIS IN THE CONTEXT OF AFRICAN THERAPEUTIC TRADITIONS – A CASE FROM SAO TOME AND PRINCIPE
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Objectives This work aims to explore transcultural meanings and references in a case of recurrent psychosis.

Methods In our inpatient ward, we received a case of recurrent psychosis, not otherwise specified, presenting influences from transcultural concepts of disease, curandeiros, and djambi performances, found in the island of Sao Tome, Central Africa. We did a research of the available literature on the island’s therapeutic traditions.

Results A geoeconomically isolated group became both a vulnerable population in terms of health, and a holder of idiosyncratic therapeutic concepts and practices. Culture may mediate a functional psychosis in response to life events. Also, patients’ therapeutic traditions and expectations play an important role in clinical relationship and adherence to treatment.

Conclusions Patients’ transcultural contexts, and even more when medical resources are scarce in the place of origin, configure a diagnostic, therapeutic and prognostic challenge in the care of foreign patients.
ADOLESCENTS’ SOCIAL DISTANCE OF MENTAL ILLNESS IN MIDDLE TAIWAN
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Objectives:
Public acceptance will affect the mentally ill patients’ reintegration in the community. Adolescents will become the future citizens and there were few studies exploring the attitude and acceptance among Asia adolescent populations. We aimed at examining the adolescents’ social distance and attitudes on mental illness.

Methods:
A cross-sectional study was conducted with a stratified sample of 479 high school students. The measurement-social distance scale was with 5 hypothetical questions in 2 vignettes, depression and schizophrenia, and used to ask the adolescents their willing to be with the mentally ill patients. Besides, social distance includes 2 sub-scales: partnership and kinship, which was using 5 situation questions and scoring as1-4 points by asking the adolescents the willing they would be with the mental illness patients. The SPSS 17.0 was used for data analysis.

Results:
Adolescents have significantly lower social distance for patients with major depressive disorder than that of schizophrenia ($P<0.001$). They were more willing to make friends with patients with major depressive disorder (59.9%) than with schizophrenia (39.9%, $P<0.001$). However, their willing to accept the mentally ill patients as kinship in both vignettes is less than one percent.

Conclusions:
Mentally ill patients in Taiwan have high social distance, and patients with major depressive disorder are more socially acceptable than those with schizophrenia. In the future, developing appropriate interventions to promote the adolescents’ attitudes toward mental illness might decrease the related stigma, enhance the awareness for their mental health, and build a more friendly community for the mental-ill patients.
SALUD MENTAL COMUNITARIA. HACIA DÓNDE VAMOS?
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Introducción
La Salud Mental Comunitaria implica el concepto global de recuperación: ir más allá de la mejoría clínica, de la estabilización de la sintomatología, considerando fundamental la adquisición gradual de la autonomía, mejora en la capacidad funcional, laboral, social y familiar del paciente. Debemos crear dinámicas de trabajo orientadas hacia la recuperación.

Objetivo
Planteamos realizar una gestión integrada de los recursos sanitarios y comunitarios disponibles y en el año 2009 se crea la Mesa Técnica de Rehabilitación del Vallés Occidental Este, de modo de asegurar la continuidad asistencial en el proceso rehabilitador de las personas afectadas de trastornos mentales graves. Presentamos en este trabajo el funcionamiento de dicha mesa y retos de futuro.

Metodología.
Se efectúa descripción de las acciones efectuadas y su repercusión en el proceso de recuperación.

Resultados
• Creamos Comisiones de trabajo a los efectos de desarrollar el Plan Integral de Salud Mental: Comisión de Salud Mental y Comunidad; Comisión Infantojuvenil; Comisión de Formación y Trabajo.
  Se desarrollan estrategias en cada una de las Comisiones que trabajan temáticas siguientes:
• Mejorar el Trabajo en Red
• Combatir el estigma y la inclusión social.
• Evaluación de los recursos y de las necesidades en las diferentes edades y en diferentes contextos.
• Valoración de inserciones laborales y ofertas de trabajo
• Actividades formativas
• Contacto permanente con Administraciones

Conclusiones
Hemos conseguido una dinamización del proceso rehabilitador y construido un camino hacia una recuperación integral.
PHENOMENOLOGY OF PRESCRIBED HEROIN
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Background and aims: Since the 90s, there is a growing number of epidemiological and clinical research focused on opiate-addiction heroin treatments which has been tested and implemented in several Western countries. However, the phenomenological aspects related to the pharmacological heroin use in such a clinical setting, despite of playing an essential role in the treatment efficacy, remains unexplored in the scientific literature. I will present some results of my PhD research regarding this topic, from an anthropological perspective.

Methods: Ethnographic approach to the Andalusian Narcotics Prescription centre (PEPSA), performed from 2007 to 2010, applying methodological techniques as participant observation, in deep-interview, and, more unusual, a collective body-chart.

Results: In this clinical setting, the injection room has a role as a chronotope, where intravenous ritual takes a piacular, comensal and therapeutic sense, without leaving the ecstatic and orgiastic opioid component. A redefinition of the substance as a totemic element of the group of users, becoming a hybrid element between heroin and morphine, and leaving much of their stigmatized status, takes place. Here, the moral system is challenged from an valorization of the uses of pleasure, displacing the limits of the normal and the thresholds of risk.

Conclusions: As a result of all this, a process of death of the junkie “habitus” and regeneration of the political individual is performed.
THE EPIDEMIOLOGY OF MENTAL DISORDERS IN A SOUTH AFRICAN URBAN REFUGEE POPULATION
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Objectives
Approximately 4% of urban populations in South Africa are refugees from African countries, yet little is known of the mental health of this vulnerable population. The objectives of this study were to determine the prevalence of and associated risk factors for common mental disorders in refugees living in Durban, South Africa.

Methods
Three-hundred and fifty refugees attending a refugee support centre were interviewed regarding sociodemographics, migration history, food security and pathways to care. The Hopkins Symptom Checklist, Harvard Trauma Scale and Life Events Checklist were administered. Screen-positive individuals were assessed in a diagnostic interview for DSM-IV psychiatric disorders.

Results
Initial results indicate high levels of symptomatology in this population. Over half the sample has significant but sub-threshold depressive symptoms, with an estimated prevalence rate of 20% for Major Depressive Disorder. Approximately one quarter have significant but sub-threshold post-traumatic symptoms, with an estimated prevalence rate of 10% with PTSD. While past exposure to war, violence and traumatic deaths is common in this population, risk for current mental disorders such as depression and anxiety appears to be more closely related to current difficulties such as poverty, discrimination, personal and family illness (including HIV) and loss.

Conclusions
The mental health of refugees is not only a product of past traumatic experiences, but is heavily determined by current personal and socioeconomic circumstances in the host country. Host governments can have a considerable positive impact on the mental health and wellbeing of this vulnerable population, by providing personal, social and economic protection and security for refugees through legislation and implementation of progressive policies.

References
PSYCHIATRIC MORBIDITY AMONG MALE SEX OFFENDERS AT KAMITI PRISON, KENYA

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Objectives: To determine the prevalence and distribution of psychiatric morbidity among convicted male sex offenders and to establish factors associated with sexual offending.


Results: Forty seven (61.8%) had defilement-related convictions, 23 (30.3%) had rape-related, while six (7.9%) had other convictions. Twenty seven (35.5%) out of 76 had a DSM-IV Axis I disorder, majority of whom (71.1 %) were dependent on or abused substances, and 26 (34.2%) had an Axis II disorder, most of whom had antisocial and impulsive personality disorders (46.2%). Of these 12 (15.8%) had an Axis I diagnosis alone, 11 (14.5%) had an Axis II diagnosis alone while 15 (19.7%) had both Axis I and II diagnoses, that is, co-morbidity. Exposure to erotica was statistically associated with both Axis I and II (p = 0.02 and p = 0.0003 respectively) and pre-occupation with thoughts about sex was associated with Axis II disorders (p = 0.01).

Conclusions: Most of those with psychiatric morbidity targeted children and had antisocial or impulsive personality disorder. Awareness campaigns to enlighten the public of the fact that children are the most common victims and research to determine ways of treating and rehabilitating sexual offenders could reduce the vice.
PEER TO PEER SUPPORT IN SEVERE MENTAL ILLNESS: ACCEPTANCE AND RESONANCE OF PATIENTS WITH SMI: AFFECTIVE DISORDERS, PSYCHOSIS AND PERSONALITY DISORDER
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Objective: Severe mental illness like affective disorders, psychoses and personality disorders is accompanied by the phenomena of cyclic hospital re-admission, heavy losses in quality of life and high suicidal rates and stigmatization. In these diagnoses, a refinement of intervention is still required for patients themselves and their relatives. In mental health services there is an international trend toward recovery-orientated interventions, like peer support. In countries like England, Australia and even Switzerland this alternative approach for patients is already researched and partially implemented in mental health services. The former studies revealed that mental health customers had higher adherence to medical services and service engagement when receiving additional peer support. In Germany this is the first attempt to implement area-wide peer-support in a metropolis in order to provide a low-threshold service. It is expected to increase self-efficacy, global functioning and health status. After a one-year-qualification at “Experienced Involvement”, people with their own experiences of mental disorders support others with aforementioned diagnoses on their way to recovery, additional to their “treatment as usual”, Likewise, relatives support relatives. Both interventions can be attended for six months.

Method: In both a randomized controlled multi-centre-trial and an effectiveness study – involving 10 psychiatry clinics in Hamburg – 200 in- and outpatients in each condition suffering from affective disorders, psychoses or personality disorders receive additional peer-support, as required, for up to a maximum of 6 months. Subjects complete questionnaires and are rated by clinicians (CGI Clinical Global Impression, GAF Global Assessment of Functioning) at three points of measurement: Entry to the half year intervention, after the intervention and in a six month follow up. In and outpatient days are documented. Non-peer stuff filled in an online questionnaire about their attitude towards peer-support.

Results: We will present first findings on request, service satisfaction and attendance in patients and relatives.

Conclusion: Peer Support was highly accepted with a overwhelming service satisfaction and low drop-out rates.
SCHIZOPHRENIA IN TWO PORTUGUESE SPEAKING COUNTRIES
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2. Hospital da Praia, extensão da Trindade, Cidade da Praia, Cabo Verde

Objectives
Compare schizophrenia patients in Portugal and Cape Verde. Also to make a review of the recent papers on the outcome of schizophrenia in Africa.

Methods
Search the published literature in Pubmed database using the key words schizophrenia, Africa, low and middle income, developing countries comparative studies. We also got a sample of patients admitted to the inpatient unit (N 23) in both Portugal (Centro Hospitalar Psiquiátrico de Lisboa) and Cape Verde (Hospital da Praia – Extensão da Trindade) during the last trimester of 2013. It was compared demographic data, how long they were committed to the inpatient unit, the initial and discharge PANSS.

Results
There are no statistical differences between the schizophrenia patients committed to the hospital in Portugal or Cape Verde. After the Worldwide Schizophrenia Outpatient Health Outcomes (W-SOHO) study, several others have shown contradicted results.

Conclusions
Like other studies before, comparing European and African populations we found similarities between Capeverdian and Portuguese patients, despite different health programs, access to medical facilities or median income. A study with more patients is needed to confirm this results.

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Patel V, et al, Is the outcome of schizophrenia really better in developing countries?, Rev Bras Psiquiatr, 2006
TRASTORNO ADAPTATIVO CON SÍNTOMAS PSICÓTICOS. A PROPÓSITO DE UN CASO

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Las migraciones humanas constituyen uno de los fenómenos sociales más relevantes en el mundo contemporáneo. El proceso de migración puede tener consecuencias negativas para la salud debido al estrés físico y psicosocial que experimentan los inmigrantes. La migración constituye un factor de riesgo de desencadenar un trastorno mental si el inmigrante presenta factores de riesgo y/o el medio de acogida le resulta hostil.

El caso que presentamos nos permitiría realizar un amplio diagnóstico diferencial, sin embargo, nuestro objetivo radica en dar a conocer alteraciones perceptivas como reacción transcultural ante una situación de estrés.

Describimos el cuadro clínico presentado por un paciente, varón de 35 años, de nacionalidad Marroquí tras sufrir un problema de índole laboral y familiar. A la clínica ansioso-depresiva, característica de los trastornos adaptativos de nuestro medio, se añadió la sensación de escuchar voces que no sabía precisar, referencialidad e ilusiones visuales (sensación de distorsión de las caras de la gente). Tras su abordaje como un trastorno adaptativo y ya recuperado, el paciente refería que en su país, Marruecos, la presencia de trastornos sensoperceptivos se considera una reacción habitual, en personas predispuestas, ante factores vitales estresantes.

Conclusiones:

1. El nuevo escenario clínico que la llegada de personas inmigrantes ha producido está demandando una adecuación y amplificación de la totalidad del paradigma psiquiátrico.
2. Es una necesidad ampliar el concepto de salud, siendo inevitable dirigir la atención no sólo a la enfermedad, también al funcionamiento social del paciente, las redes de apoyo y su calidad de vida
3. Lo que en nuestra medio se diagnostica como un trastorno psicótico breve podría corresponder a un nuevo tipo de trastorno adaptativo, “con síntomas psicóticos” en pacientes de otra raza y cultura
WPA-0035 DICTATORSHIPS REFLECT SOCIETAL FAULTLINES
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Background: Dictatorships afflict nations across the world randomly, from Africa where primitive man evolved to Greece, the cradle of western democracy. What does Hitler’s Germany have in common with Pol Pot’s Cambodia, Stalin’s Russia with Pinochet’s Chile, Mussolini’s Italy with Mao’s China? Are these random acts of God, or do they reflect a deeper, shared malaise which renders these otherwise culturally, economically and politically diverse countries vulnerable to despotic rule? This intriguing question admits no ready, simplistic answer. The issues involved are complex and merit interrogation from sociological and psychological perspectives.

Methods: Using the case study method, the presentation examines historical evidence to identify societal faultlines which may have contributed to the divergent trajectories followed by India, a vibrant, if at time chaotic democracy, and Pakistan, chronically under military rule, following their creation in 1947, despite their common ethnic, cultural and political heritage.

Results: The roots of military dictatorships in Pakistan go back nearly three centuries to the ideological heritage of Shah Waliullah and into jihad Sayyid Ahmed Barelvi, subsequently articulated by Syed Ahmad Khan, culminating in the Pakistan resolution at the Lahore session of the Muslim League in 1940. While Jinnah used the divisive doctrine of distance to achieve a separate Muslim homeland, he envisioned Pakistan as a modern, secular nation. Following his death in 1948, however, Pakistan embarked on the path of Islamic fundamentalism charted by Maulana Maududi, culminating in Islamization of state institutions and the perpetuation of military dictatorship by Zia ul Haq.

Conclusions: Dictatorships mirror deeply entrenched and complex societal faultlines going back in time which, given a fateful combination of social, economic and political factors, widen and swallow democratic institutions. Nations need to look back into their collective historical unconscious to identify and deal with these critical issues if history is not to repeat itself.
A large body of research support the efficacy of Psychosocial Treatments for schizophrenia and schizoaffective disorders, particularly learning-based therapies. There are three approaches to building skills in individuals with schizophrenia and other serious mental disorders: the Token Economy, Social Skills Training and Cognitive Remediation.

**Objectives**

The aims of the present study were to consider the efficacy of Psychosocial Treatments and the appropriate timing, frequency and duration of intervention and to assess how cognitive remediation implements Social Skills as a brick in a wall.

**Methods**

Thirty adult inpatients (from 18 to 55 years of age) with ICD-10-based diagnoses of schizophrenia were randomly assigned to three different groups: active intervention from 24 months (IPT-a group); active intervention from 12 months (IPT-b group); and treatment as usual (control group). Outcome measures were cognition (ENB-2) and social skills assessment (Valutazione Abilità Sociali).

**Results**

Patients with schizophrenia can clearly improve their social competence with social skills training and cognitive remediation, which may translate into a more adaptive functioning in the community.

**Conclusions**

Cognitive behavior therapy may benefit the large number of patients who continue to experience disabling psychotic symptoms despite optimal pharmacological treatment.
Background: Few studies compared long-term mental health outcome in culturally different post-conflict settings. The present study considers two surveys conducted in Kosovo 8 years after the Balkans war and in Rwanda 14 years after the genocide.

Methods: A similar methodology was used in Kosovo (864 participants) and Rwanda (962 participants). All subjects were interviewed using the posttraumatic stress disorder (PTSD) and major depressive episode (MDE) sections of the Mini International Neuropsychiatric Interview (MINI) and the Medical Outcomes Study 36-Item Short-Form (SF-36).

Results: Proportions of participants who met diagnostic criteria for either PTSD or MDE were 33.0% in Kosovo and 31.0% in Rwanda. The association of PTSD and MDE was significantly stronger in Rwanda than in Kosovo (odds ratios 30.5 vs. 12.4, p=0.006), with co-occurrence of both disorders in 17.8% of the Rwandan sample and 9.5% of the Kosovan sample. Patterns of PTSD symptoms significantly differed in the two settings, with avoidance and inability to recall less frequent and sense of a foreshortened future and increased startle response more common in Rwanda. Significant differences were also observed for MDE symptoms, with loss of energy and difficulties concentrating less frequent, and suicidal ideation more common in Rwanda. Comorbid PTSD and MDE were associated with low SF-36 subjective mental and physical health scores in both settings.

Conclusion: Culturally different civilian populations exposed to mass trauma may differ with respect to their long-term mental health outcome, including comorbidity, symptom profile and perceived health. Implementation of efficient intervention strategies requires taking into account such specificities.
WPA-0294  ‘I DON’T KNOW, I WON’T GO’: A QUALITATIVE STUDY ON HELP-SEEKING FOR MENTAL HEALTH PROBLEMS IN ADULTS FROM GOA, INDIA

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Background & aims: The decision to seek professional health services is determined by various factors and there are complex individual differences in the recognition and awareness of mental health problems; as well as in help seeking. This study aimed at exploring the help seeking preferences for mental health problems amongst adults, particularly, the endorsed attitudes and beliefs that underlie these preferences.

Methods: Semi structured interviews were conducted with 12 participants. The interviews incorporated questions on perceptions of mental health problems, preferred sources of help, seeking professional care, and facilitators and barriers in seeking professional care.

Results: The interviews with the participants indicated that young adults prefer approaching informal sources of help for mental health problems. Factors such as lack of understanding of mental illness, illness recognition, severity of distress, role of one’s personal network and religious faith, amongst others accounted for the variation in help-seeking behaviours amongst the people in the community.

Conclusion: The preference for informal sources of help suggests that there are contextual barriers to professional help-seeking which need to be examined so that they can inform development of health services attuned to the needs of people.
**WPA-0237 PSYCHIATR, FILM AND THE HOLY LAND**

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**Introduction:**
Film wields an extraordinary power and can both influence and be influenced by society. Given that 1/4 people suffer from a mental illness at some point in their lives, mental health issues play huge roles in our society and on our screens. The medical film festival *Medfest* operates under the auspices of the RCPsych and the aim of the festival in 2012 was, ÔTo stimulate debate of the social and political implications of portrayals of health and illness on our screens*.  
*Waltz with Bashir* is a film that vividly depicts the 1982 Lebanon War through the lens of an Israeli veteran. The former Prime Minister of Lebanon stated, Ôthat Lebanon would be the last Arab state to have peace with IsraelÔ

**Aims:**
To demonstrate how the power and synergy of film can be utilised to deliver the peaceful message of co-existence.

**Method:**
The WPA announced that it would be holding the 2012 Cultural Psychiatry Conference in Tel Aviv. I submitted an abstract on *Medfest* and the portrayal of PTSD in *Waltz with Bashir*.

**Results:**
I received an invitation from the Scientific Committee to deliver a Keynote Lecture in Israel.

**Discussion:**
RCPsych initiatives like *Medfest* inspired me to challenge preconceptions and prejudices. Most importantly, however, whilst I have no misgivings that it will take more than a lecture to resolve the on-going Arab-Israeli conflict this experience has given me, a Lebanese early-trainee psychiatrist, and others that glimmer of hope that one day the two people may live in peaceful co-existence.
Background
This study considers the implications of applying a *global mental health perspective* that includes social determinants of mental health to guide the development of culturally appropriate (CA) Cognitive Behavioural Therapy (CBT) for depression for Latin Americans (LA) in Canada.

Method
A comprehensive literature review of *social determinants of health* as it relates to the mental health of LA immigrants in Canada and the process of cultural adaptation of CBT in the US for depression was conducted. A feasibility study followed to explore what would be culturally appropriate to the LA community in Canada by using qualitative methods such as key informant interviews and focus groups before the pilot testing of the culturally adapted Cognitive Behavioural Therapy (CA-CBT) intervention as individual and as group psychotherapy.

Results
Loneliness in Canada was the major mental health issue raised by the participants in the focus groups in relation to depression. In the pilot study both individual and group psychotherapy were acceptable to the LA community however group psychotherapy seemed to have addressed an specific social determinant of health i.e. *social isolation* by fostering social support.

Conclusions
The provision of culturally adapted mental health services are *necessary but not sufficient* to promote the health equity of the LA population in Canada. Addressing *social determinants of health in this population is as necessary* as the cultural adaptation of CBT for depression. Recommendations for policy, future research and changes to the *philosophy of psychiatric practice in Canada* are made for this population.
Topic 71

Sociotherapies
REAPRENDIENDO A VIVIR. REHABILITACIÓN INTEGRADORA EN PACIENTES DISCAPACITADOS MENTALES
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La rehabilitación integradora trata a pacientes discapacitados mentales abordando su enfermedad, síntomas, factores desencadenantes de crisis, convertirlos en participantes conscientes desde sus reconocidas limitaciones, creando aprendizajes para autonomía, llegando a ser capaces de disfrutar la vida a plenitud.

Se lleva a cabo un programa de crecimiento personal para enseñarlos desde sus particularidades a adquirir hábitos sociales, de vida, expresar afectos, capacidad de reflexión sobre modos de vincularse, toma de decisiones, conocimiento del individuo que es en todos sus aspectos, incluyendo sexualidad, adicciones, violencia, son apoyados en la oportunidad de pensar y orientar proyectos de vida así como construcción de autonomía con ayuda de familiares y amigos incluidos en el programa.

Utilizando grupos formativos, juegos dramáticos, expresiones artísticas como recursos principales obtenemos una catarsis de integración vivencial con mayor facilidad para aprendizaje, que nos permite visibilizar aspectos manifiestos en cuestiones vitales para ellos como la expresión de los afectos, pertenencia y referencia familiar, comunicación no adecuada, violenta o simplemente difícil de comprender, la no crítica de su patología, u otros aspectos excluidos de sus vidas.

La integración de estas técnicas, los tratamientos necesarios, aunado al trabajo individual son una herramienta orientadora y terapéutica que nos permite lograr enfermos con autoconocimiento y participación en sus patologías, mayor control de su estabilidad psíquica, aumentan los periodos de sanidad intercrisis y sociabilización debido al aumento de autoestima y validismo social.
Stigma and Mental Health
STIGMA AND MENTAL HEALTH
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Stigma is defined as a sign of disgrace or discredit, which sets a person apart from others. The stigma of mental illness, although more often related to context than to a person's appearance, remains a powerful negative attribute in all social relations. The effects of stigma on mental illness are complex for a number of reasons, including the fact that mental illness is no one single thing. Stigma means fear, resulting in a lack of confidence. Stigma is loss, resulting in unresolved mourning issues. Stigma is not having access to resources. Stigma is being invisible or being reviled, resulting in conflict. Stigma is lowered family esteem and intense shame, resulting in decreased self-worth. Stigma is secrecy, Stigma is anger, resulting in distance. Most importantly, stigma is hopelessness, resulting in helplessness." (2)

It is now accepted that people with schizophrenia are significantly more likely to be violent than other members of the general population. Schizophrenia was associated with violence but only in the absence of treatment. (3) Indeed, compared with the magnitude of risk associated with the combination of male gender, young age and lower socio-economic status, the risk of violence presented by mental disorder is modest. (4) There is a belief that having schizophrenia leaves a person outwit reality and permanently disabled. (5)

CASE REPORT :
I. Mr. M, 16 years old, Four years ago had mental illness, went out somewhere and he had no clue, he could not back home. He crushed many things and angry without any reason . If he wanted something it must be there immediately and once he attacked his mother. The family felt so embarassed and had no idea what the illness , so the family tie his feet in a pole. Psychiatry examination : irritable, rambling, anxious, daily activity distracted. Working Diagnosis : Mental Retardation, Treatment : Haloperidol 2x2,5 mg, Trihexipenidil 2x2 mg, Chlorpromazine 1x100mg, Injection Haldol Decanoate 50 mg every six week. He taking a drug for about eight month period, support the family, I explain about the community around him, now the patient has activity, can take care of himself, co worker with his brother.

II. Mr. H, 37 years old, Fifteen years ago, first time attack mental illness he roared like a tiger. He did something role, delusion, rambling, spoke by himself, had suspicious with other people, very angry with parent, attack his grandfather and all of his relatives. Psychiatry examination : hostile, delusion, hallucination (+4), anxious, daily activity distracted. Working Diagnosis: Sustainable Paranoid Schizophrenia Treatment : Risperidon 2x2 mg, Trihexipenidil 2x2 mg, Chlorpromazine 1x100 mg, Injection Sikzonoate 25 mg every two weeks. Treatment for about six month period, support the family, I explain about the community around him, he can look after by himself. He is seeking for a job now.

III. Mr. S, 33 years old, Eight years ago begin from where he studied a spiritual science with a kind of fasting ritual. After the ritual done, he started to speaking something unusual, laughed so hard and became angry after that he did a violence thing like threat his parents and the local villager. And his family decided to lock his leg between two pieces of wood. Psychiatry examination: inadequate, rambling, hallucination (+4) , daily activity distracted. Working Diagnosis: Undifferentiated Schizophrenia. Treatment : Haloperidol 2x5 mg, Trihexipenidil 2x2 mg, Chlorpromazine 1x100mg, Injection Haldol Decanoate 50 mg every six week. It’s been a year he had a treatment and now he healing up and he is able to work back.

DISCUSSION:
The NAMI says public education is the first step in improving the lives of those with schizophrenia. Increased awareness of the illness can improve quality of life for individuals, as the attitudes of potential employers, co-workers, and friends change for the better. And education helps the big picture as well; greater awareness leads to increased funding for research, which will improve treatment options for everyone with schizophrenia. (1) Some people find that medication helps but acceptance and support from the community at large as well as good community care services, are vital in promoting the wellbeing of people with schizophrenia. (5) At times, some people with schizophrenia may require hospital care however, most live in their own homes in the community. In reality, many people with schizophrenia work in responsible jobs, raise a family and take higher degrees. People with schizophrenia can and do lead productive lives. (5)

In this case, I gave the injection Antipsychotic long acting every two weeks, having a supportive family and environment around the patient, they don’t discrimination the patient, accompany do something together. By educating themselves about their conditions, people with mental illness can improve self-esteem and ignore the opinions of those who stigmatize them, even their own family members. The patient able do work back and take care by himself.
THE EFFECT OF NOMINAL CHANGE ON STIGMA TOWARD SCHIZOPHRENIA: 12 YEARS FROM “MIND-SPLIT-DISEASE” TO “INTEGRATION DISORDER” IN JAPAN

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Objectives
In Japan, the old term of schizophrenia, mind-split disease (“Seishin-Bunretsu-Byo”), renamed to integration disorder (“Togo-Shitcho-Sho”) in 2002, and the term of dementia “Chiho” to “Ninchi-sho” in 2004 to reduce stigma. However, little has unknown how adolescents in present feel about the nominal changes.

Methods
Total 148 students (male = 86, age = 20.3) answered anonymous self-administered questionnaires and quiz. The questionnaires contained the social recognition subscale of the Mental Illness and Disorder Understanding Scale (MIDUS) as positive knowledge, and Omnibus Survey in the UK, 1998, as negative knowledge, for the old and new terms of schizophrenia, depression, and diabetes mellitus. The quiz was instructed to choose the same disease and condition from 10 terms including 2 target terms of mental illnesses (schizophrenia [old and new] and dementia [old and new]), 3 mental illnesses and condition, and 3 physical illnesses and conditions.

Results
The significant difference of stigma among disease names (schizophrenia old, schizophrenia new, depression, and diabetes mellitus) showed that the participants had the worst stigma for the old term of schizophrenia, similar for the new term of schizophrenia and depression, and the best for diabetes mellitus. The accurate rate of the quiz for schizophrenia and dementia was significantly different (45% vs. 91%, p < .001). Correct responders was significantly older (20.5 vs. 20.1, p = .045) and have marginally better positive knowledge trend for mental illnesses than incorrect responders (MIDUS: 17.7 vs. 19.8, p = .050).

Conclusions
This is the first survey which explored the effect of nominal change for schizophrenia after 12 years in general adolescents. Although the terms of mental illnesses had more stigma than diabetes mellitus, the nominal change was successful in reducing stigma. The difference of the accurate rates for schizophrenia and dementia suggested little knowledge of mental illnesses in adolescence.
PRESENTATION OF A PROGRAMME AIMED TO ERASE MENTAL HEALTH STIGMA TARGETED TO STUDENTS ON SECONDARY SCHOOL

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BACKGROUND
Stigmatization associated with mental illness constitutes a significant impediment, which affects its evolution. Programmes based on direct contact have proved to be more efficient in eliminating this stigma, than education and protest campaigns. Young people are a priority target.

OBJECTIVES
To develop and evaluate an educational programme based on direct contact with people affected by a mental disorder, within a sample group of students in their third year of secondary education.

It is pretended to introduce the programme, the audio-visual material elaborated and the results of its evaluation.

METHODS
An interventional pilot programme is proposed, with longitudinal prospective follow-up, quasi-experimental and with control group. Its efficiency is to be measured on the Patrick Corrigan AQ-C8 scale, in paired samples design at baseline, immediately after the intervention and at 6 months of follow-up.

Two work-shops (55 minutes each) were carried out, drawing upon two strategies: contact and education. Three of the experts were diagnosed of Bipolar Disorder and the other one of Schizoaffective Disorder. To facilitate the exportation and avoid bias a video, starred by the self-experts, had been recorded.

RESULTS
A total of 546 students participated (412 cases and 134 controls), from four state secondary schools in Navarra.

No significant differences were observed between the groups, referring to different items on the evaluation scale.

Significant differences were observed for seven of the eight items (“Pity”, “Danger”, “Blame”, “Segregation”, “Anger”, “Help” and “Avoidance” (α<0.05) in the intrasubjects comparative scale, carried out at baseline and immediately after the intervention.

The 6 months follow-up assessment is expected to be completed on May 2014.

CONCLUSIONS
The intervention proved to be efficient in the reduction of prejudices, stereotypes and the propensity to show discriminatory behavior immediately after the intervention. It is necessary to evaluate the persistence of these effects in the medium and long term.
EVALUATION OF A PROGRAMME AIMED TO ERASE MENTAL HEALTH STIGMA TARGETED TO STUDENTS ON SECONDARY SCHOOL
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Spain. ² Mental Health user. Navarra.

BACKGROUND
The stigma associated with mental illness is a significant impediment, which inevitably affects its evolution. Programmes based on direct contact have proved to be more efficient in eliminating this stigma, than education and protest campaigns. Young people are a priority target.

OBJECTIVES
The aim of this project has been to develop and evaluate an educational programme based on direct contact with people affected by a mental disorder, within a sample group of students in their third year of secondary education.

METHODS
A pilot programme is proposed which is interventional, with longitudinal prospective follow-up, quasi-experimental and with a control group. The efficiency of the intervention is to be measured on the Patrick Corrigan AQ-C8 scale, in paired samples design.

RESULTS
A total of 546 students in the third year of secondary education participated (412 cases and 134 controls), from four state secondary schools in Navarra (n=546).
No significant differences were observed between the groups, referring to different items on the evaluation scale.
Significant differences were observed for seven of the eight items (“Pity”, “Danger”, “Blame”, “Segregation”, “Anger”, “Help” and “Avoidance” (α<0.05) in the intrasubjects comparative scale, carried out at baseline and immediately after the intervention.

CONCLUSIONS
The intervention proved to be efficient in the reduction of prejudices, stereotypes and the propensity to show discriminatory behavior towards those with a mental illness immediately after the intervention. It is necessary to evaluate the persistence of these effects in the medium and long term.
INTERNALIZED STIGMA AND QUALITY OF LIFE IN PEOPLE WITH MENTAL ILLNESS: THE MEDIATING ROLE OF SELF-ESTEEM
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People with mental illness who internalize stigma often experience reduced self-esteem and impaired quality of life (QOL). Although QOL is recognized as a particularly useful measure to assess treatment outcomes, the links between internalized stigma, self-esteem and specific domains of QOL require further investigation.

Objectives: To examine the relationship between internalized stigma, self-esteem and QOL, and to describe a model in which self-esteem mediates the effects of internalization of stigma on QOL.

Methods: After informed consent, 403 mental health inpatients and outpatients (DSM-IV criteria), from hospital-based and community facilities participated in face-to-face interviews (231 men, 172 women, ages between 18 and 79). Self-report measures of internalized stigma (ISMI), self-esteem (RSES) and quality of life (WHOQOL-BREF) were administrated. Structural equation modeling was used to analyze the cross-sectional data.

Results: Our results support the mediational role of self-esteem between internalized stigma and QOL. Furthermore, internalized stigma itself and together with self-esteem were found to negatively influence all of the WHOQOL domains. Differences across diagnostic groups and among treatment settings were found, which may be of an important value for improving the quality of care to provide to people with mental illness.

Conclusions: The theoretical and empirical implications of the findings highlight the need for the development of interventions focused on targeting internalized stigma as well as self-esteem. This should be of great interest to research and clinical practice, allowing the design of mental health interventions aimed to improve the QOL of people with mental illness.
PERCEPTION OF MENTAL ILLNESS AMONG EMPLOYEES OF A NORTHERN NIGERIAN UNIVERSITY
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Objectives: This study aimed at determining the perception of employees about mental illness at the Ahmadu Bello University Zaria, Nigeria. The objective was to observe the level of stigmatization of people with mental illness among employees and the relationship between stigmatization of psychiatric patients and variables such as age, sex, religion, education, and participant’s department.

Method: The study was carried out at the Ahmadu Bello University Teaching Hospital and the Ahmadu Bello University main campus. Employing a 3 staged sampling technique, fifteen departments were chosen from both institutions, after which 10 participants were further sampled from each department to obtain a total of 150 participants.
Standardisation of the MICA 4 for the intended sample was carried out resulting in a mean score of 67.70 and this was used as the basis for the cut off in this study.

Results: The findings indicate that 53.4% of respondents’ classified as high stigmatisation while 46.6% was classified as low stigmatisation, 75.3% were male, and 60.6% were within the age range of 35 to 45 years with a mean age of 44.65 years. Low scores on stigmatisation were observed among departments of psychiatry (40.2), nursing and ophthalmology (46), while high scores were observed among respondents from administration and engineering (80). Relationship between variables and predictors of stigmatisation were also established.

Conclusions: There is a high tendency to stigmatise persons with mental illness except where there has been some contact with mental health practice or among the clinical departments in the hospital and this is not so among departments that do not have contact with mental health. We recommend that psycho-education be provided for staff periodically to reduce this level of stigmatisation.

Keywords: Stigma, Mental illness, Employees, Nigeria

References:
Byrne P: Stigma of mental illness and ways of diminishing it.
STIGMATIZATION TOWARDS PEOPLE WITH MENTAL ILLNESS IN A COMMUNITY IN NORTHERN NIGERIA

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Objectives: The aim of the present study was to assess community attitude (social distance) towards people with mental illness in Northern Nigeria and examine the factors correlating with such attitude.

Methods: A cross-sectional study was carried out in which 1800 participants were selected from two different communities in Kaduna State, Northern Nigeria. Participants completed questionnaires detailing sociodemographic variables, familiarity with mental illness, perceived causation of mental illness, perceived personal attributes of mental illness and perceived prognosis of mental illness. Their preferred social distance towards people with mental illness was measured with a modified version of the Bogardus Social Distance Scale.

Results: The level of desired social distance towards the mentally ill was seen to increase with the level of intimacy required in the relationship, with 10.5% of the participants categorized as having low social distance, 15.5% as having moderate social distance and 74% as having high social distance towards the mentally ill. The independent correlates of high social distance towards the mentally ill included having never cared for the mentally ill (odds ratio (OR)=2.97, 95% confidence interval (CI)=2.14-5.21), age over 45 years (OR=2.06, 95%CI=1.59-2.33), perceived supernatural causation of mental illness (OR=1.90, 95%CI=1.55-2.10) and perceived 'dangerousness' stereotype of the mentally ill (OR=1.75, 95%CI=1.32-1.91).

Conclusions: There is high level of social distance and stigmatization of mental illness in Nigeria. It is therefore important to incorporate anti-stigma educational programmes into the mental health policies of countries in sub-Saharan Africa. Such policy should include community education regarding the causation, manifestation, treatment and prognosis of mental illness.

Key words: Stigmatization, mental illness, Nigeria
Stigmatization is described as a complex, socio-cultural, political and relational process. Taking place within an interpersonal process dictating “in and out groups,” stigmatization involves a relational system whereby intersubjective experiences combine to co-create interpersonal systems that reinforce stigmatization and internalized stigma, with stigmatization resulting in painful experiences of shame, powerlessness and consequent multiple life disadvantages (Goffman, 1963; Corrigan, 2004). One consequence of stigma dynamics includes interpersonal avoidance and distance, making relational intimacy and the development of empathic understanding (found to reduce stigmatization) difficult to achieve.

It is well established that the development of the therapist–parent alliance is critical to the initiation, continuation, and ultimate success of child/youth psychotherapy (Garcia & Weisz, 2002; Hawley & Garland, 2008; Hawley & Weisz, 2005; Karver, Handelsman, Fields, & Bickman, 2006; Kazdin, Whitley, & Marciano, 2006; Shirk & Karver, 2003). The distancing effects of stigma dynamics in the therapist-parent relationship involving children/youth with significant mental health issues, however, greatly inhibit engagement and, thereby, the positive development of this essential therapeutic relationship.

Intersubjectivity theory offers a useful lens by which to understand stigma dynamics as mutually reinforced, “co-constructed” experiences between therapists and parents whose children present with significant mental health problems. Therapist awareness and attunement to the dynamics of stigma are described as critical to the development of engaged therapist–parent alliances; alliances that maximize the efficacy of child/youth psychotherapy. Application of an intersubjective therapeutic approach to understanding stigma dynamics in therapist-parent relationships is proposed and best practices are recommended to enhance engagement and reduce its negative impact.
INVESTIGATING MENTAL ILLNESS STIGMA IN TURKISH AND GREEK CYPRIOTS LIVING IN CYPRUS

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According to Alexandre and Link (2003), even though mental illness is very impairing around the world, it is also one of the most stigmatized conditions. Stigma affects every aspects of one’s life such as help-seeking behaviour, decreased job opportunities and perception of self-worth (Scheffer and Director, 2003). Considering the negative effect of stigma it is fundamental to carry out research bringing awareness to this issue. Although there is much research on attitudes towards mental illness, none has been made which looks into and compares the Turkish and Greek Cypriot populations. This research, therefore, investigates the mental illness stigma in Turkish and Greek Cypriot communities living in Cyprus. The main questions to be addressed are ‘Is there a stigma in Turkish and Greek Cypriot communities towards mental illness and are they similar? and “Does culture have an impact on these attitudes? and ‘Do Turkish and Greek Cypriot cultures fit in within the individualism-collectivism concept?” Participation to this research was voluntary and the participants (N=100) were represented with four different scales; Knowledge scale, Corrigan’s Attitude Scale (AQ, 27), Level of Familiarity Scale (LOF), Vertical-Horizontal Individualism-Collectivism Scale (Triandis, 1995). The results showed the existence of mental illness stigma in both Turkish and Greek-Cypriots. Turkish-Cypriots, however, significantly held more negative attitudes towards individuals with mental health problems F(1,98)=11.828, p=0.001. There was a difference in culture where Turkish-Cypriots were also found to be significantly more vertical-collectivists; F(1,98)= 7.305, p=0.008, while Greek-Cypriots were significantly more familiar with mental health problems; F(1,98)=21.325, p<0.001. They did not differ in their knowledge.

In conclusion, mental illness stigma is a common problem around the world affecting many people. Stigma was also prevalent in both Greek and Turkish Cypriot populations. Turkish Cypriots being more stigmatised towards mentally ill.
INFLUENCES OF ATTRIBUTION, STIGMATIZATION AND LIFE EXPERIENCE ON THE CAREGIVER-PROVIDER WORKING ALLIANCE IN AN EASTERN CULTURAL CONTEXT

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Objectives: To explore the cultural construction of clinical reality, this study examined influences of causal attributions of schizophrenia, perceived and internalized mental illness stigma, and life experience with severe mental illness on perceived working alliance with, and informational support received from doctors practicing Western psychiatry in the Taiwanese social-cultural context.

Methods: This cross-sectional study used a non-probability, purposive sampling technique to recruit the caregiver of a family member diagnosed with schizophrenia from the Taiwanese Alliance of the Mentally Ill, four community mental health rehabilitation centres and 2 psychiatric hospitals between July 2012 and March 2013. A total of 152 participants filled out a self-report questionnaire in Traditional Chinese. A questionnaire included questions regarding socio-demographic characteristics, Working Alliance Inventory-Short Form, Information and Advice Scale, revised Schizophrenia Attribution Scale, Devaluation of Consumer Families scale, Internalized Stigma of Mental Illness Scale and Experience of Caregiving Inventory. Regression models were used for analysis.

Results: The study results revealed that the level of biological attributions positively predicted the work alliance and the environmental attribution positively associated with the level of informational support received. The level of internalized stigmatization negatively associated with the caregiver-provider work alliance and information support from the physicians. The fewer stigmas perceived from the community, the more motivation allied with western doctors. The positive caring experience with the mentally ill family member predicted caregivers’ alliance with western doctors and received the informal support.

Conclusions: The results informed the mental health professionals to provide biological related psychoeducation and strengthen the environmental resources for the caregivers being essential. Destigmatization would benefit for the work alliance and informational support received. Helping the caregivers positively cope with their family member with mental illness that would increase their motivation to ally with the physician and receive the informational support.
PSYCHOLOGICAL AGE LAG AND RELATED FACTORS OF PATIENTS AT THE REMISSION PHASE OF SCHIZOPHRENIA

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Objectives: We explored the psychological age lag of patients at the remission phase of schizophrenia, analyzed its correlation with coping styles and defense mechanism, and discussed gender differences of coping styles, defense mechanism and parental rearing styles.

Methods: We used questionnaire of psychological age assessment, coping styles questionnaire, defense mechanism questionnaire (DSQ) and Egma Minnen av Bardnosnauppelinstran (EMBU) to investigate 171 patients at the remission phase of schizophrenia.

Results: The mean physical age of patients was (33±11), the mean psychological age identified by doctors was (11±4), the mean psychological age identified by themselves was (32±12), the mean psychological age identified by caregivers was (21±11). The mean psychological age identified by doctors was statistically younger than the mean physical age, as well as the mean psychological age identified by caregivers. The patients whose psychological ages were younger than 12 used less solving problems (coping styles) and flinch (defense mechanism), and more self-blame, fantasy and avoidance (coping styles) than the rest. The correlation analysis shows that the psychological age lag was positive correlative with physical age, total course of disease, age at first onset, times of hospitalization, rationalization (coping styles) and negative with discharged, the all capacity with incapacity, consumption and intermediate defense mechanism. For coping styles, male used fantasy less than female, and used self-blame and avoidance more than female. Father used refuse and deny (parental rearing styles) more to male than to female. On the contrary, mother used refuse and deny more to female than to male. For defense mechanism, male used flinch, reaction formation, consumption less than female, and used fantasy, somatization, expectation more than female.

Conclusions: The psychological age lag were widespread in patients at the remission phase of schizophrenia. Patients with different psychological age lag degree used different coping styles and defense styles. Person whose psychological age lag was significant prefer to use rationalization (coping styles). Patients of different genders used different coping styles and defense mechanism. Patients believed their same-sex parents used more refuse and deny of parental rearing styles. So psychological intervention should be carried out separately for patients of different genders, especially family intervention.
NGILMU AS A CULTURE BOUND PHENOMENON IN PATIENTS
WITH PSYCHOSIS IN JAVA, INDONESIA

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Objectives: Culture plays a large role in colouring the psychopathology of various psychiatric disorders. It is strongly believed in most of Indonesian that psychosis as a result of Ngilmu. Ngilmu itself is widely known as an act of studying or searching for knowledge which associated with magic, spirits and spirituality. Despite how common this belief is in Indonesia, this phenomenon, however, has not been well studied.

Methods: A descriptive preliminary study was performed to patients with psychotic symptoms in psychiatric wards of Dr. Soetomo Hospital Surabaya which have previous history of “ngilmu”.

Results: Only six percent of patient with psychosis has a previous history of Ngilmu and all of which came from Javanese ethnic group. Almost all of them are male from young adult age group. The majority of patients with history of Ngilmu are single and high school or junior high school graduates. They are generally single but have worked before. Disorganized Schizophrenia is the most common diagnosis, and most of them have Schizoid personality trait.

Conclusions: Further studies should be performed to analyse this phenomenon, as Ngilmu can present as a stressor or even a sign of prodromal stage in schizophrenia. Psychiatrist plays a large role in educating lay people on mental health and psychiatric disorder, including raising awareness on the aetiology and symptoms of psychosis. The belief of Ngilmu as a cause of psychosis may lead to a prolong duration of untreated psychosis (DUP), as families and society tends to seek help from witch doctors, Samans or spiritual leader for treatment if they belief that the illness is caused by spirits or magical origin.
A PROGRAMME AIMED TO ERAISE MENTAL HEALTH STIGMA IN THE WORDS OF A PERSON DIAGNOSED WITH BIPOLAR DISORDER: EMPOWERING PATIENTS

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BACKGROUND
Stigmatization associated with mental illness constitutes a significant impediment, which affects its evolution. Programmes based on direct contact have proved to be more efficient in eliminating this stigma, than education and protest campaigns. They also facilitate the empowerment and recovery of those who participate sharing their own experience.

AIMS
Reflect about the experience of a person diagnosed of Bipolar Disorder who has participated on a programme based on direct contact with people affected by a mental disorder, within a sample group of students in their third year of secondary education.

METHODS
Interventional pilot programme, with longitudinal prospective follow-up, quasi-experimental and with control group. Its efficiency is measured on the P. Corrigan AQ-C8 scale, in paired samples design at baseline, immediately after the intervention and at 6 months of follow-up.

RESULTS
“Breaking down that social distance, so tenuous but so real, between myself as someone with a diagnosis and my self-esteem, has brought about great changes in my life. It changed my perception of myself, gave value to my life experiences, as they ceased to be symptoms and became reasons to reflect... the exercise of seeing my, and my loved ones' challenges in the video, day after day, opened my eyes to a more authentic perception..... It helped me to come to terms with past experiences, fear, stigmas...I have finally taken decisions about my life which have taken me years... My experience, could be summarised in the following: I have learned about myself, my illness and about others, and I have taken a bigger step towards understanding what it means to be human and to love”.

CONCLUSIONS
The intervention has been a positive experience to self-experts who participated, facilitating their empowerment and diminishing the self-stigma. It is necessary to evaluate the impact of the public exposition with quantitative measures.
HOW PSYCHIATRIC INSTITUTIONS CHOOSE THEIR ADVERTISEMENT CATEGORIES AND NAMES?

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Background: Recently, clinics of psychiatry and psychosomatic medicines have been increasing in Japan. These clinics often advocate both psychiatry and psychosomatic medicine.

Objective: The aim of this study is to investigate the actual conditions about the choice of advertisement categories and the naming of psychiatric institutions. We are also to research reasons of their choices. First hypothesis of this study is that psychiatric institutions advocate psychosomatic medicine to reduce the psychological resistance to visit psychiatric institution. The second hypothesis of this study is that psychiatric institutions also pay attention naming their institutions by same reason.

Methods: Subjects of this study were all psychiatric departments of medical university (n=80), 300 psychiatric hospitals and 300 psychiatric clinics. Psychiatric hospitals and clinics were randomly chosen from each association. A questionnaire contained basic information (established year, address and number of patients) diagnosis of patients, advertisement category of institutions (category and reasons of choice), and name of institutions (words and reasons).

Results: The valid response rate was 44.9%(305 from 680). All psychiatric hospitals and clinics advocated psychiatry. Fifty two percent of university hospitals advocated psychiatry and 50% did neuropsychiatry. Thirty nine percent of psychiatric hospitals advocated psychosomatic medicine, 52% of psychiatric clinics and 4% of university hospitals also did. On reasons of choice of advertisement category, to lower the psychological resistance was significantly high than other reasons (p<0.01) in psychiatric clinics. There were no psychiatric hospitals and clinics which used the ward psychiatry on their name of institutions.

Conclusions: Our study provide evidence that many psychiatric institutions in Japan pay attention their advertisement category and name of their institution to make reduce the psychological resistance to visit.
THE EFFECTIVENESS OF AN INTERVENTION TO REDUCE STIGMA IN HIGH SCHOOL STUDENTS: A QUASI-EXPERIMENTAL STUDY

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Objectives: To evaluate the efficacy of an intervention to reduce stigma against mental patients in a group of high school students.

Methods: A quasi -experimental study. Total sample 205 students, from one Institute of Madrid, age range 16-18 years old. The control (A) and treatment (B) groups are equivalent in age and gender. Treatment consisted of a slide show and movie clips of high popularity television series with information about mental illness. The instrument used to assess stigma was the Spanish version of the AQ -27.

Results: We found a significant decrease between group A and B in the following dimensions: anger (A = 9.2908 , B = 7.6094 , p < 0.01) , threat (A = 12.3830 , B = 8, 9844 , p < 0.01) , fear (A = 10.5106 , B = 7.9844 , p < 0.01) , segregation ( A = 11.1348 , B = 9.2344 p < 0.05) and avoidance ( A = 15.1986 , 10.1563 B = p < 0.01 ) . And a significant increase in: support (A = 20.8865, B = 22.6615, P < 0.01) and accountability (A = 8.5816, B = 10.4688, P < 0.01). In contrast, no differences in the dimensions coercion and piety were found.

Conclusions: Seven of the nine dimensions of stigma which includes the AQ -27 have been modified after the intervention. Especially important is that most of these dimensions have a clear negative connotation, however, the dimensions that might suggest a positive discrimination (support and accountability), were also positively modified. It is necessary still to explore other interventions that have a desired impact on the two dimensions that could not be changed and to use the experimental method.
ANALYSIS OF THE RELATIONSHIP BETWEEN KNOWLEDGE ABOUT MENTAL ILLNESS AND STIGMA IN HIGH SCHOOL STUDENTS FROM THREE SPANISH CITIES
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Objectives: The aim of this research is to study the relationship between knowledge about mental illness and stigma towards people with schizophrenia in high school students younger than 20 years old.

Methods: This is a descriptive study. It includes a sample of 303 students from 3 Spanish institutes. The age range of the sample was 15-19 years old (48 % male and 52 % female). The instrument used to assess stigma was the Spanish version of the AQ -27. To assess the knowledge about mental illness the EMC scale was employed.

Results: We found significant correlations between stigma and knowledge about mental illness in the following stigma’s dimensions: segregation (r = -0.213 , P < 0.01), avoidance (r = -0.152 , P < 0.01), coercion (r = -0.145 , P < 0.05), threat (r = -0.142 , P < 0.05), anger (r = -0.136 , P < 0.05), piety (r = -0.117 , P < 0.05). In contrast, we found no significant correlation with the dimensions Responsibility, Fear, and Support.

Conclusions: There are a great number of stigma campaigns, and the variable knowledge of the disease is commonly used to reduce the stigma. However, in this study we found that the knowledge about the disease has a great significant relationship with only two stigma dimensions, a significant relationship with other four dimensions, and not significant with another three dimensions. This might suggest the necessity of intervening on other variables besides the knowledge about the disease, if we want to reduce the stigma completely.
Objetivos:
1. Conocer de primera mano la impresión de los pacientes que reciben tratamiento con medicación depot.
2. Medir el grado de satisfacción con el fármaco.
3. Estudiar la funcionalidad (laboral, social, familiar, sexual).
4. Establecer el perfil de paciente que esta recibiendo el fármaco en nuestra área.
5. Conocer la impresión subjetiva sobre principales beneficios e inconvenientes.

Métodos:
- Se ha realizado el presente estudio descriptivo y transversal en una muestra de 50 pacientes que acudían al centro de salud mental/hospital a recibir medicación depot, durante un periodo de 2 meses en 2014.
- Se ha incluido en el estudio a los sujetos en tratamiento con palmitato de paliperidona, olanzapina depot, risperidona consta, y antipsicóticos depot convencionales. La participación en este estudio ha sido voluntaria.
- Se ha utilizado un cuestionario autoaplicado a los pacientes con 15 variables.
- Las variables sobre beneficios y perjuicios de la medicación, han sido rellenadas libremente por los pacientes, sin existir ítems en dicho apartado.
- El análisis de los datos se ha realizado mediante un paquete estadístico.

Resultados:
- FUNCIONALIDAD
  - A nivel laboral, el 60% de los sujetos refería encontrarse igual, y un 40% mejor.
  - A nivel familiar el 67% de los sujetos refería encontrarse mejor, y un 33% igual.
  - A nivel sexual el 77% de los sujetos refería encontrarse igual, y un 7 % mejor y un 13,3 % peor.
  - A nivel social el 66% de los sujetos refería encontrarse igual, y un 33% mejor, y un 6,6% peor.

Conclusiones:
- El perfil de sujeto en tratamiento con medicación inyectable en nuestra zona, es un sujeto con diagnostic de esquizofrenia paranoide, que lleva mas de 24 meses con el fármaco, y cuyo grado de satisfacción con el fármaco es bueno.
- Los principales beneficios que los usuarios encuentran son: la “comodidad”, “el control de los síntomas” y “la sensación de tranquilidad”, habiendo sido variables en las que han coincidido los pacientes sin haber intervenido nadie del personal sanitario en sus respuestas.
- Los principales inconvenientes que los usuarios encuentran son: “el dolor local” y la limitación a “nivel sexual”.
EMOTIONS IN STAR TREK - AN UNDISCOVERED COUNTRY
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Objectives:
"Star Trek"® was an American television series produced between 1966 and 1969. The development of space travel and the subsequent increased interest in science fiction based topics have led to four further spin-off series and eleven feature films to date. The so-called "Star Trek universe" portrays humankind and society on two levels: On the one hand, it depicts a utopic image of a morally evolved humanity which has overcome prejudices and lives in peace. On the other hand, events and issues current at the time of production have also informed the themes dwelt on in the respective series and movies. Star Trek may thus be examined as to the extent to which societal perception of mental diseases and treatment has changed during the last five decades.

Methods:
In order to analyze the supposed change in perception of delineated mental phenomena in the course of production time, we evaluated the TV series video material with regard to mental disorders and its treatment, using the operationalized diagnoses according to ICD-10.

Results:
Along with “fictional” mental illnesses, “real” diseases and their treatment have been progressively brought into focus.

Conclusions:
On the basis of our analysis of all Star Trek material filmed between 1966 and 2005, we have found that a significant societal change in the perception and evaluation of psychological problems may be detected. In the 1960s, one generally perceives a critical attitude towards psychological diseases as well as a focus on medical treatment while from the 1980s onwards, there has been an increasing depathologization of psychological diseases in presenting human reactions and diseases as natural and comprehensible events. Moreover, they have gradually come to present psychological treatment as an important means to alleviate suffering.

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COMMUNITY RECOVERY: A KEY CONCEPT FOR SOCIAL INTEGRATION OF PEOPLE WITH MENTAL ILLNESS
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The notion of recovery is well established in the field of rehabilitation of people with mental illness and has focused, mainly on the internal processes with which the individual dealing with mental illness faces with himself and his environment. In this lecture I would like to suggest a new concept: Community recovery, that refers to the multi-dimensional process occurring in the community in which people with mental illness are integrated. The concept of community recovery, complements the relationship between stigma and recovery. With regard to stigma it's common to refer to self-stigma and public stigma. However, with regards to recovery, the main focus is on the personal recovery; namely on the different processes which the individual deals with. The concept of Community recovery, proposes that in addition to the public stigma there are also powerful recovery processes in the community. As personal recovery, community recovery emphasizes the power and the ability of the community that could lead to the expansion of the community identity at the public and at the individual level. Community recovery also refers to profits of the community followed by the integration of people with mental illness. At the community level, the profit can be instrumental (economic; resource allocation) and ideological (the realization of the concept that believes that there is a place for all segments of the population). At the individual level, the profit can be direct (the integration of people with mental illness may serve as a model to the general population to express their personal difficulties and variance), and indirect (everyone knows a relative whom he would like to see integrated). These processes were promoted by the community centers in Israel. During workshops participants created masks under the theme of "Who's Behind the Mask", followed by a discussion that was held in the spirit of community recovery.
DESCRIPTION OF AN INTERVENTION PROGRAM ON SELF-STIGMA THROUGH CINEFORUM
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Objectives: We present an intervention program on self-stigma suffered by the patient through the viewing of films and subsequent review and discussion. We have devised an intervention with pre-post measures across different scales, that allow us to meet changes in different areas of the subject. The program starts with 16 users in a day hospital for people with severe mental illness in public health network of the Basque Country.

Methods: pre and post-intervention measurement of the following scales:
• CGI.
• EVDO (Rating Scale of occupational performance).
• GAF.
• EUROQOL, HoNOS.
• MEC 35.
• Trail Making test.
• Scale-Revised Social Anhedonia (RSAS).
• PANAS: Positive and Negative Affect Schedule Watson.
• PNA: Scale of Positive and Negative Affectivity Bradburn (in Echebarría and Paez, 1989)
• SEAL: Self-stigma scale.
• Subjective Scale to Investigate Cognition in Schizophrenia (SSTICS).

The person who drives the group of patients tries to open a group and individual therapeutic space that allows modify self-stigma experienced by the user.

Results: We present the paired results of different scales and with their statistical evaluation.

Conclusions: Increases treatment motivation, involvement, life satisfaction and, indirectly their level of quality of life. We are aware of the need for interventions with larger sample size, prospective design, control group and randomized.

References:
THE ISSUE OF STIGMA AS A KEY ELEMENT IN “CAREGIVERS” KNOWLEDGE AND ATTITUDE TOWARD MENTAL DISORDEREDS IN ARMENIA” SURVEY
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Intra Mental Health (MH) centre (funded by Seda Ghazarian Memorial Foundation) conducted a survey for the first time in Armenia among 250 primary caregivers of individuals with mental illnesses in Armenia to assess their knowledge and attitude toward mental illnesses and their satisfaction regarding MH services received. They were interviewed in 3 psychiatric hospitals and two MH centres in Yerevan. Survey instrument collected a wide range of data on socio-demographic characteristics of participants, their knowledge and attitude on mental health problems, and also their perception of general populations and quality of MH services and the level of their affordability.

Negative attitude and stigma toward MH problems were present in about 35% of participants. Only 2.8% of participants mentioned that they have received information regarding MH care from primary health providers. Major obstacles to recovery mentioned by sample are unemployment, extended family life and limited housing capacity, inadequate self-esteem level and social support. The expectation of stigma can also produce serious disruptions in family relationships and reduce normal social interactions because of a desire for secrecy.

Extended family system is prevalent; it should be used to the benefit of the patient's rehabilitation. The results of this study can help to improve quality of life and wellbeing of mentally ill persons in Armenia, through disseminating information on mental health issues, providing a better quality of care and advocating and endorsing their social integration of mentally ill persons while protecting their rights and dignity.
THE INTERNALIZED STIGMA: MENTAL ILLNESS FROM THE PERSPECTIVE OF THE PATIENT

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Objectives: The World Health Organization points out stigma as the principal cause of discrimination and exclusion as it affects self-esteem, contributes to family dysfunction and limits sociability and the search for job and habitation. It could lead to barriers in the search for help and in the recovery process.

The aim of this work is to analyze the perception of the internalized stigma attached to mental illness on patients who attend the Department of Psychosocial Rehabilitation of Hospital de Magalhães Lemos and compare it with patients who did not attend the department.

Methods: Application of a Stigma Scale of the 2 groups of patients. The data was analyzed by SPSS.

Results: Patients who attend the Department of Psychosocial Rehabilitation feel more understood (especially in patients with Psychotic Disorder), experience fewer feelings of guilt and shame, do not feel discriminated by health professionals and exhibit more self-esteem. However maintains beliefs of being dangerous and decrease of life opportunities associated with mental illness.

Conclusions: Improving psychological resources, by increasing self-esteem and the ability to cope with symptoms, can be targeted to diminish stereotype threat and improve stigma resilience. Furthermore, in order to diminish detrimental consequences of negative stereotypes, mental health professionals, health educators and experts by experience can inform the public about mental illness and stigma.
ANÁLISIS DEL ESTIGMA DE LA ENFERMEDAD MENTAL EN LOS PROFESIONALES SANITARIOS

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Métodos: estudio descriptivo en una muestra de 34 profesionales sanitarios de edades comprendidas entre 25 y 63 años. Se dividieron en dos grupos según desarrollaran su trabajo en algún dispositivo de salud mental o en otro dispositivo diferente de éste. Se les solicitó que contestaran a la Escala de percepción de la devaluación y discriminación de Link; una escala tipo likert para valorar opiniones sobre enfermedad mental.

Objetivos: evaluar y comparar la percepción del estigma social en los grupos antes mencionados.

Resultados: trabajar en el ámbito de la salud mental contribuye a tener una actitud menos estigmatizante hacia la enfermedad mental.

Conclusiones: tomar medidas basadas en la educación tanto a nivel social, universitario y laboral para reflexionar sobre las actitudes, concepciones y mitos sobre la enfermedad mental así como buscar el contacto directo con estas personas, parece una buena forma de disminuir el estigma de la enfermedad mental y lograr integrar a las personas que la padecen. Sin embargo, se deberían llevar a cabo más estudios concretando qué tipo de enfermedad mental queremos analizar y ver las posibles diferencias de estigma entre ellas.

Referencias:
DIFFICULTY TO COMMUNICATE PHYSICAL ILLNESS – A CAUSE OF DEATH IN PSYCHIATRY INPATIENTS?
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Objective: Psychiatric patients experience increased mortality associated with a range of physical conditions. The presence of a mental disorder may ‘overshadow’ the recognition and treatment of physical health problems. This study aimed to analyze and review the communication difficulties of psychiatric patients regarding their physical health when admitted to an acute psychiatry unit of a general hospital, focusing on a selection of patients that died while in the ward.

Methods: From the analyzed 21 files, we selected 2 cases for presentation regarding patients that had died at our acute inpatient unit and which had presented, upon their admission, complaints regarding their physical health that were probably related to their cause of death and that may have been overlooked.

Results: In these cases, the psychiatric symptoms may have affected the patients’ ability to communicate their physical complaints, in diverse ways (e.g. integrated or explained in a delusional fashion) and the attending physicians might not have been able to bridge the gap between the idiosyncratic communication and the somatic complaint.

Conclusion: Physicians should be aware that physical health is often neglected in patients with mental illness. It is important to see beyond the presenting complaint to identify the physical problem and this difficulty can be minimized through careful training of both general physicians and psychiatrists.

References
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PUBLIC ENEMY? A REVIEW OF THE RELATIONSHIP BETWEEN SEVERE MENTAL DISORDER AND VIOLENCE.
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Objectives
In Spain, some regulation changes have been recently proposed, which consider mental illness dangerous to society. We believe this situation stigmatizes the patients, violates their rights and is not based on reality.

Methods
The literature review aims to identify and evaluate the link between violence and severe mental disorder (SMD).

Results
Most researchers have concurred that a modest but statistically significant relationship exists between violence and SMD. When comorbidity with substance abuse is excluded, this link is limited or even unrelated. Moreover, patients in ambulatory and community-based care share violent risk factors with people with no mental disorder that commit crime. Those predictive risk factors for serious violence are: being male, young, history of violent victimization, substance abuse and antisocial personality traits. We find difficulties to predict aggressive behaviour with precision since the evaluation risk tests presented a high false positive rate.

On the other hand, studies show that people with mental illness have more chances to suffer violence than to perpetrate it.

Conclusions
The relation between mental disorder and dangerousness is statistically unjustified. However, it is true that destabilised SMD in association with other biopsychosocial factors (drug consumption above all) predispose to violence. Therefore we consider that, in order to prevent violence, intervention measures should be taken to attenuate dynamic factors involved: to improve community and health care, to increase adherence to treatment or to prevent substance abuse, among others.
SEX, GENDER, SEXUAL ORIENTATION AND SEXUAL CONDUCT
INTERACTION BETWEEN GOVERNMENT AND EXPERT WITNESS

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These four areas of human sexuality are still misinterpreted and incorrectly used both by professionals and government agencies. A study on Latin American Psychiatrists and Psychologist evidenced this weakness on correct knowledge and management of human sexuality. 50% of mental health professionals, participants of a survey, indicated lack of formal studies in these areas. Our intention is to review the concepts. Also apply them through a clinical case of a transgender case in Puerto Rico, human rights and management by government agencies. It is imperative to educate on these areas in order to guarantee human rights using evidence base medicine.

Objectives: Review the basic concepts of: sex, gender, sexual orientation and sexual conduct.
Presentation of a case report of a transgender case in Puerto Rico
Promote discussion on the clinical environment and possible scenarios
Promote a universal management approach to such cases

Methodology: Oral presentation

Results: We will measure results through a post test at the end of the lecture

Conclusion: The area of human sexuality is one of the more important areas on life and requires knowledge by the clinical specialist in order to be effective on clinical and expert witness areas.
MENTAL ILLNESS STIGMA IN SOUTH EASTERN EUROPE – THE PRESENT AND THE FUTURE IN TERMS OF RESEARCH PRIORITIES

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9. State Medical and Pharmaceutical University Nicolae Testemitanu Chisinau, Moldova
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Objectives: The present study aims to establish mental illness stigma research priorities of relevance for implicated stakeholders within the targeted region: Albania, Bulgaria, Moldova, Romania, and Serbia.

Methods: We employed a systematic stepwise approach to generating and scoring of research questions, using predetermined criteria and a matric based design. The metric based approach entails: (1) establishing the research context, (2) creating a list of criteria, (3) generating research questions, (4) evaluating and scoring research questions on each previously formulated criterion, (4) weighting resulting scores, (5) ranking research questions based on their weighted scores.

Results: As expected, mental health related research capacity is low in South-Eastern Europe. There is great variability in research questions generated in between countries and great variability in scores allocated to criteria (i.e., answerability, feasibility, applicability, impact, equity, utility, acceptability, sustainability, and publication) but also in scores allocated to research questions in between stakeholder categories.

Conclusions: Given the transparency, simplicity of the algorithms, and inclusiveness of the exercise, the results should be widely accepted. Resulting priorities should structure future mental illness stigma endeavours in the region and inform the allocation of existing funds. In this way, the limited available resources could be oriented to research that addresses the most pressing aspects related to mental illness stigma, creating a match between needs and investments.
SOCIAL STIGMA: A DISCUSSION MOTIVATED BY A CASE REPORT

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Background: Stigma is a key problem for individuals with mental illness. It is the social process that derives from a situation of power imbalance, in which labelling, stereotyping, separation, status loss and discrimination occur. This case, being an everyday story in departments of psychiatry, highlights the importance of literacy in mental health.

Methods: A case report and review.

Results: Young men, 20 years old, single, student, was admitted to the hospital treatment because of behavioral disturbances, insomnia, delusions, cenesthetic and auditory verbal hallucinations. He complained of persecution by his family, whom he accused to give him drugs constantly. He also believed he was cosmic. Despite the family have recognized the need for hospitalization, they were afraid of having their relative diagnosed with a psychiatric disorder.

Conclusions: Although in the past years there is a growing work in mental health literacy, the World Health Organization describes stigma as one of the remaining greatest obstacles to the treatment of mental illness.
Experience with the First Spanish virtual community for people who hear voices

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Objectives: Despite a lot of advances in schizophrenia, people have erroneous and poor information about the illness. The information found on internet is little and inexact. Our first objective was create a space with guaranteed information from a referral medical team and a space of social support for people who suffer voices and schizophrenia. In the present work we analyzed the use of the website from march 2012 until march 2014.

Methods: We analyzed the site using the tool Google analytics http://www.google.com/analytics/

Results: Currently we have 6,500 subscribed members, 1100 followers on Twitter and 350 friends on Facebook. 42,000 visits have been achieved/per year, with an average duration of visit by 00:02:52 with 2.91 page views per user. It has had an increase in visitors of 289%, from 1,727 per mouth visits in February 2012 to 4,992 in February 2014. The main countries that visit to the web site: Spain (32,47%), Mexico (17.93%) and Argentina (10.85%). 73.37% of consultations were conducted via computer, 22.09% via mobile phone and 4.53% via Tablet. We observed an increase of 159% of visits via mobile devices in the last year. The most visited pages are those related to information general and the identification of the symptoms.

Conclusions: This website is a consolidated place to seek information about schizophrenia and auditory hallucinations with an increase of visits exceeding 100% in the last year. The length of stay on the site and the number of visited pages indicate that it is a space with quality information that attends to the needs of the visitor information. There is a growing tendency to receive visits on the website through mobile devices. For this reason, we are working to adapt the content of the site to such devices.
BELIEFS TOWARD MENTAL ILLNESS: SOCIAL REPRESENTATIONS IN PATIENT’S FAMILY

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Objective: To evaluate beliefs toward mental illness in patient’s family.

Methods: A descriptive-correlational study was carried out with a sample of 69 individuals, adults patient’s family. The instruments of data collection were a socio-demographic questionnaire and the Mental Illness Beliefs Inventory – MIBY – (Loureiro et al., 2006) validated to assess mental stigma in portuguese population and data underwent statistical analysis.

Results: The results suggest that families of mental ill patients, either with psychotic or affective psychiatric disorder diagnostic, present a high degree of recognition of the illness, including its medical condition. Family members also report, in a lesser degree, the beliefs in incurability, stigma and discrimination from society toward mental illness. Most families of patients with schizophrenia diagnostic perceive illness as cause of dangerousness.

Conclusions: Social representations of mental illness in patient’s family are associated to a bigger recognition of the illness, including its medical condition, although there are still anchored in stereotypes like incurability and dangerousness that might contribute to discrimination from family members against those with mental illness.
¿LOS PSIQUIATRAS ESTIGMATIZAN A LOS ENFERMOS MENTALES?
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Objetivo: Estudiar la percepción que tienen los psiquiatras de los enfermos mentales en Túnez.

Métodos: El estudio se realizó utilizando un formulario anónimo en línea. El formulario constó de dos cuestionarios para evaluar la percepción de los enfermos mentales: el “Community Attitudes to Mental Illness” (CAMI), y el cuestionario del “Office for National Statistics” (ONS).

Dos grupos diferentes respondieron a los cuestionarios: un grupo de psiquiatras y un grupo de la población general emparejado en las variables edad y nivel de estudios. Cuarenta y dos psiquiatras respondieron al cuestionario. El grupo de control constó de 65 sujetos.

Resultados: Más psiquiatras que controles creían que la enfermedad mental no fue causada por la falta de fuerza de voluntad o de autodisciplina (p<0.001) y que los hospitales psiquiátricos no eran un método obsoleto de tratamiento para las personas con enfermedad mental (p=0.031). Sin embargo, las opiniones de los psiquiatras no eran significativamente diferentes de las de la población general en cuanto a la existencia de "algo" que hiciera que el enfermo mental fuese fácil de distinguir de la gente normal, a la confianza en los antiguos pacientes de un hospital psiquiátrico para trabajar como niños o a la aceptación de vivir cerca de un enfermo mental.

La imagen que tienen los psiquiatras del esquizofrénico difería de la del grupo de control en sólo dos artículos ONS: más psiquiatras pensaban que era fácil hablar con el paciente esquizofrénico y que este no era responsable de su enfermedad.

Conclusiones: Este estudio mostró que la percepción que tienen los psiquiatras de sus propios pacientes difería relativamente poco de la de una población de control del mismo nivel cultural. Por consiguiente, combatir el estigma primero necesitaría una acción dirigida a los psiquiatras ellos mismos.
RELATIONSHIP BETWEEN INTERNALIZED STIGMA AND TREATMENT EFFICACY IN MIXED NEUROTIC DISORDERS

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Introduction: Stigma can be divided into several subgroups – social, structural (otherwise institutional), and internalized (self-stigma). Individuals with anxiety disorders might be especially prone to internalize perceived stereotypes and prejudices held against them. The purpose of this study was to identify the extent of internalized stigma in patients with neurotic disorders and clarify the relationship between internalized stigma and the change of the symptoms during treatment.

Method: The following methods of evaluation were used: MINI, Internalized Stigma Of Mental Illness (ISMI), BDI-II, CGI. All patients underwent a treatment by group therapy (CBT or psychodynamic) and pharmacotherapy by antidepressants, while being hospitalized on a psychotherapeutic department. Medication was accustomed to the algorithms of treatment of anxiety disorders.

Results: There were 76 patients included in the study (58 females). Another twenty patients were not interested in participation. The mean age was 40.20 ± 12.85 year. The primary diagnosis was an anxiety disorder in 52 patients (68.5%) and a depressive disorder in 24 patients (31.6%). The mean overall scores in BAI, BDI-II, subjCGI, and objCGI significantly declined during the treatment. The mean overall score of ISMI was statistically higher in the patients with a comorbid personality disorder compared to the patients without it. There was a negative correlation between subjective evaluation of the change of the anxiety symptoms (BAI) during the treatment and internalized stigma. The overall score of the ISMI scale statistically highly negatively correlated with the change measured by objCGI (Pearson r = -0.7665; p≤0.0001).
EVALUATION OF SELF-STIGMA IN PATIENTS WITH AFFECTIVE DISORDERS
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Introduction: Self stigma is the result of internalization, by patients, of the social stigmas, a process which has negative effects on the patients as well as family members, with psychological, economical and social consequences, ultimately altering the quality of life.

Objective: the evaluation of self-stigma level in patients with affective disorders, hospitalized in the Psychiatry Clinic II in Târgu Mureș.

Material and method: In this study we included 50 patients hospitalized in the Psychiatry Clinic II in Târgu Mureș, with the diagnosis of affective disorder, sustained by symptoms, psychological evaluation and medical history. The evaluation of self stigma was performed with the ISMI (Internalized Stigma of Mental Illness) scale, applied as a multiple answer questionnaire, presenting 5 subgroups: Alienation, Stereotype Endorsement, Discrimination Perception, Social Withdrawal, Stigma Resistance.

Results: By applying the ISMI scale, a high percentage was registered in the category of alienation (the patients consider themselves not adapted to society due to their disorder) and social withdrawal (the patients do not seek professional help or the support of their families, they consider themselves a burden, avoiding interpersonal relationships for fear of rejection).

Conclusions: Based on hospitalization and identification with social stigmas, the interpersonal relationships (including the ones within the family) deteriorate, the compliance to treatment decreases, which leads to the aggravation of symptoms and self-perception. Recognizing self-stigma and seeking professional help leads to the decrease on relapse and improves the patient’s quality of life.
ESTIGMA RELACIONADO CON LA SALUD MENTAL EN MÉDICOS DE DOS HOSPITALES DE MADRID

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Introducción
Diversos estudios han demostrado una alta prevalencia de actitudes estigmatizantes hacia los pacientes con enfermedad mental entre médicos y otros profesionales sanitarios. Dada la notable repercusión negativa que dicho hecho tiene en la provisión de servicios para la atención de enfermedades físicas en este grupo de pacientes, resulta fundamental evaluar el grado de estigmatización y caracterizar los factores que puedan estar relacionados con estas actitudes.

Objetivo
Evaluada la presencia de estigma hacia la enfermedad mental entre médicos no psiquiatras que trabajan en un hospital general.

Métodos
Se empleó la escala MICA (Mental Illness Clinician’s Attitudes) v4 para evaluar el estigma hacia la enfermedad mental en una muestra aleatoria de profesionales médicos de especialidades diferentes a la psiquiatría en dos hospitales de la ciudad de Madrid (N=300). Se realizó un análisis descriptivo y analítico de las puntuaciones y variables sociodemográficas.

Resultados
La puntuación media en la escala MICA fue de 50 DS 7,44. No se encontró relación significativa entre las puntuaciones y el género, la edad o el tipo de especialidad. Un notable alto porcentaje de la muestra señaló conocer a alguna persona con enfermedad mental a nivel personal, dato que tampoco mostró relación con el puntaje MICA.

Conclusiones
La estigmatización de la enfermedad mental es alta entre profesionales médicos en los dos Hospitales estudiados, hallazgo que es similar al de estudios realizados en otros países. No se encontró relación significativa entre la estigmatización y las variables sociodemográficas evaluadas.

Bibliografía
HOW DOES STIGMA TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP AND PREVIOUS HELP-SEEKING EXPERIENCE AFFECT HELP-SEEKING INTENTIONS OF EMPLOYEES IN JAPAN

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Objectives: The research examines the factors that affect the decision making in help-seeking to mental health professionals. The objective is to create a model of company employees’ intention to seek professional psychological help by examining how previous help-seeking experience and stigma (self-stigma and social stigma) has its effect on their help-seeking intentions.

Methods: A questionnaire was distributed to 745 company employees and a total of 453 responses were used (average age 33.37, SD=8.74, 269 male, 181 female, 3 unknown). The research constructed a model of the help-seeking intention to mental health professionals by employees, and performed the path analysis by the covariance structure analysis with using Amos 6.0. The conformity degree index of the model resulted in GFI = 1.000, AGFI = .999 and ACI = 24.204. In addition, to examine the avoidance factors of seeking professional help qualitatively, free responses were collected, and 382 valid responses were categorized into 23 final categories using the KJ method.

Results: The study found that an individual’s past experience of seeking professional help as well as self-stigma showed significant paths for the intention to seek professional help. It also showed that social stigma has a strong influence on self-stigma, and that when self-stigma is high, individuals cease to seek professional help. Furthermore, it showed that the past experience of seeking professional help works to reduce self-stigma.

Conclusions: The present study demonstrated that individuals’ social stigma is a factor inhibiting their intentions to seek professional help. Moreover, past experience of seeking professional help would work to reduce self-stigma and to increase intentions to seek professional help. It also suggested that the demographic factors (gender, age, and employment position) affect the decision making in help-seeking to professionals. The finding of the study is thought to be significant in examining the intervention method in future.
THE PREVALENCE OF MENTAL DISORDERS IN ADULTS IN DIFFERENT LEVEL GENERAL MEDICAL FACILITIES IN KENYA
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Objectives
The possibility that a significant proportion of the patients attending a general health facility may have a mental disorder means that psychiatric conditions must be recognised and managed appropriately.
This study sought to determine the prevalence of common psychiatric disorders in adult (aged 18 years and over) inpatients and outpatients seen in public, private and faith-based general hospitals, health centres and specialised clinics and units of general hospitals.

Methods
This was a descriptive cross-sectional study conducted in 10 health facilities. All the patients in psychiatric wards and clinics were excluded. Stratified and systematic sampling methods were used. Informed consent was obtained from all study participants. Data were collected over a 4-week period in November 2005 using various psychiatric instruments for adults. Descriptive statistics were generated using SPSS V. 11.5

Results
A total of 2,10 male and female inpatients and outpatients participated in the study. In all, 42% of the subjects had symptoms of mild and severe depression. Only 114 (4.1%) subjects had a file or working diagnosis of a psychiatric condition, which included bipolar mood disorder, schizophrenia, psychosis and depression.

Conclusions
The 4.1% clinician detection rate for mental disorders means that most psychiatric disorders in general medical facilities remain undiagnosed and thus, unmanaged. This calls for improved diagnostic practices in general medical facilities in Kenya and in other similar countries.
THE WHOS AND THE WHYS OF DELIBERATE SELF-INJURY

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Objectives
To present a comprehensive model of development and maintenance of self-injury in order to decrease the stigma around it.

Methods
Review of the literature using medline database; report and discuss some clinical cases based on the data found.

Results
People have engaged in self-injury, defined as direct and deliberate bodily harm with no suicidal intent, for thousands of years. However, systematic research on this behavior has been lacking. Recent theoretical and empirical work on self-injury has significantly advanced the understanding of this behavior. Self-injury is most prevalent among adolescents and young adults, typically involves cutting or carving the skin and it has been increasing amongst clinical and non-clinical populations. Behavioral, physiological, and self-report data suggest that the behavior serves both an intrapersonal function (i.e., decreases aversive affective/cognitive states and/or increases pleasure states) and an interpersonal function (i.e., increases social support or removes undesired social demands). According to the psychiatric nosology self-injury is a symptom of borderline personality disorder (BPD), although it occurs in other disorders including major depression, anxiety disorders, substance abuse, eating disorders, posttraumatic stress disorder, schizophrenia, and several other personality disorders. Thus, a clear differentiation from BPD is needed. For this reason, recently it has been discussed if self-injury should be considered as a distinct diagnostic category in some patients.

Conclusions
Future research on self-injury will not only advance the understanding, assessment, and treatment of this behavior problem, but will also improve the understanding of self-harm more broadly and of how to decrease such behaviors in order to help people live healthier and more adaptive lives.
Opening Minds Stigma Scale for Health Care Providers (OMS-HC): EXAMINATION OF PSYCHOMETRIC PROPERTIES AND RESPONSIVENESS

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Objectives. The Opening Minds Stigma Scale for Health Care Providers (OMS-HC) was developed to measure stigma in health care provider populations. This study examines the psychometric properties and general performance of the OMS-HC in real-world evaluations.

Methods. Survey data were collected from participants (n=1,691) before and after 12 different anti-stigma interventions across Canada. The data then underwent psychometric testing and exploratory factor analysis (EFA) to establish internal consistency and validity. Responsiveness to change was examined using standardized response mean (SRM).

Results. The EFA favoured a three-factor structure which accounted for 45.3% of the variance using 15 of 20 items. Internal consistency (α) was 0.79 for the 15-item OMS-HC scale and ranged from 0.67 to 0.68 for the corresponding subscales. The Social Distance subscale had the weakest level of responsiveness (SRM ≤ 0.44) whereas the more attitudinal-based items comprising the Attitude (SRM ≤ 0.83) and Disclosure and Help-Seeking (SRM ≤ 0.74) subscales had stronger responsiveness. Evidence for the scale’s responsiveness to change occurred across multiple samples, including university-based interventions of medical, pharmacy, and occupational therapy students, as well as in anti-stigma workshops for practicing health care providers.

Conclusions. The OMS-HC has shown to have strong internal consistency and has been successful in detecting positive changes in various anti-stigma interventions. Our results support the use of a 15-item scale, with the calculation of three sub scores for Attitudes, Disclosure and Help-seeking, and Social Distance. It is a promising tool for the measurement of stigma in health care providers and is likely to be useful in future evaluations of anti-stigma interventions.
STIGMA EXPERIENCES IN PATIENTS WITH BIPOLAR DISORDER
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Objectives:
Many people with bipolar disorder experience stigma that has impacted their lives. Psychiatric stigma is pervasive injustice that complicates the course of illness and reduces quality of life for people with mental illnesses. The aim of this study was to characterize the extent to which individuals with bipolar disorder are stigmatized, and to determine factors related to higher levels of stigmatization.

Method:
This is a cross-sectional study. Sixty participants with bipolar I disorder meeting criteria of remission were included. All participants were assessed with Hamilton Depression Rating Scale, Young Mania Rating Scale and the Inventory of Stigmatizing Experiences.

Results:
In this study, participants reported high levels of stigma experiences: the mean scores for Stigma Experiences Scale and Stigma Impact Scale were, respectively, 3.6 and 24.1. In comparison with data from the literature, our participants scored lower on both the Stigma Experiences Scale and the Stigma Impact Scale, which may be due to cultural differences or to differences in population characteristics.

The predictors of stigma were history of psychotic symptoms (SES p= 0.028, SIS p=0.002), number of previous hospitalizations (SES p= 0.012, SIS p=0.005), and HDRS scores (SES p<0.001, SIS p<0.001).

Conclusion:
The results of our study are significant in terms of showing that stigma is frequent in bipolar disorder patients. Therapists should find successful strategies to mitigate stigma. Stigma reduction initiatives should target individuals living with bipolar disorder and their families.

References:
STIGMA OF PSYCHIATRIC DISORDER
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Stigma and discrimination are problems found in every society and culture. Stigma violates human rights to respect, equality and treatment. Lack of knowledge and understanding of mental illness contribute stigmatization, stigma spreads on to family of mentally ill patient, as well as to institutions and personnel as care and treatment providers. Stigma towards psychiatry as a branch of medicine and profession is evident in poor housing conditions, restrictive finances and belittling treatment outcomes.

Doctor who has difficulty with stigmatizing attitudes will be more inclined not to inform the patient of the correct diagnosis in case of psychotic disorder, particularly of schizophrenia, and doing so, unwittingly supporting the myth of a „horrible‟ disorder, which will in turn even more frighten the patient and adversely affect the treatment process and chances for recovery. The stigmatization of mental patients often has dramatic epilogue in launching suicidal thoughts and intentions, and so suicide attempts in a state favorable remission, after learning that they have been abandoned by the family, who is ashamed of them, that they have lost their jobs and material goods, and experienced other forms of social degradation.

In a society that values the one who is successful, governs environment, and material assets, without questioning the means by which these were achieved, a mentally ill person finds these unattainable due to restrictive and limiting nature of his illness. The other relevant reason for stigmatization is the belief, now even scientifically supported, that genetic factor is relevant in etiology of the most severe psychiatric disorders, ie. that disorder can be hereditary and is often found in several family members.

The media is further promoting stigmatization with its reports, most often through prejudice about danger mentally ill person in form of sensationalist headlines, aimed to sell the papers: one incidental situation is generalized to all patients. It is duty and moral obligation of professionals to fight against it, and the methods imply, first of all, education, contacts promoting, as well as involving patients in special programs aimed to fight stigma.
STIGMATISATION OF MENTAL ILL PATIENTS
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Introduction: Yet mental illness remains largely unknown to the general public, and often generates strong reactions of fear or rejection, it is unfortunately the target of prejudice and ignorance, especially in terms of therapeutic progress, in light of new knowledge, particularly in neurobiology. Patients and their families are too often victims of stigma and discrimination.

Objective: Define the experiences of stigma and its impact on family life and socio-professional mental patients.

Methodology: Descriptive analysis in the form of an opinion poll (Hétéroquestionnaire) between February and March 2009 at the consultation service of Ar-Razi Hospital Sale.

Results: Our sample has a young population of which 75% are single, divorced and 4%, this could be partly explained by the image of dangerousness and disability related to mental illness. The majority of our patients have lost their friends after illness, and those who maintained contact with them, many feel an avoidance of their own, or report that they are embarrassed and uncomfortable in their presence. Most patients have no single relationship with the opposite sex, or could not maintain a relationship because of illness, 45% of patients had no work, this rate was 81% after the experience of illness, they suffer a downgrade to less influential positions, or with less responsibility. In this area, prejudice no longer limited to the attitudes and reactions of negative evaluation of the disease, they take a discriminatory aspect. 22% of patients reported that their requests for care are often ignored in general hospitals, and they are not treated like other patients (waiting very long, avoidance), some are reporting difficult conditions of hospitalization in psychiatry.

When they are criticized or insulted, most patients are unaware of and let them do, some even accept humiliation and think that their environment is right. The majority of patients felt the loss of friends and privacy as a consequence the hardest of stigma, followed by the behavior of family and work loss. The majority of patients felt the loss of friends and privacy as a consequence the hardest of stigma, followed by the behavior of family and work loss. Moreover, there is a great demand listening and tolerance by patients, many would like more support and respect.

Conclusion: The issue of stigmatization of mental illness fits into the questions and the system changes in psychiatric care. Promoting mental health is a major concern to human and economic implications, it raises yet. The current treatment of psychiatric disorders is meant a reintegration and rehabilitation of the subject in a social and civic life.
The Service Gap of Working Males: The influence of masculinity and workplace climate

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Many people who suffer from psychological difficulties do not seek professional help in Japan. Stefl and Prosperi (1985) referred this as the “service gap”. In particular, males are said to seek help less than woman, which indicates higher rate of having service gap. On the other hand, it is said that males’ help-seeking attitudes are influenced by the norms of their social groups. This research aimed to investigate the influence of masculinity and the mental health climate of their workplace on the service gap of working males. The participants were 650 working males in Japan. Multiple linear regression analysis showed one of the subscales of masculinity, “work-private life conflict”, had negative effect on both help-seeking attitude and psychological distress. In addition, some subscales of masculinity, such as “autonomy-minded”, “aspire for strength and saliency”, “inhibition of emotional expression”, facilitated the resistance of help-seeking toward psychological professionals. On the other hand, simultaneous analysis of several groups showed that positive mental health climate of workplace mitigated those negative effects of masculinity on the service gap. These results indicate that masculinity has certain negative effects on help-seeking attitude and psychological distress, which means to facilitate the service gap of working males, but those effect can be buffered by improving workplace climate.
WPA-0207 A STUDY OF STIGMA IN RELATIVES OF PATIENTS ATTENDING PSYCHIATRY OPD

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Background
Stigma is pervasive among families of individuals with psychiatric disorders and includes both general and ÔassociativeÕ stigma * that is, the process by which a person is stigmatized by virtue of association with another stigmatized individual. These forms of stigma may present a barrier to help seeking.

Aims of study
To study the experiences of stigma undergone by relatives of patients having psychiatric illnesses.

Material and methods
A cross sectional study was done for a period of 18 months at the Sri Siddhartha Medical College and Research Centre, Tumkur. 121 relatives of the patients attending Psychiatry OPD, fulfilling the inclusion criteria were included. The perception of the participants regarding their opinion about the stigma pertaining to their general perceptions about stigma and their perceptions about the associative stigma related to the patient and their illness were collected, using the Opinions about Mental Illness and the Family Experiences Interview Schedule.

Results
This study showed that the relatives experience significant stigma and discrimination due to the perception that most people would be reluctant to accept a former mental patient as a productive and socially functioning individual. In general, the relatives of the patients having Anxiety Disorder had comparatively lesser stigma than the relatives of the patients having either Psychotic or Mood Disorders.

Conclusion
Stigmatization does not stop at the person who has a mental illness: it spreads to the family and remains present across generations. They have documented public attitudes and subjective experiences of patients and their families. Understanding how stigma affects family members in terms of both their psychological response to the ill person and their contacts with psychiatric services will improve interactions with the family. Further studies are also needed to investigate possible ways of destigmatization.
WPA-0223 STIGMA AND DISCLOSURE CONTROL OF MENTAL HEALTH CONDITIONS
D. O'Reilly

Objectives: Individuals with potentially stigmatising diseases often engage in information management and non-disclosure so as to ameliorate the effects of stigma on a 'spoiled' identity. Measuring the extent to which stigmatisation is actually practiced is difficult and usually informed by community surveys on attitudes and perceptions or reports concerning stigma. However, to our knowledge no-one has sought to assess the prevalence of stigma using unobtrusive methods and large data sets.

The aim of the study is to measure the socio-demographic and socio-economic factors associated with perceived stigma, by comparing self-reported and objectively measured prevalence of mental illness.

Methodology: This record linkage study with self-report coming from the 2011 census where individuals were asked if they had 'an emotional, psychological or mental health condition which have lasted, or are expected to last, at least 12 months?' These data were matched with a central collation of prescriptions issued by primarycare physicians in Northern Ireland relating to psychotropic medications. A comparison of the census responses to the known presence of the condition (as indicated by use of disease-specific medications) can therefore be used as a measure of disclosure control and therefore of the effects of stigma. The underreporting for other chronic diseases will be used as a comparator for the mental health conditions.

Results: The data are currently being prepared and analysed in Jan/Feb.

Conclusions: This study will be unique in its ability to describe the extent and social factors related to stigma arising from mental ill health in a whole population.
STIGMATIZATION OF SCHIZOPHRENIA IN FLEMISH NEWSPAPERS
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Background
A considerable social stigma is attached to psychiatric disorders in general. However, research also shows differences between psychiatric disorders related to stigma. There are indications that the portrayal of schizophrenia in the media is particularly negative.

Aim
To compare the coverage of autism and schizophrenia in the Flemish newspapers regarding stigma.

Method
On the websites of the seven Flemish newspapers all articles published between 2008 and 2012 were screened for the keywords autism/autistic and schizophrenia/schizophrenic. The collected articles (N=4,181) were then graded to stigmatizing content.

Results
In the collected articles the coverage of autism was mostly positive and the coverage of schizophrenia was predominantly negative. The contrast is very substantial (p<0.0001) and the negative coverage of both disorders increased over time.

Conclusion
The social stigma that rests on schizophrenia is poignantly reflected in the Flemish newspapers. The observation that a somewhat similar disorder such as autism is covered in a clearly more favorable way indicates that a more positive image of schizophrenia is not only desirable but also possible.
WPA-0402  LEVELS OF STIGMA AMONG COMMUNITY MENTAL HEALTH STAFF IN GUANGZHOU, CHINA

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Background: Stigma and discrimination are widely experienced by people with mental illness, even in healthcare settings. The purposes of this study were to assess mental health stigma among community mental health staff in Guangzhou, China and in doing so also to assess the psychometric properties of the Reported and Intended Behaviour Scale (RIBS) - Chinese version.

Methods: A cross-sectional survey was undertaken among 214 community mental health staff in Guangzhou from September to November, 2013. The Mental Health Knowledge Schedule (MAKS) and RIBS were administered together with the Mental Illness: Clinicians’ Attitudes Scale (MICA) to evaluate staff stigma from the perspective of knowledge, attitudes and behaviour.

Results: The total scores of RIBS, MAKS and MICA were (11.97±3.41), (16.80±5.39) and (51.69±6.94) respectively. Female staff members were more willing to contact people with mental illness than males (t(212)= -2.85, P=0.005) and had more knowledge about mental illness (t(212)= -2.28, P=0.024). The Chinese version of RIBS had good internal consistency (alpha=0.82), test-retest reliability (r=0.68, P<0.001) and adequate convergent validity, as indicated by a significant negative correlation with the Chinese version of MICA(r= -0.43, P<0.001).

Conclusions: Gender differences in discriminatory behaviours and mental health knowledge are present among mental health staff, with female staff in general less stigmatising. Accordingly, anti-stigma programmes should be established among healthcare staff, particularly male. The Chinese version of RIBS is a reliable, valid and acceptable measure which can be used to assess the willingness of participants to contact people with mental illness.
RELATIONS OF INTERNALIZED STIGMA AND PERSONALITY IN PATIENTS WITH SCHIZOPHRENIA

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In recent years, research on the comorbidity of personality disorders and other clinical conditions has increased. Nevertheless, it is quite surprising that very little research has been done in terms of personality and its disorders in patients with schizophrenia. Most of the studies related to the binomial construct of personality disorders and schizophrenia are limited to the study of premorbid personality, which emphasizes the importance of the interaction between trait-personality disorder-schizophrenia symptoms.

Although the growing evidence in the knowledge of schizophrenia, there are very few models that include the scientific neurobiological evidence of the disease and personality features. An inclusive model may promote our understanding of the relationship between schizophrenia symptoms and the personality features of the patient who suffers the disease. It has been reported that temperament and character factors of patients with schizophrenia interact with both psychosocial and psychopathologic variables and could be associated with resilience to stigma and the development of internalized stigma may be dependent upon the temperament and character of the patients. This issue is important for understanding patients' needs.

Objective

To assess the associations between self-stigma and temperament and character dimensions in patients with a diagnosis of schizophrenia.

Methods

A total of 100 patients with a diagnosis of schizophrenia were consecutively included in the study. Self-stigma was assessed with the Stigma Scale of King, personality dimensions with Temperament and Character Inventory (ITC- RM) and psychopathology with Positive and Negative Symptom Scale.

Conclusions

- The finding suggests that the experience of internalized stigma is related to personality dimensions (in particular with harm avoidance, persistence and self-transcendence).
- Irrespective of demographic and clinical characteristics, experience of internalized stigma might depend on personality dimensions.
- The association with depression factor on PANSS is important to look for suicide prevention strategies in these patients.
- Longitudinal studies are needed. We must look for a comprehensive multimodal treatment in this group of patients.
WPA-0423  STIGMA IS CLINICAL RISK ASSOCIATED WITH SUICIDE BEHAVIOR IN SCHIZOPHRENIA
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Background

Stigma is a clinical risk; it needs to be measured in clinical settings in order to identify its clinical correlates.

Objective of the project was to examine clinical correlates associated with severity of stigma amongst individuals suffering from schizophrenia.

Methods

This is an open level naturalistic cohort study of schizophrenia patients. We studied clinical parameters, and psychopathology using standard measurement tools. We measured stigma using 'Stigma Quantifying scale (SQS) and severity of suicide using SISMAP. SQS is a newly developed and validated scale for measuring stigma. Form four domains of stigma; 1) Personal, 2) Family, 3) Social, and 4) Illness. It has 49 items in three subscales: A) self -experience; B) Illness related consequences, C) Coping strategies and quantifies

Results

We found that as age increased fewer stigmas were experienced (r = -.541, p < .01). Both duration of illness (r = -.339, p=. 067 (ns)) and duration of treatment (r = -.360, p=. 051 (ns)) showed a tendency toward a negative correlation with stigma scores. There was a correlational trend towards a greater number of relapses with higher scores of stigma. There were no differences between stigma and violence, F (2, 27) =1.240, p=ns, Differences were found for suicide risk showing that those in the high level of suicide risk had greater stigma and discrimination, F (2, 27) =8.676, p< .01. Non-compliant patients had high stigma, F (1, 28) =5.701, p< .05 ;)

Conclusions

We conclude that of stigma is clinical risk associated with suicide behavior.
STOPPING STIGMA IN PSYCHIATRY
Patricia Junquera, M.D.
Priscilla Chaves, MBA
Kelsey Schweiberger, MS3

Objectives:
At the conclusion of this session, the participant should be able to:

1. Identify different situations in which stigma presents itself in psychiatry and public health.
2. Educate medical students and non-psychiatric providers regarding the stigma associated with psychiatric patients.
3. Help to promote equality in all of healthcare for patients with mental illness and or addiction.
4. Encourage positive regard and respect for individuals with mental illness.
5. Refine tools to use in advocating for your patients with mental illness.

Abstract:
The stigma of psychiatry starts early in our careers, medical students considering a career in psychiatry frequently experience stigma about this career option. This stigma can potentially deter students away from psychiatry and make them doubtful of their interest in the field. A burden carried by people who are marginalized in our society is the weight of stigma. How that stigma is defined and its effects on the stigmatized have been the subject of numerous academic works and discussions. The value in exploring stigma in an academic setting lies in the clues it may provide as to how to respond and counter stigma. Different examples will be presented with reference to stigma in an academic setting in relation to Psychiatry and the patient. This workshop/poster will outline key theoretical concepts from the labeling perspective, which help to explain the process of stigmatization. Specific topics to be covered related to stigma in Psychiatry include:
First, stigma experienced when having interest in psychiatry as a specialty from the perspective of a medical student. Then, stigma experienced by psychiatry residents from different specialties. Finally, how the impact of stigma about psychiatric patients affects their care.
The workshop will conclude with a discussion of different strategies for destigmatization.
Suicide and Psychiatric Emergencies
EDUCATION AND TRAINING FOR HUMAN RESOURCE DEVELOPMENT FOR SUICIDE PREVENTION IN LOW AND MIDDLE INCOME COUNTRIES

Ananda Pandurangi, Roy Abraham Kallivayalil, Prakash Behere, T.S. Sathyarayana Rao, Cheryl Forchuk
University Of Western. Lawson Health Research Institute. Canada

Amresh Shrivastava (Canada) Developing countries have more than two-thirds share of suicide in the world with dismal numbers of trained professionals. WHO data shows that more than 90% suicide occurs in the mentally ill individuals. Lack of effective manpower continues to be one of the three main barriers for prevention of suicide world over, particularly in developing countries, followed only by stigma and non-availability of care. Therefore training and education, especially for people, like teachers and health workers, who are in direct contact with vulnerable groups, can help increase identification of individuals with related problems, offer support, and make a referral. Though the strategies for suicide prevention are culturally and geographically driven, the concept and philosophy of prevention remains the same everywhere. Skill development of people working in the field is the key to the success of preventive programs. There are many places in this world lacking both manpower and facilities to do this. Making mental health resources available is an investment in managing suicide in this symposium our faculties will share their thoughts experiences, and findings of their studies regarding identification, intervention and prevention of suicide. There is a need to recognize the fact that newer initiative and fresh ideas can be revolutionary in dealing with public health. Problems including suicide.
CHANGE PATHWAYS IN INDIGENOUS AND NON-INDIGENOUS YOUTH SUICIDE

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1University of Hawai‘i, John A. Burns School of Medicine, Department of Psychiatry
2Longitudinal Analysis

Objective: Suicide prevention efforts seek to reduce risk for suicidal thoughts and behaviors and increase factors that help strengthen, support, and protect individuals from suicide. The purpose of this study is to examine the relationship among suicide attempts, anxiety symptoms, depressive symptoms, hope and help-seeking across time in Native Hawaiian and non-Hawaiian adolescents.

Methods: Participants were adolescents from the National Center on Indigenous Hawaiian Behavioral Health’s high school health survey who were part of a five-year longitudinal cohort study (N = 7,317). Contemporary longitudinal dynamic structural equation models were used to analyze the multiple dynamical relationships among anxiety symptoms, depressive symptoms, help seeking, hope, and suicide attempts for non-Hawaiian and Native Hawaiian groups.

Results: At time 1, 4.3% of adolescents reported having attempted suicide in the six months; decreasing to 3.2% at times 2 and 3, and 2.0% at time 4. The rate of decrease was significantly less among Native Hawaiian youth. While no significant ethnic differences were detected in the influence of previous suicide attempts on symptom change scores, there were differences in hope and help-seeking with Native Hawaiian youth increasing help-seeking and decreasing hope.

Conclusions: The extent to which hope and help-seeking relate to suicide attempts provides support for more thoughtful and purposive inclusion of mental health infrastructure in suicide prevention and intervention strategies. More collaborative and youth-centered approaches to suicide prevention in the cultural context of the community are essential in enhancing well-being in indigenous communities.
PSYCHOSOCIAL RISK FACTORS FOR ADOLESCENTS’ SUICIDAL ATTEMPTS
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²Clinical Toxicology dept., Ain Shams University

Background: Suicide among adolescents recently has received a significant amount of attention. WHO estimated that approximately 200,000 of suicide occur among individuals 15 to 24 years of age. Adolescence suicide is associated with social risk factors and underlying psychiatric comorbidities that are under estimated.

Objective: To recognize the social variables and psychiatric comorbidities associated with suicide attempts among a sample of Egyptian adolescents.

Methods: In the current cross sectional study, a sample of 20 adolescent was recruited from Poison Control Centre Ain Shams University Hospitals (PCCA) over a 6 months period from March till August 2011. Age range 13-17yrs old both sexes were included and only those with mental sub-normality or who refused to participate were excluded. They were subjected to the following: 1- General Health Questionnaire (GHQ) 2- Hamilton Depressive and Anxiety rating scales (HDRS) (HARS) and 3- Revised Behavior Problem checklist (RBPC).

Results: our results revealed most of our sample were female adolescents (60%) above 15 yrs old students, had either death of their parents (80%) or their separation with disturbed home atmosphere (85%). 50% of the studied sample used Organo-phosphorous compounds in their attempts. HDRS showed either mild or moderate depression 40% each among the studied group, while HARS showed only 30% of the studied sample were suffering from moderate anxiety. Conduct disorders, Social Aggression and Motor Excess were the most evident behavior problems among the studied adolescent using RBPC.

Conclusions: Our results showed that suicidal attempts of adolescent are associated with social and psychiatric risk factors if accurately addressed would help in providing the proper support and better service for such age group.

Keywords: Suicide, adolescents, suicidal behavior, risk factors.
EFFECT OF MARITAL STATUS ON DEATH BY SUICIDE: A DEATH REGISTRY BASED STUDY IN TAIWAN

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2. Department of Public Health, College of Medicine, National Cheng Kung University, Tainan, Taiwan

Objectives: To investigate the relationship, with detained age, sex, urbanization, and region stratifications, between marital status and mortality in a nationally representative sample in Taiwan.

Methods: This was a case-control study nested within all deceased individuals registered in Taiwan’s Death Registry from 1997 to 2003. Cases (n=17,778) were individuals whose cause of death was registered as suicide (ICD-9-CM: E950–E959) during the study period, and controls (n=177,778) were randomly selected, with a case to control ratio of 1:10, from all individuals who died from non-suicidal causes during the same time period. Multiple logistic regression models were used to examine the effects of marital status on the risk of death by suicide in various age, sex, urbanization, and region stratifications.

Results: Significantly increased OR of death by suicide was observed in the unmarried (odds ratio (OR)=1.46, 95% confidence interval (CI)=1.40-1.54) and divorced individuals (OR=2.57, 95% CI=2.42-2.73). The age and sex stratified analyses indicated that the highest OR of death by suicide was observed in divorced women aged 35-54 years (OR=3.01). Additionally, divorced women from southern Taiwan (OR=3.23) and living in metropolitan areas (OR=3.12) were also experienced higher OR of suicide by death.

Conclusions: While it is well known that unmarried and divorced status are adversely associated with mortality, detailed stratified analysis further indicated that divorced women aged 35-54 years, from southern Taiwan, and living in metropolitan areas were at particularly elevated risks. Suicide prevention strategies should target these high-risk divorced individuals.
Suicide, in any case and in any area in which it takes place, is an act that can not be understood despite the existing literature and the considerations made thereon. From our experience we try to explain how the contributions from the different approaches transdisciplinary and can answer questions such as: What should be done?, What is what not to do? And how to approach this patient?. The objectives is whether the influence of social factors are "determinants of suicidal behavior" and as the patient may be involved since the transdisciplinary. Consider the performance of a transdisciplinary team to assist with the urgency of suicidal population. Medical records were surveyed, interviewed families were made psychiatric reports, psychological, occupational and social, selecting "50" patients of both sexes between 30/60 years of age with suicidal behavior between the years 2010/2013. PANSS were used, Hamilton, Beck, MoCa, RTI. Results: It was possible to obtain a better therapeutic relationship between interdisciplinary team and the patient, it was possible that the patient finds the idea of death by idea of life, families were able to understand that accompany the treatment process to reduce suicide attempts. No information was found regarding the transdisciplinary and suicide, so we present our experience from the transdisciplinary approach, concluding that this methodology is suitable for this type of cases, suggesting more widespread socio-political level and increase both the information as prevention activities in families with patients presenting ideas or suicide attempt.
VICTIMIZATION AND SUICIDE RISK IN A COMMUNITY SAMPLE OF SPANISH ADOLESCENTS
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2. Institut de Recerca en Cervell, Cognició i Conducta (IR3C)

Objectives: Research has evidenced high levels of victimization in children and adolescents from different countries and furthermore that multiple victimization experiences tend to accumulate in the lives of some children. This study explores the contribution of polyvictimization and different types of victimization on predicting suicide risk behaviors.

Methods: Participants were 1,084 adolescents aged 12-17 years ($M = 14.53; SD = 1.76$). They completed the Juvenile Victimization Questionnaire (JVQ; Finkelhor, Hamby, Ormrod, & Turner, 2005) and the Youth Self-Report (YSR; Achenbach & Rescorla, 2001) during a class session. Two items of the YSR were used to assess suicide risk.

Results: A total of 82.8% of adolescents reported at least one type of victimization during their lives and 13.6% reported both suicidal ideation and self-injury or suicide attempts. In a binary logistic regression equation controlling for age, gender and total number of types of victimization, both caregiver and sexual victimization were the strongest predictors of suicide risk behaviors.

Conclusion: Mental health practitioners should assess suicidal risk behaviors in adolescents with multiple victimization experiences and also in those that have lived any kind of caregiver or sexual victimization.

References
THE PREDICTORS OF SELF-REPORTED SUICIDAL BEHAVIORS AMONG KOREAN ADOLESCENTS IN A KOREA NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY DATA

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Objectives: The suicide rate in South Korea was the highest among the OECD countries in 2011. The suicide rate in adolescents has consistently increased in recent years in South Korea. The purpose of this study is to examine the cumulative rates and regional differences of adolescent suicidal ideation and attempts, and to identify the predictive factors of suicide ideation and attempt among a large nationwide sample.

Methods: We analyzed data are the Korea National Health and Nutrition Examination Survey Data from 2007 to 2009. A total sample of 2,185 adolescents aged 12 to 18 years (middle and high school students) who responded to a self-reported survey. The prevalence of suicidal ideation and suicide attempt in the past 12 months was determined. Logistic regression analysis was used to examine the predictive factors associated with suicidal ideation and attempt.

Results: In the past 12 months, the prevalence of suicidal ideation was 14.88% and the reported suicide attempt rate was 0.87%. There were no regional differences in both suicidal ideation and attempt rates. Female, late adolescent, subjective feeling of depression, alcohol use, stress, and effort to weight control were significant predictive factors of suicide ideation. Total sleep time and subjective feeling of depression contributed to the elevation of the suicide risk.

Conclusions: The most powerful predictor of suicidal ideation and attempt among South Korean adolescents is subjective feeling of depression. A multi-disciplinary approach that takes into consideration the predictors of Korean adolescents with suicidal ideation or suicide attempt is needed for developing prevention and treatment programs.

Key words: Adolescent, Korea, Predictors, Suicide
THE INFLUENCE OF THE AMOUNT OF PRESS REPORTS ABOUT THE SUICIDE OF CELEBRITIES ON SUICIDE RATES OF ADOLESCENT IN SOUTH KOREA

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Objectives: There is some influence of celebrity suicides on suicide attempts and suicide among adult. The purpose of this study was to determine the association between celebrity suicide and suicide of adolescents in Korea.

Methods: In order to verify whether the amount of suicide-related press release in Korea affects the number of adolescent suicides between the age of 12 and 25 years old, the amount of press release in Korea corresponding to monthly suicide-related keywords from 2001 to 2010 was investigated and the transfer function model, which is a time-series regression analysis, was applied. We use the data of suicide rate of the Korea national statistical office from 2001 to 2010. Three input variables (the number of suicide-related articles, celebrity suicide-related articles, and student suicide-related articles) and the output variable (the number of actual adolescent suicide) were each made into a model and analyzed.

Results: There was two peak of suicide of adolescent during 10 years. After controlling for seasonal variation, calendar year, there was a significant increase in the number of suicide after media reporting celebrity suicide. The number of press release seemed to have significant effect on the suicides of adolescents aged 19~25 years old but no effect on those of 12~18 years old. The number of celebrity-related suicides, especially, had significant effect on the adolescents of age 19~25 years old regardless of their sex.

Conclusions: The media reporting of the celebrity suicide was followed by an increase in suicide of adolescent. The more restricted reporting of celebrity suicides should be important for suicide prevention of vulnerable adolescents. Therefore, there is need for prudent press release in consideration of the effects for each age group and keyword.

The Ethics Committee of National Evidence-based Healthcare Collaborating Agency (NECA) South Korea approved the survey (NECAIRB12-014).

Key words: Suicide, Adolescent, media, celebrity suicide
INTENTIONAL MISUSE OF PRESCRIPTION MEDICATION: ITS RELATIONSHIP TO NON-SUICIDAL SELF-INJURY AMONG ADOLESCENTS RECEIVING INPATIENT MENTAL HEALTH SERVICES

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Introduction: Non-suicidal self-injury (NSSI) is a major concern among adolescents, and a known predictor of future death from suicide. However, prevalence and factors associated with NSSI among adolescents still remain inconclusive. The objectives of this study were to examine the prevalence of NSSI and factors associated with NSSI among adolescents (such as gender, provisional DSM-IV diagnoses, history of abuse, and substance use or misuse of prescription medications).

Method: Data on 2,013 adolescents aged 14 to 18 years who received services in adult mental health facilities in Ontario, Canada were obtained from the Resident Assessment Instrument-Mental Health (RAI-MH) and analyzed using logistic regression. Approximately 20% of the sample (n=407) engaged in NSSI within the last 12 months.

Results: Results from multivariate logistic regression indicate that compared to males, females were 2.19 times more likely to engage in NSSI. Intentional misuse of prescription or over-the-counter medication emerged as the most important factor associated with NSSI. Other associated factors included multiple psychiatric admissions, sexual abuse, alcohol use, certain provisional DSM-IV diagnoses and symptoms of depression.

Conclusion: Findings can assist physicians and other care providers to identify adolescents requiring protective measures and close observation to prevent future NSSI and other life-threatening behaviours. Awareness of associated factors along with a comprehensive assessment can equip clinicians with additional resources to improve the care for youth at risk. Specific protocols and applications (including for example, Collaborative Action Plans) to assist in the reduction of NSSI will be discussed.
SUICIDAL IDEATION ASSOCIATED WITH LEVETIRACETAM
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Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Madrid, España

Objective.
Present the case of a patient with anxious/depressive symptoms and suicidal ideation secondary to treatment with Levetiracetam, this being a rare side effect. Remember the relationship between the use of antiepileptic drugs and the emergence of suicidal ideation, which should be detected, because it can cause suicide attempts.

Methods.
51 year old patient without psychiatric history, who two months before consultation presents herpetic meningoencephalitis with intracranial hypertension, complicated by hemorrhage in left amygdala and focal seizures, initiating treatment with Levetiracetam. Referred three weeks of anxiety, low mood, emotional lability, frequent crying and intrusive thoughts of death. The last 3 days associated fear of losing control to suicidal impulses anxiety and insomnia.
After organic screening and psychopathological examination is considered possible side effect of Levetiracetam and replaced with Valproate, observed for 48 hours, the aforementioned clinical disappears remained asymptomatic.

Results.
Review of the literature, there are reported suicides, suicide attempts and suicidal thoughts/behaviors, in patients treated with antiepileptic drugs. The Levetiracetam has frequent incidence of psychiatric disorders and rare, within these suicidal ideation. In different studies, the percentage of suicidal ideation was less than 1%, with features of obsessive idea unexpectedly at the beginning of treatment with levetiracetam.

Conclusions.
The appearance of suicidal ideation may be due to the secondary effect of a drug or other organic condition. Levetiracetam-treated patients should be monitored by detecting depressive symptoms, behavioral changes or activation of suicidal ideation/behavior and advised accordingly.

References.
ETICA DOCENTE: “SOMOS MUCHOS FRENTE A TI”
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2 Fundación Universitaria Hospital de Alcorcón. Madrid, España.

OBJETIVOS
Objetivo Principal:
Describir marcadores de “incomodidad” de los pacientes en entrevistas exploratorias compartidas por médicos en formación.
Objetivos secundarios:
- Conocer la percepción de pacientes y familiares durante entrevistas realizadas conjuntamente con profesionales en formación
- Describir marcadores de incomodidad de los pacientes en estas situaciones
- Comparar, en cuanto a la experiencia percibida por los pacientes, entrevistas estandar con otras en las que se introducen comandos de “delicadeza ética”.

METODOLOGÍA
Realización de 15 entrevistas tradicionales frente a otras 15 que introducen 5 marcadores de “delicadeza” descritos (presentación de participantes, explicación de la necesidad formativa, petición explícita de colaboración, ausencia de ordenadores y toma de notas), realizadas a pacientes de Urgencias por Intento de Suicidio.
Grupos de Discusión (dos), un mes después, para conocer la percepción en cuanto a comodidad, fluidez y sensación de ayuda recibida. Segmentación de la muestra.

RESULTADOS
Los pacientes cuya entrevista contenía “comandos éticos”, perciben la entrevista: “mejor”, “mas productiva”, se sienten ayudados, y no precisan seguimiento especializado posterior (sic).
La presencia de médicos en formación no resulta disfuncional, a diferencia de los que mantuvieron una entrevista estandar.

CONCLUSIONES
- La introducción de “comandos de delicadeza bioética” minimiza el impacto de la presencia de médicos en formación
- Los pacientes se sienten incómodos cuando “no saben” con quien están hablando
- El abandono de la delicadeza en la atención a urgencias redunda en disminución de los efectos terapéuticos de la misma
- Es urgente recuperar comandos éticos de delicadeza en la aproximación a pacientes con alto grado de dolor psicológico
- La medicina actual, apresurada, no puede ser excusa para la deshumanización de la relación médico/paciente.
PSYCHIATRIC DIAGNOSES IN SUICIDE ATTEMPTS
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Introduction:
Suicide is a serious public health problem in Western countries. In Spain, suicide is the leading cause of unnatural death in front of traffic accidents. The presence of a mental disorder is referred to as a risk factor of great interest both for its presence in suicides and the possibility of being treated and thus to reduce the risk of suicide.

Objectives:
Study the presence of psychiatric diagnoses in subjects entering the treble unit of Huelva for attempted suicide.

Methods
We conducted a retrospective study comparing the data obtained with this material in the literature. Statistical analysis was performed using the statistical package SSPS.

Results
In the process of data analysis.

Conclusions.
- Presence of diagnosis and prevention opportunities
- Differences between sexes.
- Further exploration and increasing the sample compared to suicides
SUICIDAL BEHAVIOR IN THE BELGIAN GENERAL PRACTICE POPULATION OVER TWO DECADES
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Objectives: To estimate the incidence of suicide and suicide attempts in the Belgian general practice population in 2011-2012, to describe its accuracy and trends in on-site attendance of sentinel general practitioners (GPs) as the first professional caregiver following suicidal behavior of patients.

Methods: The Belgian network of Sentinel General Practices (SGP) reported data of all regular patients and patients seen out-of-hours following suicidal behavior with fatal (suicide) or non-fatal outcome (suicide attempt) during 4 periods (1993-5, 2000-1, 2007-8 and 2011-2).

Results: In 2011-2, the incidence of suicide was estimated at 18/100,000 and the incidence of suicide attempts at 67/100,000 inhabitants in Belgium. No differences were found between the SGP estimates of suicide incidence in 2011-2 and the 2011 suicide mortality in the largest Belgium region. Overall, sentinel GPs were the first professional caregiver for 862 of 1560 (55%) suicidal events with proportions decreasing over time periods from 71% in 1993-5 to 27% in 2011-2. Since 2011-2, on-site attendance of GPs following suicidal behavior also decreased among older patients (≥65 years) in contrast to previous periods showing that sentinel GPs were continuously called out more for suicidal behavior of older persons. Information about the suicidal behavior of a patient for whom the sentinel GP was not called out originated both from patients or their proxies (55%) and from health services (45%). Four weeks after the suicide attempt, 77% of the surviving patients had a GP contact.

Conclusions: Unawareness of suicidal behavior of patients endangers the completeness of the SGP registration and impedes appropriate care of surviving patients. From 2013 on, communication of hospital information towards GPs on these patients will be studied.
SUICIDAL ATTEMPTS AMONG EMERGENCY DEPARTMENT PATIENTS: OUR CLINICAL EXPERIENCE
M. López Arroyo1, MJ. Martín Esquinas1, C. Barrionuevo Baeza1.
Virgen de la Victoria Hospital, Málaga, Spain. 1

Objectives: The aim of this study was to describe the epidemiology of Emergency Department (ED) visits for attempted suicide and self-inflicted injury over a 2-weeks period.

Methods: A descriptive cross-sectional study based in the ED at Virgen de la Victoria Hospital, Málaga, Spain, in November 2013.

Results: 29 people were assessed by our service within 14 days (2.1 per day). Suicide attempts are higher among women (69%). The age group recorded was between 15-59 years (average of 41 years old). In our sample, the marital status most represented was married (59%). In terms of psychopathological data, suicide attempts were characterised by a higher prevalence of depression and anxiety disorder (45%), and cluster B personality disorders (14%). The percentage of patients who had made a previous suicide attempt was 62%. Self-poisoning with a drug overdose was the most common method (86%), and domestic conflicts were the most common reason (45%). Suicide attempts were more frequent near the lunch hour (1:00 p.m. to 3:00 p.m.) and dinner (9:00 p.m. to 11:00 p.m.). The most common decision after clinical evaluation was ambulatory monitoring (90%).

Conclusions: This study identifies significant demographic and clinical factors associated with frequent visits in psychiatric emergency ward. These findings indicate an urgent need to examine national preventative and treatment measures for groups known to be at risk of suicidal attempts.

References:
DIFFERENCES BY GENDER AND CONSUMPTION OF ALCOHOL IN PATIENTS THAT MADE AN IMPULSIVE OR PREMEDITATED ATTEMPT OF SUICIDE IN MEXICAN POPULATION

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². Hospital General de Comalcalco, Comalcalco, Tabasco, México
³. Hospital General de Yajalon, Yajalon, Chiapas, México
4. Hospital de Alta Especialidad “Gustavo A. Rovirosa P”, Villahermosa, Tabasco, México

Objective: Attempt of suicide has been investigated in different populations all over world. The aim of this study is to characterize suicide attempts in a Mexican population, and compare the incidence between impulsive and premeditated attempt, considering alcohol and cannabis use.

Methods: This study includes 144 patients that have attempted suicide, ranging from 14 to 57 years old; the suicide attempts were examined considering impulsivity, severity and substance use. The Suicide Intent Scale (SIS) was implemented to measure the severity of the suicide attempt; additionally, this study considers characteristics like: gender, marital status, occupation, education, consumption of alcohol and use of cannabis.

Results: The study revealed that 71.4% of male patients had premeditated attempts and 34.8 % had impulsive attempts; in contrast, only 28.6 % of female patients had premeditated attempts and 65.2% impulsive attempts. Regarding age, patients with impulse attempt presented an average age of 25.73 years and patients with premeditated attempt an average age of 29.36 years. The average of point at Suicide Intent Scale (SIS) was 9.82 in impulsive patients and 23.86 in premeditator patients. However, only 36 % of patients with impulsive attempt referred regular alcohol consumption, while 78.6% of patient with premeditated attempt did. Furthermore, 15.7 % impulsive patients had consumed alcohol prior to the suicide attempt, whereas 35.9% of patients that premeditated suicide had done it. Other measure variable was the use of cannabis; 14.6 % of impulsive patients and 50% of premeditators referred a regular use of cannabis.

Conclusions: Male patients show more premeditation while female patients show more impulsiveness in suicide attempts. Moreover, patients that premeditated suicide exhibit higher average age than patients with impulsive attempt. However, these results should be taken as preliminary, because replication studies are required with larger sample sizes.

Table 1. Differences according to gender and consumption of alcohol of people that made a premeditated or impulsive attempt of suicide in Mexican population.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Impulsive attempt</th>
<th>Premeditated attempt</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>31 (34.8)</td>
<td>10 (71.4)</td>
<td>0.009</td>
</tr>
<tr>
<td>Female</td>
<td>58 (65.2)</td>
<td>4 (28.6)</td>
<td></td>
</tr>
<tr>
<td><strong>Consumption of alcohol</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>32 (36.0)</td>
<td>11 (78.6)</td>
<td>0.003</td>
</tr>
<tr>
<td>No</td>
<td>57 (64.0)</td>
<td>3 (21.4)</td>
<td></td>
</tr>
</tbody>
</table>
ANALYSIS OF THE AUTOLITIC ACTS IN A MENTAL HEALTH UNIT IN 2013
C. Diago Labrador¹, A. Álvarez Montoya¹, T. Ruano Hernández¹
¹ AGCS Campo de Gibraltar, Mental Health Unit, Algeciras, Cádiz, Spain

Objective
The objective of the study is the analysis and the description of patients who committed autolitic acts and were attended in a mental health hospital unit in 2013.

Method
We analyze the patient registry for the attended emergencies in our mental health hospital unit, extracting the following variables: gender distribution, age range, type of method applied in the attempt and diagnosis based on DSM-IV TR.

Results
The study reveals a larger share of autolitic acts in the feminine population between 14 and 69 years old. A total of 31 patients needed to be attended in an emergency hospital unit (11.74%). The most common method is the medical substance abuse (23 patients, 74.19% from the admitted patients in our Mental Health Hospitalary Unit). The diagnoses in order of frequency were; affective disorders (13 patients, 41.93%), personality disorders (8 patients, 25.80%), adaptative disorders (7 patients, 22.58%) and psychotics disorders (3 patients, 9.68%).

Conclusion
Our population-based sample confirms the epidemiologic data found in the consulted literature as well as in other population groups.
RATIONAL SUICIDE: A REVIEW

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Introdução

Muitos dos estudos sobre suicídio e a sua prevenção baseiam-se no conceito de que o indivíduo suicida sofre obrigatoriamente de alguma forma de doença psiquiátrica ou motivação irracional para a autodestruição. No entanto, existem autores que defendem a hipótese de suicídio racional onde este é considerado uma resposta justificável, racional e secundária a uma perspetiva realista e cognitivamente adequada.

Siegel definiu suicídio racional com base em três critérios: o indivíduo faz uma avaliação realista da sua situação, os processos mentais que levam à decisão do suicídio não se encontram comprometidos por doença psiquiátrica, psicológica ou grave stress emocional e as bases motivacionais da sua decisão seriam compreensíveis para a maioria dos observadores não envolvidos da sua comunidade ou grupo social.

Objetivos e métodos

De forma a compreender a discussão e argumentos que envolvem o suicídio racional, fez-se uma revisão deste tema utilizando a base de dados Pubmed e os termos MESH “rational suicide”. Consideraram-se apenas artigos escritos em Inglês. Foram encontrados 36 artigos dos quais se selecionaram 21 após leitura dos abstracts.

Conclusões

O suicídio racional é ainda hoje um forte tema de debate entre a comunidade médica onde as opiniões se dividem. Se há autores que consideram inaceitável a possibilidade do suicídio ser visto como uma decisão racional, outros consideram a hipótese e apresentam argumentos a favor deste ser visto como uma escolha legítima de um indivíduo sem qualquer patologia mental.
ANALGESICS AND SUICIDAL BEHAVIOR: A CASE-CONTROL STUDY

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Objective: To examine the possible link between the consumption of anticonvulsant and analgesic drugs and the appearance of suicidal behaviors.

Methods: We designed a retrospective case and control study. We used the electronic medical records from patients admitted in the Psychiatric Hospitalization Unit of San Telmo Hospital from Palencia, in the period from January 2006 to December 2011.

Every patient with any suicidal behavior reported in his medical records was considered as a case. We considered two controls from the same age and sex per each case.

Exposition to drug was defined in a time window of three months after the identification of the suicidal behavior. We estimated the odds ratio crude and adjusted by severity with their confidence intervals.

Results: We identified 200 cases (mean age 43, 8 years-old; women 59,0%) and 400 controls (mean age 44,1 years-old; women 62,1%). The risk of suicidal behavior associated to anticonvulsants was 1, 0 (OR= 0, 7-1, 5). For analgesics, the associated risk was 1,7 (1,0-3,0).

Conclusions: Suicidal behaviors are a common cause of medical emergency and a serious health problem. In the present study, we did not identify any risk of suicidal behavior upon anticonvulsant treatment. Increasing the sample size and analyzing the cases dividing into active substance groups would be necessary for more informative conclusions. However, we identify a representative risk of suicidal behavior link to analgesics treatment. This risk disappears in patients with less severity illness and increases in more affected patients.
SUICIDAL BEHAVIOR PATTERNS
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OBJECTIVES: The purpose of this study was to analyze a sample of patients with active suicidal ideation.

METHODS: This is a retrospective study of a sample of 112 patients with active suicidal ideation who were admitted throughout 2013 to our Short Stay Inpatient Unit. Patients who were discharged from the emergency room were excluded. Sample Characteristics, first-degree family history of suicide, diagnosis and comorbidity were analyzed. Methods used were subsequently analyzed.

RESULTS: 58.92% of the sample were women. We found a 6.25% of suicide attempts among first-degree relatives. Dysfunctional personality traits or personality disorders (41.07%), were the most common psychiatric diagnosis in the sample followed by drug abuse (32.14%), depressive and adaptive disorders (22.32%) and psychotic disorders in a very low rate (4.46%).

Most frequent suicidal behaviors were: 66.31% drug overdose, 10.52% phleboclysis, 9.47% plunge, 5.26% runover and self harming and 3.1% hanging suicide. 59.82% were done in a way that made rescue possible. In 62.5% of subjects suicide attempt was repeated (78.28% more than twice).

CONCLUSIONS: We found a more prevalent profile in our sample which was: women with dysfunctional personality traits and drug abuse. Most common suicidal behavior was drug overdose with a repeated background of suicide attempts in a way that made rescue possible. This is expressed as deliberate self harms, with increased attendances to emergency room and "revolving-door phenomenon".

Several studies have shown a high rate of suicidal behavior in family members of suicide or attempts victims, compared to relatives of non suicidal controls (1). In our sample we found a genetic trait that may predispose to repeat. We think that is fundamental to make a proper screening and approach to those vulnerable patients.

REFERENCES:
“DESEO DE VIDA VERSUS DESEO DE MUERTE: CONDUCTAS AUTOLESIVAS EN POBLACION PEDIATRICA”
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Objetivos: El intento de autoeliminación (IAE) así como las lesiones autoinflingidas (LAI) son uno de los principales motivos de consulta en nuestra práctica hospitalaria. El impacto que genera tanto en el niño como en la familia y los técnicos tratantes, exige profundizar en el tema. Analizaremos características epidemiológicas y psicopatológicas de estos niños y adolescentes así como familiares. Reflexionaremos sobre posibles estrategias de intervención enfocadas fundamentalmente en la prevención de la recidiva, compartiendo nuestra experiencia en los que se refiere al diagnóstico, tratamiento y seguimiento de estos niños y adolescentes.

Método: Estudio descriptivo, transversal de una muestra de niños y adolescentes de edades entre 6 y 15 años que consultaron por comportamientos suicidas entre enero y octubre de 2013. (N:102 pacientes) Aplicación de entrevistas semi-estructuradas en las primeras 24 horas de la internación a padres y niños y adolescentes. Aplicación de la CBCL-para padres y para niños mayores de 11 años. Aplicación de cuestionarios especialmente diseñados para esta investigación. Análisis de los datos con paquetes estadísticos –SPSS17. Fueron excluidos pacientes en situaciones de calle y con cuidadores cambiantes, padres que se negaron a completarlo, y los que no aceptaron la internación. (N:80 pacientes)

Resultados: Sexo: femenino-78,8%, masculino-21,2%
Edad: 15 años-2,5%, 12-14 años- 75%, 9-11 años- 10%, 6-8 años-12,5%
Motivo de ingreso: primer IAE-68%, 2 o más IAE- 16%, lesiones autoinflingiidas-6%, amenazas- 5%, gestos o conductas de riesgo-5%.
Escolarizados 63,6%, otras actividades 9,1%, sin actividades 27,3%. Retraso escolar en niñas 52%, niños 35%.
Media de PT 66,4 (femenino 67,3, masculino 63,9)
PT según motivo de ingreso: primer IAE-64,9, dos o más IAE- 79, LAI-71,7, amenazas 46
CBCL padres PT 66,6, prevalencia 79,7, CBCL youth PT 59,8, prevalencia 48,3
Indice suicidabilidad padres 78, en youth 87
42,3% de los padres refieren que sus hijos son víctima de violencia.
Fallecimiento madre en el 3,8% y del padre en 11,3%
Frecuencia de reingresos 12%. Un suicidio.
Del N:102, 90 continúan su tratamiento, 12 no continúan.

Conclusiones: Estas cifras alertan sobre un problema grave que exige grandes esfuerzos para identificar los posibles factores de riesgo y disminuir su incidencia. El índice encontrado de psicopatología medido a través del índice problemas totales de la CBCL–P es muy alto, lo que refiere gravedad en estos cuadros. El alto número de pacientes que abandonan el tratamiento dificultan las intervenciones terapéuticas, colocando a esta población en una situación de mayor vulnerabilidad, por lo que se hace imprescindible mejorar la calidad de la atención y asegurar el tratamiento necesario.
SUICIDE BEHAVIORS AND ASSOCIATED FACTORS IN CAMPECHE, MEXICO

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Objectives: Suicide rates in Mexico have tripled in the past 20 years, with significant social and public health consequences. Suicide is an important public health problem in the State of Campeche, as it ranks fourth among the worst suicide-specific dead rates of the entire country. We launched this investigation to inquire about psychosocial characteristics and associated factors that could shed light into the design of public health interventions.

Methods: A representative sample of 2,382 randomly selected middle school students provided data on suicide behaviours and "risk/protective" factors, which we analyzed using Latent Class Models and accounting for the complex survey design.

Results: An estimated 8% of the middle school population in Campeche was estimated to have three or more psychosocial problems in the past month including binge alcohol drinking; tobacco, marijuana, inhalants and cocaine use; severe or sub-threshold depressive symptoms consistent with a possible Major Depressive Episode in the past two weeks, suicidal attempts and ideation, and self-inflicted injuries. The Latent Class analyses helped identify four groups that best characterize the population: LC1, with an estimated prevalence of 77.1% with lowest psychosocial risk; LC2, with an estimated prevalence of 4.3% and high psychosocial risk that involves heavy drug use, severe depressive symptoms, and suicidal attempts not yet definite; LC3, with an estimated prevalence of 7.1%, also with high psychosocial risk that in this case involves binge drinking, self-inflicted injuries, and suicidal attempts not yet definite; and, finally, LC4, with an estimated prevalence of 11.5% in the population, also very high psychosocial risk that in this case involves definite suicidal behaviors, severe or sub-threshold depressive symptoms, as well as binge drinking and tobacco use.

Conclusion: Identifying groups and their different risk may help design public health interventions that best fit the needs of this population
SUICIDES IN 14-25 YEAR AGE GROUP OVER 10 YEARS IN CHANDIGARH CITY: DEVELOPING SUICIDE PREVENTION PROGRAM FOR YOUNG ADULTS

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Introduction: World Health Organization estimates suicide to be among the top preventable cause for years of life lost in young adults.

Objectives: To compile information of completed suicides in age group 14-25 years from the city of Chandigarh so as to determine trends and formulate suicide prevention program for this age group.

Methods: Prospective data was collected from 1st January 2004 to 31st December 2013 (10 years) of newspaper reports of suicides in Chandigarh from ten newspapers and data extracted for age, sex, locality, mode, motive and time of suicide.

Results: 332 incidences of suicides were reported in 14-25 age group over 10 years. Compared to 14-17 years age group, twice the numbers of suicides in 18-21 years age-group and nearly four times the number of suicides on 22-25 years age group were seen. Over-all there was 18% reduction in suicides in the period of 2009-2013 compared to 2004-2008 but increase of 82% in 14-17 years age group and 7.2% increase in female suicides in 21-25 years age group. Apart from hanging, which was the most common method of suicide in both time periods, newer methods of suicide like jumping off building, use of firearm and jumping in front of moving train were seen in 2009-2013. Poisoning and drowning became less frequent methods of suicide. Increasing more suicides were seen due to prolonged medical illness, mental illness including drug use, love affair, dowry dispute and family problems.

Conclusions: Based on these finding a suicide prevention program in Chandigarh for young adults should incorporate (1) School mental health programme for identification and treatment of mental illness including depression, conduct disorders, and substance abuse (2) appointment of school counsellors for handling situational crisis (3) Community awareness programme to identify warning signs of distress and (4) Enhancement of resiliency factors including improving family support and cohesion, good communication, peer support and close social networks.
SPECIFIC METHODS OF SUICIDE IN FIVE-YEAR BANDS AFTER
THE AGE OF SIXTY YEARS IN ENGLAND AND WALES

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Objectives: Suicide rates generally increase with age. Specific methods of suicide are examined in amalgamated groups of everyone aged 60+ or 65+ years. Closer examination of the methods of suicides in narrower five-year age-bands after the age of 60 years may identify possible preventative strategies. The aim was to identify methods of suicide which were specific to individual five-year age-band after the age of 60 years.

Methods: Data on the methods of suicide for both sexes in five-year age bands between the ages of 60 and 95+ years was ascertained from the National Statistics Office for England and Wales for the 10-year period 2001-10 and for each of the 24 ICD-10 suicide categories (X60-X84). Simple descriptive statistics were used to identify the common methods of suicide in each five-year age-band. Chi square test was used to examine any differences in the methods of suicide across the different age-bands.

Results: In women, for each of the five-year age-bands after the age of 60 years, the four most prevalent methods of suicide were self-poisoning by opioids, analgesics and antipyretics (X60), by antiepileptics, sedatives and hypnotics, antiparkinsonian and psychotropic drugs (X61), by unspecified drugs (X64), and by hanging, strangulation and suffocation (X70). In men, in each of the five-year age-band until the age of 80-84 years, the four most common methods were poisoning by gas or vapour (X67), hanging, strangulation and suffocation (X70), use of unspecified fire arms (X74) and the use of sharp objects (X78); after the age of 80-84 years, poisoning with different medications (X60-64) became more prevalent in each of the five-year age-bands. There were few significant differences in the methods of suicide between different age-bands after the age of 60 years in men and women.

Conclusions: Careful consideration needs to be given to the specific methods of suicide in each of the five-year age-band in both sexes. Better understanding of the reasons behind the change in the methods of suicide in the very old age-bands may have important implications for developing preventative strategies.
RISK FACTORS FOR ACCIDENTAL OVERDOSE AND SUICIDE IN CRIMINAL JUSTICE CLIENTS WITH SUBSTANCE USE PROBLEMS – A FOLLOW-UP REGISTER STUDY

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Objectives: The distinction between suicide and overdoses in substance users has been debated (Bohnert et al., 2010). This paper aims to analyse, prospectively, risk factors of suicide and accidental overdose, respectively, in substance users in a criminal justice setting.

Methods: In a cohort of 7,085 criminal justice clients (12% women) assessed with the Addiction Severity Index (ASI) for substance use problems, clients were followed in the national causes of death register (average follow-up 4.6 years). Most common primary drugs of abuse were amphetamine (24%), polydrug use (13%), alcohol (13%), cannabis (11%), heroin (7%), and alcohol/drugs combined (5%). Selected ASI variables were analysed in Cox regression as potential predictors of confirmed suicide and accidental overdose, respectively, as well as for suicides and overdoses when also including cases with undetermined intent.

Results: Among 270 deaths, 74 were due to accidental overdose, 27 were suicides, and 34 were injuries/intoxications with undetermined intent. Risk factors of overdose were male gender, previous overdose, and heroin and cannabis use. Risk factors for suicide were previous suicide attempt and use of sedatives. Positive predictors of overdose remained unchanged when including cases with undetermined intent, and overdose death also became associated with absence of depression and absence of amphetamine use.

Conclusions: Risk factors for overdose death were distinct from risk factors of suicide in criminal justice clients with substance use problems. Adding poisonings with undetermined intent did not make the pattern of risk factors of overdose more similar to that of suicide. Overdoses and suicides may be distinct features in terms of risk factors in substance-using populations, and cases with undetermined intent should not necessarily be regarded as suicides.

Reference:
COMPORTAMENTO SUICIDÁRIO NUMA URGÊNCIA GERAL. UM ESTUDO EVOLUTIVO

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Objectivos
Beja é o distrito português que de uma maneira consistente e continuada apresenta as mais elevadas taxas de suicídio. O objectivo do presente trabalho é analisar a evolução, ao longo de um período de 7 anos (2006-2013), do número e das características do comportamento suicidário dos sujeitos admitidos no Serviço de Urgência Geral da ULSBA.

Métodos
A amostra é constituída por todos os sujeitos admitidos nesse período no SU da ULSBA por comportamento suicidário.
Os dados foram recolhidos através da consulta dos registos informáticos, nomeadamente a relativa a características sócio-demográficas e ao método utilizado no comportamento suicidário. Procedeu-se à elaboração da estatística descritiva. Para efeitos de estudo comparativo utiliza-se um teste de comparação múltipla de medias.

Resultados
A amostra é preferencialmente constituída por mulheres, com idade entre os 20-40 anos, o método mais frequente é a sobredosagem ou envenenamento, sendo verificado em menor número as situações de auto agressão, ou seja, métodos auto infringidos com maior nível de agressividade e letalidade, mais usados pelos homens.
Verifica-se uma diferença significativa no comportamento suicidário dos sujeitos entre dois períodos; 2006-2010 e 2011-2013

Conclusões
Apesar do número total de casos não manifestar diferenças significativas ao longo do tempo, o método, no segundo período, tornou-se mais agressivo e progressivamente abrangeu também ao género feminino, facto que no primeiro período era atribuível preferencialmente ao género masculino.
Assim, verifica-se que existiu uma alteração de comportamento suicidário com manifestação a nível do género e do método utilizado. Os resultados serão discutidos em relação com a crise sócio-económica que se vive.
ALCOHOL USE AMONG SUICIDE ATTEMPTERS: A STUDY OF ASSOCIATION
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Introduction & Objective: Alcohol use is common in Nepali society. Substance use is reported as one of the causative factors for suicide. This study aims to judge the association of alcohol use with suicide attempt in Nepalese context.

Methods: It is a hospital based descriptive study. A total of 120 consecutive patients consulting the investigating team for their suicide attempt within study period (12 months, 2010/011) were enrolled after informed consent. A detailed work-up was performed to ascertain mental and suicidal state. Relevant informations were recorded in a proforma. An intensive exploration was made in all subjects into a range of alcohol use in the person starting from none to escalated use among the suicidal subjects with alcohol dependence.

Results: A total of 120 patients with deliberate self harm were analysed in this project. Almost two thirds of subjects were married and more subjects were female. Average age was 28.52 (14-75) years. Many attempters were from villages and semi-urban settings. Some association between alcohol uses was seen in about 30% of the deliberate self harm (DSH) attempters. Some had used alcohol for the first time prior to the attempt and some other had ADS.

Conclusions: Alcohol use is common and appears to precipitate and predispose the DSH attempt.
SUICIDE AND SCHIZOPHRENIA: CASE REPORT
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Schizophrenia is a psychiatric disorder involving chronic or recurrent psychosis, commonly associating impairments in social and occupational functioning. Death by suicide in schizophrenic patients is more prevalent than in general population, estimated at 10%, with attempts being made at two to five times that rate. Socio-demographic factors related to suicidality in schizophrenia are young age, male gender and early stage of illness.

Risk of suicide in patients diagnosed with schizophrenia is associated with depression, previous non-fatal suicidal acts, drug misuse, agitation, awareness of symptoms and fear of mental disintegration, recent discharge from hospital and poor adherence to treatment. We present the case of a 23-year-old male, diagnosed with Schizophrenia at the age of 22, admitted for multiple trauma secondary to self-defenestration, presenting with positive psychotic symptoms. Six months earlier, he had been released from this same hospital after a previous suicide attempt by jumping from height, in the context of alcohol intoxication and delusional clinic. After hospital discharge, the patient abandoned psychiatric care. On this occasion, treatment with Risperidone was introduced to 10mg a day and Dipotassium clorazepate 10m/8h, presenting a good clinical evolution.

In the patient presented, various risk factors for suicidal behavior in Schizophrenia converge, in particular repeated attempts, becoming a case in which literature recommends close monitoring, adequate treatment and assessment for recurrence of symptoms.

References:
- Siris SG. Suicide and schizophrenia. J Psychopharmacol 2001; 15:127.
SUICIDE ATTEMPTS ASSESSED IN THE EMERGENCY: A DESCRIPTIVE STUDY

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Objectives:
The number of deaths from suicide in Spain is increasing, according to the latest data from the National Statistics Institute. Throughout this study, it is intended to define the socio-demographic characteristics of patients presenting suicidal behaviour and their relation to the different methods employed, as well as the most prevalent risk factors associated.

Methods:
We conducted an observational, descriptive study using data of patients attended at the Emergency Department of the Hospital 12 de Octubre, after committing a suicide attempt, and subsequently assessed by the Psychiatry Department, between January 1 and December 31 of 2013. Statistical analysis was carried out using the SPSS 22.0 software.

Results:
The variables analyzed in the selected sample were: age, sex, nationality, marital status, employment situation, substance abuse, history of psychiatric disorder, previous suicidal behavior, family history of suicide, chosen method and acting under the influence of drugs. The results obtained, in line with previous studies, pointed at a woman attempting suicide by drug overdose as the most prevalent case.

Conclusions:
As the existing literature indicates, consummated suicide is more prevalent in men while attempts occur most often in women, as reproduced in our study. Seeing that only non-fatal suicidal acts were analyzed, the risk factors associated with suicidality might appear influenced. Nevertheless, as previous studies support, every attempt should be subjected to close monitoring, in view of it constituting the most important risk factor for death by suicide.

References:
ANALYSIS OF SUICIDES COMMITTED IN MONTENEGRO DURING THE 2005-2009 PERIOD

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This paper analyzes suicides committed in Montenegro during the 2005-2009 period divided according to gender, age and the way these have been performed. In 2006 we have 138 suicides on 100,000 residence, and during the next five years there is a decrease. Therefore in 2009, there are 107 suicides on 100,000 residence. Compared to the period 2000-2005, when the suicide rate was 24.5/100,000, there was a decrease in the suicide rate in the period 2005-2009. The average rate for the period 2005-2009 was 19.02/100,000. There is a stability in those ratios for the above mentioned period.

The ratio of men and women who committed suicide is 2.4:1. In Montenegro, in the period 2000-2005, that ratio was the same 2.3:1.66 which tells us that the suicide rate for women experienced a slight decrease. The largest number of people who killed themselves is the age group 55+. The most common way that suicide was committed was by hanging, at 49%. The second most common way was by firearms, at 31%. In the period 2000-2005, the most common way was also by hanging (41.8%), and suicide by firearms was 23.81%. This shows an increase in suicides by deadliest methods.

This paper shows a stable suicide rate for the period 2005-2009, and that the suicide rate for women experienced a slight decrease and an increase in suicides by deadliest methods.

In conclusion, it has to be noted that regardless of the economic crisis the suicide rate remains stable.

Key words: suicide, women, methods.
ASSOCIATIONS BETWEEN CONFLICT RELATED TRAUMA AND SUICIDAL BEHAVIOUR IN NORTHERN IRELAND

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Objectives: In this study data from the World Mental Health Survey’s, Northern Ireland (NI) Study of Health and Stress (NISHS) was used to assess the associations between conflict and non-conflict related traumatic events and suicidal behaviour, controlling for age and gender and the effects of mental disorders.

Methods: This was a multi-stage, clustered, area probability household study of DSM mental disorders and suicidal ideation, plans and attempts in the NI population (N=4,340, response rate, 68.4%). Disorders and suicidal behaviour were assessed using the Composite International Diagnostic Interview (CIDI); the traumatic event categories were based on event types listed in the PTSD section of the CIDI.

Results: Suicidal thoughts, plan and attempts were more common among those who met the criteria for any mental disorder. Females were more likely to have suicidal thoughts and attempts than males. Males and females had similar rates of suicide plans. Respondents endorsing conflict-related traumatic events had an increased risk of suicide ideation and plans than those with non-conflict related traumas and no traumatic events. This effect remained when the effects of mental disorders were controlled for. However, people who endorsed only non-conflict related traumatic events had a higher risk of suicide attempt than the other two groups.

Conclusions: In addition to the impact on mental disorders, conflict related trauma may be associated with suicidal ideation and plans in NI. The lower rates of attempted suicide among individuals who endorse conflict related traumatic events may be indicative of a higher rate of single, fatal, suicide attempts in this group.
AKATHISIA IN PSYCHIATRIC EMERGENCY : A CHALLENGING DIFFERENTIAL DIAGNOSIS OF PSYCHOMOTOR AGITATION

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Objectives: Akathisia is a common side-effect of dopamine receptor D2 antagonists (20%) that often remains undiagnosed. This dysphoric movement disorder, characterized by a compulsive urge to move and an inability to maintain a posture, may constitute a chief complaint in psychiatric emergency for psychomotor agitation. We aim to determine characteristic features of patients presenting with akathisia in psychiatric emergency.

Methods: From October 2012 to September 2013, we conducted a retrospective study including all patients with akathisia seen in psychiatric emergency. Clinical, etiological and therapeutic features were analyzed.

Results: Nineteen patients presented with akathisia in psychiatric emergency (sex-ratio: 3.75; mean age of 36.5 years; 5.7% of all movement disorders in psychiatric emergency). Chief complaint was psychomotor agitation in 63% and insomnia in 16%. Only two patients had other associated movement disorders (tremor, dyskinesia). Most patients had chronic psychosis in 47%, or bipolar disorder in 10.5%, all taking neuroleptics. Benzodiazepines (42%) and anticholinergics (31.6%) were the most used drugs in emergency with favorable outcome.

Conclusions: Studies on akathisia in psychiatric emergency are scarce. There is often a failure to differentiate neuroleptic-induced akathisia from illness-related agitation. Subjective symptoms (such as limb sensations and inability to keep still) and objective signs (coarse tremor, myoclonic jerking and a motor restlessness mostly in lower limbs and worse when standing) help to distinguish akathisia. This differential diagnosis is crucial to establish, as seen in our series, since there are therapeutic implications such as avoiding neuroleptics and prescribing beta-adrenergic receptor antagonists, benzodiazepines and anticholinergics (more efficient in emergency).
A COMBINED SPECT AND MRS STUDY APPROACHING THE POSSIBLE MECHANISM OF COGNITIVE DYSFUNCTION IN SUICIDE ATTEMPTERS WITH CHARCOL BURNING

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Objectives: It has been reported that suicide with charcoal burning could result in cerebral and cognitive dysfunction. The aim of this study was to determine whether alternated cerebral function is associated with cognitive function. The strength of this study was to combined two biochemical brain image modalities approaching the underlying relationship between them and their role in the pathophysiology of cognitive dysfunction.

Methods: Eighteen suicide patients and 18 sex and age matched healthy controls were recruited. Each subject received one single photon emission computed tomography with 99mTc TRODAT for measuring striatal dopamine transporter (DAT) availability and proton magnetic resonance spectroscopy to measure the metabolic markers included Cho, NAA and Cr in left parietal white matter and mid-occipital gray matter. A psychological battery included attention, memory, and executive function was administered.

Results: The patients group had significant lower bilateral DAT availability, lower NAA/Cr ratio and higher Cho/Cr ratio in both measured regions. The psychological test showed the patients group had worse memory and executive function. There was no correlation between striatal DAT availability and metabolic marker in both controls and patients. However, multiple regression models with two way interaction analysis showed both left striatal DAT availability and Cho/Cr in gray matter contributed to executive dysfunctions in patients.

Conclusions: In consistent with previous studies our results showed the abnormalities in two biochemical image tools. However, our data suggest that the cognitive dysfunction in suicide patients with charcoal burning may not totally be attributed to single mechanism but, at least, via two different pathways. Our study also strengths the importance of using multiple modalities for brain research.
CONSTRUCTION OF REGIONAL NETWORK FOR SUPPORTING THE ATTEMPTED SUICIDE PATIENTS—A TRIAL OF A GOVERNMENT-ORDINANCE-DESIGNATED CITY IN JAPAN

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Objectives; The community support to the attempted suicide patients is important for suicide prevention, and it is recognized that the support should start at the Emergency Medical Center (EMC). To offer the effective community support, constructing regional network with EMC, administration, psychiatric outpatient clinics and/or hospitals is necessary. The EMC at the Kitasato University Hospital have constructed regional network in collaboration with Sagamihara Mental Health and Welfare Center in Japan since April, 2011. We would like to present a process of constructing regional network, and its achievements and problems.

Methods; We achieved three projects for constructing regional network; 1) Placement of Clinical Psychologist (CP) and Psychiatric Social Worker (PSW) at the EMC to provide psychosocial support to the attempted suicide patients, 2) Holding of the case conference and workshop with community psychiatric hospitals, where the attempted suicide patients received follow-up treatment after discharge from the EMC, 3) Holding of the workshop for those who were working in an outreach service. Also, we performed questionnaire survey to CP, PSW, community nurse and psychiatrist who attended to these three projects (n= 125).

Results; There were three problems frequently cited by the survey as follows: role and competence of CP and PSW regarding management of the attempted suicide patients at the hospital, how to support those patients whose EMC stay were relatively short-term, and skills and knowledge about mental health in the social welfare services providers. Also, it was promoted a better understanding about the suicide by the case conference and workshop.

Conclusions; Construction of regional network for the attempted suicide patients is necessary, and Integrated Care Pathway may be useful in maintaining a quality of the community support.
THE ASSOCIATIONS AMONG CHILDHOOD MALTREATMENT, “MALE DEPRESSION” AND SUICIDE RISK IN PSYCHIATRIC PATIENTS

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Objectives: The current study assessed the presence and severity of “male” depressive symptoms and suicidal behaviors in psychiatric patients with and without a history of child abuse and neglect, as measured by the Childhood Trauma Questionnaire (CTQ).

Methods: The sample consisted of 163 consecutively admitted adult inpatients (80 men; 83 women) who were diagnosed with an Axis I or Axis II psychiatric disorder.

Results: The patients with a moderate to severe childhood maltreatment history were more likely to be female and reported more “male depression” and suicidal behaviors as compared to those not having or having a minimal history of child abuse and neglect. In the multivariate analysis, only the minimization/denial scale of the CTQ and “male depression” were independently associated with moderate/severe history of child maltreatment.

Conclusions: The findings suggest that exposure to abuse and neglect as a child may increase the risk of subsequent symptoms of “male depression”, suicidal thoughts, and suicidal behaviors.
SUICIDAL BEHAVIOR BY OVERDOSE AND OTHER MEANS IN REPEATED SUICIDE ATTEMPTS

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Objectives: A history of previous suicide attempts is a risk factor to suicide. Joiner et al. (2000) suggested that repeated suicide attempts progressively increase the lethality. Changes in choice of method and the lethality, and different characteristic were examined between first and following attempts.

Methods: Sample and procedure: This is a cross-sectional study. 105 suicide attempters admitted to the emergency department at a University Hospital (Madrid, Spain) were recruited between June 2013 and January 2014. History of previous suicidal attempts was obtained by semi-structured interviews and electronic clinical history. We used the LRS scale in order to measure methods and lethality. Statistical Analyses: Descriptive analyses were performed. All analyses were carried out using SPSS v.20 (Macintosh).

Results: Pharmacologic overdose was the method most frequently used in all attempts (82.9%, 78.9 %, 75 %, 62.5 %, 40 %, 100 %). Although most suicide attempts were of low lethality, it was observed a moderate trend for increased severity in subsequent attempts. 32.4% and 47 % of the first and second attempt, respectively, were of the lowest severity (grade of severity=1), whereas for the fourth, fifth and sixth attempts the most frequent grade of severity was 2 (42.9%, 60% and 66.7%, respectively). Moreover, more intensive treatment was offered in last attempts than in the first ones.

Conclusion: Our findings are in keeping with Joiner’s theory that suicide attempters gradually lose their fear of suicide.

References:

MAJOR REPEATERS: ARE THEY ADDICTED TO SUICIDAL BEHAVIOR?

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Objectives: Major repeaters (individuals with $\geq 5$ lifetime suicide attempts) represent around 10% of suicide attempters. They represent a distinct suicidal phenotype (Blasco-Fontecilla et al., submitted) and could be addicted to suicidal behavior (SB) (Blasco-Fontecilla, 2012). The objective of the present study is to test if major repeaters are addicted to SB.

Material and methods: Sample and procedure: This is a cross-sectional study. 105 suicide attempters admitted to the emergency department at a University Hospital (Madrid, Spain) were recruited between June 2013 and January 2014. Socio-demographic data were obtained by semi-structured interviews. Axis I disorders were diagnosed using the Mini International Neuropsychiatric Interview. DSM-IV criteria for substance use disorders were adapted to SB. Statistical Analyses: Univariate differences were established using the Chi-Square or Fisher exact test. Significance level was set at $P < 0.05$. All analyses were carried out using SPSS v.20.

Results: 7.6% of all suicide attempters were major repeaters. All major repeaters were women (100% vs 64.9%; df = 1, $p = 0.042$). Major repeaters were more likely diagnosed with dysthymia (37.5% vs 12.4% df = 1, $p = 0.049$), panic disorder (37.5% vs 6.7% df = 1, $p = 0.003$), and an axis II disorder (87.5% vs 16.7%; df = 1, $p < 0.0001$) than non-major suicide attempters. Most major repeaters satisfied criteria of suicide dependence (66.7% vs 6.6%; $p = 0.001$), including tolerance (100% vs 12.6% $p = 0.000$), and withdrawal (42.9% vs 1.1% $p = 0.001$).

Conclusion: Major repeaters are addicted to SB. Future studies must confirm our preliminary results.

References:
FACTORS ASSOCIATED WITH SUICIDAL BEHAVIOUR AND SUICIDE RISK ASSESSMENT

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Objectives: Analysis of the epidemiological variables of suicidal behaviour in patients in the Emergency Department of a General Hospital.

Methods: We performed a retrospective, descriptive study of suicidal behaviour in patients over three months in 2013 in the Emergency Room of a General Hospital. We recorded epidemiological variables such as age, gender, marital status, educational level, occupation, family structure, social support, the type of suicidal behaviour, the characteristics of the suicidal behaviour (the specific method used, the perception of lethality by the patient, and the attitude towards the suicidal behaviour). We analysed risk factors such as personal history of suicide attempts, stressful life events, existence of chronic physical illness, the presence of depression and its characteristics, the presence of concomitant psychiatric disorders and the consumption of toxic substances.

Results: Previous suicide attempts are an important predictor for suicidal behaviour. Abuse of alcohol and stressful life events (economic problems and unemployment) play a very significant role and are not only risk factors but also precipitating factors. Major Depression is the mental disorder that is most commonly associated with suicidal behaviour, and increases the risk of suicide 20-fold compared to the general population. The presence of chronic or disabling illness is frequent in attempted suicide patients.

Conclusions: The level of risk increases proportionally to the number of factors present. Nonetheless, some of these factors carry more weight than others. Stratification and classification of these factors will allow us to participate in the development of a protocol for action in the field of suicidal behaviour.
PSYCHO-SOCIAL ASSESSMENT OF PATIENTS WITH DELIBERATE SELF HARM: AN OBSERVATIONAL STUDY
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Objectives: To assess the socio demographic profile, prevalence of psychiatric disorders, methods employed and significant life events if any among the patients of deliberate self harm (DSH) admitted in the intensive care unit (ICU) of a tertiary care hospital.

Methods: After taking approval from the institutional ethics committee and obtaining a written informed consent, thirty patients of DSH, admitted in the ICU were recruited for the study. A specially designed semi structured proforma was used to collect the socio-demographic details, DSM- IV-TR criteria was used to identify the mental health disorders, The Explanatory Model Interview Catalogue (EMIC) was used to identify the distress and Resumptive Life Stress Event Scale was used to identify the significant life events among the subjects of DSH recruited for the study.

Results: The mean age of the study group (n=30) was 29.3 yrs with the females constituting the majority (53.3%). Majority of the subjects were married (50%). Psychiatric disorders were identified among 53.33% of the subjects with depression constituting the major diagnosis (14.28% male; 25% female). Depression was followed by alcohol dependence and adjustment disorder contributing 10% each. Most common method employed for DSH was poisoning (90%) followed by hanging (66%) and slitting of wrist (3.33%). Among half of the subjects, Significant contributory life events had occurred within last 6 months with marital conflict being the commonest (12.8%).

Conclusions: Psychiatric disorders are very commonly present among the patients of deliberate self harm. The life events leading to the deliberate self harm were influenced by the traditional gender roles.
OBSERVATÓRIO DO SUICÍDIO E PARASSUICÍDIO DO BAIXO ALENTEJO: O PROJECTO

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O Observatório do Suicídio e Parassuicídio do Baixo Alentejo (OBS) está integrado nos Projectos Inovadores em Saúde Mental (PISM’s), que nasceram na sequência da aprovação e implementação do Plano Nacional de Saúde Mental.

O OBS é fundamentalmente um órgão de estudo e monitorização de toda a fenomenologia associada ao suicídio.

A equipa é constituída por uma pedopsiquiatra, dois psiquiatras, três enfermeiros especialistas em Saúde Mental, dois psicólogos, uma assistente social e uma administrativa.

São objectivos monitorizar e avaliar os comportamentos suicidários na área geográfica da Unidade Local de Saúde do Baixo Alentejo e desenvolver acções de prevenção do suicídio nas estruturas da comunidade.

Estão em curso dois trabalhos, um direcionado para o suicídio e outro para o parassuicídio que serão apresentados nesta comunicação.
PERFIL DO SUICIDA BAIXO-ALENTEJANO : UM ESTUDO EXPLORATÓRIO
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Objectivos e Métodos:
O suicídio é um comportamento complexo que de todo pode ser atribuído a um factor causal único e não é um sintoma específico de nenhuma patologia psiquiátrica - em rigor, pode acontecer mesmo na ausência de doença mental. São vários e de diferente ordem os factores predisponentes, desencadeantes e de risco para a ideação suicida e para o suicídio consumado, que na maioria das vezes coexistem e têm efeitos sinérgicos. O fenómeno tem particular relevância no Baixo Alentejo.

No âmbito do trabalho do Observatório do Suicídio e do Parassuicídio do Baixo Alentejo procedeu-se à constituição de uma base de dados específica a partir dos autos de ocorrência das autoridades policiais.

Resultados:

Conclusões:
Os dados mostram a manutenção da tendência desta zona para assumir as mais elevadas taxas de suicídio do país. Futuros trabalhos são necessários para completar os dados de 2010 em diante e para concluir sobre as causas implicadas no fenómeno e a melhoria dos aspectos preventivos.
EUDOR-AC MULTI-CENTRE RESEARCH PROGRAM: ELECTRODERMAL HYPOREACTIVITY, DEPRESSION AND SUICIDE


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2. University of Genoa, Genoa, Italy
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6. Semmelweis University, Budapest, Hungary
7. “Amedeo Avogadro” Piemonte Orientale University, Novara, Italy
8. Zentrum für Psychiatrie Südwestemmen, Ravensburg, Germany
9. NZOZ Centrum Terapii DIALOG, Warsaw, Poland
10. Lund University, Lund, Sweden
11. Medical University of Warsaw, Warsaw, Poland
12. EMOTRA AB, Sweden

Objectives: Previous findings suggested that electrodermal hyporeactivity has a high sensitivity (up to 97%) and high raw specificity (up to 98%) for suicide. The aim of the present study is to evaluate prevalence, sensitivity and specificity for suicide and suicide attempt with and without death intent and with violent method or not, in adult patients with a primary diagnosis of depression.

Methods: The study will be performed at 15 psychiatric clinical centres in Europe. Patients with a primary diagnosis of depression during care or in remission, regardless of assumed suicide risk and regardless of the depth of the depression, will undergo the following assessment. Depressive symptomatology will be evaluated through the Montgomery-Asberg Depression Scale. Previous suicide attempts will be registered and the death intent of the worst (selected by the patients) attempt will be rated according to the first eight items of the Beck Suicide Intent Scale. The risk of suicide will be assessed first according to rules and traditions at the centre. Finally the EDOR Test (ElectroDermal Orienting Reactivity) will be performed. Through headphones a moderately strong tone is presented now and then during the test, gold electrodes on which two fingers are connected for the registration of the electrodermal responses to those tones, along with the blood volume in the fingers and a number of additional signals. Each patient will be followed up for one year for actions of intentional self-harm that require medical care and for suicide. The intent of death will also be rated.

Expected results and conclusions: It is expected that the test of electrodermal hyporeactivity detects a previously unknown neuropsychological dysfunction that is independent of the depressive state and can predict suicidality with a high sensitivity and specificity. The EDOR Test (ElectroDermal Orienting Reactivity), developed by Emotra AB, Sweden, is optimized for detecting hyporeactivity and could be easily included into the everyday clinical practice.
CIRCUMSTANCES AND METHODS USED FOR SUICIDE ATTEMPTS – ARE THEY DISTINCT BETWEEN SCHIZOPHRENIC SPECTRUM DISORDERS FROM AFFECTIVE DISORDERS?

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Objectives: To investigate the circumstances and methods used for suicide attempts in psychiatric patients with high suicide intent.

Methods: This study was conducted at the emergency psychiatry service at NIMHANS, Bangalore, between June 2011 and May 2012. 120 patients with high suicidal risk were evaluated. Out of the total sample of 120 patients, 111(92.5%) were admitted for suicide attempt. The diagnostic breakup was: schizophrenia spectrum disorders (SSD) - 35(29 %), affective disorders (AD) - 78 (65%); other disorders 7 (5.8%).

Results: The proportion of suicide attempters was high in both the groups of patients, although it was relatively higher in patients with SSD (97% - 34/35) as compared to patients with AD (89.5% - 70/78). The majority of the patients with AD reported higher lethality in their suicide attempt as compared to the patients with SSD. Patients who had SSD had used non-violent/less lethal methods as compared to patients who had AD: 70% vs. 48.6%. The SSD group of patients differed significantly ($p = 0.034$) from the AD group with regard to the methods that were used for attempting suicide.

Conclusion: This study shows that patients with schizophrenic spectrum disorders use non-violent/less lethal methods as compared to patients with affective disorders.
SELF-INJURY AND PATHOLOGICAL INTERNET USE IN THE SPANISH SAMPLE OF “WORKING IN EUROPE TO STOP TRUANCY AMONG YOUTH” PROJECT (WE-STAY)


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Introduction: There is scarce evidence that shows an association between self-injurious behavior and Pathological Internet use (PIU), also known as Internet addiction (1). Objectives: To examine the distribution of PIU as predictor for suicide SA and self-harm in the Spanish sample of adolescents from the “Working in Europe to Stop Truancy among Youth” Project (WE-STAY).

Methods: Sample: 1,409 pupils from 23 secondary schools sited in Asturias (Spain) [48.5 males; mean age (SD) = 15.16 (1.22)]. Instruments: (i) Deliberate Self-Harm Inventory (DSHI), (ii) Paykel Suicide Scale (PSS) and (iii) Young Diagnostic Questionnaire for Internet Addiction (YDQ).

Results: 19.7% of the sample showed self-injurious behaviors. Carved intentionally markings into their skin, or scratched themselves to the extent that bleeding occurred are the self-injurious most common (9.7%), followed by prevented wounds from healing, or bit themselves to the extent that it broke skin (7.1%). 3.5% of the adolescents had previous SA, of which 2.1% was during the last year. Significant differences were found by gender: females had more SA during last year (p=.036) and more self-injuries (p=.000).

70.3% of students performed an adaptive internet use while 15.7% and 6.6% are maladaptive and pathological use, respectively. This type of dysfunctional users is, more frequent in the women’s group (p=.004). Significant differences (p=.000) were found in type use of internet, pathological users showed higher rates of self-harm (39.6%) compare to maladaptive users (33.8%) and adaptive users (14.7%). Regarding SA, pathological internet users showed significantly (p≤.025) higher rates of SA (8.7%) than maladaptive users (4.2%) and adaptive users (1.1%).

Conclusions: Prevalence of inappropriate internet use in Spanish adolescents is 22.3%, higher rates among girls. There is evidence of relationship between maladaptive or pathological internet use among young people and the presence of self-injurious behaviors and SA, which is also more prevalent in the group of girls.

References:

THE ECONOMIC CRISIS IN ICELAND. IMPACT ON SUICIDE RATE AND SOME SOCIO-ECONOMIC PARAMETERS

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Objectives: Iceland has taken a significant economic toll following the recession starting in 2008. Unemployment rose sharply, as well as personal and business bankruptcies. The aim of this paper is to assess the impact of the crisis on suicide rate, serious traffic accidents, domestic violence and alcohol consumption.

Methods: The comparison period spans from 2001 to 2012. Statistics from the Icelandic Bureau of Statistics, the National Commissioner of Police, and the Directorate of Health were used. The unemployment rate is a percentage of those 16-74 years. Other statistics are presented as per 100,000 inhabitants. Results are presented as three year averages from 2001-2012.

Results: There was a decrease in alcohol consumption from 2008 onwards. A long-term decrease in serious traffic accidents continued with the exception of the years immediately preceding and following the crash. The suicide rate was 10.5/100,000 in the first period, rose to 11.8/100,000 in 2007-2009, decreasing to 10.7/100,000 at the end. Domestic violence did escalate significantly from 2007 to 2012. Purchasing power dropped sharply but is beginning to strengthen again.

Conclusions: Domestic violence has continued to escalate in the years after the crash. As opposed to many other affected countries the suicide rate in Iceland did not increase immediately following the crash, even though a small increase did occur in the years before and afterwards, not reaching significance. We will discuss what in Iceland’s infrastructure may have contributed to this.
BENEFITS OF A SECONDARY PREVENTION PROGRAM IN SUICIDE: A ONE-YEAR FOLLOW-UP EXPERIMENTAL STUDY COMPARED WITH A TREATMENT-AS-USUAL CONTROL GROUP.

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Objectives: Effectiveness of suicide intervention programs have not often been assessed with proper experimental designs. We aimed to determine the risk of suicide reattempts in patients engaged in a secondary prevention program compared with a well-matched control group.

Methods: This was an experimental study with non-treatment concurrent control group of 154 patients with suicidal behavior. Seventy-seven had presented suicidal behavior and shall undergo the Suicide Behavior Prevention Program (SBPP) implemented in Dreta de l’Eixample district of Barcelona which includes a psychoeducation intervention and specialized early assistance during a period of 3-6 months. Seventy-seven patients with suicidal behavior were also selected from another district of Barcelona without undergoing any specific suicide prevention program. The two groups were matched on age, gender, history of previous suicide attempts and diagnosis. All patients were assessed for sociodemographics, clinical characteristics and suicidal behavior at baseline (before SBPP), and after 12 months of follow-up.

Results: After 12 months, SBPP patients showed a 67% lower frequency of a new suicide attempt ($\chi^2=11.75$, p=0.001, RR=0.33 CI95% 0.17-0.66). Cox proportional-hazards model revealed that patients under SBPP repeated a new suicidal attempt significantly much later than control patients (Cox Regression 0.293; CI95% 0.138-0.624, p=0.001). The effect was evident in patients with or without history of previous suicide attempts but was even stronger among the first attempters.

Conclusions: This secondary prevention program was effective in delaying and preventing suicide reattempts at least within the first year after the suicide behavior. Its benefits were more pronounced in first suicide attempters. In light of our results, implementation of this kind of prevention suicide programs is strongly warranted.
SUICIDE BEHAVIOR IN PATIENTS WITH BIPOLAR VERSUS UNIPOLAR DEPRESSION

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Objectives
To characterize and compare some parameters of the suicidal profile in patients with unipolar versus bipolar disorder.

Methods
The sample included 99 first degree relatives of BP probands, of which 48 (48.5%) were affected with UP disorder and 51 (51.5%) were affected with BP disorder. All the participants were evaluated with the Portuguese validated version of Diagnostic Interview for Genetic Studies/DIGS and selected according to the ICD-10 diagnostic criteria, based on the Operational Criteria Checklist. Suicidal behavior was assessed with the "Suicidal Behaviour Section" from DIGS. Parametric tests were used to compare proportions (Chi-Square) and means (Mann-Whitney U Test).

Results
The life time presence of suicidal ideation was significantly different in UP vs. BP patients (54.2% vs. 74.5%, p=.028), as well as of suicidal attempt [n=6 (12.5%) vs. 14 (27.5%), p=.045]. Duration of suicidal ideation in weeks (9.48±8.78 vs. 10.84±9.01), age of onset (38.04±15.97 vs. 32.33±12.61) and number of suicide attempts (1.00 vs. 1.64±1.5) were not significantly different between groups. Intentionality and lethality of the most severe attempt were also not significantly different. Three out of the 14 BP patients who attempted suicide were in a manic episode and 11 were in a depressive episode. All the UP patients who attempted suicide were women and considering the BP patients who attempted suicide, the proportion of women was significantly higher [n=3 (21.4%) vs. n=11 (71.6%), p=.016].

Conclusion
Although suicide ideation and attempts are more frequent in BP patients, other suicidal behavior parameters do not differ between UP vs BP patients.
Neuroleptic Malignant Syndrome (NMS) is a life-threatening complication of antipsychotic drugs, with a 10-20% mortality rate. Its cardinal symptoms include hyperthermia, extrapyramidal symptoms, altered mental status and autonomic dysfunctions, associated with creatine phosphokinase elevation and leukocytosis. NMS was mainly associated with typical antipsychotic agents, through D1 and D2 receptor blockade. An imbalance between dopaminergic nigrostriatal and hypothalamic pathways seemed to explain this mechanism. However, cases of NMS induced by atypical antipsychotics (AA) were described. These drugs have low affinity to D1 and D2 receptors, which suggests that serotonergic and noradrenergic pathways may play a role in this syndrome. Some authors have proposed a skeletal muscle metabolism dysfunction that could account for hyperthermia observed in these patients. Recently, others have pointed out a neuroimmunological hypothesis, stating that the acute phase response can play a role in the pathophysiology of this syndrome. Although the pathophysiology of this syndrome is still a matter of debate, the serotonergic and noradrenergic hypothesis seems to be the one that better explains the mechanism of NMS induced by atypical antipsychotics.

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Objectives: Suicide is a major public health issue all around the world. We studied the association between unemployment and suicide rates in Spain.

Methods: Data were obtained from the National Statistics Institute of Spain and from the National Employment Institute databases. Overall and age specific rates of suicide by gender and unemployment rates were computed. We analyzed data for the period 1999-2012, for the entire Spanish population and subsequently disaggregated of every region. A time trend analysis was conducted to study the evolution of the number of suicides. We obtained Correlation coefficients of suicides and unemployment.

Results: We found a significant positive correlation between the unemployment rate and the number of suicides for men with ages between 20 and 64 years r=0.542 (p=0.045). This positive correlation occurs in most (but not all) of the Autonomous Communities (Table 1)

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Conclusions: In Spain, we found a positive correlation between unemployment and suicide in working age men in both the overall population and in most of the autonomous communities.
CHARACTERISTICS OF DELIBERATE DRUG POISONING AND A NEED FOR PSYCHIATRIC CONSULTATION

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².Kyung Hee University Hospital, Seoul, Republic of Korea
³.Eunpyeong Hospital, Seoul, Republic of Korea

Objectives: Deliberate drug poisoning is the most prevalent method of suicidal attempts. There are some reasons for the individuals who attempt suicide to take this method. We investigated the characteristics of the patients who visited the hospital for deliberate drug poisoning to find effective management for the most common suicidal behavior.

Methods: We reviewed the medical records of 410 patients (male, 187; female, 223) diagnosed with poisoning by drugs, medicaments, and biological substances from June, 2006 to May, 2013. Analyses were performed according to the demography, clinical characteristics, and types of management.

Results: Only 48% (197 patients) of all who attempted deliberate drug poisoning were consulted to the department of psychiatry. 43% of all male patients and 51% of all female patients were consulted to the psychiatric department. Most of whom were not consulted to the psychiatry refused psychiatric consultation for the reason of medical costs, minimization of their problem, and ignorance of psychiatric evaluation. The patients aged from 41 to 50 were most (25.9%, 106) and the patients aged over 61 were 23.4% (96).

Conclusions: The psychiatric evaluation is very important to the suicidal attempters for management of their underlying problems and prevention of additional accidents. Over the majority who attempted deliberate drug poisoning refused the psychiatric consultation for many reasons. Our findings suggest the need to develop an specialized psychiatric consultation process targeted to the group of suicidal attempter who took most prevalent method of drug poisoning.
SUICIDAL BEHAVIOR AND ALCOHOL ABUSE IN PERU
F. Vasquez, Rojas G, Sanchez M., Nicolas Y, Falconi S., Vite V
National Institute of Mental Health Lima Peru

Objectives: To study the relationship between suicidal behaviour and alcohol abuse in Peruvian population along 7 years.

Methods: Prospective and longitudinal serial of trials accounting occurrence of suicidal behaviour among alcohol abusers in Peruvian population from 2006 to 2012, by means of clinical approach, previous studies, sources like hospital records, NGOs, and mass media.

Results: We registered 2337 suicides between 2006 - 2012 being 12.3 % victims of alcohol abuse, with a ratio Male: 4/ Female: 1. Accounting suicide attempts assisted at NIMH Lima, 2006-2012: 6135 patients, 22.1 % of them was alcohol abusers: a male prevalence 7/1. In 2011, of 1290 Bipolar Disorder patients attempting suicide: 30.9 % was alcohol abusers with M/F proportion 2/1, In 2012, in 3605 patients with suicide attempt and Personality Disorders; 19 % of them abused of alcohol, 4:1 M/F ratio, and in a study in rural population, by ADA Instrument in 317 adults in 2006, 31% was alcohol abusers, male prevalence, between people with suicidal ideation.

Conclusions: In this study of 7 years, alcohol abuse was a common finding amongst victims of suicidal behaviour: ideation, attempt or completed suicide, mostly in males; so we conclude alcohol abuse as an important risk factor for this behaviour as well a facilitator for its execution.

References:
Shuckit M,2009 Alcohol-use disorder, Lancet: 373: 492-501, Published Online Jan 26,2009 DOI :10,1016/50140-6736 (09)60009-X.
Mitrani M, Saavedra J. Vasquez F, 2011, Association between clinical and sociodemographic characteristics of adults with abuse or alcohol dependence and suicidal indicators in 3 cities of Peruvian jungle Anales de Salud Mental Vol XXVII (1) NIMH Peru.
CHARACTERIZATION OF PRISON SUICIDE IN METROPOLITAN REGION, CHILE, FROM 2006 TO 2011

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1. Department of Psychiatry, School of Medicine, Pontificia Universidad Católica de Chile, Santiago, Chile.
2. Servicio Médico Legal, Chile

Objective: To present the prison suicide rates, and sociodemographic characteristics in the Metropolitan Region, Chile.

Methods: An anonymized database was built in collaboration with the Medical Legal Service (official statistics), with the number of suicides and sociodemographic variables (sex, age, marital status) in the Metropolitan Region, between 2007 and 2011. This investigation was approved by the Ethics Committee of Pontificia Universidad Católica de Chile.

Results: From 2007 to 2011, 33 prisoners committed suicide in the Metropolitan Region, with rates ranging between 4.86 and 73.34 suicides per 100,000 inmates, and a mean rate of 29.4 suicides per 100,000 inmates. 97% of the suicides were male, and the average age was 33 years; 91% were single; and hanging was the commonest method (47.1%).

Conclusions: The suicide rates in Metropolitan Region prisons were 2.1 times higher than the national suicide rates, constituting a high risk group that requires special attention and care. This is the first national study of its kind, and further investigations will be needed to better understanding, and improving national suicide prevention strategies in this group, and also perhaps for other institutionalised populations.
CHARACTERIZATION OF SUICIDES IN GENERAL AND PSYCHIATRIC HOSPITALS IN METROPOLITAN REGION, CHILE, FROM 2006 TO 2011

J. Rodríguez 1, A. Aedo 1, E. Nawelpán 2, J. Santander 1,
1. Pontificia Universidad Católica de Chile, Santiago, Chile.
2. Servicio Médico Legal, Santiago, Chile.

Objective: To describe the frequency and clinical characteristics of suicide in general and psychiatric hospitals in Metropolitan Region, Chile.

Methods: An anonymized database was built in collaboration with the Medical Legal Service (official statistics), with the number of suicides and sociodemographic variables (sex, age, marital status) in the Metropolitan Region, between 2006 and 2011. This investigation was approved by the Ethics Committee of Pontificia Universidad Católica de Chile.

Results: From 2006 to 2011, 17 hospitalized patients committed suicide, with a rate of 0.46 per 100,000. The average age was 41 years old (19-87), 58.8% male, 52.9% married, 47.1% unemployed. As for the method: 47.1% by hanging, 23.5% fall from height, 5.9% firearm. The 23.5% occurred in a psychiatric hospital.

Conclusion: The suicide rate reached 14.5 per 100,000 in Chile in the last decade. In our study the suicide rate in Metropolitan Region hospitals was lower than in general population. Knowing descriptive data of the population who commits suicide in hospital is essential for ethical and medical-legal dimensions. This is the first national study that addresses this issue and allows to work on the implementation of specific prevention measures.
WHO ATTENDS CHILD AND ADOLESCENT PSYCHIATRY EMERGENCY SERVICE IN LISBOA, PORTUGAL?

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1. Hospital Dona Estefânia - Centro Hospitalar Lisboa Central, Lisboa, Portugal

Objectives
Children and adolescents have been increasingly accessing mental health services in Portugal. Between 2011 and 2013 there was an increase of 23% in Child and Adolescent Psychiatry (CAP) visits, and 30% in first attendance, nationally. In the Emergency Service (ES), not only this increase of frequency has been registered but also the severity of the cases is felt. However, this has not been clearly evaluated in the last years. Therefore, our goal is to characterize the population attending the paediatric emergency department who required mental health assistance in 2013 and its pattern of access.

Methods
Literature review. Variables selection (demographic characterization, current mental health assistance, motif, previous access to CAP ES, intervention). Data collection from the ES software system (HCIS®), which was then crosschecked with the CAP ES registration paper forms. The data was statistically processed(SPSS®), with descriptive analysis of the data and variable correlation.

Results
Preliminary results show a prevalence of adolescents attending the emergency department with, predominantly behaviour, anxiety and mood symptoms (with a significant percentage of suicidal ideation and attempted suicide). Monthly variability was observed, with bigger affluence in autumn and winter months.

Conclusions
Preliminary results lead us to conclude that there is an increased severity and number of youngsters attending ES for mental health care. There is an increasing awareness and concern for this matter, which needs further study in order to understand its causes, consequences and need for change towards the improvement of child and adolescent mental health.
SUICIDE ATTEMPT IN VALLADOLID EAST SANITARY AREA FIFTEEN YEARS LATER.
University Clinical Hospital of Valladolid, Spain

OBJECTIVE: Suicide attempt is a psychiatric frequent urgency, one of the most important risk factors for completed suicide and a comorbidity predictor. Recent international studies show how suicide attempts have been increased due to the current economic world crisis. The aim of this work is to establish the prevalence and profile of suicide attempts in our Sanitary Area and compare the data with those of a study made fifteen years ago in the same Area by the same methodology.

METHOD: Cross-sectional study of all suicide attempts seen in the Hospital Clínico of Valladolid Emergency for six consecutive months. A survey which includes demographic and cultural variables, psychiatric morbidity, somatic diseases, possible triggers, employed method characteristics and further actions is given.

RESULTS: In a first analysis, a significant increase in suicide attempts is observed, although with low lethality and a stable percentage in relation to hospitalization but with a economic and occupational factors associated with autolytic behaviors clear increasement.

CONCLUSIONS: The prevalence of the autolytic behavior has increased in the last fifteen years, indicating that is important to create prevention programs in our Area. Patients profile has remained constant on some criteria such as women prevalence, becoming more important occupational and economic problems, possibly related to the severe economic crisis in Spain. That seems to be a reason to perform suicide attempt in patients with suicidal ideas more than a true generator of this type of ideas.
**Objective:** To determine the psychosocial environment of children and adolescent patients with suicide attempts.

**Methods:** Retrospective, descriptive, cut to a year, for review of file of patients under 18 years who attempted suicide and request attention as outpatient at service of Child and Adolescent Psychiatry in a general hospital.

**Results:** 26 cases, 85% female, 15% male, average age 14, with only 1 attempt 50%, 2, 38%, 3, 8%, 4 and more 4%. Diagnosis more frequently was Depression, Family problems, Dysthymia, Infant’s Sexual Abuse, Alcohol Abuse, Relation Problems, Psychotic Disorder and ADHD unspecified. In the first attempt, they prefer taking tablets and second sharps. Second attempt, again they prefer in order of use overdose, hanging and poisons; the third there are most use of poisons. 38% continued psychiatric treatment and 62% left it. 46% were hospitalized and following treatment as a outpatients 50%. There are 50% with domestic violence, and fathers are the aggressor in 46% of all. Family Psychiatry history was found in mother, grandparents, cousins, uncles with suicide attempts (23%). Mothers suffered more Major Depression Disorder and father more Alcohol Abuse. They were separated on 46% parents, 35% married, 15% divorced and 4% live as a single mother.

**Conclusions:** The psychosocial environment of children with suicide attempts is very fragile and need psychiatric help for the patient and their family. Adherence improves when the chance of hospitalization occurred vs. those treated as an outpatient only (50% vs 38%). More studies are needed to observe the effectiveness of outpatient psychosocial interventions when the environment is severely affected as in the cases of children with suicidal attempts.

**References:**

ATTEMPTED SUICIDES IN SKOPJE, MACEDONIA
Polazarevska M., Paketcieva K., Calovska V., Miceva E., Risteski A., Tockova T., Sotiroaka E.
University Clinic of Psychiatry, Faculty of Medicine, Skopje, Macedonia

Objectives:
To provide basic epidemiological data on suicide attempts resulting in admission to Clinic of toxicology and urgent medicine in Skopje, Republic of Macedonia, during the 10-year period 1999-2008.

Methods:
Participants were 1683 patients from the territory of Skopje, during the period of ten years (1999-2008), who committed suicide attempt and due to that were hospitalized in the Clinic of toxicology and urgent medicine in the Clinical Center in Skopje. The following measures were available: age, gender, religion, method of suicide attempt and admission date.

Results:
During the period of 1999-2008 on the territory of Skopje, significantly higher number of suicide attempts were registered in females than in males. Men who attempted suicide were older than the women. Women of Orthodox religion attempted suicide more frequently than women of Muslim religion. The greatest number of attempts was during summer season. The most common mode of suicide attempt was poisoning.

Conclusions:
Our study shows that attempted suicide rate has stable trend over the last decade. It also shows female dominance in number of suicide attempts with a greater number of attempts during the summer months. There is a need for intervening strategies to be targeted at younger female.
IMPACT OF GLOBAL ECONOMIC CRISIS ON SUICIDE RATES IN SPAIN, A PROPOS OF A CASE OF SHARED SUICIDE CASE

M. Serrano, L. García, C. Parro
Ramon y Cajal Hospital, Madrid, Spain

**Objectives**

We propose to study the impact of the economic crisis on suicide rates, regarding a case of shared suicide attempt in a 33 years old man and her mother of 58 years old. They were both in precarious economic situation.

**Methods**

They both agreed to ingest a lot of benzodiazepines with the purpose of remaining sedated and not suffer hunger pangs for 5 days, because that was the time that they had scheduled an appointment with social services. The son waked up before and went to the emergency services without affective symptomatology. Finally he was diagnosed Asperger Syndrome, he lacked social skills to manage support.

**Results**

According to 2012 data from the National Statistical Institute of Spain, suicide was the leading external cause of death. 3,539 people died (2,724 men and 815 women), 11.3% more than the previous year. The number of attempted suicides is between 10 and 20 times more frequent than completed suicides. People between 25-34 years old suicide was the second leading cause of death.

A recent study by the Universities of Hong Kong, Oxford and Bristol, has analyzed 54 countries. After the 2008 economic crisis, rates of suicide increased in the European and American countries studied, particularly in men and in countries with higher levels of job loss. They point out that suicide in Spain grew 7.2% more than expected. For the authors the impact of the crisis is evident, in 2009 the unemployment grew 37% and GDP per capita declined 3%.

**Conclusions**

It has been reached the highest suicide rate since 2005. It has been for long warned that the number of suicides could increase due to the crisis. It appears necessary to continue analyzing the situation to establish preventive measures and detect unknown mental sickness in people with unstable socio-economic status.
JOINT HOSPITALIZATION: PRESENTATION OF A NEW MODEL AND PRELIMINARY RESULTS
S. Navarro, E. Echeverría, G. Alejo
Clínica Psiquiátrica Dr. Everardo Neumann Peña, San Luis Potosí, México

Objective:
Analyze the assembly model (patient with a family caregiver) in psychiatric emergency care in short-stay unit.

Methods:
The model of joint hospitalization consist in internment of patients with acute psychiatric decompensation together with their family, preferably the primary caregiver, during the stay, the patient was assessed by a psychiatrist, psychologist, dentistry and preventive medicine, while the family was evaluated by family therapy service, psychology and psychiatry. The model involves the direct participation of the family in care of the patient during hospitalization and at meetings of the aforementioned services. The model poses a stay for containing the psychiatric crisis of 72 hours, patients stabilized in this period were discharged from the unit for outpatient care, the patients who stay longer passed to other areas of hospitalization without a caregiver.

Results:
133 patients and 112 caregivers were admitted to the Psychiatric Emergency Unit from July 2013 to February 2014, the group of patients 59% were women, the most common psychiatric diagnoses were major depressive disorder (22%) and the half of them had attempted suicide as a reason for admission, 18.7% were diagnosed with Schizophrenia and other psychoses, 4.5% with Bipolar disorder in manic phase and 12.7% had a personality disorder, the most frequent was borderline personality disorder.
The patients discharged within the time corresponded in majority to a Depressive and Personality disorders.
The caregivers received family therapy in 100%, 22% reported having a wish to leave the patient alone, 15% requested for leave the patients, while, 5% of the caregivers was removed by having psychopathology.

Conclusions:
There is significant reluctance of the family to participate in the recovery and crisis care, we observed good preliminary results, the joint hospitalization reduces the days in the hospital in affective disorders. Research is needed to strengthen the most appropriate network of patient support interventions.

References:
MODEL OF THE DEPRESSIVE SUICIDE BASED ON HIGHLY VALID ELECTRODERMAL HYPOREACTIVITY

L.H. Thorell1

1. Clinical and Experimental Medicine, Linköping University, Linköping Sweden

Objective: To develop an explanation model of the depressive suicide based on repeated findings of a highly valid estimation by electrodermal hyporeactivity of suicidal propensity in patients with a diagnosis of depression.

Methods: Results are analyzed from four materials (n = 932) of depressed in- and outpatients treated for depression in Swedish and German psychiatric clinics and healthy subjects (n = 89). The patients were investigated by tests of the habituation of the electrodermal response, symptom ratings and suicidal behavior.

Results: The electrodermal hyporeactivity was found to be independent of the depth of the depression; to be stable over depressive episodes (while reactivity turns to hyporeactivity); to have a different time course than depressive illness – remaining in remission and subsequent episodes; to be unrelated to 5-HIAA in CF; and to be unrelated to successful antidepressant treatment. The prevalence varies around 13% in healthy people and psychiatric open care patients and about 70% in inpatients, highest in bipolar patients.

Conclusions: The electrodermal hyporeactivity is the lack of specific orienting responses in non-demanding situations. The orienting reactions are in the rabbit initiated by CA3 neurons in the hippocampus. It is interpreted as a biopsychological inability “to learn the usual” – an inability for normal orienting of curiosity towards events in the everyday life. It is assumed that this leads to psychobiological based indifference to everyday life causing preparedness to choose to leave the uninteresting life in face of serious difficulties. Electrodermal hyporeactivity is also associated to inability to react with avoidance from immediately imminent pain.

Thus, hyporeactives are victims of the loss of two fundamental barriers: curiosity of the everyday life and avoidance from pain. It is further assumed that hyporeactivity is due to synaptic hypoplasticity in orienting related neurons in hippocampus resulting from biological and psychological phenomena.
SUICIDE ATTEMPTS IN PATIENTS ADMITTED TO A HOSPITAL IN NORTHERN PORTUGAL

R. Faria, E. Lopes, A. Fonte
Unidade Local de Saúde do Alto Minho, Viana do Castelo, Portugal

Objectives: to describe the characteristics of suicide attempts in patients admitted to a psychiatric unit in Viana do Castelo district, Portugal.

Methods: retrospective, cross-sectional and descriptive study of all patients hospitalized due to suicide attempts in the Department of Psychiatry and Mental Health of the Unidade Local de Saúde do Alto Minho in Portugal, between January 2008 and December 2012. Socio-demographic and clinical data were collected from medical records. Statistical analysis was performed using Microsoft Office Excel 2013.

Results: 352 patients were hospitalized, due to suicide attempts, during the study years. 2011 recorded the highest number of cases (N=81, 18.6%), followed by 2010 (N=78, 17%). 81.8% of patients were female and the mean time of hospitalization was 11.5 ± 9.1 days. Deliberate self-poisoning was the main method used, and medical drugs were the most common causes of poisoning. Among these, benzodiazepines (56.5%) were the most frequent agents, followed by antidepressants (30.7%) and antipsychotics (9.7%). Self-poisoning with non-medical drugs occurred in 14.2% of cases. Only a minority of patients resorted to other methods of suicide attempt, namely drowning (2.3%) and asphyxiation (2%). The predominant diagnosis after hospital discharge was adjustment disorder (57.1%), followed by depressive disorder (19.6%) and personality disorder (12.8%).

Conclusions: These data provide some information about the characteristics of suicide attempt in northern Portugal. Deliberate self-poisoning with benzodiazepines was the most common method of suicide attempt. This fact raises some questions, as Portugal presents one of the highest levels of benzodiazepine's use in Europe.
SUICIDE ATTEMPTS IN CHILDREN IN THE EMERGENCY DEPARTMENT OF A HOSPITAL
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¹. Hospital Universitario Clinico San Carlos, Madrid. Spain

Objectives
Epidemiologically describe suicide attempts in children treated in an emergency department from October 2013 until June 2014.

Material and methods
A retrospective analysis of cases treated in an emergency department was performed. A descriptive analysis of the sample was made, considering different variables.

Results
Results are still temporary and it is necessary to include data in the coming months. The mean age is 16.24 years (standard deviation 2.43) with 25 % male and 75 % female. The most common method is the drug intake (82%) and in the 86% of the cases there was no previous planning.

Discussion
In recent years there has been public concern about child suicide. In fact, in our clinical practice there is the perception that there has been an increase in frequency assistance in these cases. We have only performed a descriptive study that draws a picture of a reality. Our idea is to perform subsequent larger studies about the matter.
CREENCIAS SOBRE LA CONDUCTA SUICIDA EN UNA MUESTRA DE PROFESIONALES SANITARIOS

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¹Hospital Punta Europa, Algeciras, España.

Introducción/objetivos:
Numerosos artículos señalan el suicidio como uno de los problemas más graves de salud en los últimos años. En 2010 se publicaron datos poniendo de manifiesto que el 2008 el suicidio en España fue la primera causa de muerte violenta, superando los accidentes de tráfico. Pero a diferencia de éstos, no se percibe una reacción por parte de la sociedad, probablemente debido a que el conocimiento sobre el suicidio no se ha divulgado convenientemente y de forma objetiva.
Por otro lado, numerosas guías hablan de la importancia de la prevención de la conducta suicida por parte de los profesionales sanitarios, se entiende como la detección precoz del riesgo que algunos grupos de personas tienen en la aparición de una tentativa de suicidio.
El objetivo del presente estudio fue evaluar si las creencias y las actitudes de una muestra de profesionales sanitarios diferían de las aportadas por una muestra de la población general.

Método:
La muestra se formó por 200 sujetos, de los cuales 103 eran profesionales sanitarios y 97 no se dedicaban a este sector. Se les administró el Cuestionario de Creencias Actitudinales sobre el Comportamiento Suicida (CCCS-18).

Resultados:
Se obtuvieron diferencias significativas en la actitud ante el suicidio en enfermos terminales entre ambos grupos.
Según nuestros datos en el resto de variables evaluadas por la prueba no existen diferencias estadísticamente significativas entre los dos grupos estudiados.
Respecto a los factores de riesgo los sanitarios tienden a señalar la enfermedad mental en mayor frecuencia que los no sanitarios.

Conclusiones:
Se observa una mayor aceptación del suicidio en enfermos terminales por parte de la población general.
Por otro lado, los profesionales sanitarios tienden a ser más sensibles a la relación entre enfermedad mental y suicidio, sobre todo en los que se dedican al campo de la salud mental.

Referencias:
¿CUÁLES SON LOS FACTORES CON LOS QUE RELACIONA LA POBLACIÓN GENERAL EL SUICIDIO?
C. Falconi1, MV. Trujillo1, J. Morales1.
1 Hospital Punta Europa, Algeciras, España.

Introducción/objetivo:
Numerosos estudios destacan que la conducta suicida es un fenómeno complejo y multideterminado, en el que existen factores que predisponen y otros que desencadenan el comportamiento. La delimitación de los factores de riesgo, biológicos, psicológicos y sociales, que pueden influenciar la aparición de la conducta suicida ha sido uno de los objetivos de investigación que han alcanzado mayor relieve en los últimos años. Entre las principales variables constatadas en la literatura estarían las siguientes: edad, género, raza, estado civil, desempleo, acontecimientos estresantes, historia de suicidio familiar, tentativas previas, abuso de sustancias tóxicas, enfermedad somática, entre otras. Mención especial merece la enfermedad mental, considerada por numerosos estudios como el primer factor asociado a la conducta suicida.
El objetivo del presente estudio fue examinar las creencias de la población acerca de qué factores son los que se asocian en mayor medida a la conducta suicida.

Método:
La muestra está constituida por 233 participantes, a los que se aplicó una escala ordinal de factores de riesgo de comportamiento suicida.

Resultados:
En los resultados observamos que las variables que los sujetos han relacionado de forma mayoritaria como primera causa serían padecer una enfermedad terminal (59%) seguida de trastorno mental (22%). El consumo de tóxicos es otro de los factores que consideran como factor de riesgo.
El nivel educativo (37%), estado civil (20%) y el género (19%) son las variables que se han situado como las que menos se relacionan.

Conclusiones:
Las creencias de la población acerca de la importancia de ciertos factores asociados a la conducta suicida discrepan de lo encontrado en la literatura.

Referencias:
FEATURES OF FORMING SUICIDE BEHAVIORS IN YOUNG PEOPLE
Kozhyna G., Korostiy V., Zelenska K., Hmain S.
Kharkiv National Medical University

Objectives. With the purpose of the development of the pathogenically proved system for suicide behavior’s correction and prophylaxis complex investigation of 155 persons of the young age which had made suicide attempt and after that have been treated with diagnosis F43.0 - acute reaction to stress is carried out.

Methods. clinical-psychopathological, psychodiagnostic, biochemical, statistical

Results. Causation of biological, social - psychological and clinical-psychopathological factors in forming of suicide behavior at acute reaction to stress is determined. Pathogenically significant psychotrauma circumstances are systematized. Astheno-anxiety, asthenical, and anxiety - melancholy variants of psychopathological semiology are allocated.

Conclusions. It is shown, that increasing of serotonin concentration and decreasing of melatonin level in blood, decreasing of adrenaline and noradrenaline speed excretion at patients with suicide behavior are observed. New approaches to the individual pathogenically proved programs of correction are developed.
SUICIDE ATTEMPTS AND ECONOMIC CRISIS
V Hervás Torres*, C. Casas Gómez **. B. Torres Romano**
*Psiquiatra UGC-Salud Mental. Área Hospitalaria Nuestra Señora de Valme. Sevilla
**Residente de Psiquiatría UGC-Salud Mental. Área Hospitalaria Nuestra Señora de Valme. Sevilla

INTRODUCTION:
The recent economic recession has had a significant impact on the public health, particularly in high risk groups. The link between suicide attempts and economic crisis seem to be clear to the media, who use this fact as a scare tactic. The goal of this study is to analyze the prevalence of suicide attempts in our hospital area of reference during the year 2013 and to determinate the percentage of them that are related to the economic crisis.

METHODOLOGY:
Retrospective observational analysis in which we revised every patient seen in Psychiatric Urgent Care in 2013, whose main reason for going was a suicide attempt. It is a hospital which offers health care for more than 400,000 people. Age and gender were not taken into account.

RESULTS AND CONCLUSIONS:
The total number of patients seen in the year 2013 for suicide attempts were 478, 64% of them were women and 36% men. The most common age range was between 40 and 59 years of age (46%). Dividing by pathologies, 18% were diagnosed with mixed anxiety and depressive disorder, then 10% with substance abuse. It is of note that 27% of these patients were not previously diagnosed with any psychiatric disorder. The method most used was voluntarily overdose of medication, with 95%.

Out of the total number of suicide attempts, 12% were related to economic reasons. However, given the nature of design of this study, it is not possible to extrapolate cause and effect.
STRESSFUL LIFE EVENTS ASSOCIATED WITH SUICIDE ATTEMPT AND IDEATION IN A REPRESENTATIVE BRAZILIAN SAMPLE

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Objective: This study examined the association between stressful life events and suicide ideation or attempt.

Method: This is an adjacent analysis of the Second Brazilian National Alcohol and Drugs Survey. The survey used probability multistage cluster sample design to select 4607 participants aged 14 and older from 149 municipalities across the country, achieving a total response rate of 77%. The suicide ideation and attempt measures were self-reported and assessed through a sealed and private method. Stressful life events were investigated using a set of 12 yes/no questions from the English Adult Psychiatry Morbidity Survey 2009. Weighted prevalence rates and Poisson Regression was performed using Stata 11.

Results: Nearly 10% of the population reported having had suicide ideation, while 5.4% reported an attempt. Approximately 40% of the sample experienced at least one type of stressful life event in the last year. After adjusting for demographic characteristics, family history of suicide, and depression, stressful life events were associated with suicide ideation and attempt Prevalence Ratio (PR) 1.21(1.14-1.30) and PR 1.27 (1.16-1.38) respectively. This association had a dose-response effect as the odds for suicide attempt doubled when subjects went through two or more stressful events.

Conclusion: There was a high report of suicide ideation and attempt amongst the Brazilian population. Also, having experienced stressful life events in the last year was associated with suicide ideation and attempts even when adjusting for depression and family history of suicide. This knowledge can be used in developing more focused suicide prevention programs and should be included in the national public health agenda.
A GENDER – BASED COMPARISON OF PSYCHO – SOCIO-DEMOGRAPHIC AND CLINICAL PROFILES OF 1300 SUICIDE ATTEMPTERS

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Objectives:
To study the psycho – socio – demographic and clinical profile of 1300 suicide attempters.

Methods:
The sample consisted of 1300 suicide attempters referred to the Suicide Prevention Clinic of Government Medical College Hospital Kottayam, State of Kerala, South India. Evaluation was made with a proper History, Physical Examination, Mental Status Examination and Psychological Assessment. A Specially Designed-Proforma was used to collect the psycho-socio-demographic and other variables. Subjects were diagnosed using International Classification of Diseases – 10 Criteria.

Results: The data were analysed statistically. Associations were found by making use of chi-square test procedure.

Male gender was associated with Low socio-economic class (84.3%), unskilled work (53.75%) & farming profession (6.79%), past history of psychiatric relevance (42.62%), outside-house as the site (33.10%), methods of insecticide intake (64.45%), hanging (8.1%)& odollum (a seed) poisoning (6.07%), financial difficulty as the trigger (22.69%), time of attempt 12 pm to 6 am (14.44%), consumption of alcohol before attempt and diagnosis of severe depressive episode (11.27%), recurrent depressive disorder (4.91%), bipolar mood disorder (2.31%), delusional disorder (6.5%) & acute psychotic episode (9.44%).

Age-group below 35 years (83.83%), upper & middle socio-economic class (40.63%), graduate & postgraduate education (10.63%), unemployment (55.59%), student-status (17.29%), house as the site of attempt (88.32%), drug over-dosage as the method (37.51%), triggers as conflict (33.05%), scolding (20.13%), friction with spouse (19.14%) & examination failure (7.07%) and diagnosis of adjustment disorder (29.44%), mild depressive episode (16.12%), acute stress reaction (27.3%) & dysthymia (6.58%) were found to be associated with female gender.

Conclusions: Male suicide attempters are having more of biological disorders while the female attempters are having more of stress-related disorders.

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PROBLEM-SOLVING TRAINING FOR PATIENTS WITH ATTEMPTED SUICIDE

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Objective. Several risk factors contribute to suicidal behaviour. Psychological risk factors such as low mood, negative thinking style, hopelessness, vague autobiographic memory and impaired problem solving abilities belong to the modifiable risk factors and effective suicide prevention should focus on them. Studies show that improving problem solving abilities can effectively decrease the number of suicide attempts. In our study we investigated the effectiveness of the Problem Solving Training (PST) and compared it to standard psychiatric treatment (TAU).

Methods: N=92 patients (diagnosis: major or recurrent depression) with a history of one or more suicide attempts participated in the study. N=46 patients were assigned to outpatient PST group and 46 patients received standard psychiatric treatment. PST group sessions consisted of 8 weekly sessions. Measures were administered at the beginning and at the end of the treatment: Beck Depression Inventory, Beck Hopelessness Scale, MEPS and Folkman-Lazarus Ways of Coping Scale.

Results. Post PST assessments showed a significant decrease in depression (p<0.001) and hopelessness (p<0.05), and significant increase of problem analysis and goal orientation scores (p<0.05). Low mood and hopelessness had significant correlations with impaired problem solving abilities and emotion-focussed coping. Comparing the PST and TAU groups we found that depression and hopelessness decreased in both groups; however, problem solving abilities improved only in the PST group (p < 0.001).

Conclusions. Our results show that PST can be effective in the improvement of problem solving skills and can effectively contribute to the prevention of repeated suicide attempts. Problem solving training as an evidence based intervention is recommended to use in outpatient as well as in inpatient mental health services. However, long-term follow-ups are desperately needed.
CONSULTANT PSYCHIATRISTS AS SURVIVORS: THE IMPACT OF PATIENT SUICIDE ON TREATING CONSULTANTS

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Objectives:
The majority of Consultant Psychiatrists experience patient suicide at some point in their career yet there is a dearth of literature investigating the impact it has and what can be helpful in the aftermath. The aims of the study were (1) To assess the effect patient's suicide has on a Consultant's personal and professional life (2) To identify what factors modulated or exacerbated this effect.

Methods:
Following literature review, a modified questionnaire was posted to 74 consultants from a defined geographical area of Ireland that combined urban and rural areas. Consultants were asked to recall their 'most distressing' suicide and their response to it. The results were analysed using quantitative methodology. A further literature review was conducted.

Results:
Response rate 50/74 (67.5%). A total of 40/50 (80%) of Consultants experienced patient suicide. Mean years as a consultant 11.82 (SD 8.1). Specialties of respondents were General Adult Psychiatry (n=39), Old age psychiatry (n=6), Child and Adolescent (n=4) and rehabilitation (n=1). Patients who died by suicide were male (n=28). The majority were outpatients at the time of death (n=32). 11 Consultants (27.5%) identified that their personal lives had been affected by the suicide and 13 Consultants (32.5%) that their professional lives had been affected. There was a significant association (P<0.05) between experiencing negative effects and being appointed a consultant in the 3 years prior to the study. Consultants' own family, their team and Consultant peers were sources of support. 23 consultants (57.5%) said that their management had changed following the suicide.

Conclusions:
A proportion of consultants experience negative effects in their lives as a consequence of patient suicide, particularly those new to Consultant grade. The support of Consultant peers and the team can help in the aftermath. Support networks for Doctors/Mentoring are ways to formalise this support.
DEPRESSION, SUICIDE AND SUICIDE PREVENTION IN HUNGARY – AN OVERVIEW

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Depression and suicidal behaviour is a major public health problem everywhere but particularly in Hungary where until 2000 the suicide rate was highest in the world. In spite of the fact that suicidal behaviour is very complex, multicausal human behaviour with several psychiatric-biological, psycho-social and cultural components, international and Hungarian data consistently show that around 90 percent of suicide victims and suicide attempters have at least one current Axis I mental disorder (major depression 56-87 %, substance-use disorders26-65 % and schizophrenia 6-13 %) at the time of the suicide event. The strong relationship between suicide attempts and depression has been also found both in clinical and population-based epidemiological studies in Hungary.

Epidemiological studies, conducted about 25 years ago showed that underdiagnosis of depression and low access to healthcare is significantly associated with high suicide mortality in Hungary. However, in agreement with the findings of the Swedish Gotland study two most recent Hungarian findings also showed that education of GPs, other healthcare workers and the public on the diagnosis and treatment of depressive disorders resulted in marked decline in suicide mortality of the region served by trained GPs. These increased psychiatric activity beyond the local prevention projects regarding depression and suicide is one of the main factors resulting in a marked (almost 50 percent) decline in suicide mortality in Hungary in the last 30 years. Recently, problem solving training as an evidence based intervention in attempted suicide has also been introduced in outpatient clinical psychology services. Results indicate that it can effectively contribute to the prevention of further suicide attempts.
AFFECTIVE TEMPERAMENT AND SUICIDALITY

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Objectives: Akiskal has developed a framework of affective temperaments building on classical concepts of temperament. In Akiskal's concept, affective temperaments are considered the subclinical manifestations of affective disorders in a continuum spectrum from temperament to affective illness. Although association between affective temperaments with suicide has been long hypothesised, only recently have studies started to empirically target this relationship. The aim of the present study was to review the existing literature on how affective temperament influence suicidality.

Methods: The database PubMed, was searched for original studies.

Results: Most recent studies have found that cyclothymic, irritable, depressive and anxious affective temperaments were significantly overrepresented in suicide attempters in contrast to hyperthymic temperament, which seems to be a protective factor against suicidal behaviour. This results seem to be true, not only in clinical population (in those with affective and anxiety disorders) but also in nonclinical, healthy population.

Conclusions: Affective temperaments, known to be subclinical manifestations and precursors of major mood disorders, seem also to constitute predisposing (risk) factors for suicidal behaviour in general. Suicidality, from a clinical perspective can be seen as a reactive behavior. Temperamental mood reactivity (a hypothesised stable trait that persists during the major affective episodes) can therefore represent the constitutional basis of suicidality.
RELATIONSHIP BETWEEN INSIGHT AND ATTEMPS OF SUICIDE AND ITS EVOLUTION IN FIRST-EPISEDE PSYCHOSIS: A 1-YEAR FOLLOW-UP
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Objective: The study investigated the relationship between insight and attempts of suicidality in patients with a first episode of psychosis over a year.

Method: Participants included 65 patients hospitalized for a first psychosis episode and followed up at 6 and 12 months after discharge. Were assessed with Schedule for Assessment of Insight. This analysis was also adjusted for a set of sociodemographic, clinical and psychopathological variables.

Results: Bivariate analyses demonstrated a direct association between attempts of suicide and “awareness of mental illness” (P<0.05) in the first six months but not after twelve months. Partial correlation indicate that severity of symptoms and schizotypy are modulate variables in the relationship between attempts of suicide and “awareness of illness”. Regression analysis showed that “awareness of mental illness” (P<0.05) and diagnosis (P<0.05) predicted attempts of suicide in the first six months. At twelve months the precursors are diagnosis (P<0.05), “awareness of the need for treatment” (P<0.05), “awareness of the social consequences of the illness” (P<0.05), passive-depend (P<0.05), schizotypy (P<0.05) and severity of symptoms (P<0.05).

Conclusions: Others studies have demonstrated that insight is a multidimensional concept. In this study we demonstrated that Insight is a dynamic concept. The influence of the insight in the attempts of suicide no is the same over a year. We found a significant relationship between insight and attempts of suicide in the first six months but not at twelve months. This relationship is modulate by severity of symptoms and schizotypy. The predictors of attempts of suicide no are the same over a year. In the first six months are “awareness of mental disorder” and diagnosis but at twelve months are “awareness of the need for treatment”, “awareness of the social consequences of the illness”, passive-depend, schizotypy and severity of symptoms.
WPA-0020 DEMOGRAPHICS AND CLINICAL PROFILE OF ‘PSYCHIATRIC FREQUENT FLYERS’ TO THE EMERGENCY DEPARTMENT IN TERTIARY CARE HOSPITAL SETTINGS

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INTRODUCTION
Among researchers worldwide there has been an increasing interest focusing on a group of individuals who contribute a disproportionate number of visits to the Emergency Department for psychiatric reasons. Frequent users of the ED services are proven to be a diverse group of patients that provide a challenge to emergency physicians. These "frequent flyers" have been shown to have more psychiatric, psychosocial, and substance abuse issues than the general population and tend to be complex to manage.

PURPOSE
This study aims to find out frequent users' demographics, most common presenting diagnosis and emergency services utilization patterns in tertiary care centers. Data obtained from this study may permit for early identification of that patient population and more efficient utilization of PES resources.

METHOD
Data for emergency psychiatric visits at 2 tertiary care hospitals were obtained for a 5-year period from April 2006 to March 2011. The data detailed visits to the ED including: dates, times, gender, marital status, age, and primary diagnosis. Primary Diagnosis was also sorted into eleven diagnostic clusters. Frequent flyers were defined as individuals who attended the hospital 5 or more times during the 5 years of the data sample. The data was coded separately for these individuals to include the number of visits to the ER over 5 years, their average age, and their most common diagnosis given at ER visits. A descriptive analysis was performed to assess the characteristics of 'frequent flyers' and the nature of their hospital visits.

RESULTS
Frequent flyers represented 2.18% of 6919 total attendees to the two Kingston emergency departments. Visits by frequent flyers, made up 15.76%. Frequent flyers were found to be 68.9% male and 31.1% female, with an average age of 40.55. The average number of visits made by a frequent flyer was 10.37 visits over 5 years, Approximately 11% of frequent flyers attended the hospital 20 or more times. Substance use was found to be the most common primary diagnosis (58.3%), anxiety disorders (15.2%) and schizophrenia and psychotic disorders begin the (13.2%); mood disorders, adjustment disorders, somatoform and dissociative disorders, personality disorders and childhood disorders accounted for the remaining 13.2% of primary diagnoses.

CONCLUSION
Frequent flyers were much more likely to present with a diagnosis of substance use and of schizophrenia and psychotic disorders and much less likely to have anxiety or mood disorders. Frequent flyers generally came into the emergency room with more than one type of diagnosis.
Frequent flyers' visits had much higher instances of arriving in an ambulance, slightly higher chances of being brought in by the police, and a significantly lower chance of being a walk-in visits.
Frequent flyers were more likely to have the classification of urgent (triage code status) than the non-frequent flyer group.
The average length of ER visit was not found to be significantly different for frequent flyers compared to non-frequent flyers.
WPA-0022 EFFECT OF LUNAR PHASE CYCLE (FULL MOON) ON PSYCHIATRIC EMERGENCY ROOM PRESENTATION IN TERTIARY CARE HOSPITAL SETTINGS
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Introduction
Even today, many of us think that mystical powers of the full moon induce erratic behaviors, psychiatric hospital admissions, suicides, homicides and emergency room calls. There has long been a perceived correlation between the effect of lunar cycles on human behavior and illness severity. Studies of the effects of moon cycles on mental disorders and psychiatric emergencies have always been of interest, yet, previous studies on the effect of lunar phases on psychiatric admission rates have been inconsistent.

Purpose
The purpose of this study is to find the link between full moon phases of the lunar cycle and various psychiatric presentations in tertiary care settings, including patients' gender and age within in a five-year time span.

Method
Charts of all psychiatric emergency room patients were reviewed retrospectively. Data for emergency psychiatric visits at 2 tertiary care hospitals was obtained from a five-year period, April, 2006 to March, 2011. Emergency room presentations were divided by ICD-10 criteria into 11 categories. The data was compiled from a computerized log created to record all psychiatric consultations performed by mental health services at these 2 hospitals. Collected data included patients' visit times, dates, genders, ages, and primary diagnosis. The percentage of patients who were evaluated on non-full moon days was compared to the percentage of patients evaluated on full moon days.

Results
In this analysis we compared the clustered diagnoses of participants who presented at the Kingston hospitals during the full moon to those of a control group of patients that did not present on the full moon. Patients were included in the full moon group who presented from 6 pm to 12 am on the first day of the full moon and 12 am to 6 am on the second day of the full moon. A Chi-Squared analysis was used to compare the frequencies of diagnoses in the full moon patients to those of the control group. Age and gender demographics were also observed between the groups.

Conclusion
No significant differences were found between the patients presented on full moon night and the control groups, indicating that there is no change in the frequency of presentation of different diagnoses between these groups. A significant difference was found between the different age groups. Patients presented to psychiatric emergency on full moon nights are younger than those who presented on non-full moon nights.

There was no significant difference between the gender
SEASONAL VARIATIONS OF PSYCHIATRIC EMERGENCY PRESENTATIONS TO THE TERTIARY CARE HOSPITAL SETTINGS
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Learning objectives
1) To determine seasonal patterns of psychiatric diagnoses presented to the emergency department in tertiary care settings.
2) To examine seasonal variations of basic demographics of psychiatry patients presented to emergency room.

Background
Referrals to psychiatry account for a large proportion of primary care, and in-hospital medical and paramedical services. Visitations to the ER are often observed to follow certain seasonal patterns. Few studies have focused on seasonal presentations of psychiatric illness in the emergency room setting. Certainly, no significant studies have focused on gathering data on seasonal presentations of psychiatric illness in an emergency department of a tertiary care center.

Objectives
To determine seasonal patterns of psychiatric diagnoses presented to the emergency department in tertiary care settings. To examine seasonal variations of basic demographics, such as age and gender, of psychiatry patients presented to emergency room in tertiary care settings. To assist departments of psychiatry to better equip emergency room resources and to better educate the staff and learners based on results of this study.

Methods
Charts of all psychiatric emergency room patients were reviewed retrospectively. Data for emergency psychiatric presentations from 2 tertiary hospitals was obtained from a five-year period. Emergency room presentations were divided by ICD-10 criteria into 11 categories. The data was first divided according to season (winter, spring, summer, and fall). Seasonal trend of psychiatric diagnoses was studied.

Results
In this study we examined the seasonal difference in emergency room presentations of mental diagnoses. The data was first divided according to season (winter, spring, summer, and fall), and then all seasons were compiled to form a baseline rate, which was then used in comparison with individual seasons. A One-Way ANOVA was first used to determine if there were any differences between the total presentations between the seasons, and it was found that there were no significant differences between the number of presentations. To examine the difference in age between the seasonal groups, a One-Way ANOVA was completed that compared the average age of people presenting to the ER between the four seasons.

Conclusions
1. Psychiatry patients who presented in the fall were significantly younger than those who presented in all other seasons. As well, psychiatry patients who presented in the summer were significantly older than those who presented in all other seasons.
2. The Presentation of psychiatry patients in cluster Ósubstance related disorderÓ was significantly higher during fall seasons as compared to the baseline. As well, clusters Óadjustment disorderÓ, Óanxiety disorderÓ and ÓothersÓ were significantly lower than baseline during fall seasons.
3. During fall seasons, as compared to baseline, there were less significant decreases in delirium, dementia and other cognitive disorder, schizophrenia and other psychotic disorders, and somatoform and other dissociative disorders.
4. There were no significant differences amongst the number of presentations in all the four seasons.
WPA-0021  COMPARISON OF ACTUAL TIME SPENT ON MANAGEMENT OF PSYCHIATRIC EMERGENCIES IN TERTIARY HOSPITAL SETTINGS WITH PSYCHIATRIC TRAINING PROGRAM’S TEACHING CURRICULUM

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Learning objectives:
1) To determine the most predominant causes of psychiatric presentations to the emergency in tertiary care settings;
2) To determine and compare the number of hours spent by residents on managing different emergency presentations;
3) To study important topics that need to be incorporated into teaching curriculum in psychiatry residency programs based on emergency presentations.

Background:
Referrals to psychiatry account for a large proportion of primary care (PC), and in-hospital medical and paramedical services. Psychosocial and emotional distress is related to the high use of health services including those services provided by psychiatry residents. Few studies have focused on the primary reasons behind psychiatric referrals in emergency rooms in tertiary care settings and their impact on health services. Certainly, no significant studies have focused on frequent psychiatry referrals and their impact, specifically, utilization of psychiatry resident resources within these settings.

Method:
Charts of all psychiatric emergency room patients from a five-year period, April 2006 to March 2011, were reviewed retrospectively. The collected data included patients’ date and time of visits, number of hours spent by the residents and staff, gender, age and primary presenting diagnosis. Emergency room presentations were divided by ICD -10 criteria into 11 categories (diagnostic clusters). Average time as well as total percentage of time spent by the staff and residents was studied in each cluster of diagnoses separately. Postgraduate university psychiatry residency teaching curriculum for the year 2010 and 2011 was studied and average time spent by residents in each cluster diagnoses topics was calculated. Time spent in emergency room managing different cluster of diagnoses was then compared with time spent in academic teaching by residents.

Conclusion:
1. Out of all patients presenting to the ER for psychiatric reasons, the largest two groups were patients diagnosed with cluster of Substance Related Disorders and cluster of Anxiety Disorders.
2. The time spent on each patient by staff and residents in the ER was significantly higher for a patient presenting with a cluster of diagnosis (Delirium, Dementia and other Cognitive Disorders).
3. When comparing this particular program’s teaching curriculum, we found that a greater amount of total time is spent in the ER on anxiety and substance use disorders as compared to the total amount of time these topics were presented in the teaching curriculum.
WPA-0030 IMPACT OF NONIDEATION STATES ON YOUTH SUICIDE ATTEMPTS

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**Background:** Youth nonideation suicidality (NIS), distinct from impulsive deliberate-self harm (DSH), is a potential consequence of acute adjustment disorder (AD) or selective serotonin reuptake inhibitor (SSRI) adverse reaction. It is characterized by the absence of transient or enduring ideation, however, associated with high attempt rates. A new measure was constructed to evaluate the impact of ideation and NIS on attempt rates with particular attention to AD and SSRI suicidality.

**Methods:** Youth 8 to 24-years-old were recruited in this case control study. Entry criteria included DSH (n=50), AD (n=91), and SSRI (n=29) emergent events with overt or suspected NIS, worsening of existing or new onset suicidality, or abrupt mental status or behavioral change. Exclusion criteria included sensorimotor deficit or primary depressive disorder. Ratings from the new measure utilized dichotomous as well as a range of outcome scores, and compared to ratings from other validated scales, after controlling for depression and other matched factors.

**Results:** High risk AD and SSRI groups presented with increased neurodiagnostic findings including abrupt onset, absence of ideation, high lethality attempt, intense motor restlessness, great intra-psychic distress, and irresistible suicidality. AD symptoms overlapped considerably with SSRI presentations. 81% of the AD sample reported no ideation; however, 96% made an attempt. For the SSRI group, 52% reported no ideation; however, 95% made an attempt. Overall sensitivity was 80.3%, specificity 98.1%. Positive likelihood ratio was 17. Internal consistency ranged from 0.75 to 0.92. Test-retest scores 0.78 to 0.98, and neurodiagnostic correlations 0.70 to 0.98. Some scores correlated significantly with the "gold standard" Barnes Akathisia Rating Scale.

**Conclusion:** NIS is associated with alarmingly high rates of youth suicide attempt, and represents a potential consequence of AD and SSRI adverse reaction. The new neuropsychological, evidence-based assessment demonstrates practical screening value in unobvious, unconventional NIS proposed to represent a heretofore unrecognized neural mechanism.
WPA-0056 MEDICAL AND SOCIAL REHABILITATION OF PATIENTS WITH DEPRESSION AND SUICIDAL BEHAVIOR
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Background and aims: Depression frequently caused the suicidal behavior. Optimizing therapeutic approaches to the correction of non-psychotic depression accompanied by suicidal behavior in young adults.

Objectives: 75 patients with psychogenic depression, committed suicide attempt.

Methods: Clinical-psychopathological, psychodiagnostical.

Results: The clinical picture of depression in the patients the most frequently observed in depressed mood and affect sadness, asthenic symptoms, as well as various manifestations of anxiety. The vast majority of patients were found various violations of sleep-wake cycle. Feature of depressive disorders was their massive somatization characterized by polymorphic vegetative disorders. Building on the received data in the work we have developed pathogenetically grounded system of correction of depression involving suicidal behavior, which includes the application of integrated psychotherapeutic programs in conjunction with medical treatment. In conducting drug therapy should be given preference for the latest generation of antidepressants with a proven safety profile, high therapeutic index and low "behavioral toxicity". Psychotherapeutic correction includes family therapy, cognitive-behavioral therapy, interpersonal psychotherapy, and psychoeducational training. Developed and implemented in practice the system of psychotherapy and medical and social rehabilitation of patients with depression involving suicidal behavior, which confirmed the effectiveness of data of observation after 12 month.

Conclusions: The clinical picture of depression in the patients the most frequently observed in depressed mood and affect sadness, asthenic symptoms, as well as various manifestations of anxiety. Conducted follow-up study showed the high efficiency of the proposed system of psychotherapeutic interventions for example 83.8% of patients with repeated suicide attempts were observed, 16.2% had undergone repeated courses of complex therapeutic interventions due to additional stressful circumstances.
Objective: Deliberate self-harm (DSH) is a major health issue in young people. Youth adjustment disorder (AD) is associated with risk of suicide. Serotonin reuptake inhibitor antidepressants (SSRI) may cause suicidality in this population. A new screening algorithm was constructed to evaluate the impact of ideation and nonideation suicidality (NIS) on attempt within these subgroups.

Methods: Youth 8 to 24 years (n = 170) were recruited from hospital emergency services. Entry criteria included DSH, AD or SSRI emergent events with suspected NIS, worsening of existing or new onset ideation, and/or abrupt mental status change. Exclusion criteria included neurologic or primary depressive disorder. Ratings, which utilized range of outcome scores, were compared to other scales, after controlling for depression and other matched factors.

Results: The AD and SSRI cohorts differed on neuropsychological items compared to the DSH subgroup. Abnormal motor movements distinguished AD and SSRI from DSH. 67.7% of the AD sample reported no ideation; however, 96% made an attempt. For the SSRI group, 53.5% reported no ideation; however, 92% made an attempt. In contrast, for the DSH group, 88.2% reported ideation, and 85.7% attempted. Sensitivity was 80.3%; specificity 98.1%. Likelihood ratio was 17. Scores correlated with the “gold standard” BARS thus exhibiting good concurrent validity.

Conclusion: The evidence-based algorithm demonstrated screening value with timely prompting of further evaluation of overt suicide and NIS risk in AD, SSRI, and DSH groups. NIS is associated with alarmingly high rates of suicide attempt. None of the patients committed suicide within 12 months after assessment.

WPA-0075 FAILED SUICIDE ATTEMPT AS AN OPPORTUNITY TO REACH HIGHER ADJUSTMENT THAN EVER BEFORE
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Objectives: To demonstrate that an attempted suicide can be an opportunity to help the patient to achieve significantly higher adjustment than ever before. A case example of personality transformation after a suicide attempt through an active and focused therapeutic intervention will be presented.

Methods: Working with the patient and his/her partner in life, therapy focuses exclusively on bringing the couple far closer than ever before, taking advantage of acute distress of the patient, guided by their daily self-rating graphs via Internet on 41 parameters, closely tracking dynamic mental status and subtle changes in their personalities. Therapy can also be conducted at a distance, often achieving personality transformation in 6 months.

Results: Of 1,213 patients (patients with all diagnoses) treated with this approach over the last 20 years, 50% of patients reached or exceeded their previous maximum level of adjustment according to their own daily self-rating.

Conclusions:
- Failed suicide as well as other severe psychiatric distress and crises present rare opportunity to transform existing personalities of the patients that have caused their distress, through active and focused therapy.
- Existing threshold of tolerance of life challenges can be dramatically improved through 'Breakthrough Intimacy'- closeness between committed couples far greater than their previous maximum experience.
- Psychiatric distress is inevitable consequence of interaction between the patient's existing personality and life challenges. Accordingly, by transforming existing psychiatric distress disappears, as they become no longer necessary.

Reference:
Breakthrough Intimacy * Sad to Happy through ClosenessÓ Ishizuka Y. Lifetrack 2004
WPA-0107 SUICIDE ATTEMPTS AND IDEATION IN AFRICAN AMERICAN TYPE 1 DIABETIC PATIENTS

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Background and aims: The risk of suicidal behavior is raised in patients with various medical disorders.

There are very few studies examining suicide in type 1 diabetic patients. The aims of the study was to examine suicidality and its correlates in 412 African Americans with type 1 diabetes and 404 African American controls.

Methods: A semi-structured interview was conducting asking participants whether they had ever attempted suicide. Childhood Trauma and Hostility and Direction of Hostility Questionnaires and Beck Depression Inventory were obtained. Diabetic patients and controls were compared for rate of suicide attempt. Diabetic patients who had and had never attempted suicide were compared on socio-demographic and clinical data.

Results: Diabetics were 3 to 4 times more likely to have attempted suicide than controls (13.3% vs 3.5%, respectively, p<0.001). Diabetic attempters were significantly more likely to be female, depressed, and hostile, and to report a history of childhood trauma, smoking, alcohol abuse, and drug abuse than diabetic non-attempters. Multivariate analyses showed that female sex, severity of childhood trauma, history of alcohol abuse, and depression were independently associated with having attempted suicide.

Conclusions: These results suggest that African Americans with type 1 diabetes have a raised risk of attempted suicide and that the suicide risk is multifactorial and include gender, development, personality, psychiatric and substance abuse determinants.

WPA-0123 ASSOCIATIONS BETWEEN COMPLETED SUICIDE OF A PEER AND PERSONAL SUICIDALITY IN YOUTH IN DURBAN, SOUTH AFRICA

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Objectives
There is a dearth of literature on the mental health concomitants of peer suicide among adolescents in developing countries. This study aims to establish the exposure of middle schoolers to a peers suicide and associations with their own suicidal behavior (thoughts, plans, and attempts).

Methods
224 non Caucasian learners in grade 8 attending a government run school were approached to participate. Child assent, parental consent and IRB approval were obtained. A socio-demographic questionnaire and self-reported psychometric instruments were administered. Data was analysed using SPSS.

Results
Sixty three percent of the sample knew of a peer who had committed suicide. No significant associations were reported between the completed suicide of a peer and personal suicidal thoughts (p=.423), suicidal plans (p=.773) and attempts (p=.943). Psychometric tests findings indicated that those who reported knowing of a peers suicide had higher levels of perceived social support from family (p=.008) and perceived social support from friends (p=.006). Those learners who did not report knowing any peer who had committed suicide, reported higher levels of perceived stress (p=.040) and hopelessness (p=.001) as measured on the psychometric scales.

Conclusions
The results indicate that while a significant percentage of youth are exposed to the suicide of a peer, there do not appear to be any associations with their own suicidal behavior. Perceived social support from family and friends could be a construed as providing a buffering effect. Limitations of the study are discussed and recommendations made.

References:
WPA-0208 SUICIDALITY IN PSYCHIATRIC EMERGENCY MEDICINE: RESULTS FROM A RETROSPECTIVE ANALYSIS OF 933 CARE EPISODES

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Objective: The aim of the study was to describe the emergency psychiatry situation regarding suicidality in a German city (Ulm), to explore gender differences and particularly to characterize the present treatment situation.

Method: A retrospective analysis of anonymized data regarding emergency care episodes (documentation sheets) from 2004-2013 was done.

Results: 158 care episodes with suicidal tendencies were identified, including 14 completed suicides, 25 care episodes with suicidal ideation and 119 episodes with suicidal attempts. Significantly more men than women completed suicide (p = 0.02). 93% of care episode patients did not receive any medication. Only about 33% were transported to psychiatric hospitals. 92.4% of the cases were to be classified as severe (NACA score ≥ III). Most of the cases were located at the patients’ dwellings, but in 9.7 % in a hospital.

Conclusion: Psychiatric disorders account for a substantial proportion of care episodes in emergency medicine. Nevertheless, it is alarming, that predominantly any medical treatment is conducted in first care and only about one third of the suicidal care episode patients were transported to psychiatric hospitals. So the psychiatric treatment situation for suicidality in emergency medicine requires an improvement to ensure an adequate therapy for the patients concerned.
This is an epidemiological study of suicide in East of Algeria (15 wilayas) through psychological autopsies (from 2000 to 2008) or more variables were studied to establish a standard profile of suicide in Algeria. The variables studied were: age, sex, occupation, place of residence, the existence of life events, psychiatric history and possibly a history of TS, a source of information (from whom we collected Information: father, mother, brother, sister ....) and the proceeds used for suicide. In total we identified 1263 cases of suicide with age 15 and older occurred in populations of East of Algeria during the period 2000 to 2008. The conclusion focuses on the emergence of certain variables can be risk factors namely age between 30 and 45 years, male gender, social and financial difficulties especially difficult life, the presence of a psychiatric diagnosis on axis I of DSM IV and finally the lack of access to primary care in urban areas. Finally, the authors highlight the prevalence per 100,000 population per wilaya and the average prevalence for the whole of east of Algeria.

Keywords: psychological autopsies, suicide, risk factors, prevention
WPA-0163 PARENTING STYLE, SUICIDALITY, AND SELF-HARM BEHAVIORS AMONG ASIAN AMERICAN CHILDREN OF IMMIGRANTS

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Objectives: Despite high suicide rates among young Asian-American women, reasons for this phenomenon remain unclear. This study explored the family experiences of 16 young Asian-American women who are children of immigrants and report a history of self-harm and/or suicidal behaviors.

Methods: We conducted 16 in-depth semi-structured qualitative interviews on Asian-American women aged 18-35, who were part of a larger mixed methods study conducted under the Asian-American Women's Health Initiative Project (AWSHIP). Participants were interviewed on their parents' immigration story, their own ethnic and racial identity, their family life, and their dating experiences and sexual history. Interviews were analyzed based on in-depth content analysis coding for self-harm and suicidality.

Results: Our analysis identified five types of 'disempowering parenting styles,' characterized as abusive, burdening, culturally disjointed, disengaged, and gender prescriptive parenting (ABCDG parenting). Many participants suffered from a 'double bind,' where exposure to multiple types of negative parenting left women caught between a deep desire to satisfy their parents' societal expectations and simultaneously rebel against the image of 'the perfect Asian woman,' resulting in a fracturing of self-identity. Trapped in a 'web of pain,' participants suffered alone and engaged in self-harm and suicidal behaviors.

Conclusion: Asian-American women raised by 'disempowering parents' (ABCDG parenting) are at risk of developing a 'fractured identity,' a phenomenon that may promote self-harm and suicidal behaviors. Targeted interventions should be aimed at helping women develop a sense of empowerment within the family, and requiring policy makers to create resources for Asian-American families to better deal with acculturative stress.
WPA-0244 VERY HIGH RATES OF SUICIDE IN THE HAPPY VALLEY: A PSYCHOLOGICAL AUTOPSY STUDY IN AN ISOLATED INDIGENOUS POPULATION OF SOUTH-EAST ASIA
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Background and aims: Suicide is a complex phenomenon showing large variations in prevalence across the world. Here, we present the intriguing case of an egalitarian, cooperative and non-violent indigenous population within South-East Asia. This isolated valley has for many years shown very high rates of suicide. The objective of this preliminary study was to confirm these rates and conduct a psychological autopsy.

Methods: The study was conducted by a multidisciplinary team. Rates of suicides were compared between three previously identified high-risk villages and three control villages of identical ethno-linguistic background. Then, each suicide victim was compared to two matched controls in the high-risk villages.

Results: Sixteen suicides occurred over the last 10 years among 1,192 inhabitants leading to rates of 134/100,000, ten times those of the USA. In comparison, control villages showed almost null rates. The psychological autopsy revealed in suicide victims 1) a predominance of males and young individuals 2) the exclusive use of poison and hanging 3) a primary motive of interpersonal conflicts 4) no cases of childhood maltreatment 5) only one case of alcohol abuse and impulsive-aggressive personality 6) higher rates of social anxiety and depression, 7) higher frequencies of second-degree relatives who committed suicide.

Conclusions: We confirmed enduring high rates of suicide localized among a subgroup suggesting that culture is insufficient to explain this phenomenon. We hypothesize that isolation and endogamy may have amplified the frequencies of suicide risk alleles leading to both, high rates of suicide, and singular developmental and clinical trajectories. More investigations will be conducted in the next years.
Predictive models for suicide-related behaviour need to be specific and sensitive, and for older adults, tailored to factors that are unique to their cohort. The current study examined risk and protective factors associated with suicide-related behaviour among community-residing older adults receiving home care services in Ontario, Canada.

Record linkages between hospital data (DAD, NACRS, OMHRS) and home care data (HCRS) were employed to carry out the analyses. Information in the HCRS is based on the Resident Assessment Instrument * Home Care (RAI HC), an assessment tool that identifies strengths, preferences and needs of long-stay home care clients. The sample included Ontario home care clients aged 60 years or older assessed with the RAI HC between 2007-2010 (N = 222,149). Univariate and multivariate analyses were performed to describe the sample and examine predictors of suicide-related behaviour.

In this study, 1.01% (n=2,077) of home care clients experienced intentional self-harm (ISH). Risks of ISH included younger age (OR=3.31, CI: 2.89-3.77), psychiatric diagnosis (OR=2.9, CI: 2.90-3.77), alcohol use and dependence (OR=1.68, CI: 1.33-2.11), and depressive symptoms (OR=1.68, CI: 1.49-1.89). Protective effects were found for marital status and social involvement, yet significant gender differences emerged. Results indicated several key areas to be assessed in practice by home care professionals.

This study using provincial data adds to the evidence on risk and protective factors associated with suicide-related behaviour among older adults. Of notable interest were the protective factors that differed by sex, suggesting that approaches to suicide prevention in home care need to be gender-specific.
Objective. The Integrated plan (IP) is an interdepartmental document in the implementation of which 25 relevant ministries, departments, executive authorities and public organizations are involved. Aim of the IP to reduce the level of suicides among the population of Belarus.

Methods. Developing of normative documents regulating the rendering of aid to people in crisis situations; teaching the workers of educational, health and social institutions to identify depression and suicidal signs at an early stage; implementation of multidisciplinary approach in rendering aid to patients in the «crisis» conditions; spreading information about the activity of suicide prevention services.

Results. As a result of implementation of the activities of the IP in 2009, already in 2010 it was observed that the overall number of suicides committed in Belarus reduced for 9.6% in comparison to 2009. In 2011 the rate of suicides reduced in comparison to 2010: in general population * for 12.3%, from 2478 to 2170 cases, with the relative rate lowering from 26.1 to 22.9 cases per 100.000 of population. The rates of suicides committed in Belarus in 2012 reduced in all groups of population in comparison to 2011: in general population * for 10.6%, from 2174 to 1944 cases, with the relative rate lowering from 23.0 to 20.5 cases per 100.000. The rates are minimal in the last 15 years.

Conclusions. The implementation of the IP of suicidal behavior prevention in 2009-2012 allowed to stabilize the suicide situation and to reduce the rates of suicidal activity of the population.
For prevention of suicides in Russia it is necessary to create anti-crisis suicidological services. Educational programs (EP) for recognition of depressive disorders (DD) by doctors of all specialities, clinical psychologists and social workers are very important for decreasing of suicides index level. In Tomsk Area (TA) and Tomsk city, the centre of West Siberia was based the model of suicide prevention. This model consisted of organization of emergency telephone and ambulatory psychotherapeutic support. Inpatient department of crisis intervention was consequently organized and probed. The basis of Russian version included four educational modules of WPA/PTD. Educational programs (EP) were held for advanced training “Recognition and Treatment of DD in PCÓ. EP was performed for PC doctors of different specialities 3 times in a year, during 24 days for 1.5-2 hours. 395 doctors of PC finished the main educational courses. Also the monitoring of suicide indexes was carried out. Good clinical skills and high motivation of specialists in PC, neurologists showed increasing level in recognition and treatment of DD. Comparative analysis of dynamics of suicide indexes between Russian Federation, Siberian Federal District and TA in the beginning of the program development (consequently: 47.6; 34.3 38.6;) and for the last nine years showed decreasing (consequently: 20.2; 31.6; 17.4). The suicide level in Tomsk before EP in 2004 was 26.5/100000. In the period from 2008 to 2012 suicide level was varying from 9.6 to 2/100000 and the middle meaning was 6.1 ± 2.6/100000. The complex approach shows the effectiveness in suicide prevention.
**WPA-0399 DYNAMICS OF RATE OF SUICIDES IN THE POST-SOVIET COUNTRIES**

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**Background and aims.** Suicide rate is one of the reliable indicators of social state of the country and public mental health. Accordingly, the aim was to study the dynamics of the rate of suicides in the new post-Soviet states during their independent existence (1991-2013).

**Methods.** Medical and statistical, sociological.

**Results.** Found that in countries that have emerged from the most socially and economically developed republics of the former USSR (Russia, Belarus, Estonia, Kazakhstan, Latvia, Lithuania, Ukraine) in the transitional period of their existence has increased dramatically suicide rate to the level of 40 or more cases per 100 000 population. This was due to the impact of adverse macrosocial and economic factors. To date, due to social stabilization in these countries there is a tendency to reduction the rate of suicides. But now suicide rate in these countries (except Estonia and Latvia) exceeds the critical level WHO - 20 cases per 100,000. In countries of Central Asia (Uzbekistan, Kyrgyzstan, Tajikistan, Turkmenistan) and Transcaucasia (Armenia, Georgia, Azerbaijan) suicide rate was low (less than 10 cases per 100 000 population), as in Soviet times, and in their newest history. In the Central Asian states and Azerbaijan is due to the powerful antisuicidal influence of the religious (Islam) factor, in Armenia and Georgia mainly due to historically entered into the culture of these peoples rejection of suicide.

**Conclusions.** Planning of suicide prevention programs must be differentiated and take into account not only their actual rate, but also the socio-economic situation and ethnocultural characteristics of the population. The most expedient for this creation of state suicide prevention programs in each country.
WPA-0475 GENDER BASED COMPARISON OF SUICIDE ATTEMPTERS ON SUICIDAL INTENT, METHOD OF ATTEMPT, PSYCHIATRIC DIAGNOSIS, PSYCHOSOCIAL STRESS AND PERSONALITY PROFILE

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Background & Aims:

- Compare suicidal intent, method of attempt, psychiatric diagnosis between M/F suicide attempters.
- Study the gender based differences on the influence of stress and personality profile among suicide attempters

Methods:

Study design: Cross Sectional study
Study sample: 250 patients with attempted suicide attending Psychiatric services.
Study Period: 8 months
Informed consent obtained from Patient and relative
Each subject evaluated by history, general examination, systemic examination, MSE, relevant laboratory investigations and psychometric evaluation wherever needed. MMSE carried out to rule out organic brain syndrome or cognitive impairment. Specially designed proforma to gather sociodemographic data in each case. Psychiatric diagnosis made using the Diagnostic Criteria for Research (DCR-10). Suicidal intent assessed by Beck’s Suicide Intent Scale and Psychosocial Stressors assessed using the Presumptive Stressful Life Events Scale. Personality profile assessed using Eysenck’s Personality Inventory
Data Analysis done using SPSS 11.0

Results & Conclusions

Males outnumber females among suicide attempters, make the attempts at an older age and are less educated compared to females. Males have higher suicidal intent and used more lethal methods. Most attempts are made at home, maximum between 6PM to Midnight.

Most common Psychiatric diagnosis in both genders is Adjustment disorder, followed by Affective disorders. Males found to have greater genetic and biologic predisposition for attempted suicide. Alcohol use found to be important predisposing factor in males. Males had greater stress scores and showed higher tolerance to stress. Male and female attempters showed different response patterns to stressful events, based on their personality.
Urban Mental Health
HOW TO CARE FOR THE HOMELESS – INTENSIVE COMMUNITY CARE TEAM DEDICATED TO HOMELESS YOUTH WITH PSYCHOSIS

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Background: Homelessness carries an increased risk of developing severe mental disorders and conversely psychosis is associated with homelessness. In Montreal, approximately 15% of homeless people suffer from psychosis. The young ones are even more at risk. It hits them at a crucial time of their development while they should consolidate their personality and life choices. This population’s life conditions make it more difficult for mental health teams to engage them in treatment. In 2012, an intensive community care team (EQIIP SOL) was set-up to address the specific needs of young homeless adults (YHA) suffering from psychosis.

Objectives: To determine functional and symptomatic outcome of YHA suffering from early psychosis and treated by a specialized assertive outreach community care team in Montreal Canada.

Method: Prospective longitudinal study of the impact of the addition of an assertive outreach team to a specialised early psychosis intervention clinic. Symptomatic (eg. PANSS, CDS, CGI) and functional outcome (eg. GAF, SOFAS, QOL) as well as service utilisation data has been collected at 3, 6, 12 and 18 months.

Results: About 40 young adults have enrolled in the project EQIIP SOL. The preliminary data on demographic, symptomatic and functional evolution of this sample will be discussed as well as challenges in implantation of such a team.

Conclusion: YHA psychotic patients can be helped by a specialized team offering intensive integrated treatment in the community, which increases accessibility of mental health services and its effectiveness. Further research is warranted to compare this treatment team to treatments already available.
HOW TO CARE FOR THE HOMELESS – DESCRIBING THE EXISTING TREATMENTS FOR THE PSYCHOTIC HOMELESS YOUNG ADULTS, A SYSTEMATIC LITERATURE REVIEW

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Background: Homelessness carries an increased risk of becoming mentally sick and conversely psychosis is associated with homelessness. In Montreal, approximately 15% of homeless people suffer from psychosis. The young ones are even more at risk. It hits them at a crucial time of their life, while already vulnerable which make their burden heavier.

Objective: to determine what type of intervention is efficient in helping homeless young adults suffering from psychosis (HYAP) to recover socially and symptomatically.

Method: Systematic literature review from 1980 to 2013 of the existing interventions for the HYAP, using electronic database (pubmed, etc.) and manual search.

Results: We did not find any published study on the impact of specific intervention for the HYAP. For homeless people of all ages, community approaches seems to diminish the number of service use (including emergency visits and hospitalisation) and enhance their quality of life. To improve the symptomatic and functional outcome of the participants, the approaches have to be focused on the youth, on housing, and understanding of the particular reality of homelessness. They have to be early and intensive treatment including community outreach.

Conclusion: This data argues for the importance to create a specialised community treatment for HYAP and to measure its impact.
COMMUNITY VIOLENCE AND MENTAL HEALTH OF CONTEXTUAL WITNESSES YOUTHS

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The aim of this study was to determine the relationship there is between being contextual witness of acts of violence in the areas closest to college students such as the neighborhood they live in, the school they attend and the entertainment venues they frequent. For this a violence witnessing scale was designed and validated, which was applied to 1465 students from 6 states in central and southern Mexico together with the list of symptoms (SCL 90-R). The results indicate that students witness violence firstly in the neighborhood they live in, then in entertainment venues and lastly at school. Significant relationships were also found between the witnessing of violence and symptoms of somatization, depression, anxiety, fear, hostility, phobic anxiety, paranoid ideation, interpersonal sensitivity, obsessive compulsive conducts and traits of psychoticism. This suggests that violence not only victimizes those who directly suffer it but it also causes great damage in the mental health of the witnesses.
EVALUATING THE EFFECT OF TAI CHI (TC) ON ENHANCING GENERAL HEALTH AND MOOD
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OBJECTIVE: Considering the burden of widespread mental disorders posing on societies and the urgent need to enhance General Health, the aim of this article is to "Evaluate the effect of Tai Chi (TC) on enhancing General Health and Mood".

METHODS: This design is pre-test and post-test design with a control group. A total of 40 men and women practicing TC (beginners) in Tehran gyms, participated in the present study. Materials used in this study were (PANAS) and (GHQ-28) questionnaire. Data were analyzed using correlations and multiple mediation analyses, controlling for the covariates. Kolmogorov Smirnov test, considering the homogeneity of the slope of regression line in covariance test, repeated measures analysis of variance with an external and an internal group stage

RESULTS: According to the results obtained from the study, investigating the effects of Tai-Chi training on various aspects of mental health and mood can be beneficial for therapists.

CONCLUSION: TC’s effect on enhancing General Health was 38.3%. TC's effect on changing Negative and Positive Affect was respectively 24.6% and 2.4%. Thus, Tai Chi has been only effective on negative mood and it has been ineffective on positive mood. Considering the urgent need for inexpensive and effective strategies to improve General Health TC was proven to be a beneficial alternative.
EFFECT OF URBANIZED ENVIRONMENT ON THE CATECHOLAMINE DEPENDENT NEUROCHEMICAL TRANSMISSION

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Objectives
The presence of electromagnetic field (EMF) is growing exponentially in society, which can cause psychiatric disorders. The turkeys’ erythrocytes (ERC) contain the β-adrenergic receptors, which are related to the 3'-5'-cyclic-AMP (cAMP) second messenger system.

Methods
Healthy adult turkeys (n=5) were exposed to pulsed EMF (2, 10 µT) for 20 minutes in every 8 hours for 3 weeks, after 1 week conditioning. Enzyme activities (LDH, γGT) were measured from blood samples. The basic intracellular cAMP levels and the catecholamine induced cAMP level changes were monitored on turkey erythrocyte weekly, during the EMF treatment (3 week) and in the conditioned period.

Results
The catecholamine induced adenylate-cyclase activation, which is a β-adrenergic receptor-mediated cell function, was gradually diminished in a cumulative dose-dependent manner. This effect was also depended upon the cumulative exposition time and dose of EMF (control: 16.76±0.65; treated with 2µT: 2.19±0.23; 10µT: 1.85±0.7 nmol cAMP/ml ERC). The alterations of levels of LDH (control: 138.4±7.5 treated with 2µT: 173.6±9.1; 10µT: 122.25±6.37 U/l) and γGT (control: 1.575±0.04; treated with 2µT: 3.0±0.10; 10µT: 3.25±0.14 U/l) were not significant. All observed changes were reversible and reaction capacities returned to base level within 14 days after the termination of the treatment.

Conclusions
The low energy EMF had no significant effects on the function of metabolisms; the used EMF doses were subtoxic. Receptor function was modified by EMF treatment. Diminished β-adrenergic responses might give at least a partial explanation to the observed depression developing in the experimental animals during the treatment course. The low energy EMF is a remarkable factor in the ecotoxicology aspect.

This research was supported by the European Union and the State of Hungary, co-financed by the European Social Fund in the framework of TÁMOP 4.2.4. A/2-11-1-2012-0001 ‘National Excellence Program’ and by TÁMOP-4.1.1.C-12/1/KONV-2012-0012.
SOCIODEMOGRAPHIC CORRELATES OF PARASUICIDE AMONG RURAL RESIDENTS IN THE REGIONS AFFECTED BY CHERNOBYL NUCLEAR DISASTER

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Objectives: Chernobyl nuclear reactor accident that occurred on 26 April 1986 was the greatest technological disaster in history. There is evidence that the accident has had a significant long-term impact on psychological well-being of the affected population. In particular, the rate of suicidal behavior has increased dramatically among the exposed population [1]. At the same time, little epidemiological information about parasuicidal individuals is available. This study was design to extend our understanding of suicidal behavior by examining same of the sociodemographic and mental health characteristics of rural suicide attempters in the region affected by Chernobyl nuclear disaster.

Methods: We interviewed 137 suicide attempters (77 man and 60 women) received treatment at Gomel regional psychiatric hospital (Belarus).

Results: The most important risk factors identified were younger age (18-29), being single or divorced (71.4% of males and 71.7% of females), being unemployed (37.7% of males and 35.0% of females), having mental disorders (100% of both males and females), having previous suicide attempts (19.5% of males and 36.7% of females). Interpersonal conflict was the most common precipitant of parasuicide (45.5% and 48.3% for males and females respectively). The most frequent diagnoses were mental disorders due to psychoactive substances use (76.6% of males and 43.3% of females), personality disorders (14.3% of males and 15.0% of females), neurotic disorders (6.5% males and 23.3% of females) and affective disorders (2.6% males and 15.0% of females). Alcohol dependence was diagnosed in 50.6% of male parasuicides and 30.0% of female parasuicides. In this study, 61.0% of men and 48.3% of women had consumed alcohol before their parasuicide. The most common methods of parasuicide were cutting (exsanguinations) for males (41.6%) and self-poisoning with drugs for females (40.0%).

Conclusions: These findings are consistent with previous research indicating a causal role for mental health problems and alcohol abuse in suicidal behavior.

References

THE EFFECT OF ECONOMIC CRISIS IN GREEK UNDERGRADUATE STUDENTS, PRELIMINARY RESULTS FROM ATHENS

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Objectives: To investigate the possible influences of economic crisis in self evaluated quality of life in young adult’s students of a Greek Technological Educational Institute.

Methods: 207 undergraduate students participated in the study. 30 males (14.5%) and 177 females (85.5%) 18-46 (M=21.4±4.1) years old, from Athens. A questionnaire with items about the effect of economic crisis was administered to the participants along with the Depression, Anxiety and Stress Scale (DASS) for the measurement of negative emotions. Analysis was performed with SPSS21.

Results: The majority of students felt that economic crisis had a moderate (48.3%) to severe (42.7%) effect in their studies, in everyday activities (31.6% and 67.5%) respectively and in quality of life (53.4% and 41.2%) respectively. One way analysis ANOVA with Bonferroni criterion revealed significant differences in Stress F(2,187)=13.068 p=.001, Anxiety F(2,188)=6.743 p=.01 and Depression F(2,190)=7.456 p=.007 with the effect in quality of life, with higher values in the scales of depression (M=12.08±10) ,anxiety (M=11.1±9.7) and stress (M=16.5±10.3) indicating higher effect in the students self evaluated quality of life.

Conclusions: Our findings supports the public opinion that economic crisis in Greece have a major effect in quality of life, as it was describes in this sample of undergraduate students, and this effect relates with increased negative emotions like depression, anxiety and stress. More research is needed in order to reveal if personality characteristics may interfere with this correlation.
MENTALIZATION TECHNIQUES: A GROUP FOR PREGNANT WOMEN AND NEW MOTHERS WITH BORDERLINE PERSONALITY TRAITS
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OBJECTIVES: This presentation will address group therapy for women who were pregnant or had a newborn. The group used mentalization techniques to allow the women to understand their emotional state, and the emotional state of the baby.

METHODS: Women in the group were referred by their obstetrician, nurses, or social worker as part of a mental health intervention for pregnant women. The group was comprised of women with borderline personality traits, history of trauma, dissociation, and substance abuse. The group was a closed group that met once per week for one hour and 30 minutes. Women engaged in different activities (i.e., collage, baby massage) as a way to connect with other women and as a way to decrease their defenses to express their experiences of trauma, relationship problems, and dangerous ways of coping. There was a group leader and two co-leaders. The co-leaders played and engaged the infants while the leader engaged the women and helped them develop insight and process their emotional pain.

RESULTS: The group created a support network system for these women. Women appeared to feel safe in group. They validated each other’s experience and feelings; they also talked about their darkest secrets. For instance, one woman talked about her history of prostitution and use of methamphetamine. Another woman talked about stealing cars, another woman talked about her experience in prison. During a “future vision” collage activity each woman described wanting to be married and have a family. Other activities such as painting, dancing served as a way to decrease their guardedness. An activity in which women learnt to give massage to their baby helped to increase connection with the new born.

CONCLUSIONS: Pregnancy is a period of susceptibility and anticipation for women and their families. In particular is a sensitive period for women with antecedents of childhood trauma and neglect, including physical and emotional abuse by their caretaker. The group served as a vehicle to promote the formation of a “support network” in which parents heard other parents talk about their feelings, emotions, and joys of pregnancy and of taking care of the baby.
MOTHER-NITY: AN OVERWHELMING ISSUE TO LATIN AMERICA
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Unemployment, poverty, migration, narcotraphic, intrafamily violence and the acute effects of globalization and postmodernity all they cause that parental care and family ties of our latin-american families crack in a way that results in more violence and criminal behavior at the whole region, but above all, in the lowest socio-economic levels. The values that traditionally characterized the sense of what we knew as “the latin-american family structure” now are, if not lost, at least really disturbed because of those new conditions that affects us as a community. Paternity and Maternity as we knew, are disappearing in many ways because parental care has changed in the core of it’s essence with immediate consequences in the symbolism, meaning and performance of these roles. Even that to be a mother or a father in this time is quite complicated no matter where you live, however in Latin-America is more difficult and risky; we can’t forget that from several years until now it has the second place in the world when we talk about violence or violent death. This is not a mere coincidence; this fact is associated with all the sociological and economical problems that lead up to psychological issues that evolve in an increased and peculiar type of psychopathology and vice versa. Maternity in Postmodernity: MOTHER-nity, in Latin America is also a new kind of parentality because it has been developed inside a rigid patriarchal structure but acts as a form of matriarchalism that affects and is affected by our culture, habits and society, provoking a sociopathology and psychopathology that constitutes an overwhelming issue to Latin–America.
Women’s Mental Health
DOES ACCEPTANCE OF PAIN MEDIATE THE RELATION OF CATASTROPHISM WITH PSYCHOLOGICAL DISTRESS IN PATIENTS WITH ENDOMETRIOSIS?

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Objectives: Both acceptance of pain and pain-related catastrophism have been associated to psychological distress (PD) in patients with chronic pain. Previous research also reported on positive relations between acceptance and catastrophism. These findings may suggest a mediational interplay between acceptance and catastrophism to explain PD. Accordingly, the present study explored whether catastrophism would mediate the relation of acceptance with PD in a sample of women with endometriosis.

Methods: 294 women with endometriosis participated in the study. Participants completed self-report measures to assess pain acceptance, pain-related catastrophism, and PD. A series of hierarchical regression analyses were conducted to explore the mediational hypothesis.

Results: Acceptance significantly predicted both PD, and catastrophism, even when potential confounders were controlled. Moreover, when both acceptance and catastrophism were put into the same equation, the effect size of acceptance significantly decreased.

Conclusions: Findings suggest that low acceptance of pain partially mediates the relationship of catastrophism with PD. In other words, acceptance is one of the mechanism through which catastrophism relates with higher PD.
PROMOTING OPTIMAL NATIVE OUTCOMES (PONO) BY UNDERSTANDING WOMEN’S STRESS AND COPING EXPERIENCES

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Objectives: The purpose of this study is to explore stressors and coping strategies among women from a low-income, rural, primarily indigenous community.

Methods: Women, 18-35 years of age, were recruited from a community health centre. Four focus groups were held to elicit information about women’s stress and coping strategies. Focus groups were recorded and major themes were identified. Thematic and cultural auditing was then solicited by two additional focus groups.

Results: Thirty-six women participated in the study. Significant areas of stressors reported by women included: intimate relationships such as feeling in it alone; family life such as feeling like an outsider, and lack of respect; childrearing including different discipline styles; time for self; neighbourhood environment including safety concerns and not being from the community; transportation difficulties; and financial issues. While women were able to identify coping strategies, they had to be prompted and the discussion was short. Coping strategies included: social support; outdoor activities; substance use; and spiritual activities.

Conclusions: Rural, primarily low-income, women in this study, articulated a complex array of stressors in their daily lives and ways of dealing with them. Previously validated scales that measure stressors are not described in a way to which women in this population can relate. Sociocultural differences including concerns about being an outsider within her own family, intercultural marriage conflict, and feeling discriminated by the community need to be addressed. This information is critical for developing and implementing interventions at health centres and other community programs to reduce women’s chronic stress.
LOOKING FOR A BABY-BOY: KYRGYZ ANTHROPOONIMICS AND WOMEN MENTAL HEALTH.

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Introduction
A name of a new born baby girl in traditional Kyrgyz family reflects not only attractive features of personality and appearance, but also, in some cases, the great parents’ desire to have a boy instead of a girl. A name given to a newborn baby girl reflects not only characteristics of social time, perception of beauty and health, but also reproductive history of a family.

Objection: To compare personality characteristics, Self-image and life history in two groups of young women with different meanings of their names.

Participants. Two groups of comparison participated in this study. The first group consisted of 40 young (18-23 years old) women, whose names reflected their desirable outstanding beauty, for example Aisuluu (“moon beauty”), Jildiz (“a star”), Bermet (“a Perl”). The second group involved 40 women of a same age, whose names indicated the fact that family members had a great desire for a baby-boy instead of a girl, and a newborn baby girl was born by mistake, for example, Janil (“mistake”), Uulkam (son), Ulbosun (she should have been a son), and others.

Methods. MMPI, semantic differential, and deep interview were used to compare personality characteristics, features of Self-image, and life history.

Results.
Significant differences (p<0.001) in scores of 2nd, 4th, 5th, 6th, and 8th scales of MMPI were revealed. Semantic Differential results showed up that women from the first group perceived themselves as more “good”, but less active and potential in comparison with women, whose names’ meanings reflected parents’ desire to have a boy instead of a girl. Results of interviews demonstrated difficulties in relationships with peers and boys. Life stories of women from the second group revealed depressive episodes in adolescence, adjustment problems and ambivalent attitudes towards their mothers. Three women from the second group experienced sings of eating disorder.

Conclusion. A transparent meaning of a name in the Kyrgyz traditional culture proposed a type of a life scenario, which leads to a numerous problems in mental health of a young woman.
PSYCHOLOGICAL CHANGES DURING PREGNANCY

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Objectives: Establish biopsychosocial aspects to understand what it represents and means pregnancy for a pregnant woman. Acceptance of pregnancy to intellectual and emotional level. Maternal role adaptation requiring neonatal reality.

Methods Literature review and research articles in the MEDLINE database, Cuiden, PubMed, Cochrane, SciELO, studies in recent years, last five years, data limits: human, women, Spanish and English Core clinical journals, Nursing journals, History of Medicine, Systematic Reviews, MEDLINE, PubMed Central, Adult: 19-44 years.

Results: Establish biopsychosocial aspects to understand what it represents and means pregnancy for a pregnant woman. Acceptance of pregnancy to intellectual and emotional level. Maternal role adaptation

Conclusions: the first concern is for themselves, and economic problems. The second to the child. Other common fears, the deterioration of physical attractiveness by pregnancy and lactation. Finally the predominant concern among pregnant primiparous delivery concerns the stress of pregnancy is reduced by age, maturity involved and effective planning of pregnancy. They are also common symptoms such as; ambivalence, emotional lability, decreased self-esteem. And of course they give the appearance of a new being; radically altered biological, anatomical and functional alter body image and a change in the social role.
AFFECTATION OF GESTATION TO BORDERLINE PERSONALITY DISORDER

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Objectives: differentiate the mother with BPD to increase adherence to monitoring pregnancy. Encourage family involvement; expand health education, prevention of complications.

Methods Literature review and research articles in the MEDLINE database, Cuiden, PubMed, Cochrane, SciELO, studies in recent years, last five years, data limits: human, women, Spanish and English Core clinical journals, Nursing journals, History of Medicine, Systematic Reviews, MEDLINE, PubMed Central, Adult: 19-44 years.

Results: Grouped in cluster B of the DSM IV is an ongoing pattern of instability in interpersonal relationships, affection and self-image are altered, they also have much impulsivity, areas such as social, professional, and labor have an important impairment. The anger management is also inappropriate, affective instability with intense episodic of dysphoria, irritability or anxiety. This obviously is magnified during pregnancy due to the large hormonal disorder during pregnancy there is also the intensity of physical changes and stress added

Conclusions: This is the most common personality disorder. Predominates in women 3:1 five times more frequently if there are biological first-degree relatives with the disorder and 50 % times higher suicide rate than the general population. The drug is used both to treat acute symptoms during periods of decompensation, to vulnerabilities trait. But all are treated as not safe during pregnancy, so monitoring is necessary to increase and promote psychotherapies, intensify the importance of the family in the care of these pregnant women to ensure that the pregnancy comes to fruition. Although several drugs have been used to treat this disease, none has FDA approval.
PREGNANCY AND ELECTROSHOCK THERAPY.

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Objectives
Be aware of electroconvulsive therapy as the treatment of choice for severe mental disorders of pregnant women.

Methods
A bibliographic review has been carried out on different data bases such as MEDLINE, PUBMED, COCHRANE PLUS, SCIELO, CUIDEN. Selected articles are within the last 10 years. Some articles found to be not directly related to the objective of this work were excluded. Descriptors used were: electroconvulsive therapy, pregnancy, fetus, newborn.

Results
Electroconvulsive therapy (ECT) is linked with depressive disorders, mainly with psychotic depression. This therapy is also applied for the treatment of mania and schizophrenia.

ECT is applied in cases with an ineffective pharmacologic treatment, in special situations (pregnancy, acute suicide tendency), and when the acceptance and preference of the patient is positive. It is considered a therapy of first choice for the treatment of depressions and acute manias in pregnant women.

Applying ECT in pregnant women is safe for the mother and the fetus. Risk during childbirth or growth anomalies of newborn have not been observed. It is performed under general anesthesia and mechanic ventilation. Electric stimulation is obtained with equipment that monitors electro-encephalographically a light convulsion induced by a low frequency pulses wave.

Conclusions
Pregnancy is not a contraindication for applying ECT, and its application is recommended for pregnant women who are not exposed to teratogenic doses of psychoactive drugs.

The risk of teratogenesis linked to the application of ECT has not been proved. Therefore, it can be considered as an alternative, which is safe for the last two trimester of gestation, and probably also safe the first one.
Efficacy of Aripiprazole as a Therapeutic Alternative in the Treatment of Anxiety and Depression during Pregnancy

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Introduction
Occasionally we have to treat anxiety and depressive disorders during pregnancy and it becomes a problem because of potential fetal risk of psychotropic drug use. SSRIs are the most common treatment, particularly fluoxetine and paroxetine, but recently they have passed from category C to D, due to the presence of cardiovascular and pulmonary risk in the fetus.

Objectives
To evaluate the use of aripiprazole in pregnancy based on its sedative and antiobsessive effects.

Methods
It is an open, experimental and descriptive trial of 5 cases of anxiety and depression during pregnancy treated with Aripiprazole 3-9 mg/day (C category), during the whole period of pregnancy.
Usual sociodemographic variables were assessed. Clinical variables were assessed using State-Trait Anxiety Inventory (STAI) and Montgomery-Asberg Rating Depression Scale (MADRS) at the beginning of pregnancy, 3rd month, 6th month and one month after birth.
We have also collected fetal problems during pregnancy and in the newborn during the first trimester of lactation.

Results
There is a significant reduction of Anxiety-State ratings since the first trimester in all cases but without reaching normal values at 2/5.
There is a significant reduction in MADRS score from the first trimester of pregnancy reaching normal scores that remain until after birth.
No problem was detected during fetal or newborn period.

Conclusions
Aripiprazole at low doses, usually 1-2 mg (ml of oral solution) every 8 hours, is shown as an effective alternative for anxiety and depression treatment during pregnancy. Aripiprazole appears to be a safe drug for the developing fetus during pregnancy.
METHYLPHENIDATE EXPOSURE DURING PREGNANCY: IS IT SAFE?

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Objectives: Attention deficit hyperactivity disorder (ADHD) has remained in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) an infancy, childhood and adolescence disorder. However, the majority of patients retains diagnose in adulthood. Approximately 4% of the adult population suffers from ADHD. Methylphenidate is one of the first line drugs for the treatment of ADHD. Some women need to continue the use of methylphenidate during pregnancy to achieve the control of the disorder symptoms. However the safety of prenatal exposure to this drug is not well known. The author goal is to understand if there are sufficient evidences concerning the safety profile of methylphenidate use in humans during pregnancy.

Methods: A Pubmed search was performed from the origin to January 2014, using the following key words: pregnancy, teratogenicity, methylphenidate, attention deficit hyperactivity disorder. Retrieved papers were selected according to their relevance for the subject.

Results: Some studies relate premature birth, growth retardation, neonatal withdrawal symptoms and congenital malformations with methylphenidate abuse. Although, to our knowledge, no data has been published concerning randomized controlled trials with pregnant women taking methylphenidate, and the animal trials were not conclusive. So, the risks have not been well established. According to a recent review doesn’t seem to be a significant increased risk of congenital malformations in the newborns.

Conclusions: The use of methylphenidate during pregnancy should consider the risks to the unborn versus the risks of withdrawing medication. More studies are needed before determining the safety of prenatal exposure to methylphenidate.

References:
MATERNAL DEPRESSIVE SYMPTOMS PRIOR TO PREGNANCY AND LOW BIRTH WEIGHT OFFSPRING IN SOUTH AFRICA

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Objectives: Maternal depression and infant low birth weight (LBW) present critical public health challenges in many resource-poor nations. Although severe depression in mothers is often understood to influence well-being of children, there are few longitudinal studies that assess independent association between maternal depression before pregnancy and LBW among new-borns in sub-Saharan Africa, particularly South Africa. We report on the association between maternal depression before pregnancy and LBW offspring using longitudinal data from the South African National Income Dynamics Study (SA-NIDS).

Methods: This study analyzed data from waves 1 and 2 of the SA-NIDS, the first longitudinal panel survey of a nationally representative sample of households in South Africa. Drawn from the wave 2 child questionnaire data, the main outcome of the study was a dichotomous measure of child LBW (<2,500 grams). Depression, the main predictor drawn from wave 1 adult questionnaire, was assessed using the 10-item four-point Likert version of the Center for Epidemiologic Studies Depression Scale (CES-D). The depression score was the sum of scores for the 10 items with a total score of 10 or more indicating the presence of depressive symptoms. An adjusted logistic regression model was used to examine association between maternal depression before pregnancy and infant LBW.

Results: Our sample size consisted of 791 children from wave 2 and 761 corresponding biological mothers from wave 1. The results of the adjusted logistic regression model indicated that maternal depression pre-pregnancy (CES-D≥10) was associated with infant LBW (adjusted OR=2.76, 95% CI: 1.13-6.76). The other significant covariates in the model were maternal cigarette smoking and multiple childbirth.

Conclusions: Our finding indicates enduring effects of maternal psychological morbidity on newborns; and that the association between maternal psychological morbidity and infant LBW may not be limited to depression during the antenatal phase.
HUMAN TRAFFICKING AND MENTAL HEALTH: FINDINGS FROM A SURVEY OF TRAFFICKED PEOPLE IN CONTACT WITH HEALTH AND SUPPORT SERVICES IN ENGLAND
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Objectives: This study aims to identify the mental health needs of victims of human trafficking. Human trafficking is the recruitment and movement of individuals by force, coercion, or deception for the purpose of exploitation.

Methods: Cross-sectional survey of trafficked men and women who have received support from health, social care, and voluntary post-trafficking support services in England. Survey assesses physical, psychological, and sexual health symptoms, substance use, abuse, and health service use using validated instruments, including the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), and primary care post-traumatic stress disorder screen (PC-PTSD). Qualitative questions at the end of the survey explore participants’ experiences of using healthcare services in the UK.

Results: The survey is currently in progress; interviews have been conducted with 70 individuals between ages 18 and 61 years. Individuals had been trafficked from over fifteen countries for sexual exploitation, domestic servitude and other forms of labour exploitation. Preliminary results suggest this population experiences high levels of symptoms of psychological distress. Prevalence of symptoms of depression, anxiety, and PTSD, and co-morbid physical symptoms, will be presented. Themes from qualitative analyses of healthcare experiences will also be discussed.

Conclusions: Following a trafficking experience, individuals appear to experience high levels of symptoms for PTSD, depression, and anxiety. Findings suggest mental health services will be important for people who have been trafficked. Intervention research is needed to identify effective approaches to reduce psychological distress.
EFFECTS OF A HOPE SUPPORT GROUP ON THE HOPE, RESILIENCE, AND DEPRESSION OF FEMALE VICTIMS OF INTIMATE PARTNER VIOLENCE

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**Objectives:** To examine the effects of an 8-week hope-theory-based group intervention on hope, resilience, and depression in Taiwanese female victims of intimate partner violence (IPV).

**Methods:** A two-group, quasi-experimental design with repeated measures was used. Twenty-nine participants were recruited from a Domestic Violence and Sexual Assault Prevention Center and a Women’s Association that provides support services to abused women in southern Taiwan. The experimental group (n = 10) was given 8 weeks of hope-theory-based group intervention; the comparison group (n = 19) had no intervention. Participants chose which group they were in. The effects of the intervention on the participants’ hope, resilience, and depression were compared at baseline, at 2 months, and at 3 months. A demographic questionnaire, the Adult State Hope Scale, the Wagnild & Young Resilience Scale for adults, and the Taiwanese Depression Questionnaire were used in this study. Data were analyzed using Chi-square, Mann-Whitney U, and Wilcoxon signed-rank tests, and a two-way mixed-design ANOVA.

**Results:** Two experimental-group participants and 3 comparison-group participants quit the study; thus, data from 24 participants were analyzed. Depression scores were significantly lower in the experimental group after the intervention. Compared with the comparison group, only pathway of hope subscales were significantly different. Despite no significant differences in the measurement of hope and resilience, the 3-month follow-up scores were higher than the baseline scores, which showed an improvement trend.

**Conclusions:** A hope support group specially designed for female victims of IPV effectively reduced symptoms of depression.

**Keywords:** hope support group, hope, resilience, depression, intimate partner violence.
A FOLLOW-UP STUDY ON MENTAL HEALTH OF WOMEN WHO CONCEIVED UNDERGOING IN VITRO FERTILIZATION

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Objectives: The purposes of this study were to explore the mental health trend among women who conceived undergoing IVF and to analyze how psychosocial and cultural factors influence the mental health of these women.

Methods: A prospective case control study design with convenience sampling was adopted. Sixty-four women who conceived undergoing IVF recruited from an IVF center served as the study group, and 120 women who conceived naturally recruited from the antenatal clinics of regional hospitals served as the control group. Data were collected from 28 weeks of gestation to delivery (T0), weeks 6-8 postpartum (T1), and weeks 22-24 postpartum (T2) with structured self-reported questionnaires (Women’s Mental Health Scale, WMHS; Silencing the Self Scale, STSS; Maternal Efficacy Questionnaire, MEQ; Chinese Childbearing Attitude Questionnaire, CCAQ; Eysenck Personality Questionnaire, EPQ).

Results: The results revealed at T1, the “social domain” of the WMHS in the study group was significantly lower than that in the control group. In the study group, three domains of the WMHS (self, interpersonal, and social) significantly differed between T0, T1, and T2. In general, T0 was the highest, followed by T2 and T1 (the lowest). There was no significant difference in the trend of the WMHS scores between the study group and the control group. The STSS and the “self domain” of the WMHS were significantly positively correlated; the CCAQ and the “self domain” of the WMHS were significantly negatively correlated. The STSS and “extraversion” of the EPQ were significantly positive correlated with the “interpersonal domain” of the WMHS; the CCAQ and “neuroticism” of the EPQ were significantly negatively correlated with the “social domain” of the WMHS.

Conclusions: The results presented in this study will aid clinical professionals’ understanding of the trend of women’s mental health and indicate the mental health needs of women who conceived undergoing IVF.
VIOLENCIA DE GÉNERO EN LA ACTUALIDAD: ¡UN PASO HACIA DELANTE O HACIA ATRÁS?

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Objetivos: Tras la implantación en nuestro país de la Ley Orgánica de Medidas de Protección Integral contra la Violencia de Género (LO 1/2004 de 28 de diciembre), asistimos a un creciente fenómeno de visibilización y concienciación social en esta materia. Sin embargo, se han señalado diversos factores que pueden estar originando cambios en el tratamiento del tema. Nuestro estudio intenta profundizar en el análisis de la violencia de género así como el posible cambio experimentado en las características de este fenómeno comparándolo con un estudio similar realizado en 2001 (previo a la instauración de la Ley 1/2004). Objetivos:
- Evaluar la incidencia de violencia de género en mujeres que acuden a consultas sanitarias.
- Estudiar variables clínicas y sociales relacionadas con los distintos tipos de violencia.
- Analizar si existen cambios en las cifras de prevalencia en relación con años anteriores

Método: Aplicación de una encuesta a pacientes que acuden a Centros de Atención Primaria y Centros de Salud Mental, que incluye datos sociodemográficos, clínicos, biográficos y sociales; una evaluación específica en violencia de género así como el Cuestionario de Apoyo Social Duke-UNC-11 (Broadhead, 1988)

Resultados: En un trabajo de similares características se encontró que un 28,1% de la muestra encuestada (mujeres consultantes de Servicios de Salud Mental) habían sufrido violencia física por parte de sus parejas a lo largo de la vida (Polo, 2001), frente al 79,6% encontrado en otro estudio (González Cases, 2004) en mujeres con trastorno mental grave (un 30,3% en el último año). El análisis de resultados del presente trabajo permitirá la comparación con estos datos a fin de valorar cambios en los resultados y variables relacionadas con los mismos.

Conclusiones: Numerosos estudios realizados en consultas sanitarias señalan la elevada prevalencia de violencia contra las mujeres, por lo que consideramos necesario continuar profundizando en el estudio de este fenómeno.

Referencias
CLINICAL TRAJECTORIES AND RECURRENT RISK FACTORS IN WOMEN DIAGNOSED WITH POSTPARTUM DEPRESSIVE EPISODE: AN 8-YEAR FOLLOW-UP STUDY

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Objectives: The aims of this study were to investigate the clinical trajectories in women suffering from episode of postpartum depression, and to identify recurrence risk factors.

Methods: Prospective longitudinal study with an 8-year follow-up in postpartum depressed women. Demographic and clinical data were collected by using a Psychosocial Risk Questionnaire. We used the Longitudinal Interval Follow-up Evaluation (LIFE) to assess the longitudinal course of postpartum depressive episodes; the Hypomania Check List (HCL-32) to identify lifetime hypomanic episodes; the Columbia Suicide Severity Rating Scale (C-SSRS) to assess lifetime suicidal ideation and behavior; and the Mini-International Neuropsychiatric Interview (MINI) to identify co-morbidity rates and clinical trajectories. For comparisons, we used the Kruskal-Wallis for continuous, and Chi-square tests for categorical variables.

Results: Sixty-six postpartum depressed women were included in the study. At baseline, 40 patients (60.6%) had a first-episode of major depression with postpartum onset and 26 (39.4%) a recurrent major depressive disorder (RMDD). After 8 years, 14 (21.2%) women were diagnosed with single depressive major episode, 37 (56.1%) RMDD, 8 (12.1%) dysthymia and 7 (10.6%) having a bipolar II disorder (BD). Although not statistically significant, BD patients had higher scores in the EPDS scale at the index postpartum episode and higher rates of premenstrual syndrome (85.7%) than the other trajectories. BD women showed higher rates of affective (p<0.001) and pregnancy relapses (p<0.031), higher scores in severity of lifetime suicidal ideation (p=0.001) and lower economic incomes (p=0.016) than the other trajectories. Dysthymia and BD had higher daily nicotine consumptions than the other groups (p=0.031) and higher scores in wish to be dead (p=0.001) and unplanned suicidal ideation as measured by the C-SSRS.

Conclusions: We identified 4 clinical trajectories of postpartum depressive episodes, being RMDD the most commonly found. BD patients had high rates of affective relapses and higher severity of lifetime suicidal ideation.
PAIN ACCEPTANCE IN PATIENTS WITH ENDOMETRIOSIS AND FIBROMYALGIA
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Objective: Pain acceptance has become an important process in understanding adjustment to chronic pain. This study aimed to examine the relationship among acceptance of pain and Psychological Distress (PD), Psychological Well-Being (PWB), and catastrophism (CT) in patients with fibromyalgia (FM) and in patients with endometriosis (EN).

Methods: A total of 50 patients with EN were compared to 48 patients with FM. Measures of PWB, PD and CT were obtained from standardized, self-administered rating scales. Patients were split off on two groups according to acceptance scores measured by the Chronic Pain Acceptance Questionnaire (CPAQ; high and low CPAQ). Between-groups differences on outcome measures were explored by means of ANCOVA.

Results: Subjects with FM showed higher Depression, Positive Relationships, Self-acceptance, Environmental Mastery and PWB total score than subjects with EN. Moreover, the results revealed that subjects with low acceptance yield higher PD, lower PWB, and higher CT than subjects with high acceptance. No interaction effect between clinical group and acceptance was found.

Conclusions: The results suggest that low levels of acceptance make the person more vulnerable to the development of psychological distress in both populations. Furthermore, findings highlight that having low anxiety and/or depression symptoms does not correspond to having high PWB.
AFFECTIVE DISORDERS IN MEN AND WOMEN TREATED IN A PUBLIC SERVICE OF PSYCHIATRY IN SANTIAGO DE CHILE

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The last National Health Survey of Chile indicates that 25.7% of women had depressive symptoms in the past year, compared to 8.5% of men. Gender considered a social determinant of health assumes that women and men have different roles in different contexts, which influence their behaviors and their mental health.

**Objective:** To determine the association between scores on admission to treatment for mood disorders its subgroups and gender

**Methods:** Cross-sectional design and association test differences between means.

**Instruments:** Questionnaire of Results OQ45.2 by Lambert validated in Chile and demographics and clinical questionnaires.

**Results:** The total of 159 cases diagnosed as affective disorder, (103 women and 56 men) were analyzed. The most frequent diagnostic categories were depression without psychosis (n = 52) bipolar disorder without psychosis (n = 30) or bipolar and depressive psychosis (n = 21). The three categories were more common among women than among men (55.9 % vs. 44.1 %, 73.2 % vs. 26.8 % and 84 % vs 16%), the differences were statistically significant (Chi square = 8.517, 2 df, p = 0.0014). When comparing scores on the OQ 45.2 income in total cases of affective disorder, women had a higher average (101.56, SD = 34,936) than men (86.57, SD = 31,619). The differences were statistically significant (F = 0.298, t = 2.902, df 157, p = 0.004). When comparing men and women for suicide risk, there were no statistically significant differences between groups.

**Conclusions:** In this sample women are more severe in their comes than men. To understand gender differences in mental health is necessary to consider gender roles and other social determinants of health.
RELATIONSHIP OF BODY IMAGE AND AGING

SELF-PERCEPTIONS IN MIDDLE-AGED WOMEN

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People would experience the upcoming physically aging after middle age. Therefore, how to structure the successful aging would be important lesson of life. The purpose of this study was to understand relations between body image and aging self-perceptions among the middle-aged women in Taiwan. There were three specific aims of study: (1) to understand the body image among the middle-aged women, (2) to investigate the relations among different demographic features, the climacteric syndromes, the climacteric attitude and the body image; and (3) to explore the influences of middle-aged women’s body image and aging self-perceptions. A cross-sectional design used self-administered questionnaires was applied in this study. After IRB approved, these female participants whose age were from 45 to 55 years old and living in Tainan city and, south Taiwan would be invited to attend this study and informed consent. The following 4 instruments were used: the Perimenopause Attitude Scale, the Greene Climacteric Symptom Scale, the Objectified Body Consciousness (OBC) Scale, and the Attitudes toward Aging subscale. There were 250 qualified participants in this purposive sampling. Multiple regression analysis was used to analyze the data. The expected result will be to obtain more understanding about subjective perception for decline/aging and how their roles change among Taiwan women in order to maintain their well-being and develop the community source to support them.

Key word: midlife women, body image, aging perception, climacterics
TERAPIA ELECTROCONVULSIVA DURANTE EL EMBARAZO
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CPDENP. San Luis Potosí, México.

Introducción
El tratamiento de los trastornos mentales en el embarazo supone un desafío clínico único, debido a los posibles efectos adversos de la medicación en el feto, incluyendo teratogenicidad, toxicidad, y síndrome de retirada. Todos los medicamentos conllevan un riesgo potencial, especialmente en el primer trimestre. En pacientes con patologías graves la TEC ha demostrado ser eficaz en el tratamiento del trastorno depresivo mayor, trastorno bipolar, depresión psicótica y esquizofrenia. Sin embargo, los informes de su eficacia y los posibles riesgos durante el embarazo son escasos y dispersos a través de la literatura. Se ha mencionado de forma anecdótica la presentación de trabajo de parto pretermino y sangrado transvaginal.

Objetivo
Describir condiciones sociodemográficas y complicaciones obstétricas presentadas en nuestras pacientes embarazadas usuarias de TEC.

Metodología
Se realizó un estudio transversal descriptivo retroelectivo y observacional, se recopilaron datos de los archivos clínicos, uno a uno de pacientes embarazadas que han recibido TEC, se evaluaron condiciones sociodemográficas, respuesta a tratamiento y complicaciones obstétricas descritas.

Resultados
Se recolectó una muestra de 16 pacientes, con edad promedio de 26.7 años, mínima 17 máxima 38, con diagnóstico TAB manía 38.7%, TDM- ideación suicida 18%, trastorno esquizoafectivo 12.5%, esquizofrenia 12.5%, trastorno psicótico breve 12.5%, trastorno psicótico no especificado 6.2%. Nivel académico predominante primaria 31.2%, ocupación predominante: hogar 50%, estado civil: casada 37.5%, soltera 37.5%, unión libre 25%, número de sesiones: promedio 3.2, mínimo 4, máximo 12, colocación de electrodos bilateral en el 100%, evolución mejoría 87.5%, abandono 6.2%, sin respuesta 6.2%. Complicaciones inmediatas: ninguna, anestésico propofol 88%, tiopental 13%, tratamiento más frecuente: haloperidol 25%, sin fármacos 18%. Comorbididad: ninguna 75%. SDG: primer trimestre 31.2%, segundo 25% y tercero 37.5%, mínimo 6sdg, máxima 37sdg. Complicaciones obstétricas: ninguna 56.7%, APP6.5%, STV6.5%. Motivo de derivación: psicosis con errores de juicio graves 43.7%, manía 31.2%.

Conclusiones
La TEC es un tratamiento eficaz para la mujer con enfermedad mental severa durante el embarazo, el riesgo para el feto y la madre es bajo; es importante evaluar otros factores que pudieran favorecer complicaciones clínicas. Es necesario realizar más estudios al respecto, valorando el anestésico empleado, la profilaxis con fármacos tocolíticos, así como valorar el riesgo beneficio de la TEC vs la teratogenicidad de los psicofármacos.

Bibliografía
CHILDHOOD ABUSE AND SELF HARM AMONG WOMEN DIAGNOSED WITH PSYCHIATRIC DISORDERS
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Objectives: Studies have demonstrated a strong association between maltreatment in childhood, suicide attempts and the development of psychiatric problems later in life. This is a retrospective study conducted in NIMHANS, tertiary psychiatry facility, with objectives of finding out the prevalence and association of childhood abuse (physical, emotional, sexual and neglect) and self harm among women with psychiatric disorders availing treatment from tertiary psychiatric facility.

Methodology: a total of 500 women between the age group of 18 to 50 years, diagnosed with psychiatric disorders were consecutively recruited for the study from in-patient and outpatient setting. Two psychiatrists independently confirmed the diagnosis. ICAST – R was administered to assess childhood abuse & suicide behaviour questionnaire was used to assess suicide past, present and future suicide behaviours.

Results: almost 35% of the women with psychiatric disorders reported childhood experience of sexual abuse where as physical and emotional abuse was significantly common. The risk of suicide behaviours was more common among women with mood disorders and with history of multiple types of abuse.

Conclusion: women with mood disorders reported significant abuse and neglect histories with significant higher frequencies of suicide behaviours. These findings have implications for assessment and therapeutic management of women especially with mood disorders.

References:
THE EFFECT OF DOCUMENTARY AND HEALTH EDUCATION BROCHURE ON TREATMENT DECISION AMONG WOMEN WITH NON-METASTATIC BREAST CANCER

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Objectives

The women with breast cancer are rapidly increasing. Surgery is a main treatment for women with breast cancer. However, limited information and unexpected outcomes after breast surgery were expressed by some of these women. The purpose was to evaluate the effect of the decision aids among women with non-metastatic breast cancer.

Methods

Experimental design with convenience sampling was used in this study. Women with newly diagnosed 0 to 3A breast cancer and only eligible for mastectomy will be recruited in this study. These women will be arranged into three intervention groups including documentary, health education brochure and both. Structured questionnaires measured decisional conflict, decision regret and body image were given to women before and after the operation. Due to non-normally distributed of the outcome variables, non-parametric statistics were used to analyze the data.

Results

Decision conflict of the health education brochure was significantly lower than other group (p=.020), conflict of values clarity was lower than documentary (p=.009), conflict of uncertainty was reduce than both receive health education brochure and documentary (p=.017). The trend over time of the documentary (p=.002) and both receive two DAs (p=.001) were significant difference. The effects of documentary were significantly decrease the decision conflict of informed (p=.004), value of clarity (p=.003), support (p=.012), uncertainty (p=.018) and effective decision (p=.034). Both receive health education brochure and documentary was significant reduce informed (p=.002), value of clarity (p=.001), support (p=.032) and uncertainty (p=.003). The effective affect of different intervention or trend on decision regret and body image was not.

Conclusions

The findings from this study help the women with breast cancer to make surgery decision on their own needs and then having lower decisional conflict after the surgery.
ASSOCIATION OF VIOLENCE, SEXUAL RISK, AND ALCOHOL USE WITH DEPRESSIVE SYMPTOMS AMONG WOMEN ENGAGED IN SEX WORK IN MONGOLIA

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Objectives. This study examined the association of violence, sexual risk, and alcohol use with depressive symptoms among women engaged in sex work in Ulaanbaatar, Mongolia from two samples of women (N=219 and N=161).

Methods. Using two independent linear regression models, we tested the effect of sociodemographic predictors (age, having a trust partner, education, number of dependents, years in sex work, social support, and stigma) and risk factors (number of vaginal sex acts in last 90 days, proportion of protected vaginal sex acts in last 90 days, lifetime experiences of physical and sexual violence, and harmful alcohol use) on women’s depressive symptoms.

Results. The Brief Symptom Inventory (BSI) subscale for depression demonstrated high mean scores for depressive symptoms from both samples (12.48 and 8.88). Factors significantly associated with depressive symptoms from the first sample included more years involved in sex work (β=.95, p=.033), less social support (β = -.08, p<.000), perceived stigma (β =.30, p=.015), lifetime sexual violence from a paying partner (β =3.25, p<.000), and higher levels of harmful alcohol use (β =.21, p<.000). In the second sample, women were at increased risk of depressive symptoms if they had fewer dependents (β= -.21, p=.050), less social support (β = -.09, p=.003), and higher levels of harmful alcohol use (β = .12, p=.056).

Conclusions. Findings indicate high rates of depressive symptoms among this population, and the impact of being engaged in sex work—a highly stigmatized and isolating practice in Mongolia—on women’s risk of depression. Future interventions to improve mental health among this population should consider ways to address women’s risk of sexual violence, reduce harmful alcohol use, bolster social support, and reduce stigma.
MOOD STATES IN PERINATAL AND NON-PERINATAL WOMEN: SIMILAR OR NOT?

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Objectives: To analyze which Profile of Mood States/POMS dimensional mean scores significantly differ between pregnant/postpartum women without major depression, with major depression/DSM-IV and non-perinatal women; to investigate in non-depressed perinatal women, which dimensional scores significantly differ through the perinatal period.

Methods: 572 pregnant women in the third trimester/T0 completed the POMS and were assessed with the Diagnostic Interview for Genetic Studies. 417 of these also completed it at three months/T1, 329 at six months/T2 and 273 at twelve months postpartum/T3. Ninety non-pregnant women or that did not have a child in the last year (mean age=29.42±7.159 years) also filled in the POMS.

Results: Non-depressed pregnant women showed lower scores than depressed pregnant women and than non-perinatal women in Tension-Anxiety/TA, Depression, Hostility, Fatigue and Confusion; depressed pregnant women had significantly higher scores than non-perinatal women; the reverse pattern was found for Vigour-Activity/VA. Non-depressed postpartum women presented lower scores than depressed postpartum women and non-perinatal women in all the mood states, except VA; depressed postpartum women had significantly higher TA and lower VA than non-perinatal women. From pregnancy to the twelfth month postpartum, TA significantly decreased and F atigue significantly increased. VA significantly increased from T0 to T1 and then decreased in T2 and T3.

Conclusions: for the women who are not clinically depressed, the first postpartum months can be a period of psychological well-being. However, even for these women, the peripartum period requires considerable psychological adjustment and is challenging and demanding.
DEPRESSION AND COGNITIVE FUNCTIONS IN PERIMENOPAUSE WITH ANATOMIC CORRELATES

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Aim of the study was to determine changes in „emotional brain“ in first episode depressed perimenopausal women after 8 weeks of treatment with antidepressants, also to determine state of cognitive functions before and after antidepressant treatment.

Methodology- Three perimenopausal women were tested with Green Climacteric Scale, Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale, Mini Mental State Examination, Sociodemografic questionnaire, also Magnetic Resonance of the brain was done at the begining and after 8 weeks of treatment with antidepressants with special attention to the „emotional brain“.

Results show us improvement of the climacteric symptoms and depressive symptomatology, lower scores on all applied scales, as well as improvement in cognitive functioning after 8 weeks of antidepressive therapy. Also on MR scans authors observed enlargement of the hippocampal area and basal ganglia.

Conclusion: Antidepressants are efficient in the treatment of climacteric symptoms and cognitive functions as well as in the treatment of depressive symptoms, with evident anathomic correlates.

References:

THE NEED FOR A PSYCHIATRIC PERINATAL CARE PROGRAM: ANALYSIS OF DEMAND FROM MATERNITY HOSPITAL.

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Motherhood is always a deep change in life, not only for the mother but for the whole family. This period comes with challenging situations and demands that can be particularly higher with mothers that have a mental illness. By understanding this, it is apparent that the support they should be given needs to be specialized and of quality.

Objetives:
Our hospital covers health needs for a vast population with high rates of unstructured families, drug abuse, teenage pregnancies and lower income. We wanted to determine how many pregnant women attended during childbirth needed psychiatric attention in our Hospital.

Methods:
We analysed the number and characteristics of consultations made to the Psychiatric Consultation Liaison Unit from the Maternity service attended from July 1st 2011 to December 31st 2013.

Results:
Only 2% of consultations made involved pregnant patients or after childbirth. Analyzing the data recovered from the medical charts revised, we presume that consultations are not made if the patient does not present striking psychiatric symptoms or complex pharmacological treatment.

Conclusions:
Taking into account the size and characteristics mentioned of our Hospital’s population the numbers expected were considerably higher. We think that a prior, specific and comprehensive medical care for these patients is necessary in order to prevent present and future mental illness for the mother and the baby.

References
A SYSTEMATIC REVIEW OF PSYCHOPATHY IN WOMEN WITHIN SECURE SETTINGS
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Objectives: The construct of psychopathy has been comparatively understudied in women, and to date there has been no attempt to systematically review this literature. This review aimed to assimilate the existing evidence in relation to psychopathy in women within secure settings, specifically with regards to prevalence and factor structure.

Methods: 11 electronic databases, 8 resources for grey literature and four search engines were searched. Inclusion/exclusion criteria were applied to all references, and the quality and risk of bias appraised, based on a pre-defined appraisal tool. A pre-defined data extraction form was then utilised, and a narrative synthesis conducted.

Results: Database searching yielded 1324 hits, from which 820 duplicates were removed. Of the 521 references, 261 appeared relevant from the titles. The studies were appraised against eligibility and minimum quality threshold criteria, resulting in 29 remaining studies. Quality appraisal was conducted by two raters, with excellent inter-rater reliability (kappa of .7-.9). The 29 studies included data on 2545 participants. The Psychopathy Checklist-Revised (PCL-R) was the most commonly used measure of psychopathy. The PCL-R based prevalence ranged from 1.05% to 31% when a cut-off criterion of 30 was applied. The factor structure with the most support from the reviewed literature is Cooke & Michie’s (2003) 3-Factor model.

Conclusion: Gender differences appear to be evident in the degree and structure of psychopathy, with higher prevalence rates in men, differences in factor structure and item expression. This finding presents implications for the assessment and general conceptualisation of the construct for women in secure settings. An understanding of gender differences in this population is necessary for effective assessment, management and treatment of individuals in secure settings, and this underpins the need for research to endeavour to apply a gender sensitive approach to the investigation of psychopathy.
EXPERIENCE OF THE PSYCHIATRIC OBSTETRIC LIAISON CONSULTATION - REVIEW OF SIX YEARS RETROSPECTIVE FOLLOW-UP

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Objectives
The purpose of this study is to characterize the perinatal period and the psychomotor development of the 123 newborns of mothers followed in the Psychiatric Liaison Consultation and exposed to psychotropic drugs.

Methods
The authors conducted a retrospective descriptive study using clinical processes from the babies born between 2001 and 2006, considering the following data: maternal age in pregnancy, psychiatric disorder and medication, gestational age, birth weight, Apgar score, breastfeeding and neonatal complications.

Results
Psychotropic drugs (mainly benzodiazepines and SSRI’s antidepressants) were prescribed in 4% of the population of pregnant women followed in the obstetric consultation. The most common psycopathology in pregnant mothers was depression (75%, n=92). In relation to the neonatal outcomes, mean gestational age was 38 weeks in all groups and the lowest gestational age was 27 weeks in a schizophrenic mother. Globally we found good adaptation to extra-uterine life (APGAR Score similar to general population). The minimum weight at birth was 1205gr, related to premature delivery (27 weeks – schizophrenia group) and the majority had weight appropriate to the gestational age (87%). The prevalence of neonatal malformations was similar to general population, 4% mainly in depression group. The breastfeeding rates were good (85.4%), despite the psychotropic drugs used.
Psychomotor development retardation in first 2 years of life was ~3%. 60% of the sample was evaluated in 2012 (between 5-11 years), 8% had Attention Deficit Hyperactivity Disorder and 15% had learning disabilities.

Conclusions
Preliminary results show that neonatal outcomes of newborns exposure to psychiatric medication during pregnancy are similar to those described in the literature, supporting that the use of psychotropic drugs during pregnancy is safe, as long as used with caution. This multidisciplinary intervention during pregnancy seems to be the best way to follow up pregnant women with mental illness.
RISK FACTORS TO POSTPARTUM DEPRESSION.
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Objectives

Postnatal depression is a major health issue affecting about 13% of the mothers that recently gave birth.
The aim of this study was to identify psychological and psychosocial risk factors of postnatal depression.

Methods

We studied a cohort of women in their perinatal period assisted in Hospital Universitario La Paz, Madrid of the Spanish public health system. We assessed depressive symptoms with the Edinburgh Postnatal Depression Scale (EPDS) and structured interview, collecting data from 650 women by means of questionnaires. The following variables were examined: age, educational level, economical level, employment status, depression or anxiety during pregnancy, major life events during pregnancy, social support, negative cognitive style, neuroticism, previous mental disorder history and previous abortion.

Results

Based on previous research on the issue, we expect to obtain positive correlations between EPDS scores and depression or anxiety during pregnancy, major life events during pregnancy and previous mental disorder history; and negative correlations between EPDS scores and economical level and social support.
DEPRESSION, ANXIETY AND STRESS IN OTOMI INDIGENOUS WOMEN VICTIMS OF INTIMATE PARTNER VIOLENCE

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Depression, anxiety and stress in Otomi indigenous women victims of intimate partner violence

The aim of the present study was to determine the relationship amongst different types of partner abuse, depression, anxiety and stress. Two hundred sixty nine Otomi indigenous women attending the Jiquipilco el Viejo’s Health Clinic in the county of Temoaya, State of México took part in the study. Participants provided informed consent and were administered the Intimate Partner Violence Scale for Indigenous Women and the Depression, Anxiety and Stress Inventory (DASS 21). Results indicate moderate but significant relationships between psychological intimate partner violence and depression, anxiety and stress. Psychological intimate partner violence has great health implications for indigenous women and stresses the need to provide psychological and psychiatric services at communitarian health clinics.
COURSE AND TREATMENT OF PSYCHIATRIC DISORDERS IN THE PERINATAL PERIOD

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Objectives: There are profound hormonal and psychosocial changes in pregnancy, therefore psychiatric disorders like depression, anxiety disorders and OCD may start during pregnancy. Also, due to limitations in use of psychotropic medications in this period already existing psychiatric disorders may exacerbate.

Methods: In this study, variations in symptoms of psychiatric disorders in the perinatal period, symptoms requiring hospitalization, effects of medication use on pregnancy outcome and on the development of the fetus were investigated. Twelve pregnant patients treated as inpatient or outpatients in Bakirkoy Research and Training Hospital for Psychiatry, Neurology and Neurosurgery were enrolled. Written informed consent was obtained. Sociodemographic and clinical data form, Hamilton Depression Scale (HAM-D), Young Mania Rating Scale (YMRS), Brief Psychiatric Rating Scale (BPRS) and Edinburgh Postnatal Depression Scale were applied. Development of fetuses and neonates were determined.

Results: The mean age of the sample was 31.33±5.49 (range: 23-40) years. Patients were diagnosed into two main groups: 3 patients with psychotic disorder and 9 patients with mood disorder. Ten of the patients used psychotropic medications during pregnancy and two patients had postpartum psychotic disorder. The medications were typical and atypical antipsychotics mostly used concomitantly. Two patients were given SSRI antidepressants. Development of fetuses and neonates were normal.

Conclusions: Since pregnancies are frequently unplanned and patients are not adequately informed about contraception during psychotropic treatment, many patients become pregnant during medication use. Although it is advised to avoid drug treatment especially in the first trimester, with risk-benefit assessment, medication may be necessary. The dilemma is to make decision protecting both the mother-to-be and the fetus.
RISK OF POSTPARTUM DEPRESSION IN WOMEN WITH ANXIETY-DEPRESSION SYMPTOMS DURING PREGNANCY AND IN WOMEN WITH HISTORY OF SEVERE MENTAL ILLNESS.
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Objective:
To analyse the relation between personal history of severe mental illness (SMI) and anxiety-depression symptoms during pregnancy and the risk of developing postpartum depression.

Methods:
We recruited 453 women in the 3rd trimester of pregnancy. 231 of these had at least one risk factor (RF) and of these 85 (36.8%) had personal history of SMI or anxiety-depression symptomatology. We used the Edinburgh Depression Scale and selected those with subsyndromal depressive symptoms (> 7.5). Clinical, demographic and functional data were collected.

Results:
50.9% had at least one RF. The mean age was 33.85 (SD 4.53). Among women with these risk factors, 63.6% were married and 31.8% single. 88.6% lived with their own families and 2.9% alone. 59.2% were graduate.
We found that 36.8% had a history of SMI or anxiety-depression symptomatology during pregnancy (33.7% and 3.03% respectively). At child birth, the 17.64% of the mothers presented risk of depression and 5.8% had already developed.

Conclusions:
Thus, we see how the presence of a mental disorder in the history of the mother is not determinative to develop postpartum depression, since less than a quarter of those who have confirmed these characteristics will have depressive symptoms during the postpartum period.
ANTIPSYCHOTIC MEDICATION IN PREGNANCY: CURRENT PRACTICE AND IMPACT ON MENTAL HEALTH

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Objectives: To investigate patterns of prescribing and the risks and benefits of psychotropic drugs in pregnancy through analyses of anonymised full electronic health records in secondary care.

Methods: Design: Retrospective cohort study using secondary mental healthcare data from the South London and Maudsley NIHR Biomedical Research Centre Case Register Interactive Search (CRIS) system and linkage with national Hospital Episode Statistics. Pregnancies were identified using a modified validated algorithm. Study population: Women with serious mental illness (SMI) (schizophrenia and related disorders, bipolar disorder, previous puerperal psychosis, other affective psychoses). Measures: exposure and changes in exposure status to psychotropic medication during pregnancy. Outcome – relapse of psychosis (admission or intensive home treatment) during pregnancy to 1 year post-partum. Covariates – sociodemographics, mental disorder history and severity, smoking and drug use in pregnancy.

Results: A cohort of 456 women with history of SMI, pregnant between 2007-2011 has been identified. Mean age at first index delivery was 32 (SD 6.2); 221 (49%) were from African Caribbean or other Black background, 152 (33%) White and 37 (8%) Asian. Preliminary analyses suggest exposure at some point in pregnancy to antipsychotic medication occurred in and exposures to mood stabilisers in .... Associations between exposure to medication/changes in status (stopping or switching) during pregnancy, and relapse will be presented.

Conclusions: We will discuss the potential implications of our results to date and the use of anonymised electronic health records including future planned linkages with neonatal data.
THE LEVEL OF SERUM LIPIDS AND DEPRESSION IN ELDERLY WOMEN

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Objectives: There are more and more studies which are concerned with the influence that metabolic disorders of lipids have on the emergence of depressive symptomatology. The changes that emerge in the concentration of cholesterol within the cell membranes as a response to the serum level of cholesterol have an influence on the number of the serotonin receptors in depressive patients. There have not been any clear conclusions yet. The aim of the study was to examine the interrelatedness between the level of the overall cholesterol (CHOL) and triglycerides (TGL) in serum and depression in elderly women.

Methods: The study included 167 female examinees (the average age was 81.04 ± 6.25). Geriatric Depression Scale (GDS) was used for the evaluation of depression. The level of CHOL and TGL was being determined out of the capillary blood.

Results: The average level of CHOL in a sample was 4.7 ± 0.96 mmol/l, a TGL 2.15 ± 1.43 mmol/l. There was not statistically significant difference in the level of CHOL and TGL when it came to their dwellings (village/city). The average level of CHOL in the group of patients suffering from depression is 4.59 ± 0.95, and in the group of patients without depression 4.96 ± 9.78, with statistically significant margin of p<0.05. The lower levels of TGL were found in the respondents suffering from depression 2.0 ± 1.35, compared to the average values of TGL 2.48 ± 1.58 in the group of patients without depression, with statistically significant margin of p<0.05.

Conclusions: Our study confirmed the existence of the interrelation between the level of serum cholesterol and the level of depression in elderly population. The disadvantage of our study was that we have not determined the level of fractions of cholesterol. It is certainly necessary for this problem area to be thoroughly examined and explained in some of the forthcoming studies of prospective design.
MATERNAL FEARS AND ANXIETY BEFORE AND AFTER INVASIVE AND NON-INVASIVE PREGNATAL DIAGNOSTIC PROCEDURES

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Objectives: (1) to examine anxiety before prenatal diagnostic procedures in regard to fear of procedure and fear of abnormal result in women undergoing amniocentesis (invasive) and ultrasound (non-invasive) procedures; (2) to examine the change in state anxiety before and after the procedures.

Methods: A short-term follow-up study was conducted on a sample of pregnant women in the second trimester. Questionnaires were administered to women scheduled for amniocentesis (n=37) and ultrasonography (n=37) before and immediately after the procedure. The following questionnaires were administered: the State-Trait Anxiety Inventory (STAI)¹ and Prenatal Diagnostic Procedure Anxiety Scale (PDPAS)² that measures fear of procedure and fear of abnormal result.

Results: The analysis of the PDPAS score showed that fear of procedure was higher in the amniocentesis group, while fear of abnormal result was equally present in both amniocentesis and ultrasound groups. Prior to the administration of the prenatal diagnostic procedure, state anxiety levels were the same in both groups of women. An interaction effect of a two-way ANOVA revealed that anxiety decreased after the procedure in the ultrasound but not the amniocentesis group.

Conclusions: Fear of abnormal result is present in women undergoing both amniocentesis and ultrasound. Anxiety levels associated with non-invasive, but not after invasive, prenatal diagnostics tests decrease immediately following the procedure.
OBJECTIVES
Gonadal steroid hormones are pivotal for the physiological maintenance of the brain function as well as its response to environmental stimuli [1-3]. The present study systematically summarized current knowledge regarding hormonal modulation of neural substrates of emotion and cognition revealed by functional magnetic resonance imaging (fMRI) in naturally cycling women, and in women exposed to combined oral contraceptives (COC) or hormonal experimental manipulations.

METHODS
Twenty-four studies meeting the following criteria were included: evaluation and localization of BOLD signal change; confirmation of menstrual cycle phase through the analysis of hormonal levels; assessment of emotional and cognitive domains on tasks performed during scanning sessions.

RESULTS
Findings depicted different brain activation patterns between low (early follicular and follicular phase for estrogen and progesterone, respectively) and high (COC usage; late follicular phase for estrogen, mid- and late luteal phase for progesterone) hormones conditions. High progesterone levels were associated with higher amygdala activation during emotional processing in naturally cycling women and women exposed to single progesterone administration. Recruitment of the inferior frontal gyrus during cognitive processing was driven by high endogenous estrogen levels but no clear activation pattern was observed, as for the anterior cingulate cortex, in COC users. Other regions were identified as potential target of gonadal steroid hormones, but their functional activation was scattered, mainly due to paucity of studies and differences regarding sample, time of hormonal assessment and paradigm.

CONCLUSIONS
Taken together, this constellation of findings provides initial evidence of the influence of sex steroid hormones on cortical and subcortical regions implicated in emotional and cognitive processing. Further multimodal neuroimaging studies will be needed to identify the neural mechanism of functional brain alterations induced by gonadal steroid hormones.

REFERENCES
ASSESSMENT OF THE CLINICAL SYMPTOMS OF DEPRESSION AND SLEEP DISTURBANCES IN POSTPARTUM WOMEN – PRELIMINARY REPORT

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Objectives
Postpartum depression remains a major healthcare problem worldwide. The aim of the study is to evaluate depression symptoms and sleep disturbances in postpartum women.

Methods
The subjects were assessed at 24-48 hours after labor and 3 months postpartum. The assessment included: Beck Depression Inventory (BDI), Edinburgh Postnatal Depression Scale (EPDS), Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale, Side Effects Rating Scale, Sleep Diary, Ford Insomnia Response to Stress Test, Athens Insomnia Scale (AIS) and Short Form (36) Health Survey (SF-36).

Results
44 subjects were so far enrolled into the study. The rate of depression was 13.6% in the first 24-48 hours postpartum based on HDRS scores and 13.8% and 8.3% according to BDI and EPDS, respectively. We observed a tendency for higher rates of depressive symptoms in both BDI and EPDS scores at 3 months postpartum, yet the difference was not statistically significant (p=0.27 for BDI and p=0.26 for EPDS). There was also a trend towards significance for lower scores in the AIS at 3 months postpartum (p=0.0506).

Conclusions
We observed a tendency for higher rates of depression and a trend towards lower rates of insomnia at three months postpartum compared to the first 24-48 hours after parturition, although only the results for insomnia could be considered as statistically significant. Due to small sample sizes further research is needed to confirm these observations, which could imply interesting findings on the epidemiology and pathogenesis of depression in the postpartum period.
FREQUENCY OF SYMPTOM EXPRESSION AMONG PRIMARY CARE WOMEN WITH PREMENSTRUAL DYSPHORIC DISORDER

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Objectives: This is a survey of the prevalence and frequency of symptom expression of PMDD among women attending the primary care clinics in Al-Ain Medical District of the Gulf country of the United Arab Emirates.

Methods: Five hundred and eight (n=508) adult menstruating women were selected consecutively from 5 primary care centers in Al-Ain. They were administered two instruments; the Premenstrual Symptoms Screening Tool (PSST) for self-reported PMDD symptoms and the Sheehan Disability Scale (SDS) to assess for impairment in functional level. The data were analyzed using the Statistical Package for the Social Sciences (SPSS Inc., Chicago, III-version II) for bivariate and multivariate analysis. Several demographic variables (including age) were examined for their association with the diagnosis of PMDD. Logistic regression analysis was used to assess Chi-square values for most frequently reported symptom variables in the group of women below and above 35 years old.

Results: The prevalence of severe forms of PMDD was 4.3%. There was significant association between PMDD and several socio-demographic factors. Group statistics showed that the mean total scores for symptoms were higher for the age group less than 35 years old compared to the 35 years or above group (mean = 27.3 vs 20.5 consecutively). Logistic regression analysis revealed a statistically significant age related association of PMDD and three specific PMDD symptoms. These were, Anger/irritability (P-value = .001), Anxiety/tension (P-value = .028) and overeating/food craving (P-value = .010).

Conclusion: This study adds to our understanding of the prevalence and nature of age related symptom expression of PMDD among Primary care women in Al-Ain. This information is important to consider while planning for individualized clinical management of the disorder.

References
RELATIONSHIP BETWEEN ANXIOUS AND DEPRESSIVE SYMPTOMATOLOGY AND COGNITIONS ABOUT THE MENOPAUSE IN A PERI-MENOPAUSAL AND POST-MENOPAUSAL WOMEN SAMPLE

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Objectives: Psychological symptoms, such as anxiety and depression, are often experienced during the menopause. However, a direct relationship between these symptoms and menopause has not been found, and it has been proposed that they can be related to other variables, such as dysfunctional believes about menopause. Nevertheless, cognitions about menopause have been less researched. The Menopause Representations Questionnaire (MRQ, Hunter & O’Dea, 2001) assesses cognitions about the menopause in 6 areas: Identity (symptoms given to the menopause); Impact (impact of the menopause upon a women’s sense of self); Relief (relief from periods and pregnancy); New phase (positive consequences of the new phase of life); Control (controllability of the menopause); Time-line (time estimations of the menopause). The aim of this study is to analyze the relationship between anxious and depressive symptomatology, and the cognitions about the menopause in a peri-menopausal and post-menopausal women sample.

Methods: The sample was composed by 104 women (27.6% peri-menopausal, 55.6% early post-menopausal, 16.7% lately post-menopausal). Most of the women were married (79.6%), workers (57.4%), had secondary education (44.4%) and a middle socioeconomic status (72.2%). No woman used Hormone Replacement Therapy. The MRQ and The Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) were applied and Pearson’s correlations were performed.

Results: There were found significative correlations between the Anxiety Scale and cognitions about Identity (r=.506,p<.01), Impact (r=.355,p<.01), Relief (r=-.458,p<.01) and Control (r=-.375,p<.01). Similarly, significative correlations were found between the Depression Scale and cognitions about Identity (r=.365,p<.01), Impact (r=.339,p<.05), Relief (r=-.281,p<.05) and Control (r=-.334,p<.05).

Conclusions: The lowest anxiety and depression scores were associated to positive cognitions about the menopause (Relief and Control); while the highest anxiety and depression scores were associated to negative cognitions about the menopause (Identity and Impact). These findings reveal the importance of understanding the menopausal symptomatology to develop appropriate interventions.
PATOLOGÍA MENTAL INTERGENERACIONAL: A PROPÓSITO DE UN CASO.
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OBJETIVOS:
1. Estudiar la relación entre exposición a abuso sexual en la infancia y desarrollo de TOC;
2. Estudiar la relación entre historia de abuso sexual en la madre y autismo infantil en la descendencia.

MÉTODO: Revisión bibliográfica y discusión de un caso clínico.

RESULTADOS:
Mujer de 43 años diagnosticada de TOC a los 14 años. Abuso sexual por abuelo materno desde los 5 años. Masturbación desde los 10 años con sentimiento de culpa. Padres conocedores de los abusos no los impiden. Empeoramiento de la clínica en el escenario del abuso, con lavado de genitales continuo. Se consolida un sistema familiar estructurado en torno a la clínica de la paciente perpetuando el cuadro. Embarazo a los 37 años, suspensión de medicación, recaída tras el parto precipitando ingreso involuntario en el 5º mes de puerperio de un año de duración. Diagnostican a su hijo de Autismo Infantil a los 3 años. Patología refractaria tras fracaso de múltiples abordajes terapéuticos con grave limitación funcional e incapacidad para el cuidado de su hijo.

CONCLUSIONES:
1. La exposición a abuso infantil en la madre incrementa el riesgo de autismo infantil en la descendencia1
2. Se ha encontrado asociación entre abuso sexual infantil y aparición del TOC2
3. El trauma infantil puede dejar una impronta en la descendencia constituyendo un factor de riesgo psicopatológico transgeneracional

REFERENCIAS:
SEXUALITY AND UTEROVAGINAL AGENESIS– BEYOND A CASE REPORT

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Objectives
Uterovaginal agenesis also known as the Mayer-Rokitansky-Küster-Hauser Syndrome (MRKHS) is characterized by complete or partial absence of the vagina, uterus and proximal fallopian tubes and the diagnosis is usually made in late adolescence, when primary amenorrhea appears as the major symptom.
The MRKHS has been studied concerning the psychological aspects, being associated with emotional distress as well as self-esteem, body image, identity and femininity impairment.
The aim of this paper is to update information between uterovaginal agenesis and sexual/psychosocial function.

Methods
A comprehensive review of the literature, focusing on reports about uterovaginal agenesis and it’s sexual and psychosocial outcomes, was carried out through PubMed.
The searching words were sexuality, psychiatric symptoms, uterovaginal agenesis, and association.
The authors portray a patient´s case report of a young female that recently underwent vaginoplasty because of the presence of vaginal agenesis.
For a better understanding of the sexual functioning we used a Portuguese validation of the Female Sexual Function Index (FSFI), a multidimensional scale that assesses the female sexual response cycle, and a Portuguese validation of Beck Depression Inventory (BDI) and a Portuguese version State-Trait Anxiety Inventory (STAI) to evaluate the existence of any psychopathology associated.

Results
At this point, the authors made the first evaluation of the patient after the surgical intervention, that’s why the results will be presented at the poster’s presentation.

Conclusion
Undoubtedly, the management of MRKHS constitutes a complex multidisciplinary issue and psychological support of patients is needed in order to prevent possible psychopathology and achieve a normal sexual and psychosocial functioning.
RELATIONSHIPS BETWEEN PERSONALITY STYLES AND HEALTH IN SPANISH BATTERED WOMEN
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Objectives:
To analyse the relationships between personality styles and diverse physical and psychological health indicators in a sample of battered women.

Method
Participants: in this study have participated a total of 193 Spanish battered women, with ages from 18 to 74 years old, with a mean age of 42.88 (D.T. = 11.51). Instruments: Semi-structured interview for victims of abuse, specially designed for this study; The Millon Index of Personality Styles (MIPS) (Millon, 1994a); General Health Questionnaire (GHQ -12) (Goldberg and Williams, 1988); Severity of Symptom Scale for Post-Traumatic Stress Disorder (PTSD) (Echeburúa et al., 1997); Self-Perceived Health Scale, extracted from the National Health Survey of Spain (INE, 2006) and Personal Satisfaction Questionnaire. Procedure: the women in this study were contacted through various Care Centers Women's. All women signed voluntarily a written informed consent about the research and the confidentiality of their data. The application of the instruments was made individually in a single session by a clinical psychologist (author of this paper), with training and experience in treatment of gender violence victims.

Results
The scales of MIPS which are considered by Millon as more adaptive (A scales in Motivating Styles area, A scales in Thinking Styles area and B scales in Behaving Styles area) showed positive significant correlations with the four health indicators and the scales of MIPS which are considered more maladaptive showed negative significant correlations with these health indicators. The greatest number of significant correlations were observed in the Motivating Styles area and Behaving Styles area of MIPS.

Conclusions
These results contribute to improve the understanding of women’s health who suffer this type of violence from their partners and highlight the necessity of take into account the role of personality styles in the evaluation and treatment of these women.
SALUD PSICOLÓGICA EN PAREJAS CON PROBLEMAS DE FERTILIDAD

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La infertilidad es definida por la Organización Mundial de la Salud como la incapacidad para concebir después de un año de mantener relaciones sexuales regulares no protegidas.

Las alteraciones de fertilidad se han constituído como uno de los principales problemas de salud reproductiva, afectando al 15% de las parejas en edad reproductiva.

Objetivos
El objeto de estudio del presente trabajo es determinar el efecto de la infertilidad en la salud psicológica de una muestra de parejas con dificultad para concebir.

Métodos
La muestra final quedó formada por 119 parejas heterosexuales diagnosticadas de infertilidad que acudieron a la Unidad de Fecundación In Vitro del Hospital Universitario Central de Asturias.


Para la realización de los análisis estadísticos recurrimos al análisis de frecuencias y al MANOVA.

Resultados
Tanto las mujeres como los hombres del estudio se sitúan en puntos medios de las subescalas de desajuste emocional (DE) y recursos personales (RP), interpersonales (RI) y adaptativos (RA). Sin embargo, ellas obtienen puntuaciones significativamente más elevadas que los hombres en DE (p=.006) y en RP (p=.042).

Los sujetos diagnosticados de infertilidad secundaria, presentan mayor DE (p=.048) que las parejas sin hijos.

No se encuentran diferencias estadísticamente significativas en función de la edad ni de la fase del proceso de infertilidad.

Conclusiones
Los datos del estudio sugieren que las personas con dificultad para concebir gozan de una salud psicológica similar a la norma. Estas conclusiones tienen una implicación importante, aportando un enfoque positivo al acentuar la salud y los recursos personales de estas parejas.
COMPLEX PSYCHOPATHOLOGY IN THE PERINATAL PERIOD.
PATTERNS OF COMORBIDITY AND IMPLICATIONS FOR TREATMENT
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Objectives: To identify patterns of comorbidity in a sample of over 150 consecutively referred women in an Obstetric service within an inner city hospital, with a high risk population. To explore the prevalence of severe anxiety, mood dysregulation, dissociative phenomena and risk factors in their life histories.

Methods: All women had one or more “in depth” clinical interviews using a modified version of the Birmingham Perinatal interview (Brockington et al). We also inquired about current stressors, history of losses, maltreatment and neglect, and presence of dissociative phenomena and major relationship difficulties.

Results: Over 80% of patients presented with a symptom picture of intense anxiety, marked irritability and depressive symptoms (Mood disorder and anxiety disorder). In approximately 40% there was a picture of posttraumatic stress disorder. About 25% exhibited prominent dissociative symptoms and discontinuities in mental life. 56% of patients reported antecedents of neglect and or abuse, with over a quarter with a history of sexual abuse. Over a third of patients were diagnosed as having a personality disorder. Those with more comorbid conditions, had a higher rate of losses of caregivers during childhood, neglect and various forms of abuse, leading to severe mood dysregulation and constant anxiety.

Conclusions: In a high risk population, perinatal psychopathology rarely consists merely of “depression” or anxiety related to role transition. Rather the demands of the pregnancy and motherhood are superimposed on a frequently frightened, dysregulated and vulnerable population, in which the emotional needs of the infant (responsiveness, a secure base, a containing relationship) may be very difficult to fulfill. Implications for clinical intervention are that a long term multimodal approach is necessary, including the infant and partner.

References:
IMPACT OF MOOD IN BLOOD PRESSURE AND TARGET ORGAN DAMAGE IN MIDDLE-AGED WOMEN (iMIND study)
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Objectives: Cardiovascular risk factors pose increased challenges for healthcare providers as far as preventive measures are concerned. Alongside with metabolic abnormalities and health-related behaviors, emotional and social features have been implicated in the occurrence of hypertension in a circular relationship. Psychosocial factors in particular can alternatively represent risk and protective factors. The challenge is to disclose their role in the pathophysiology of hypertension, target organ damage and downstream cardiovascular events by elucidating putative protective psychosocial features.

Methods: A cohort of 350 women between 55 and 65 years-old randomly selected from a Primary Health Care database and free of major medical or neurological disease is being recruited and followed. The project is based on a primary health care setting and involves the Medical Psychology Unit of the local medical school, and is being supervised by a psychiatrist and an internal medicine physician. Assessments include a semi-structured interview, standardized psychometric instruments and laboratory determinations: psychosocial variables (perception of stress, anxiety and depressive symptoms, coping, personality and health literacy), health-related behaviors, quality of life, blood pressure, glucose, lipid, renal and hepatic profile and further metabolic monitoring.

Results: Recruitment and baseline evaluation is ongoing. Mood disorders and adjustment disorders, with or without anxiety, are particularly prevalent in selected women. Younger women are less commonly affected by high blood pressure and target organ damage.

Conclusions: The present study aims to contribute to the identification of biological and psychological features upstream of high blood pressure levels and target organ damage in women. Accurate attention to stress, social support, coping styles and affective state could contribute to develop a broader clinical approach, and complement classical evaluation aimed to prevent cardiovascular risk. The longitudinal design can contribute to clarify causative relationships between psychosocial variables and the risk of developing high blood pressure and subclinical hypertensive organ damage.
DOMESTIC VIOLENCE AND ITS IMPACT ON MENTAL HEALTH

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Introduction: Domestic Violence (DV) is a frequent phenomenon with severe effects on physical and mental health. In Chile, despite surveys on general population suggesting a high prevalence of DV, its impact on health has not been sufficiently investigated. AIM: To explore the prevalence of domestic violence and its association with the presence and severity of mental illness, particularly Depressive Disorders, in an outpatient mental health service.

Methods: Our sample consists of adults, recruited during the first consultation with a resident of psychiatry. Patients were asked to complete a socio demographic survey, the Patient Health Questionnaire, the Index of Spouse Abuse (ISA), the MOS scale for social support, the Graffar scale for socio economical level and the Marshall Scale for childhood trauma. The resident of psychiatry completed the Hamilton scale for depression (HAM-D). The data was analyzed with IBM SPSS 20.

Results: An 89.1% of the sample answered the ISA. Of this total, 13.3% reported physical violence, and 26.7% non-physical violence in the last year. A 9.9% presented both physical and non-physical violence.

A 10.5% of the men in our sample reported physical violence and 21% non physical violence, against a 14% and 28% in women, respectively. We found no significant difference in the prevalence of violence between genders; X² (1, N=90) = .338, p=.533 for non physical violence, X² (1, N=90) = .164, p=.685 for physical violence, and X² (1, N=90) = .834, p=.361. for physical and non physical violence.

The ISA score and the HAM-D results were positively correlated both for physical violence rₛ(99)=.314 p= .001; and for non physical violence rₛ(99)=.246 p= .014.

Discussion: DV is frequent in Chile, with serious impact on mental health. Our study also shows an important prevalence of violence against men. New studies are needed with follow-up observations.
VALIDATION OF MENSTRUAL ATTITUDE QUESTIONNAIRE (MAQ) IN GREECE.

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Objectives: Menstruation comprises an important procedure in women’s life, and there is always growing interest about their attitudes towards that. Cross-cultural studies are taking place, using questionnaires to investigate menstrual aspects among women. Menstrual Attitude Questionnaire (MAQ), which was constructed for American people, is one of these instruments, and it has also been validated for different populations. The aim of this study is to translate and validate in Greek, the widely used MAQ, so as to modify it for Greek people as an instrument that measures menstrual attitudes of females.

Methods: The initial questionnaire was translated using forward-backward translation, and it was distributed to a sample of Greek women. 301 answers were collected. Confirmatory factor analysis (CFA) and exploratory factor analysis (EFA) were conducted.

Results: CFA did not confirm the American factor structure along with unacceptable global fit indices, while EFA identified a new model of 5 factors that reflected almost exactly the original structure and indicated very good levels of internal consistency. Greek version of MAQ was developed. This study demonstrated that attitudes toward menstrual cycle differ among countries, like the way it was expected from past studies’ results, considering the dimensionality as well as the strength and valence of beliefs. Greek women were found to be positive oriented to menstruation.

Conclusion: Greek version of MAQ is a reliable questionnaire with satisfactory psychometric properties for a Greek population. This study is the first that copes with menstrual attitudes in our country and can be used as the basis for further research, contributing to the improvement of women’s life.
GENDER CHARACTERISTICS OF THE ORGANIC NON PSYCHOTIC MENTAL DISORDERS FORMATION

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Aim: To study the gender origin features of organic non-psychotic mental disorders on the example of the in-patient contingent of the Republic Centre of Mental Health (RCMH) in the Kyrgyz Republic.

Methods: There was used a specially designed semi-structured questionnaire to conduct clinical and psychopathological examination of patients with organic mental pathology. Qualification of mental disorders was conducted in accordance with chapter 5 of ICD-10.

Results: There were examined 323 (85.0%) men and 57 (15.0%) women older than 18 years with organic non-psychotic mental pathology during 2010-2012 years. Qualification diagnosis F07.0 as a result of head injuries in men was 33.7% (n = 109), 38.6% in women (n = 22, p ≤ 0.5). Comorbid diagnosis F07.0 and F10.2 in men had been diagnosed in 41.5% of cases (n = 134), in women in 14.0% (n = 8, p ≤ 0.1). Organic personality disorder as a result of epilepsy in men was observed in 16.4% of cases (n = 53), in women in 40.3% (n = 23, p ≤ 0.05).

Conclusion: The formation of organic non-psychotic mental disorders in men is due to the influence of comorbid head injuries and alcohol abuse; in women it is significantly more often as a result of epilepsy.
HOW A FREE ACCESS OPD FOR PERINATAL MOOD DISORDERS AND A RELATED COMMUNITY AWARENESS PROGRAM CAN INFLUENCE THE IMPACT OF POSTPARTUM DEPRESSION IN AN OUT-URBAN POPULATION

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Objectives
Aim of our study is to assess the 4 years long term impact of regular screening and support program for an out-urban maternity population (1600/year), evaluating the changes incorporated in providing psycho-education interventions with easy access to a specialized team and in early detection of perinatal women at risk.

Method
All postnatal women (25% migrant) of the investigated period (01.02.2010-31.12.2013) were met in maternity unit by 2 psychologists, given specific psycho-education about postpartum mood disorders and then asked by phone, 6 weeks after, to fill self-administered scales (EPDS, PDSS, PSI-SF) sent home and to participate in further clinical investigations and specific integrated treatments. A free access OP-clinic for perinatal women was ran weekly by a dedicated female team. A free telephone psychological aid was available to mothers and families.

Results
2181 women (42.3% of reachable postnatal women, 5% migrant) participated in the screening. 458 women (21% of the sample) were positive for some emotional distress and further investigated, out of them 30 (1.4%) met clinical criteria for major or minor depression. In the period, no acute PPD with psychotic features broke out and no postnatal woman admitted to inpatients unit. Significant correlation emerged between PPD and personal psychiatric history, especially antenatal emotional difficulties and other psychosocial struggles.

Conclusions
PPD prevalence kept lower in our population than reported in literature (6.5-12.9%). The effectiveness of the project increased constantly reaching a sizeable part of maternity population. Protective factor was the proximity of neonatal women to origin family in an out-urban population. Screening configured only one way in which recognition and management of PPD might be improved. Perinatal women mental health gained by team availability to specific psychological/psychiatric monitoring. High impact had the psycho-education instruments given to postnatal women and the sensitization program among general population and healthcare professionals towards the emotional needs of new-mothers.
THE EFFICACY OF COGNITIVE BEHAVIOURAL THERAPY AND ADVOCACY INTERVENTIONS FOR WOMEN WHO HAVE EXPERIENCED INTIMATE PARTNER VIOLENCE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Objectives. To determine the efficacy of Advocacy interventions and Cognitive Behavioural Therapy interventions (CBT) compared to usual care in reducing physical, psychological, sexual or any intimate partner violence (IPV).

Methods. A systematic review and meta-analysis were conducted using randomized control trials (RCT) published in MEDLINE, PsycINFO, Scopus, Cochrane and Clinical trials during 1990-2013. The occurrence of physical, psychological sexual and/or any IPV at follow up measured efficacy.

Results. 19 RCT were identified and 12 were included in the metaanalysis. Advocacy interventions resulted in significant reductions in physical (SMD = -0.13, 95%CI = -0.25; -0.00) and psychological IPV (SMD = -0.19, 95%CI = -0.32; -0.05) but not in sexual IPV (SMD = -0.32, 95% CI = -0.69; 0.04). CBT interventions showed a significant reduction in physical IPV (SMD = -0.79, 95% CI = -1.26; -0.33) and psychological IPV (SMD = -0.80, 95% CI = -1.25; -0.36) but not sexual (SMD = -0.35, 95% CI = -1.73; 1.03) or any IPV (SMD = 0.09, 95% CI = -0.05; 0.23).

Conclusions. Both Advocacy and CBT interventions reduced physical and psychological IPV.

Keywords: Advocacy, cognitive behavioural therapy, intimate partner violence, metaanalysis, systematic review, women.
GENDER DIFFERENCE OF EFFECTS OF RAPE SUPPORTIVE ATTITUDE ON THE JUDGMENT OF GUILT OR INNOCENCE IN A MOCK JURY TRIAL EXPERIMENT

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Objectives: To examine the effects of rape supportive attitude (RSA) and educational intervention about rape on the judgment of rape, an experiment was conducted by using scenarios of mock jury trials.

Methods: Participants were 70 Japanese university students. Following the instructions presented on the questionnaire, participants underwent pretest, educational session (1), post-test(1), educational session (2), and post-test (2). The questionnaire consisted of (1) overview of criminal court trial concerning date rape, (2) judgment of guilt/innocence, and (3) rape supportive attitude scale (RSAS). Educational intervention were allocated randomly in five types: AB, BA, CA, CB, and CC’, with elements of (A) educational material against RSA, (B) memoir of a rape victim, and (C) plus (C’) as two types of control materials.

Results: Three-factor analysis of variance on the judgment of guilt/innocence with independent variables of five types, x RSAS (high, low) x time of measurement (3) revealed that, for men, interaction of RSAS and time of measurement was statistically significant. For women, simple main effect of time of measurement was significant.

Conclusions: The effects of educational interventions about rape on the judgment of guilt/innocence were different between male and female. Men with high RSA tend to judge a rape offender as guilty, while women’s judgment was independent from RSA. (208 words)
Objective: to analyze the overall care provided to addicted women in specialized services in the perspective of gender and integrality.

Methods: qualitative research with 17 women drug addicts treated at Psychosocial Care Center Alcohol and Other Drugs in the city of Fortaleza, Brazil. The participants were followed in the 2013 and the researcher used a triangulation process in data collection with: (a) structured/non-participant observation of the service dynamics; (b) semi-structured interviews with sociodemographic aspects, clinical trajectory of psychoactive substance use, guiding questions which referred to the perception of women as a drug user; (c) and an operating group with six participants. The results were organized in four categories and based in the theoretical fundaments: gender, accessibility and comprehensiveness of mental health care in national public policies.

Results: women reported difficulties in access to drug treatment due to lack of psychological and legal supports, unemployment, financial dependence, lack of health assistance and social stigma. The group recognized that treatment can promote abstinence, reduction in drug use, return to family life and resumption of activities of daily life. Despite the search by the women for service monitoring, it was perceived a lack of a targeted look at the female uniqueness. The strong emotional bond that women have with the chemical substance abuse reflects on the ability of developing an insight into the disease, in seeking help and on treatment adherence.

Conclusions: gender issues influence the accessibility of women to specialist health services in drug abuse treatment, interfering with comprehensive care.
PSYCHOTIC DISORDER IN OOCYTE DONOR CANDIDATE, A CASE REPORT
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Objetivos.
Mostrar cómo el proceso de donación de ovocitos puede precipitar la aparición de patología psiquiátrica.

Material y métodos.
Caso clínico.

Resultados.
Paciente de 30 años, que es seleccionada como candidata para donación de ovocitos. La paciente es emigrante, con historia de maltrato por su pareja y en la infancia, antecedentes personales de trastorno de ansiedad y antecedentes familiares de trastorno psicótico en hermano y tía. En espera de receptora, una semana después de iniciar el segundo ciclo de anticonceptivos (150 microgramos de desogestrel y 20 microgramos de etinilestradiol), presenta un cuadro de confusión, insomnio, ánimo triste y lábil, conductas de tipo obsesivo-compulsivo, contenidos de pensamiento anómalo con ideación delirante de perjuicio-envenenamiento y escaso juicio crítico de realidad. La paciente precisa ingreso en la Unidad de Agudos de Psiquiatría para manejo y tratamiento con neurolépticos (olanzapina) y es diagnosticada de trastorno psicótico agudo polimorfo (F23 según CIE-10).

La donación de ovocitos conlleva riesgos psiquiátricos incluyendo depresión, ansiedad y excepcionalmente psicosis. Además, cada vez existe más evidencia científica que sugiere la asociación entre la exposición crónica a factores psicosociales estresantes y el desarrollo de psicosis, especialmente en sujetos vulnerables

Conclusión:
La exploración patobiográfica de las pacientes candidatas para la donación de ovocitos resulta crucial para su selección, especialmente por tres razones: se trata de un proceso potencialmente estresante, los fármacos empleados para la estimulación ovárica pueden inducir o exacerbar patología psiquiátrica (irritabilidad, labilidad afectiva, manía y psicosis) y dicha patología presenta riesgo de ser transmitida.

Bibliografía:
PREGNANCY AND CATATONIA
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OBJECTIVES
We can find acute catatonia related with mood disorders, psychotic disorders and several somatic or toxic diseases. It is associated with high mortality without treatment. We report a case of benign catatonia in a pregnant woman and review the current literature available about the safety of the treatment in pregnancy in order to guide the therapeutic decision.

METHODS
We summarized the results from articles identified via PubMed using "antipsychotics", "pregnancy" and "catatonia" as search terms. We report here a case of a 35-year-old woman that occurred at the 5th week of gestation with an exacerbation of psychotic symptoms characterized by intense anxiety, fear, and delusions of reference. She interrupted medical treatment (olanzapine) a week before admission. During the first days, she developed several catatonic symptoms such as mutism, staring, negativism and refusal to food intake, without any autonomic disturbances. A haloperidol treatment was initiated without a clear response, so olanzapine was reintroduced. Paranoid delusions and motor symptoms remitted after two days.

RESULTS
Recent studies highlight the successful use of atypical antipsychotics in benign catatonia. Other studies show that olanzapine and clozapine apparently do not increase the teratogenic risk. Other reviewed studies do not find evident advantages in safety when comparing atypical and typical antipsychotics in pregnancy. Current guidelines consider typical antipsychotics as first-line treatment, and recommend switching from an atypical to a low-dose typical such as haloperidol or chlorpromazine.

CONCLUSION
We found difficulties regarding pharmacological support of pregnant patients when typical antipsychotics are not effective. Despite the lack of information, as more studies are needed, the choice of pharmacotherapy should be based on the best safety/efficacy profile for the mother and fetus.

References


MOTHERS WITH BONDING DISORDER AND PERINATAL PSYCHIATRIC DISORDERS
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Objectives: Negative feelings and attitudes of postnatal mother towards her baby is concerned in terms of safety of baby and Brockington reported these conditions as bonding disorder (2001, 2006). Mothers often suffer from depression, but relation with postnatal depression is still controversial. The aim of our study is to highlight psychopathology and relationship of their psychiatric disorders and attachment style of the mothers with bonding disorder.

Methods: Ten mothers were picked up from our clinical cases as being identified as having bonding disorder by using a Mother to Infant Bonding Scale (Marks unpublished and Taylor et al, 2005) and Criteria for Disorders of the Mother-infant Relationship (Brockington et al, 2006). The psychiatric diagnosis of the subject mothers were made by using the SCID and their own adult attachment styles were assessed by using the Attachment Style Interview (ASI, Bifulco et al 2002) and Relationship Questionnaire (RQ, Barthormew et al, 1991). Seven subject mothers were recruited from pregnancy and three were after delivery. The mothers’ feelings and attitudes towards their babies were monitored up to 4 months (except for one drop out case) and later on they were monitored while they were treated. The written consent was obtained by the mothers.

Results: Five cases were suffering from depressive disorder, one was anxiety disorder, one was anorexia nervosa unspecified. However three mothers had no formal psychiatric disorders. All the cases had non-standard attachment style with poor emotional support from their very close others. The mothers needed alternative care givers due to their severe disfunction of baby care.

Conclusions: Bonding disorder is not only related to postnatal depression but some other psychiatric disorder. Furthermore a woman without any psychiatric disorder can suffer from bonding disorder. Pathology of bonding disorder could be their own non-standard attachment.
PERCEPTIONS OF MENTAL HEALTH CARE AMONG URBAN HOMELESS WOMEN WITH MENTAL DISORDERS: PERCEIVED NEED, VULNERABILITY FACTORS, AND TREATMENT BARRIERS IN VANCOUVER, CANADA
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Objectives:
This study aims to understand the mental health vulnerabilities of urban homeless women, explore their perceptions of mental health services, and identify key factors that mediate the receipt of mental health care. There is a paucity of research exploring the unmet mental health needs of marginalised, homeless women.

Methods:
The Vancouver At Home/Chez Soi study is a randomised controlled trial investigating a ‘Housing First’ approach to mental health and homelessness (October 2009-March 2013). Participants were recruited and screened for DSM-IV mental disorders using the MINI-Neuropsychiatric Interview between October 2009 and June 2011. Qualitative interviews were conducted among a sub-sample of participants at baseline and 18-months after random assignment to Housing First or Treatment as Usual. Women’s narratives (n=17) were thematically analysed utilising the Behavioural Model of Vulnerable Populations as a theoretical framework to identify perceived mental health needs, predisposing vulnerability factors, and barriers to treatment at the individual, programmatic, and structural levels.

Results:
Analyses revealed extensive histories of cumulative abuse and loss, the loss of children in particular, as salient and gendered drivers of mental health vulnerability among women experiencing homelessness. Normalised trauma, fear and distrust of the ‘system’, and the negotiation of daily survival were barriers to care at the individual level; feeling ‘voiceless, denied and unheard’ in treatment decision-making at the programmatic level; and the absence of gender-centred services and the ‘mental health risk environment’ of homelessness at the structural level. Women identified the ‘active engagement’ in meaningful activities and enhanced connectedness with peers and professionals as to better manage mental health symptoms.

Conclusions:
Analyses demonstrate gendered mental health vulnerabilities associated with traumatic life experiences, violence and abuse among women experiencing homelessness. Findings underscore the critical importance of gender-sensitive and trauma-informed clinical supports and housing environments to reduce the mental health risks of street-entrenched homelessness.
This study aimed to look for scientific evidence on the health care of pregnant users of crack and other illicit drugs in publications circulated by the Virtual Health Library (Biblioteca Virtual em Saúde - BVS) in the database of the Latin American and Caribbean Literature on Health Sciences (LILACS). 58 publications with the use of illicit drugs and pregnancy descriptors, 21 formed the sample data revealed that there were: since 2005 are published articles with full text in Portuguese language, with greater frequency in 2007 and 2008 with 05 jobs each; Articles are available in predominantly focused on obstetrics/gynecology and public health journals and the most used methodology was cross-sectional study with 33.4 % of the sample. The results demonstrated that the thematic healthcare for women/adolescent wearers of CRACK, alcohol and other drugs during pregnancy is important, because in the whole sample approach to the implications of the use of such substance can lead to pregnancy complications predominate, premature birth, neonatal and post-natal vertical transmission of STDs such as AIDS and hepatitis, however the integral care was not presented as well as the development of preventive actions that can reduce conditioning and determining factors for this serious situation is the gestation of adolescent drug users as a result of violence. The issue will be addressed in research being conducted by the authors in partnership with the Municipal Health professionals and pregnant women with maternity and primary care, which is believed to provide information to guide the formulation of measures aimed at harm reduction and consequent change in the quality of life of this population.

Keyword : pregnant women ; comprehensive health care ; crack cocaine , illegal drugs
THE ASSOCIATION BETWEEN POSTPARTUM DEPRESSION AND MOTHER-INFANT BONDING IMPAIRMENT AT 4 MONTHS POSTPARTUM AMONG JAPANESE MOTHERS
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Objectives: This study attempted to examine the association between postpartum depression and mother-infant bonding in the general Japanese population and whether psychosomatic symptoms influence bonding impairment at 4 months postpartum.

Methods: Participants were 389 Japanese mothers whose demographics were obtained when the collaborating public health centre issued maternity passbooks during their first trimester. At 2 months postpartum, participants completed 4 items on the Edinburgh Postnatal Depression Scale (EPDS) pertaining to psychosomatic symptoms—headache, irritability, difficulty concentrating, and forgetfulness. During the 4-month check-up at the public health centre, they answered the EPDS and the short version of the Postpartum Bonding Questionnaire (PBQ). The mothers’ mean age was 30.6 years, and 46% were primiparous. The mean birth weight was 3021 grams, (range, 1388–4260 grams) and 47% were female.

Results: The EPDS positive rate at 2 and 4 months postpartum was 5.9% and 5.4%, respectively when using a validated cut-off point of greater than or equal to 9 for Japanese mothers. The EPDS and PBQ scores at 4 months postpartum were significantly correlated (r = 0.41, p < .001). The EPDS at 2 months postpartum was significantly correlated to the PBQ at 4 months postpartum (r = 0.31, p < .001). Each psychosomatic symptom was significantly related to the EPDS at 2 and 4 months postpartum, and PBQ at 4 months. Furthermore, mothers evidencing multiple psychosomatic symptoms obtained significantly higher PBQ scores than those who did not identify any psychosomatic symptoms.

Conclusions: Our findings suggest that mothers with depression have difficulty treating their infants. Moreover, mothers with psychosomatic symptoms may develop mother infant bonding impairment, suggesting that health service providers’ intervention for mothers at risk can help prevent mother-infant bonding disorders.
DEALING WITH THE HUGE WAVES ON THE MEDITERRANEAN SEA: AN AUTOETHNOGRAPHY OF FAMILIAL MEDITERRANEAN FEVER

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This autoethnography documents the author’s lived experience of Familial Mediterranean Fever (FMF) which is an autosomal recessive disease that causes recurrent, self-limited attacks of fever that are typically accompanied by painful inflammation in the abdomen, chest or joints. The course of the disorder as well as the duration and frequency of the attacks is unpredictable and idiosyncratic and it significantly impairs the quality of life of patients. However, in literature FMF is often written about by academics, medical practitioners or health care providers, whereas the patient’s expertise is occluded. The psychological, social, medical, and cultural contexts of living with FMF is described on the basis of the author’s experience, and suggestions are offered for therapists working with people who suffer from FMF.
PSYCHIATRIC ASPECTS OF VIOLENCE AGAINST WOMEN
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Background: The epidemic of violence directed at women and girls constitutes a major human rights issue and a public health crisis. Besides the physical suffering to women, such violence neglect and abuse has a profound impact on women's psychological well-being, create chronic low self esteem, depression and other mental health issues. Women have been the victim of the violence and exploitation by the male dominated society all over the world. In India the strong tradition bond society where women have been socially, economically, physically, psychologically, emotionally and sexually, exploited all over India. Despite the high rate of violence against women including neglect, rape, dowry, murder, domestic violence. Violence is not seen as a public health issue.

Aims and Objectives: To study the psychiatric morbidity of women who are the victim of violence against them attending Mahila Salah Suraksha Kendra (MSSK), Jaipur and to evaluate the role of personality through clinical analysis questionnaire in these women.

Material and method: The present study was carried out on a sample population of 35 women consecutively attending Mahila Salah Suraksha Kendra, Violence against women counseling Centre Jaipur and same number of control group vertical taken from relative of these women with suitable inclusion and exclusion criteria. The two groups were compared for their psychiatric morbidity on following measures of: Sociodemographic Proforma and Identification Sheet, Beck’s depression inventory, Max Hamilton’s anxiety rating scale, Clinical analysis questionnaire (CAQ).

Statistics: The proposed study was conducted in phased manner observing ethics of voluntary participation and informed consent of the human participants. Mean, Standard-deviation, Coefficient of correlation were computed.

Results: By use the suitable statistics the results revealed that those women whom suffer from violence inflicted on them have higher emotional problem like depression and anxiety and personality play the significant role in precipitating the violence.

Keywords: violence, women, Depression,
ARIPIPRAZOLE AUGMENTATION IN WOMEN WITH POSTPARTUM DEPRESSION

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Objectives: To assess the effectiveness and tolerability of aripiprazole addition to an antidepressant in outpatients with major depressive disorder with postpartum onset who had not experienced significant clinical improvement following an adequate trial of an antidepressant.

Methods: Ten women with major depressive disorder with incomplete or no-response to SSRI monotherapy were recruited for a 6-week open-label trial of aripiprazole add-on to an antidepressant

Results: Mean scores on all measures decreased by the study endpoint. After initiation of aripiprazole add-on, the eight participants who finished the trial achieved remission (HAMD17 score 9.0), with all eight participants completing the trial. The response and remission rates were 88% and 75% respectively. Aripiprazole addition appeared safe, and no serious adverse events were observed.

Conclusions: Our results suggest a possible therapeutic role for aripiprazole when added to an SSRI in women with treatment resistant postpartum depression.

Expected Outcomes:
MENTAL HEALTH PREVENTION AND EARLY INTERVENTION PROGRAM AT A WOMEN’S HEALTH CLINIC IN AN INNER CITY HOSPITAL
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OBJECTIVES: To illustrate prevention and early intervention program developed in an inner city hospital, Women’s Health Clinic, located in the Midwest area of the United States. This prevention and intervention program was developed to create a more humane environment for the patients, to change the model of consultation between obstetrics and psychiatry, and to include mental health services as part of patient’s care.

METHODS: The mental health perinatal team consisted of two psychiatrists, a psychologist, a psychology student. Women who were hospitalized for having medical problems during the perinatal period were visited and given a survey to assess any symptoms of depression, anxiety, dissociation, and trauma. The staff provided education about the psychological changes during pregnancy and brief psychotherapy services in the patient’s room. The patients were encouraged to follow up with outpatient psychotherapy and medication services as needed. Another part of the prevention intervention program was to change the model of consultation between obstetrics and psychiatry by educating nurses, residents, and other staff about the psychology of women during the perinatal and postnatal period and increase consultation to create a holding environment for the women.

RESULTS: Women who were visited by mental health staff felt more comfortable talking to the staff about their psychological trauma and psychosocial stressors. They reported history of abuse, neglect, symptoms of depression and anxiety, and Posttraumatic Stress Disorder. For example, one of the patients reported being prostituted as a child by her mother. Another patient disclosed domestic violence etc. These patients were more likely to continue to participate in mental health treatment after giving birth. Consultation increased between obstetrics and psychiatry making mental health part of the treatment for women during the perinatal and postnatal periods.

CONCLUSIONS: Pregnancy is a period of vulnerability and anticipation for women and their families. This is a particular difficult period for women with antecedents of childhood trauma and neglect, including physical and emotional abuse by their caretaker. Some women who were not detected by the medical staff in need of mental health treatment, endorsed symptoms PTSD, depression, anxiety, and reported antecedents of physical, sexual, and emotional abuse by their caretaker or individuals whom their trusted. The importance of liaison between psychiatrist, psychologist and obstetrics, as well as the importance of a multimodal treatment intervention are paramount and will be discuss further in this paper.
POSTMENOPAUSAL PSYCHOLOGICAL SYMPTOMS: EFFECT OF RED CLOVER, A TRIPLE BLIND RANDOMIZED PLACEBO CONTROL CLINICAL TRIAL

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Menopause is significant events of women’s life and its psychological symptoms may have negative impact on quality of life and must be managed with safe methods.

Objective: To assess the effect of Red clover on postmenopausal psychological symptoms.

Method: A triple blind randomized placebo- controlled clinical trial was conducted to assess the effect of Red clover on postmenopausal psychological symptoms in women, whom had been visited in one of menopausal clinic in west of Tehran. (Year 2012-2013). 72 volunteer healthy menopausal women were randomly divided into two groups (A and B). The intervention group received daily 2 capsules containing 40 mg dried leaves of Red clover for three months; the control group received 2 capsules containing 40 mg Starch in the same way. Tools have two main parts; 1) Personal characteristics, 2) Psychological symptoms scale, as obtained through psychological sub scale of Menopause Rating Scale (MRS) which was measured before intervention and at the end of each month interventions and data analyzed by using descriptive and inferential statistic. In this study all ethical points were considered and approved by Tehran University Research Ethics Committee.

Results: Equality of demographic characteristics and menopause psychological symptoms scale before intervention had been checked and there were no difference. The average score of the psychological symptoms scale before intervention was 7.50± 4.24, and after first, second and third month was 5.11± 2.76, 4.13± 2.62, 2.69± 1.69. There was significant difference between intervention and placebo group, also there were significant decrease during three months intervention, since there were no significant changes in placebo group. (P-value: 0.001).

Conclusion: The results demonstrated that 40 mg daily use of dried leaves of Red clover for three months had been effective in reducing menopause psychological symptoms. No side effects had been seen during study and one month after finishing intervention.

Acknowledgments: This study Received grants from Research department of Tehran University of Medical Sciences. (Year 2012- 2013)

Keywords: Red Clover, Menopause psychological symptoms, Menopause Rating Scale (MRS)
WPA-0078 EXPERIENCING BREAST CANCER: EMOTIONAL TURMOIL AND PSYCHOLOGICAL RESPONSES AMONG WOMEN IN RURAL THAILAND

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Background and Aim:

Breast cancer has been a major health problem for women. It is a leading cause of death in many countries in recent decades. Being diagnosed with breast cancer can result in suffering from physical complications and emotional turmoil affecting the lifestyle of women and reducing their quality of life. In this paper, we examine coping strategies among women living with breast cancer.

Methods:

We adopted a qualitative approach as it allows the researchers to learn about individuals' lives and their stories. In-depth interviews and drawing methods were employed to gain insights into the practices of those who can deal with traumatic experience and can improve their psychological health. All interviews were conducted in Thai and digital voice recorded. A thematic analysis was used to analyse the data.

Results:

The vast majority of women participating in our study felt profoundly frightened about the diagnosis of breast cancer, but soon were able to deal with traumatic distress. Local wisdom and Buddhist beliefs play an important part in dealing with psychological difficulties among the women in rural Thailand. Social support from family members was also a significant factor that promoted positive perceptions of self-care which encouraged them to adopt a health promoting behaviour to take care of their emotional well-being. We contend that women relied on indigenous ways relating to cultural narratives to increase positive health conditions despite living with a life threatening illness.

Conclusions:

Breast cancer causes life threatening for women. It affects not only physical well-being but also emotional turmoil. Promoting self-care and receiving good social support can maintain and increase level of good health and well-being.

References:


WPA-0090 DOMESTIC VIOLENCE AMONG THE NGÖBE AND BUGLÉ INDIGENOUS POPULATIONS OF PANAMÁ, CENTRAL AMERICA

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Indigenous communities of the Ng*be and Bugl* peoples in the Chiriqu’ province of Panam‡, Central America identified a growing problem with alcohol use and intimate partner violence (IPV). The researchers were invited by the community leaders to determine the extent of the problem. A descriptive correlational study adapting an interview-style survey from the World Health Organization 'Multi-country study on women’s health and domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses' was conducted to provide initial data that identified the extent, qualities and risk factors of IPV. Results illustrated a significant correlation between alcohol and intimate partner violence among the population; significant correlations between alcohol abuse, IPV, education level, number of pregnancies, and number of living children were identified. Psychiatric and physical concerns were identified among women who were victims of abuse, assisting health professionals in identifying patients who may be subject to violence. Increasing the awareness of this issue can affect future development of community-based, participatory action focused interventions for this unique population.
FACTORS ASSOCIATED WITH DOMESTIC VIOLENCE AGAINST WOMEN IN COUNTRIES OF EASTERN MEDITERRANEAN REGION (EMR); A SYSTEMATIC REVIEW AND META-ANALYSIS.

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Background and aims:
Domestic violence (DV) against women is associated with adverse health effects and great burden on victims, families and communities. The phenomenon, though prevalent in Eastern Mediterranean Region (EMR) countries, is not well defined regarding the determining factors. This systematic review and meta-analysis is to sum up evidences from the EMR countries, on factors associated with DV.

Data Sources:
PubMed, EMBASE, ISI, PsycInfo, IMEMR, Ovid, Global health, Cochrane Library, IranMedex, SID, IranDoc, Science direct, Elsevier, Proquest and Magiran were searched with no language limits up to December 30, 2011. The hand searching included papers' lists of references, evidence list of "The National agenda for preventing domestic violence" and "The UN Secretary-General's database on violence against women".

Study selection:
Quantitative studies targeting ever partnered, not-pregnant women in the EMR countries, which referred to either predisposing or protective factors of DV, in any levels of WHO ecological model for studying DV, were included.

Synthesis methods:
We applied random effects model to pool OR estimates, Cochran's Q test and the I² statistics to assess heterogeneity, Begg's rank correlation test and Egger's regression method to assess publication bias.

Results:
Either partners' level of education, unemployment, witnessing IPV (between parents) during childhood, women's age at the time of study, frailty, positive attitude toward male dominance, and history of DV against girls or gender discrimination in her family of origin, alcohol/substance abuse and smoking of the male partner, having more than 4 children, encountering conflicts with In-Laws, polygamy and economical status of the household, revealed to be determinants of DV.

Conclusion:
Determinants of DV in EMR countries are almost the same as those in other regions, but the rank orders are different. More evidences needed to comprehensively understand community and societal factors of DV.

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www.wpamadrid2014.com ABSTRACTS BOOK 601
WPA-0136 THE EFFECT OF DIETARY OVER PREMENSTRUAL SYNDROME SYMPTOMS RELIEF
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Background and aims: Premenstrual syndrome, the common disorder which affects women of reproductive age, is characterized by change in mood, behavior, or mental and physical functioning in the luteal phase of menstrual cycle that are relieved by the onset of menstruation. Researchers believe that the equilibrium between female sex steroids and neurotransmitters in the brain is altered in women with PMS. Beneficial effects of dietary is known on the function of hormones or the chemistry of the brain and nervous system. Thus this research for aimed of investigating the effect of dietary over premenstrual syndrome symptoms relief.

Methods: With this in mind 100 sample were randomly selected out of IAU students. After early screening by individual data questionnaire, twenty-four hour diet recall questionnaire, weight management scale, premenstrual syndrome questionnaire sample members divided into 2 groups, experimental or dietary & control groups. The dietary treatment method began on the experiment group during the assigned time margin. Then premenstrual syndrome questionnaire was carried out on all sample groups for two consecutive months. The data were analyzed and assessed with repeated measures ANOVA test and sphericity test.

Results: The finding showed that dietary treatment method significantly reduced scores mean at post test and follow-up of subjects in the experimental group as compared with the control group.

Conclusions: According to the result of this study, the application dietary treatment method over premenstrual symptom relief is very effective.
WPA-0083 CLINICAL CHARACTERISTICS OF PATIENTS WITH SELF-POISONING SUICIDAL ATTEMPT (ACCORDING TO THE DATA OF MULTIDISCIPLINE EMERGENCY HOSPITAL)

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The aim of the study was to determine clinical variables in subjects attempted suicide self-poisoning.

We conducted a retrospective descriptive study of 102 patients with suicide self-poisoning admitted to the emergency hospital toxicology department in 2011-2012 (mean age 41.7±1.9; 28.4% males, 71.6% females). Among them Clinical-psychopathological and clinical-archival methods were used. The formalized structured card which included psychopathological, clinical-dynamic and socio-demographic modules was used for registration. Diagnosis was carried out according to the ICD-10 criteria.

Available data show that the most common were cases of self-poisoning by means of antiepileptic, sedative, antiparkinsonian and psychotropic drugs - 54.9%. The most frequent were the proportion of patients with reactions to severe stress and adjustment disorders (F43) - 49.2%, with substance dependence syndromes (F1x.2) - 46.0%. Schizophrenia (F20.0, F20.4) and affective spectrum disorders (F32, 33) were, respectively, in 4.9 % and 5.9 % of cases. Dual diagnosis was detected in 36.7% of patients.

In emergency hospital the psychiatric observation and treatment was carried out, along with detoxifying activities. Because of a too short period of hospitalization (mean 5.5±0.6 days) achieving physical well-being was not always coincides with total decrease of psychotic and affective symptoms. To the 5th day of hospitalization the number of patients with sleep disorders significantly decreased from 26.4 % to 6.9%, with anxiety - from 64.7 % to 42.1 %, with depression - from 61.8% to 45.1%.

The obtained data may contribute to the development of prevention, treatment and rehabilitation programs in suicidal patients.
WPA-0276 WOMEN, MICROFINANCE, AND HEALTH:
SEARCHING FOR A MEANINGFUL CORRELATION IN JIMMA,
ETHIOPIA
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Objectives: This study sought to establish whether or not there exists a relationship between women’s involvement in microfinance (MF) and their health practices in Jimma, Ethiopia. Recommendations for integration of microfinance and women’s health/well-being were drawn thereafter.

Methods: Our sample population consisted of 102 women. Study participants completed a 48 multi-part question survey as they attended outpatient services at a clinic in Jimma, Ethiopia. Studied variables included: microfinance involvement; health status; level of education; demographic variables; decision-making ability; access to banking systems; and incidence of domestic violence. The relationship between variables of interest was investigated using Pearson’s chi-square analyses and we used an alpha level of 0.05 for significance.

Results: We found that women involved in microfinance activities were better educated and practiced family planning (p<0.005). Moreover, focused results showed educated individuals who participated in MF were significantly more likely to practice family planning as compared to educated women who were not involved in microfinance (p<0.05). Correlations between microfinance involvement and education (p<0.001) as well as MF with community participation (p<0.001), decision making (p<0.05), and access to financial resources (p<0.001) were demonstrated. Finally, results showed MF may be linked to feelings of increased self-worth amongst poor women practicing it.

Conclusions: Our study showed that education is the strongest indicator of involvement in microfinance and improved health practices. Our results emphasize the importance education plays in strengthening microfinance and health separately and on different levels. We encourage future initiatives in microfinance to promote inter-sectoral partnership to affect change.
PERSONALITY TRAITS AND RESILIENCE AS PREDICTORS OF PSYCHIATRIC MORBIDITY AMONG ADULT FEMALES SEEKING INFERTILITY TREATMENT IN A TERTIARY HEALTH INSTITUTION IN NORTH-WEST NIGERIA

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BACKGROUND AND AIMS
Several studies have shown that women attending infertility clinics in Nigeria do experience high psychiatric morbidity and some of these studies have called for mental health intervention, both curative and preventive, to be targeted at this group. This study looked at specific personality traits and resilience factors as internal resources that could help this population in managing their diseases-related psychiatric morbidity effectively.

METHOD
The 12-item General Health Questionnaire, Ten Item Personality Inventory (TIPI), 14-item Resilience Scale and a sociodemographic questionnaire were administered to adult females attending the gynaecologic clinic of Aminu Kano Teaching Hospital, Kano. Valid resilience and personality factors predicting psychiatric morbidity were determined by multiple linear regression analysis and significance level set at \( p < 0.05 \), two tailed.

RESULT
The participants were between 20 and 42 years of age and majority had above 12 years of education. Respondents exhibited a relatively low level of psychiatric morbidity and moderate resilience characteristics. A significant linear relationship was found between psychiatric morbidity and specific Big Five personality factors, namely weakened extraversion and conscientiousness. Low resilience generally from the correlation and more specifically diminished equanimity was also found to be a valid predictor of psychiatric morbidity.

DISCUSSION/CONCLUSION
The weakened personality trait and diminished resilience factor identified in this study as predictors for the development of psychiatric morbidity could be enhanced for purposes of preventive and curative measures targeted towards clients seeking treatment for infertility.

KEY WORDS
Personality, Big Five Factors, Resilience, Psychiatric Morbidity, North-West Nigeria.
PSYCHO-SOCIAL INTERVENTION AND REHABILITATION FOR PSYCHOLOGICAL AND PSYCHIATRIC ASPECTS OF VIOLENCE AGAINST WOMEN AND GIRLS IN CAIRO

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Background and aims: Women in Egypt are vulnerable to develop psychological suffering because of their early exposure to diverse sources of violence. Egyptian women are victims of personal violence (individual & domestic) and social violence (i.e., cultural, symbolic, structural). Psychological Health & Awareness Society in Egypt (PHASE) established since 2010 a program dedicated to psychological and psycho-social consequences of exposure to violent traumatic events at family level that tackles violence against women & children. As an addition to this approach, designing and implementing a comprehensive integrated rehabilitation program for women and children traumatized due to prolonged exposure to violence is thought of.

Methods: This program is build on 2 pillars: A psycho-social treatment where the women undergo a thorough psychological and social analysis to identify all their problems on different fronts. Once diagnosed a personalized methodology is designed and they are put on a comprehensive treatment program using pharmacological and therapeutical tools as needed. These women are usually either referred to PHASE through other Non-Governmental Organizations or psychiatrists.

A well designed human development program to empower and foster their personal skills, knowledge and abilities, which boosts their performance in life through developing their general knowledge of themselves, their children their community and their rights whether Human or political rights. This is facilitated through different courses tackling many subjects among those: Stress management; Anger and conflict management; Addiction and compulsive behavior management; Health, Aging, Lifestyle and Self-care; Managing Relationships and Intimacy; Family and Parenting; Spirituality and Personal growth; Life Coaching; Motivation and Time management; Career planning and development; Entrepreneurial and small business development (to insure financial independency); Human Rights and Political Rights.

Results: This program is designed towards presenting a pilot model for improving and introducing effective approaches in the psychiatric and psychological fields, based on implementing scientifically evidence-based methods and appropriate tools for treatment, prevention and rehabilitation of Egyptian women, who witness and/or experience violence, abuse and exploitation. It also aims to improve capacity building and knowledge exchange with a network including, women and men, from governmental and non-governmental institutions, in medical, legal and social areas. This helps all the actors to engage in the organization's long term commitment that aims to dismantle and tackle sexual and gender based violence, through recognizing and treating violence, in the context of Egyptian culture.

Conclusions: By the implementation of this pilot, PHASE seeks to introduce its approaches towards more effective treatment of female victims of gender based violence. The PHASE team works to take treatment further from merely fighting symptoms to actually tackling the causes of violence against women within the Egyptian society.